Policy/Procedure Title: Leadership Competencies of Staff	Hardcopy Manual Location:
Issued (Date): 1/10 Revised (Date): 10/24/16 Reviewed (Date): 6/12	
Department (Name of Department): Wound Healing Clinic	

Department Director Approval (Name): N/A	Date:	Augusta HEALTH
Infection Control Coordinator Approval (Name or N/A): N/A	Date:	
Administrative Director Approval (Name): Dianne Moody J. Sims	Date:	
Medical Director Approval (Name or N/A): N/A	Date:	
Department Vice President Approval (Name): Marvella Rea J. Mack	Date:	

Policy:
The Wound Care Clinic shall ensure that all of its staff is properly oriented per hospital policies and receives in addition, training and education specific to wound care, current technologies, and treatments.

Procedure:
Each new staff member shall have a documented orientation to the Wound Care Clinic and demonstrate that s/he is competent to work in this setting.
Each staff member shall have a competency check list and have certificates on file of in-services attended.
The Program Manager shall maintain a Staff Competency Book or file that shall include:

- The staff person's orientation checklist
- The staff person's initial and annual competency checklist
- The staff person's annual training certificates.

Staff is educated that a certificate of attendance from any in-services or training sessions attended should be copied and kept in their clinical ladder file and a copy in the clinic director's file.

All staff working at the Wound Care Clinic shall receive periodic evaluations per hospital policies.

My Suggestion: Wound Healing Clinic - when I came to clinic, we were to answer phones "Wound Healing Clinic." A big emphasis on "Healing" + that is our name, not "Wound Care Clinic". Would be nice for that to be reflected. JMP

Competencies of Staff

Revision Date: 6-30-21
Wound Healing Clinic

1. Purpose

To ensure proper orientation and competencies are met.

2. Policy

A. The Wound Healing Clinic shall ensure that all of its staff is properly oriented per hospital policies and receives in addition, training and education specific to wound care, current technologies, and treatments.

3. Responsibilities

Wound Healing Clinic Team Members

4. Definitions

- N/A

5. Procedure

A. Each new team member shall have a documented orientation to the Wound Healing Clinic and demonstrate that they are competent to work in this setting.

B. Each team member shall have a competency checklist and have certificates on file of in-services attended.

C. The Program Manager shall maintain a Staff Competency Book or file that shall include:

1. The team member's orientation checklist
2. The team member's initial and annual competency checklist
3. The team member's annual training certificates

D. All staff working in the Wound Healing Clinic shall receive periodic evaluations per hospital policy.

6. Related Policies and Documents

- Performance Review Policy

7. References

- N/A

8. Revision Notes

Notes
6-30-21: Revised and updated in new format.

Policy/Procedure Title: Discharge or Transfer		Hardcopy Manual Location:
Issued (Date): 1/10 Revised (Date): Reviewed (Date): 6/12; 9/21/16		
Department (Name of Department): Wound Healing Clinic		
Department Director Approval (Name): N/A	Date:	
Infection Control Coordinator Approval (Name or N/A): N/A	Date:	
Administrative Director Approval (Name): Dianne Moody J Sims	Date:	
Medical Director Approval (Name or N/A): N/A	Date:	
Department Vice President Approval (Name): Marvella Rea JMack	Date:	

Policy: *The discharge or transfer of a patient to another level of care, treatment, service, professionals, or different settings shall be based on the patient's assessed needs, wishes and goals and the clinic's or hospital's capabilities. All transfers or discharges shall be fully documented in the patient's chart.*

Procedure:

My suggestion
Remodeling can take 2 yrs ymd

Discharge:
A patient shall be discharged from the wound Clinic when:

- The wound is completely healed
- When the wound is epithelialized and ~~remodeled~~ closed to the extent that further assessment and treatment is no longer warranted
- When the patient requests to be discharged
- When the patient is transferred to another provider
- When the patient quits the Clinic

The discharge process starts early in the course of treatment as soon as healing is evident but is planned on from the first date of service.

- Patients with Venous Stasis Ulcers shall be educated from the beginning on the importance of continued compression therapy for the rest of their life. The Wound Care Clinic may be able to heal the wound but may not be able to cure the disease.
- Patients with Diabetic Foot Wounds shall be educated from the beginning on the importance of consistent blood glucose control, exercise, a healthy but controlled diet, and the importance of proper off-loading and proper shoe wear.
- Patients with a Pressure Ulcer shall be educated from the beginning on the importance of turning and keeping the pressure off the area of the ulcer.

The patient's needs for physical and psychosocial support shall be identified and provided for. This shall include teaching how to prevent the wound from recurring, how to take care of the skin, how to take care of the underlying pathology (for not healing), how to mobilize with the right supports, and how to reach the Wound Care Clinic after discharge.

The patient and care giver(s) shall be involved in the discharge plan and the patient shall have an opportunity to ask questions and identify obstacles to a successful discharge.

A patient who is discharged should be advised to return to his/her Primary Care Physician for follow up care. The patient shall be provided with a current medication list. The chart shall be completed within 30 days after discharge.

At the time of discharge written instructions shall be given to the patient. The patient shall review those instructions, indicate receipt, and shall be given the original. The copy shall remain in the chart or be scanned into the EMR.

The discharge shall be documented in the EMR. A copy of the entire medication list shall be given to the patient.

The patient shall be marked as "discharged" in the database.

Transfer:
The patient may be transferred to the hospital's ER or inpatient unit based on his/her assessed needs and the clinic's capabilities to take care of them. The patient shall be involved to the fullest extent possible in the decision to transfer.

The Physician orders shall document the transfer request. The Physician shall arrange for an admitting diagnosis and admission orders or may delegate that to an admitting Physician other than him/herself. The orders and the notes shall reflect who has agreed to be the admitting Physician and who shall follow the patient on an in-patient basis

In the event the patient is transferred to the ER or inpatient units, a copy of the chart shall be sent to that service as soon as possible for inclusion in the new, in-patient chart. When the EMR is available, the ER can see the wound care documentation in the hospital's EMR through an interface. The Nurse shall call the unit where the patient is being transferred or facility to which patient is discharged to give report. Report will include:

- The reason for transfer or discharge.
- The patient's physical and psychosocial status.
- A summary of care, treatment, and services provided toward goals.
- Community resources or referrals provided to the patient.
- Current medication list

All transfer and "hand off" communication follow SBAR format.

Patients will be safely transported per hospital patient transport policy.

In the event the patient is transferred ~~to another level of care, service, professional,~~ or facility, a copy of the chart shall be sent as soon as possible to the other provider(s) to ensure continuity of care.

The patient shall be marked as "transferred" in the database.

Quit:
Patients or their surrogate decision makers shall have the right to refuse care, treatment, and services. If a patient fails to show up for an appointment, the Nurse shall call the patient to see what happened. If obstacles can be removed, the Nurse shall do so. If the patient voices a complaint about the care, the Nurse shall report the complaint to the Clinic Manager. If the patient chooses to not return, the Nurse shall note that in the progress notes. The chart shall be prepared for discharge. The patient shall be marked in the database as "quit".

Discharge or Transfer

Revision Date: 6-30-21
AMG Wound Healing Clinic

1. Purpose

To define process for discharge or transfer of patients from the Wound Healing Clinic

2. Policy

A. The discharge or transfer of a patient to another level of care, treatment, service, professionals, or different settings shall be based on the patient's assessed needs, wishes and goals and the clinic's or hospital's capabilities.

B. All transfers or discharges shall be fully documented in the patient's medical record.

3. Responsibilities

Wound Healing Clinic Team Members

4. Definitions

- N/A

5. Procedure

A. Discharge

1. A patient shall be discharged from the Wound Clinic when:
   a. The wound is completely healed → this means the wound is closed!
   b. When the wound is epithelialized to the extent that further assessment and treatment is no longer warranted
   c. When the patient requests to be discharged
   d. When the patient is transferred to another provider
   e. When the patient quits the Clinic
2. The discharge process starts early in the course of treatment as soon as healing is evident but is planned on from the first date of service.
   a. Patients with **Venous Stasis Ulcers** shall be educated from the beginning on the importance of continued compression therapy for the rest of their life. The Wound Care Clinic may be able to heal the wound but may not be able to cure the disease.
   b. Patients with **Diabetic Foot Wounds** shall be educated from the beginning on the importance of consistent blood glucose control, exercise, a healthy but controlled diet, and the importance of proper off-loading and proper shoe wear.
   c. Patients with a **Pressure Ulcer** shall be educated from the beginning on the importance of turning and keeping the pressure off the area of the ulcer.
3. The patient's needs for physical and psychosocial support shall be identified and provided for.

   a. This shall include teaching how to prevent the wound from recurring, how to take care of the skin, how to take care of the underlying pathology (for not healing), how to mobilize with the right supports, and how to reach the Wound Care Clinic after discharge.

4. The patient and care giver(s) shall be involved in the discharge plan and the patient shall have an opportunity to ask questions and identify obstacles to a successful discharge.
5. A patient who is discharged should be advised to return to his/her Primary Care Physician for follow up care.
   a. The chart shall be completed within 30 days of discharge.
6. At the time of discharge, written instructions shall be given to the patient. The patient shall review those instructions, indicate receipt, and shall be given the original.
7. The discharge shall be documented in the EMR.
8. The patient shall be marked as "discharged" in the database.

B. Transfer

1. The patient may be transferred to the hospital's ER or inpatient unit based on his/her assessed needs and the clinic's capabilities to take care of them.
2. The patient shall be involved to the fullest extent possible in the decision to transfer.
3. The Physician orders shall document the transfer request.
4. The Physician shall delegate the patient's care to an admitting Physician, other than him/herself. The progress notes shall reflect who will follow the patient on an in-patient basis.
5. In the event the patient is transferred to the ER or inpatient units, appropriate documentation shall be sent to that service as soon as possible for inclusion in the new, in-patient chart.
6. When the EMR is available, the ER can see the wound care documentation in the hospital's EMR through an interface.
7. The Nurse shall call the unit where the patient is being transferred or facility to which patient is discharged to give report.
8. The Physician, Nurse Practitioner or a nurse will call the ER to discuss the patient's condition and reason for transfer. Report will include:
   a. The reason for transfer or discharge.
   b. The patient's physical and psychosocial status.
   c. A summary of care, treatment, and services provided toward goals.
   d. Community resources or referrals provided to the patient when necessary.
   e. Current Medication List.
9. All transfer and "hand off" communication follow SBAR format.
10. Patients will be safely transported per hospital patient transport policy.
11. IN the event the patient is transferred, a copy of the chart shall be sent as soon as possible to the other provider(s) to ensure continuity of care.
12. The patient shall be marked as "transferred" in the database.

C. QUIT

1. Patients or their surrogate decision makers shall have the right to refuse care, treatment, and services.
2. If a patient fails to show up for an appointment, the Nurse shall call the patient to see what happened.
3. If obstacles can be removed, the Nurse shall do so.
4. If the patient voices a complaint about the care, the Nurse shall report the complaint to the Clinic Manager.
5. If the patient chooses to not return, the Nurse shall note that in the progress notes.
6. The chart shall be prepared for discharge.
7. The patient shall be marked in the database as "quit".

6. Related Policies and Documents

- N/A

7. References

- N/A

8. Revision Notes

Notes
630-21: Revised and updated into new format.

Changes in Red

Augusta HEALTH

Assessment of Nutritional, Functional and Pain Status

Revision Date: ~~7/16/18~~ 7/2021

Wound Clinic – Hyperbaric Chamber

1. Policy

A. The nutritional status, functional status, and pain of each hyperbaric patient are assessed when warranted by the patient's needs or condition.

2. Procedure

A. Patients are assessed by the physician and/or RN for nutrition deficits, functional status changes including mobility changes, and pain.

B. If a patient has unusually large drop in blood glucose the Physician and RN will evaluate the patient's blood sugar management program or refer the patient to a specialist for closer management of blood glucose.

C. The function status will be re-assessed when a change is noted.

D. Pain will be assessed upon, before and re-assessed after each Hyperbaric Treatment by the Supervising Physician Hyperbaric staff

My Suggestion

Policy/Procedure Title: Assessment of Nutritional, Functional and Pain Status		Hardcopy Manual Location:
Issued (Date): ~~3/14~~ Revised (Date): 7/16/18 Reviewed (Date): 5/14/17		
Department (Name of Department): Wound Clinic – Hyperbaric Chamber		
Department Nurse Leader Approval (Name): Tonya Meadows	Date:	Augusta. HEALTH
Administrative Director Approval (Name): N/A	Date:	
Medical Director Approval (Name or N/A): Joseph Ranzini, MD	Date:	
Interim CNO Approval (Name): Vickie Taylor	Date:	

Policy: Assessment of Nutritional, Functional, and Pain Status

The nutritional status, functional status, and pain of each hyperbaric patient are assessed when warranted by the patient's needs or condition.

Procedure:

- Patients are assessed by the Physician and/or RN for nutrition deficits, functional status changes including mobility changes, and pain.
- If a patient has unusually large drops in blood glucose the Physician and RN will evaluate the patient's blood sugar management program or refer the patient to a specialist for closer management of blood glucose.
- The functional status will be re-assessed when a change is noted.
- Pain will be assessed upon, before and reassessed after each Hyperbaric Treatment by the Supervising Physician.

Left as Physician

Policy/Procedure Title: Monitoring		Hardcopy Manual Location:
Issued (Date): 1/10 Revised (Date): 10/24/16 Reviewed (Date): 6/12		
Department (Name of Department): Wound Healing Clinic		
Department Director Approval (Name): N/A	Date:	
Infection Control Coordinator Approval (Name or N/A): N/A	Date:	
Administrative Director Approval (Name): Dianne Moody	Date:	
Medical Director Approval (Name or N/A): N/A	Date:	
Department Vice President Approval (Name): Marvella Rea	Date:	

Policy:
Monitoring the effects of medications given at the Wound Care Clinic shall prevent adverse events from medications.

Procedure:
Each patient's response to medications applied or injected at the Wound Care Clinic shall be monitored according the clinical needs of the patient.

The effects shall be documented in the Wound Care Clinic Visit Note.

Medication-related problems shall be noted in the progress notes and discussed with the Physician.

If one of the medications used at the Wound Care Clinic is applied to a new patient, the patient shall be checked for side effects or complications while under treatment and before leaving.

If there is a reported or observed potential adverse drug event the Physician shall be notified immediately and the hospital's policies shall be followed.

Changes in Red

Augusta HEALTH

Chamber Operation Staff Coverage

Revision Date: ~~7/16/18~~ 7/6/21
Wound Clinic – Hyperbaric Chamber

1. Policy

A. Whenever the chambers are in operation the Hyperbaric Technologist will remain in the chamber room.

2. Procedure

A. A Hyperbaric Technologist will always be present when the chambers are in operation.

B. If there is an urgent reason for the Hyperbaric Technologist to leave, a qualified back-up will be requested from the ~~Program Director~~ Clinical Manager or Medical Director

C. For the purpose of this policy a "qualified" back up means a person who is trained in a 40 hour approved course in hyperbaric medicine, is oriented to the chamber room and safe chamber operation, and has been signed off to be competent to operate the chamber.

D. A back up should regularly operate the chamber(s) and ~~preform~~ perform 2 descent/ascent cycles every quarter to stay current and competent.

E. If a qualified back up is not available the current treatment must be completed as ordered. Subsequently treatments may be cancelled until such time a qualified back up is found.

F. If the situation is so urgent that the hyperbaric technologist is unfit to continue the work the Supervising Physician ~~and the Program Director~~ shall be notified and the patients treatment shall be safely aborted if ~~as~~ backup is not available.

Reviewed

T Manager

Augusta HEALTH

Communications, Systems, CQI, Safety, Patient Care

Revision Date: 7/19/21
Wound Clinic – Hyperbaric Chamber

1. Policy

A. Communication systems will be designed and maintained to allow the Medical Director and Program Director to effectively manage the hyperbaric facility.
Clinical Manager

2. Procedure

A. Before the first HBO treatment is initiated, the Supervising Hyperbaric Physician will come to the chamber room and discuss with the Hyperbaric Technologist the schedule of the day, patient flow, anticipated medical concerns, and safety concerns. All safety concerns must be resolved prior to the first treatment of the day. If issues arise, the Program Director will inform the Medical Director and the Vice President.
Clinical Manager

B. The supervising physician and the Hyperbaric Technologist will communicate throughout the day as each patient goes through a hyperbaric treatment. The Medical Director, Program Director and the Hyperbaric Technologist communicate throughout the day as needed. Clinical Manager

C. If medical concerns arise, the Hyperbaric Technologist will report them immediately to the supervising hyperbaric physician, the nurse and the Program Director. If the concern is not effectively resolved, the Hyperbaric Technologist will report the issue to the Medical Director. The Medical Director will resolve the issue, if possible. If the problem is not resolved, the Medical Director or the Program Director will report to the Vice President.
Clinical Manager

Reviewed