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## Introduction

The demand for the services provided by wound clinics is great, but the staffing and financial resources needed to sustain a clinic are not always available. When our clinic was forced to close, the author proposed establishment of a mobile wound ostomy nurse consult service.

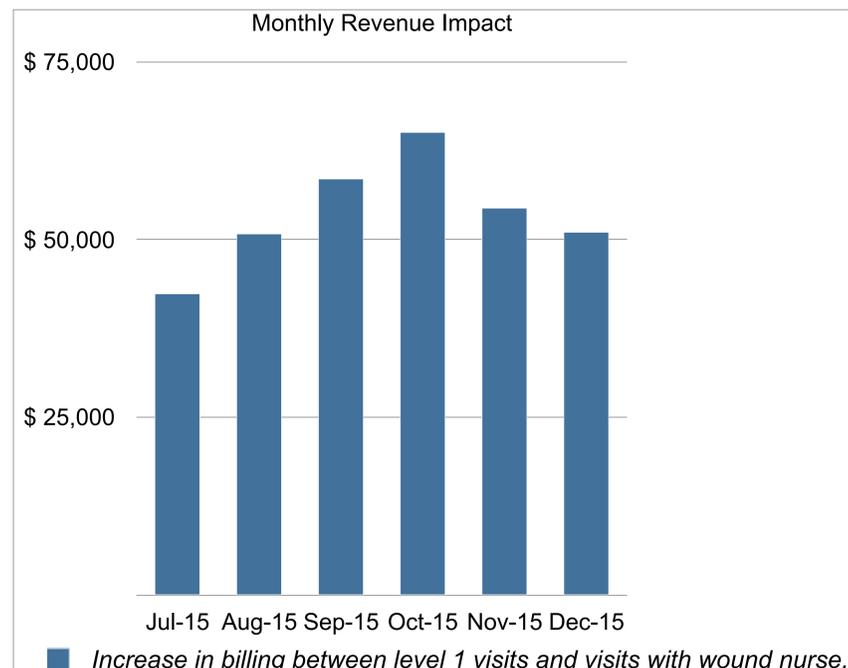
## Objectives

- ▲ Provide continuity of care to patients whom we had referred to our other ambulatory clinics for ongoing wound management.
- ▲ Retain existing wound ostomy clinic staff and utilize their expertise which included outpatient billing and compliance.
- ▲ Serve needs of new patients presenting to ambulatory clinics with wounds.
- ▲ Continue to support surgery service by providing pre-operative teaching, stoma site-marking and ongoing comprehensive ostomy care.
- ▲ Minimize overhead and preserve revenue stream.

## Process

The initial steps to transform our conventional brick-and-mortar wound ostomy clinic into a mobile service took two months:

- ▲ Determine which department would absorb the FTE's of the three wound nurses.
- ▲ Secure a physical space for workstations, phones and wound/ostomy supply storage.
- ▲ Draft and disseminate materials to introduce the other departments and case managers to this new service and how to access it (face-to-face meetings, emails, and phone calls).
- ▲ Set up the Wound Care Cart.
- ▲ Update the call center with the new triage process.
- ▲ Develop a report to extract from the electronic health system, a list of patients with wound care needs who have upcoming appointments on campus.
- ▲ Establish a reporting log to track volume of referrals and interventions, to gauge revenue impact, and to justify our team's value to the facility.



## Outcomes

Meeting patients "where they are" has been nearly universally effective. Volume of monthly referrals increased from 93 to 206 in the first year. This model of care delivery has proven to be more patient-centered as it emphasizes convenience for the typical patient with chronic wounds who requires care from multiple specialists. The service eliminates barriers to flow of information and access to care by bridging the many gaps that can exist in a fragmented health care system, consistent with the goals of a Patient-Centered Medical Home. We highly recommend this model as an effective alternative to a traditional wound center:

- ▲ Timely initiation of the wound care plan (new referrals are seen same day) increased both patient and provider satisfaction.
- ▲ Closer oversight has improved patient adherence to evidence-based treatment plans and to discovery of instances of prescription errors and miscommunication between providers.
- ▲ Relationships we built with providers across campus have enhanced our patients' access to specialty services.
- ▲ "Silo-busting" resulted as wound ostomy nurses facilitate cross-talk between specialists.
- ▲ Patient satisfaction increased as fewer appointments were needed and healing times have improved.
- ▲ Functioning as nurse navigators, we improve care coordination and communication among multiple specialists.
- ▲ The mobile Wound Ostomy Nurse Consult Service generated increased billing of \$50,000/month on average.

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