Telemedicine Wound Care

In a Long term Care and Skilled Nursing facility

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Introduction

Rural long term care facilities often have minimal access to an academic medical center who manage patients requiring complex medical care. To change this, in 2014, the U.S. Department of Agriculture, Distance Learning and Telemedicine Program supported by the Central Virginia Telemedicine Network for Nursing Homes and Dialysis Centers awarded a grant to the University of Virginia Health System in the amount of \$253,330. Dogwood Village Health and Rehabilitation then partnered with UVA as one of their first Long term care facilities to indoctrinate telemedicine for wound care. The installment of telemedicine equipment and specialized training of staff later commenced.

Objectives

To demonstrate that the use of advanced technology by the use of telemedicine in a rural setting improves access to specialized wound care by using a patient centered care

Method

A formal program for remote wound care collaborative consultations with UVA's wound care team began January 2015.

Telemedicine wound care consultation with UVA's wound care team was performed for each of our cases between one certified WTA (Wound Treatment Associate), treatment nurse, and the Director of Nursing.



Stage: I	Stage: II	Stage: III	Stage: IV	Suspected I Tissue Inju
				Purple or marco localized area o discolored intac or blood-filled bl due to damage underlying soft from pressure a shear. The area
Intact skin with	Partial thickness	Full thickness	Full thickness	shear. The area be preceded
non-blanchable	loss of dermis	tissue loss.	tissue loss with	tissue that is pa
redness of a localized area	presenting as a shallow open	Subcutaneous fat may be visible but	exposed tendon or	firm, ushy, bo warmer or coole
usually over a	ulcer with a red	bone, tendon or	muscle. Slough	compared to ad
bony	pink wound bed,	muscles are not	or eschar may	tissue.
Darkly pigmented skin may not have visible blanching;	without slough. May also present as an intact or	exposed. Slough may be present but does not	be present on some parts of the wound bed	Unstageab
its color may differ	open/ruptured	obscure the depth	Often includes	Full thickness ti
from the	serum-filled	of tissue loss.	undermining	loss in which the base of the ulce
surrounding area.	blister.	May include undermining and	tunneling.	covered by
		tunneling.		(yellow, tan, gra green or brown)
* Not pictured.				and/or eschar (t
	hotos used with permissio			brown or black) wound bed.

Results

The utilization of telemedicine consultation is a real time style of technology allowing for remote wound care for the frail geriatric patient in a rural area.

By January 2017, a total of twentyone remote wound care consultations have been completed resulting in an estimated transportation savings of \$9,305.

UVA	\$7.31/mile*, \$224.66/trip	\$5,805		
UVA	\$224.66/trip	\$5,805		
Charlottesville	\$250/trip	\$1,250		
Charlottesville	\$250/trip	\$2,250		
Total cost saved system:				
С	harlottesville Total cost s	Charlottesville \$250/trip		

* Note that it is 52 miles round-trip from Orange to Charlottesville.

The potential cost-savings related to a decrease in complications of wounds and the positive impact for patient progression and length of stay continues to be evaluated at our facility.



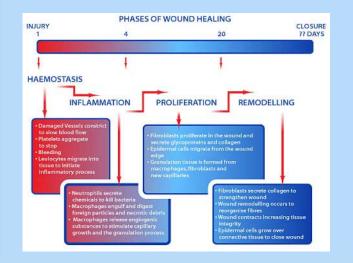
Conclusions

Our experience suggests that remote consultations between a rural longterm care facility and a leading academic medical center by utilizing real time telemedicine diminishes transportation costs, decreases pain, stress and anxiety for the elderly patient. In addition, remote consultations via telemedicine results in an overall decrease in healthcare related costs.



approach for the frail geriatric population in rural long term care facilities.





Telemedicine is a cost-effective way to help keep long term nursing residents out of the hospital who have wound care complications due to their chronic medical conditions.

Additionally, our residents spent on average 20 minutes in consultation compared to the average 8.5 hours spent for transportation to and from the acute care facility and actual clinic waiting and appointment time.



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