

Aligning wound management in home health with ADCES 7 self-care behaviors

Barbara Eichorst, MS, RD, CDCES; Kathleen Corcoran RN, BSN, CWOCN, CHRN; Rena’ Thompson, RN, WTA; Rebecca E Winton, PhD, RN, CCRN-K; Dorothy Burns, RN, PhD; Judy Hobbs RN, COS-C; Angela Austin, BSN RN

Abstract

The need for wound management is common within the home health population. It requires accurate wound assessment, evaluation, medication management, and education. The goal of this poster is to align wound management practices with ADCES 7 self-care behaviors. We used the results of a national survey of people with diabetes (PWD) that relates seven self-care behaviors to intervention priorities for nurses and PWD. The poster indicates practical, action-oriented wound management best practices and corresponding priorities for clinicians and PWD. Each of the seven self-care behaviors has wound management actions that can be utilized by diabetes care and education specialists (DCES). The wound interventions include evidence-based, outcome-driven practices that involve use of innovative technologies and approaches.

Wound and diabetes in home health

Forty five percent of people with diabetes (PWD) receiving care services from CenterWell Home Health have diagnoses of wounds, and 20.1% of patients with wounds have a diabetes diagnosis (1) (Figure 1). Half of the home health PWD surveyed use insulin to manage their condition (Figure 2). At the same time, only 26% receive any instructions on managing their diabetes upon a hospital discharge (Figure 3), and only 44% have received a specific care on managing their diabetes from primary care providers (Figure 4). This creates an opportunity for home health clinicians to provide needed diabetes self-management education and support (DSMES) which includes wound prevention and management when applicable.

Wound and diabetes management

Both wounds and diabetes are high-risk conditions that require individual assessment, evaluation, medication management, and education. The complexity is intertwined as diabetes can interfere with wound healing as much as wound healing can interfere with diabetes care outcomes. Diabetes and wound education is part of the plan of care for home health services. Over 90% of PWD surveyed report that they have been instructed on foot care/skin care and blood glucose management (Figure 5) (2).

Patients with wounds and diabetes

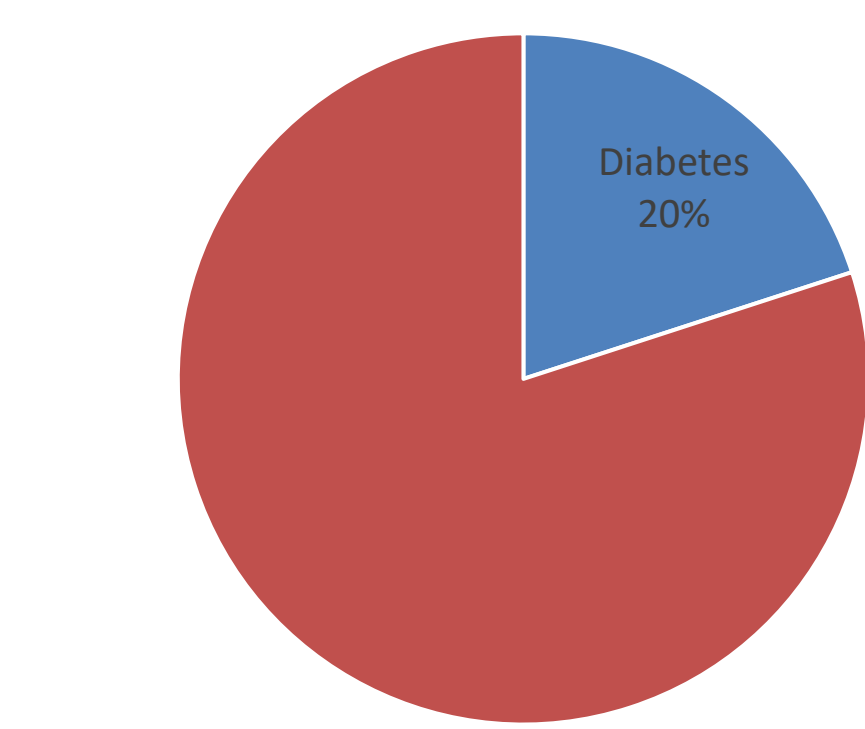
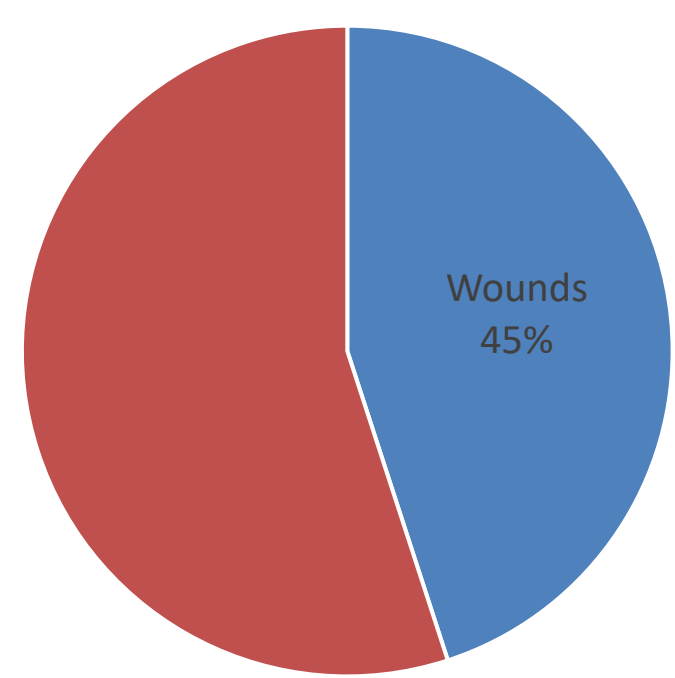


Figure 1

PWD with wounds



How are you managing your diabetes?

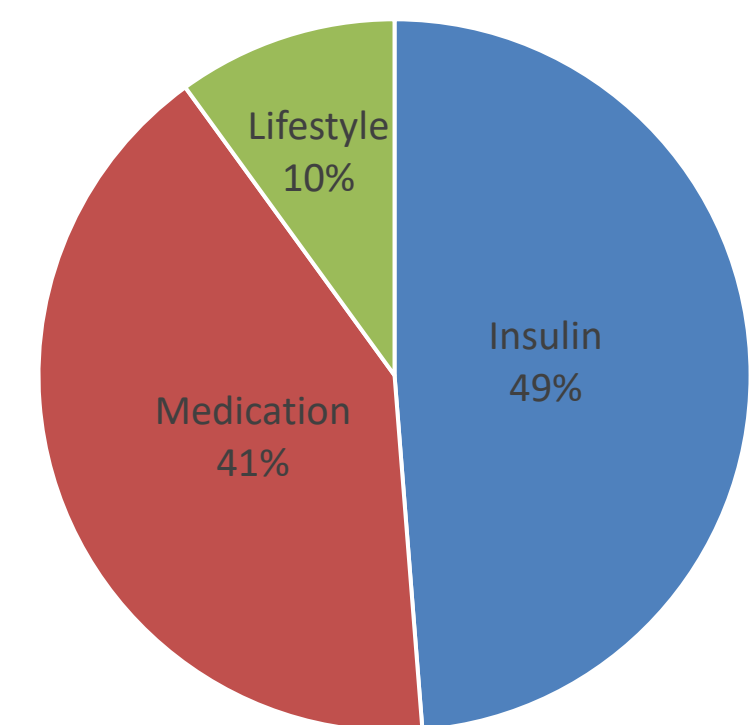


Figure 2

Upon hospital discharge, did you receive any specific plan on managing your diabetes?

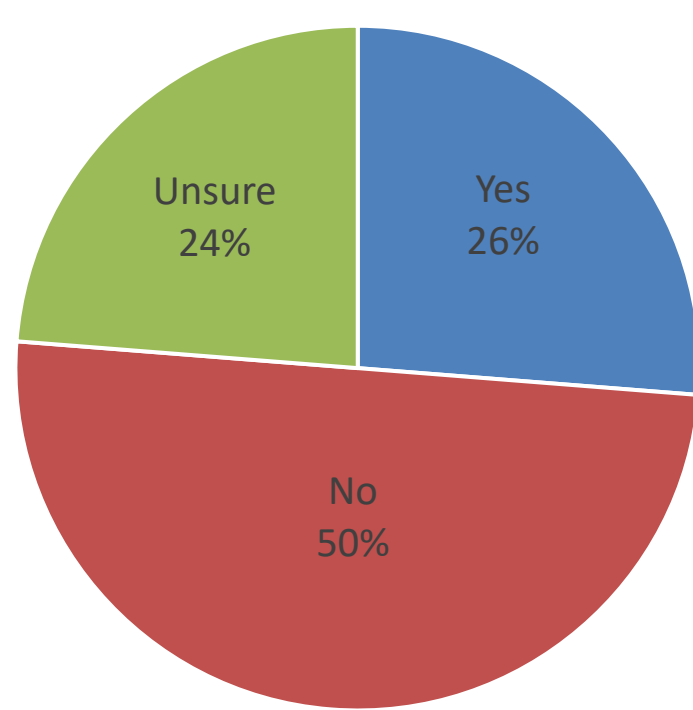


Figure 3

Upon your primary care doctor visit, did you receive any specific plan on managing your diabetes?

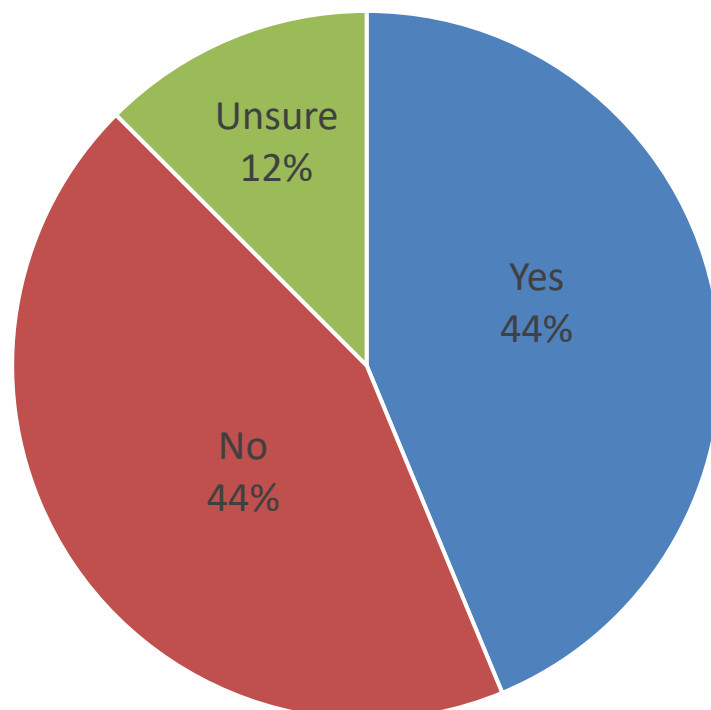


Figure 4

How often do you have problems with hyperglycemia (high blood sugar)?

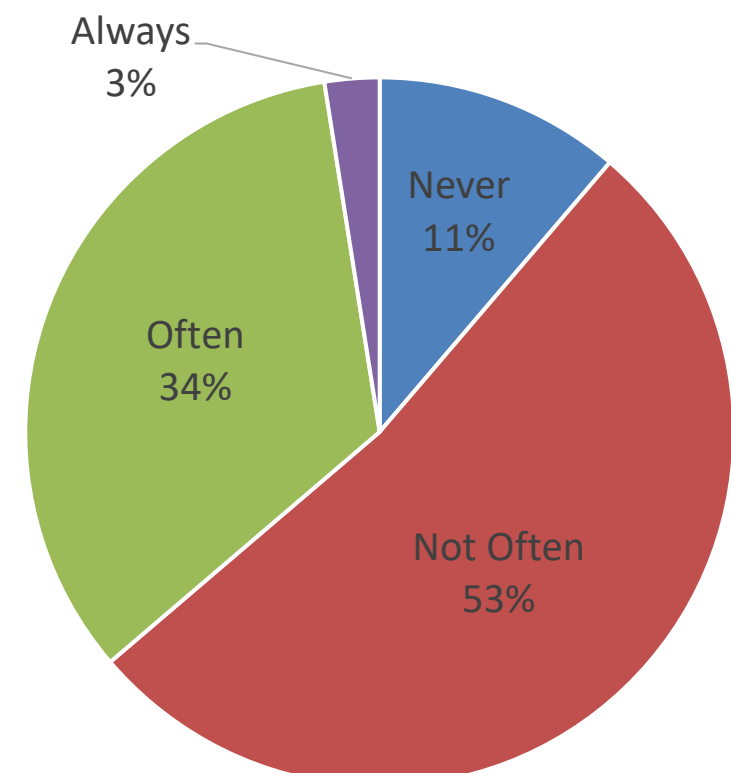


Figure 6

How often do you have problems with hypoglycemia (low blood sugar)?

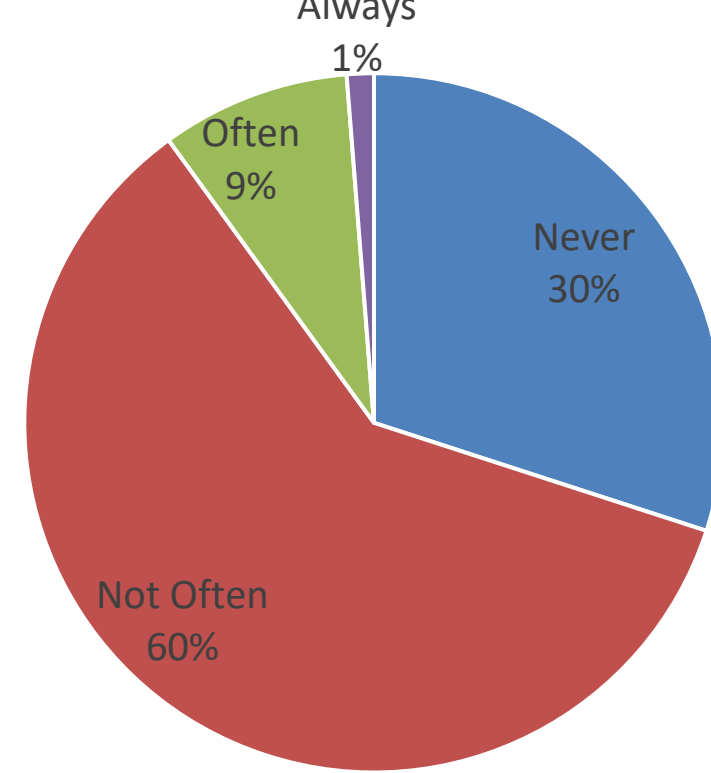
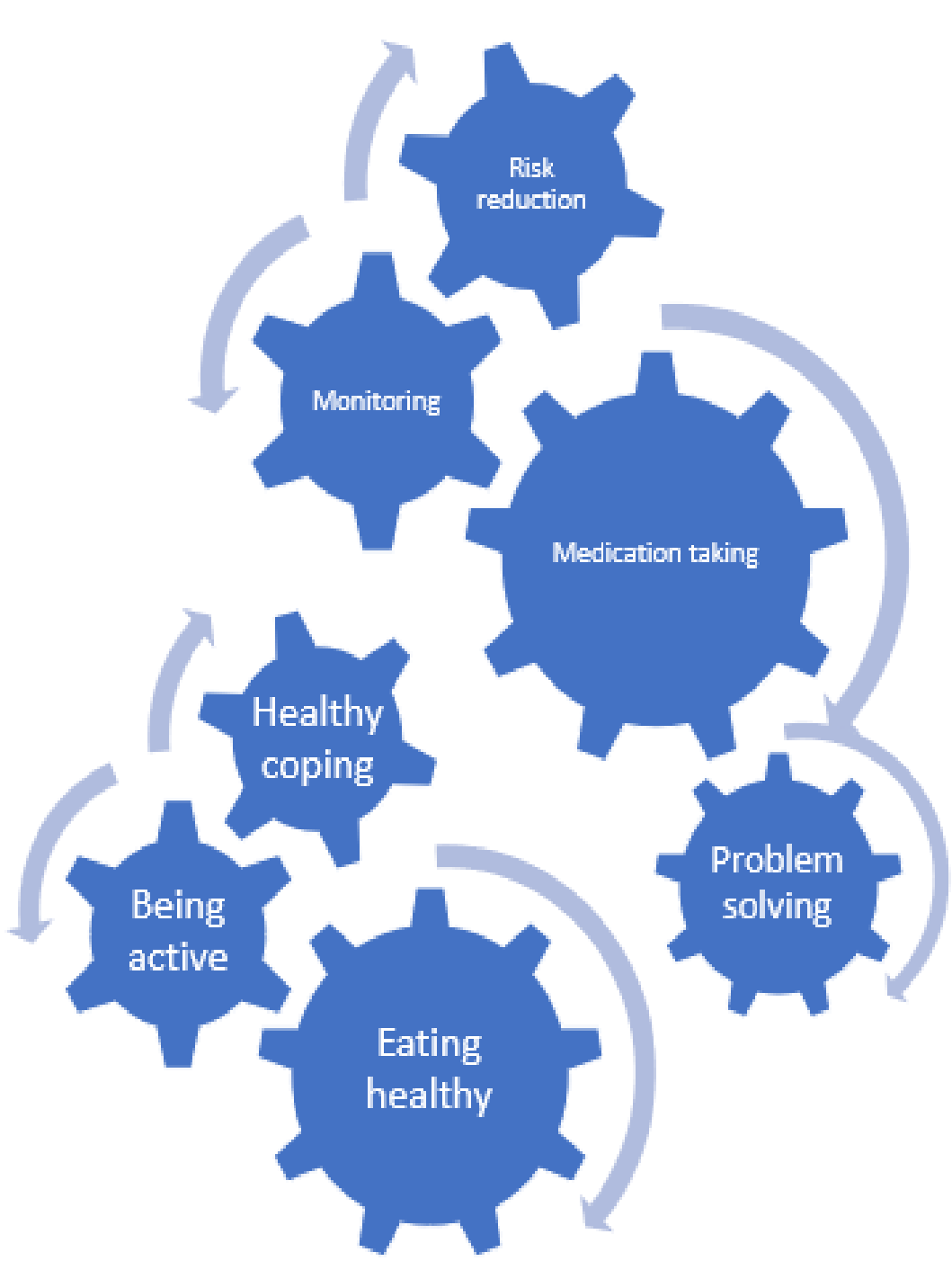


Figure 7



ADCES 7 Self-Care Behaviors

Figure 8

Being active

1. Monitor activity tolerance
2. Move daily
3. Prevent falls

Risk reduction

1. Keep ABC in range
2. Foot inspections
3. Proper footwear

Medication taking

1. Take as prescribed
2. Report side effects
3. Timely refills

Monitoring

1. Monitor blood glucose
2. Identify signs of infection
3. Use technology

Healthy coping

1. Manage stress
2. Identify support
3. Count your blessings

Problem solving

1. Recognize problems
2. Prioritize needs daily
3. Ask for help

Healthy eating

1. Evaluate for malnutrition
2. Supplement when not meeting the needs
3. Eat all nutrients

Figure 9

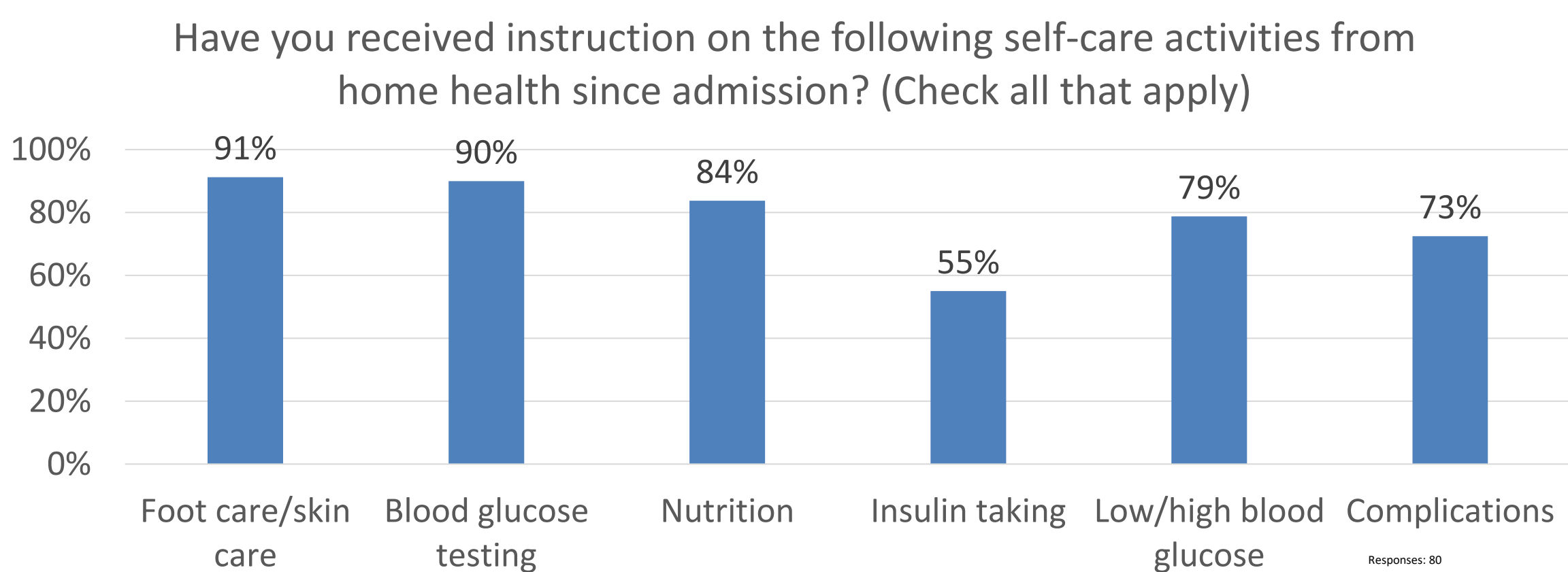


Figure 5

Diabetes management

PWD manage their blood glucose daily to minimize both hyperglycemia and hypoglycemia. The survey of PWD in receiving home health care services indicated that 34% of PWD struggle often with hyperglycemia (Figure 6) and 9% with hypoglycemia (Figure 7).

Wound management

Aging skin endures many factors which increase the incidence of injury and more importantly, reduce the capability of healing. This is true of the general population as well as those who suffer from chronic medical conditions. The primary goal of wound management is to promote healing without complication. Delays in wound healing, impacted by ineffective diabetes management, are costly and impact an individual’s quality of life. Among PWD, 15-25% will develop a diabetic foot ulcer (DFU) during their lifetime (4). The risk of Infection, hospitalization, amputation, and death is significantly increased for these individuals. Patient education is key to wound prevention and positive wound healing outcomes.

Incorporate wound interventions into seven self-care behaviors

The seven self-care behaviors are a framework for patient-centered diabetes self-management education and support (DSMES) (3) (Figure 8).

Contact

Barbara Eichorst, MS, RD, CDCES
Barbara.eichorst@CenterWellHomeHealth.com

References

1. Unpublished CenterWell data analyzing episodes ended 01/2021 – 06/2022, with 80,391 episodes in this cohort; patient with a diabetes diagnosis 1-4 and have a wound
2. Unpublished survey: Kindred at Home (KAH) Home Health (HH) Diabetes Education Needs Assessment Survey, October 2020, 241 Nurse Participants; 80 Patient Participants
3. Davis J, et al; 2022 National Standards for Diabetes Self-Management Education and Support. Sci Diabetes Self Manag Care. 2022 Feb;48(1):44-59
4. Armstrong DG, Boulton AJM, Bus SA. Diabetic Foot Ulcers and Their Recurrence. N Engl J Med. 2017 Jun 15;376(24):2367-2375