Improving the Accuracy of Discharge Wound Care Instructions in a Teaching Facility

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Introduction

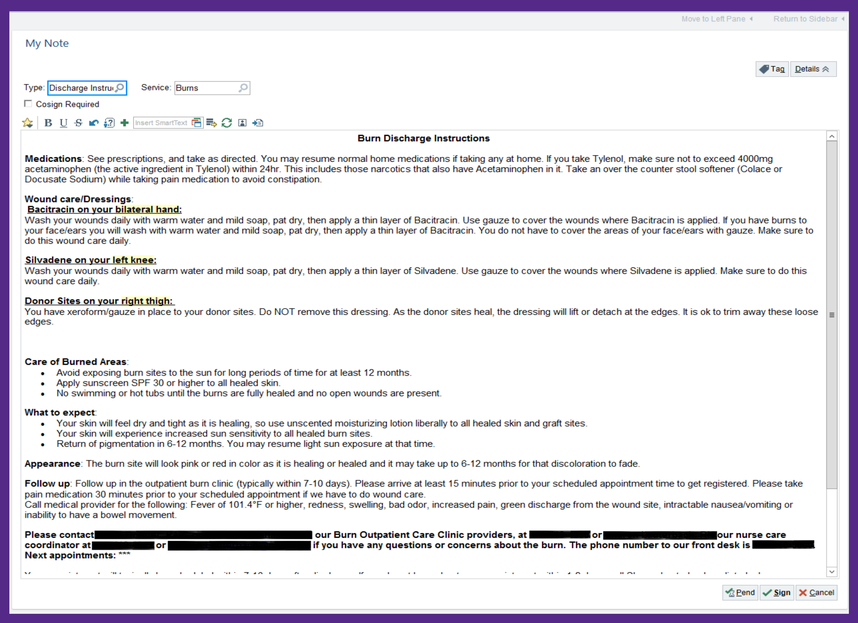
Clinic staff at a regional verified burn center reported a trend of patients coming in for follow up appointments confused about home wound care due to written discharge instructions that did not match what they were taught in their last inpatient wound care sessions. Examples of inaccurate instructions included referring to topicals that the patient was not currently using or failing to address the care of all wound types present, such as omitting care instructions for donor sites. The reported cases were reviewed by nursing and physician leadership through the burn center quality improvement process. Since the majority of wound care discharge instructions were written by resident physicians, it was identified that any plan to increase accuracy must translate month to month through rotating teams.

Methods

- A retrospective chart review of all patients discharged from inpatient with open wounds was completed for the previous 5-month period to establish a baseline rate of inaccurate instructions.
- Discharge instructions were counted as inaccurate if they did not match the wound types, dressings, and topicals charted in the patient's last inpatient wound care note.
- Contributing factors identified included that the instructions were most often free texted by rotating surgical residents.
- It was decided that pre-written choices might improve the accuracy of the instructions.
- A wound care discharge template was developed through a collaboration with the hospital clinical informatics department.
- The design included drop down choices for dressings, topicals, and body parts.
- Standard phrases within each selection were written by an experienced burn service provider.
- Discharge education was added to the monthly in-service for resident physicians.
- A large sign with instructions for the template was placed in the physician workroom, along with reminder cards posted on the top of each computer.
- Audits comparing the discharge instructions to the last wound care note then continued for a 4-month period.
- The need for further intervention is continuing to be evaluated monthly by doing a review of 10% of the previous month's discharges.

Results

- The retrospective chart review revealed an average of 28% of discharge wound care instructions were incorrect or incomplete each month, with a range of 25-32.7%.
- In the 4-month period after the template was released, the monthly average dropped to 12.85%, with a range of 7.7-17.9%.
- In the months following the 4-month post-template audits, spot checks have revealed an average rate of inaccurate instructions of 9.75%, ranging from 0-28%.
- It was also noted that inaccurate instructions in the post-template audits typically only had a small error compared to the more complicated errors noted prior to the template implementation.



My Note

Tag | Details

Type: Discharge Instru | Service: Burns

Cosign Required

Burn Discharge Instructions

Medications: See prescriptions, and take as directed. You may resume normal home medications if taking any at home. If you take Tylenol, make sure not to exceed 4000mg acetaminophen (the active ingredient in Tylenol) within 24hr. This includes those narcotics that also have Acetaminophen in it. Take an over the counter stool softener (Colace or Docusate Sodium) while taking pain medication to avoid constipation.

Wound care/Dressings:
Bacitracin on your bilateral hand:
Wash your wounds daily with warm water and mild soap, pat dry, then apply a thin layer of Bacitracin. Use gauze to cover the wounds where Bacitracin is applied. If you have burns to your face/ears you will wash with warm water and mild soap, pat dry, then apply a thin layer of Bacitracin. You do not have to cover the areas of your face/ears with gauze. Make sure to do this wound care daily.

Silvadene on your left knee:
Wash your wounds daily with warm water and mild soap, pat dry, then apply a thin layer of Silvadene. Use gauze to cover the wounds where Silvadene is applied. Make sure to do this wound care daily.

Donor Sites on your right thigh:
You have xeroform/gauze in place to your donor sites. Do NOT remove this dressing. As the donor sites heal, the dressing will lift or detach at the edges. It is ok to trim away these loose edges.

Care of Burned Areas:
- Avoid exposing burn sites to the sun for long periods of time for at least 12 months.
- Apply sunscreen SPF 30 or higher to all healed skin.
- No swimming or hot tubs until the burns are fully healed and no open wounds are present.

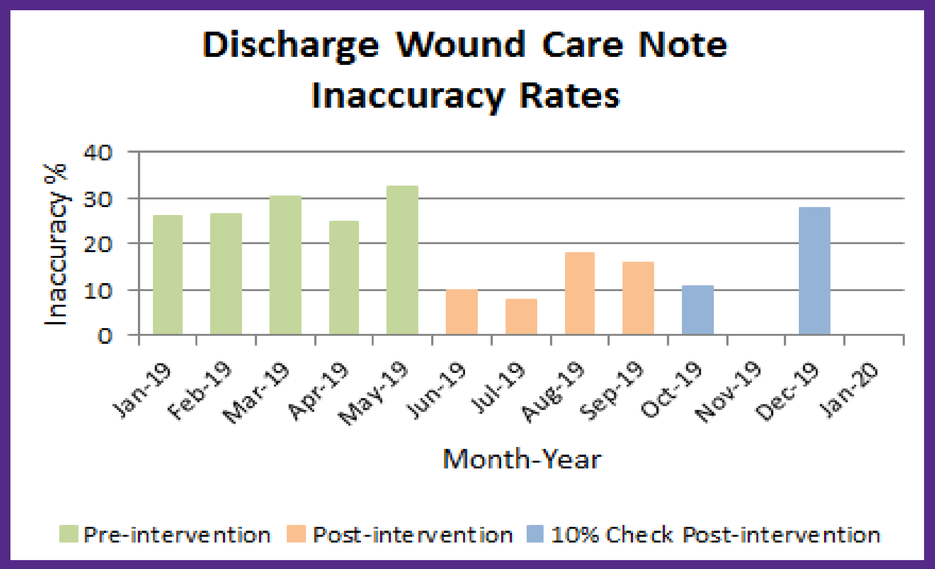
What to expect:
- Your skin will feel dry and tight as it is healing, so use unscented moisturizing lotion liberally to all healed skin and graft sites.
- Your skin will experience increased sun sensitivity to all healed burn sites.
- Return of pigmentation in 6-12 months. You may resume light sun exposure at that time.

Appearance: The burn site will look pink or red in color as it is healing or healed and it may take up to 6-12 months for that discoloration to fade.

Follow up: Follow up in the outpatient burn clinic (typically within 7-10 days). Please arrive at least 15 minutes prior to your scheduled appointment time to get registered. Please take pain medication 30 minutes prior to your scheduled appointment if we have to do wound care.
Call medical provider for the following: Fever of 101.4°F or higher, redness, swelling, bad odor, increased pain, green discharge from the wound site, intractable nausea/vomiting or inability to have a bowel movement.

Please contact [redacted] our Burn Outpatient Care Clinic providers, at [redacted] or [redacted] our nurse care coordinator at [redacted] or [redacted] if you have any questions or concerns about the burn. The phone number to our front desk is [redacted].
Next appointments: ***

Pend | Sign | Cancel



Conclusions

- The incidence of inaccurate wound care discharge instructions written by burn team providers decreased with the introduction of a discharge wound care template and education.
- More analysis is needed to identify additional opportunities to further decrease the rate of inaccuracies.