

Evaluating the Impact of Telehealth on Person-Centered Wound Care in the Home Setting

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Introduction

Telehealth has emerged as a promising tool to enhance wound care delivery, particularly for patients with complex needs. However, the potential of telehealth to optimize person-centered care requires exploration. This project investigated how telehealth enhances person-centered wound care practices while promoting caregiver satisfaction and engagement.



"Telehealth provided a pathway to patient-centered care that allowed for us to work in tandem with home health nurses or the patient's caregiver in order to bridge gaps in care and meet the patient's needs in their"



Total Area	21.06 cm ²
Length	4.24 cm
Width	6.81 cm
Perimeter	22.6 cm



Methods

To explore the experiences of healthcare providers and patients involved in a hybrid telehealth wound model, semi-structured interviews were conducted with a purposive sample of wound care nurses, physicians, and patients who had utilized hybrid telehealth for wound care coordination. Thematic analysis was used to identify key themes related to the impact of telehealth on person-centered care. The objective data reviewed included sequential quality-of-life assessments, patient satisfaction, and engagement questionnaires.

Discussion

Telehealth optimizes person-centered wound care by enhancing patient engagement, education, and clinician-patient relationships. Factors like socioeconomic status, access to transportation, and social support can significantly impact a patient's ability to manage post-discharge tasks. Telehealth can revolutionize wound care delivery and improve patient outcomes by addressing the identified challenges and leveraging emerging technologies.

Future research should focus on developing standardized guidelines for telehealth wound care, evaluating the cost-effectiveness of telehealth interventions, and exploring the long-term impact of telehealth on patient quality of life, satisfaction, and clinical outcomes.

Results

The telehealth components provided included: a bilingual care coordinator conducted structured DME follow-up for patients as prescribed; medication management to confirm patients were taking medications, refilling prescriptions, and understanding side effects; wound care education on how to perform dressing changes, monitoring for suspicious signs/symptoms to report, modulation of health-related behaviors. Patients also received chronic disease assessment, dietary assessment, and education. Follow-up appointments were scheduled, attended, or performed via telehealth. Physical therapy and rehabilitation were encouraged if indicated, and attendance of therapy sessions and performance of home exercises were encouraged.

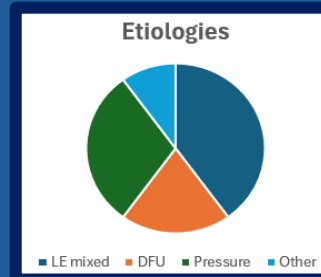
The analysis revealed several key themes: enhanced patient engagement, improved patient education, strengthened patient-provider relationships, and individualized care plans.

Challenges and Opportunities: While telehealth offers numerous benefits, technical difficulties, privacy concerns, and limited surgical intervention capabilities were identified. However, hybridizing treatment to include in-person visits can mitigate these challenges.

Hybrid (Telehealth/Mobile Management):
Over 88 new patients within 6 months of starting the program

Etiology

- LE (venous) mixed 40%
- DFU 20%
- Pressure 30%
- Other 10%



Phlebolymphe²edema
= Venous Insufficiency causing Secondary Lymphedema

Statistics

3-5 million Americans are living with Lymphedema
Secondary Lymphedema affects approximately 1 in 1,000 people
The majority of Lower Leg Wounds are
Venous and/or Arterial/Diabetes Mix Etiology

Lymphedema Act

Federal Law passed the Lymphedema
Act in December 2022 – Mandates Coverage by Medicare
for compression supplies related to the DX of Lymphedema



References

Blue Sun has partnered with Clara Care Inc., an emerging DME company that assigns nurse specialists to each patient and proactively engages them in educational and support protocols aimed at addressing these identified gaps.

