RISK REFERENCE SHEET

Mismanagement of Wounds and Retained Objects

Sector: Home Care, Chronic Care, Rehabilitation Facilities, LHIN/Home Health Funders

Literature suggests wound management and treatment constitutes 30% to 50% of healthcare service delivery in non-acute care. Wound healing is a dynamic and complex process markedly influenced by the patient/client's social determinants of health; medical history and diagnosis; underlying causes (e.g. health conditions, medications, risk factors); motivation (e.g. adherence to the wound treatment plan); lifestyle choices; and wound type (i.e. acute or chronic, simple versus complex, wound diagnosis, healable versus non-healable and wound history). Healthcare providers (HCPs) must develop appropriate treatment plans in collaboration with the client, based on best practice wound care (BPWC). Irrespective of the healthcare sector (i.e. acute care, long-term care, home care, rehabilitation, or complex continuing care) wound care demands and proficient management are issues faced by HCPs. Failure to implement and follow BPWC and resultant complications (i.e. infection and pain related to retained wound gauze/packing/steristrips/non-absorbing sutures) represent a risk to client safety and has resulted in litigation.

COMMON CLAIM THEMES

- Failure to develop a holistic care plan with definitive wound care goals established.
- Charting by exception and failure to document: wound assessments; visualization of wound bed; and the effectiveness of treatments.
- Failure to identify and/or act on the seriousness of wound deterioration, coupled with failure to advise the most responsible practitioner.
- Failure to identify the retained object (i.e. gauze/packing/steristrips/non-absorbing sutures) as present in the wound and failure to remove it.
- Failure to communicate/document the number and type of gauze/packing/steristrips removed and/or added to the wound (dressing count) with each handover to oncoming HCPs.
- Failure to provide wound management education to the client and/or family/caregiver.
- Failure to listen and hear the client and/or family/caregiver voice and concerns relating to dressing changes and dressing count.
- Use of casual and/or agency HCPs or inconsistent continuity of assignment of HCP with little to no training or experience in wound care management.

CASE STUDY 1

While receiving home care support following a total hip replacement, a client sustained a post-operative infection. Following referral and admission to a tertiary care facility, the client underwent a hip incision drainage, irrigation, debridement and foreign body removal. During the course of the procedure, a large piece of gauze packing was removed. Review of the case determined that, due to the absence of radiological markers on the gauze, the packing had likely been retained at the client's home. Experts were critical of the involved home care nurse's failure to identify the retained gauze and suggested that they had breached the standard of care.

CASE STUDY 2

Following the development of a pressure ulcer, a client received daily dressing changes. Over the course of six months, the nurses involved in the client's care noted that packed gauze could not be found within the wound. Upon admission to a tertiary care facility for surgical excision and debridement, 17 pieces of gauze were removed from the client's pressure ulcer sinus tract. Expert review of the case was critical of the involved nurses' failure to document the amount of packing that was being inserted into and removed from the client's wound. In addition, the review also noted that that nurses failed to alert the supervising practitioner of their repeated inability to find and remove previously packed gauze.

Canadian Case Examples

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REFERENCES

- HIROC claims files.
- Central West Community Care Access Centre. (2009). Wound care guidelines.
- Orsted H, Keast D, Kuhnke J, et al. (2010). Best practice recommendations for the prevention and management of open surgical wounds. *Wound Care Canada*, 8(1): 6-34.
- Tully S, Johnston D. (2012). Wound care management: Where do you begin?. *CGS Journal of CME*, 2(2): 15-22.

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MITIGATION STRATEGIES

Note: The Mitigation Strategies are general risk management strategies, not a mandatory checklist.

Reliable Care Processes

- ☐ Ensure HCPs have education, training and clinical acumen required for wound care treatment and management, including:
  - Anatomy and physiology of the skin;
  - Understand that a wound is not static and be attentive to evolving wound characteristics;
  - The influence of intrinsic factors (i.e. age, body system, chronic disease, and perfusion) and extrinsic factors (i.e. medications, nutrition, psychological stress, and wound condition) on wound healing;
  - Knowledge of wound complexity, risk for wound infection, and wound deterioration.
- ☐ Ensure a holistic patient/client care plan is developed and incorporates the following:
  - Interprofessional input, communication and collaboration;
  - Definitive wound care goals and expected wound healing trajectory;
  - Integration of BPWC including identifying/ managing underlying causes; wound cleansing; debridement, moisture balance; bacterial balance; exudate control; eliminating dead space, thermal insulation and protection; protecting periwound skin (surrounding the wound); and manage infections.

Patient/Client and Family-Centred Care

- ☐ Include the client/ family or caregivers as members of the team when developing holistic care plans (including pain, activities of daily living, psychological and financial needs).
- ☐ Educate the client/family or caregivers about optimizing wound healing.
- ☐ Promote and facilitate the appropriate level of client independence and self-managed care.
- ☐ In the home care setting, ensure the client/family or caregivers are capable of performing the necessary wound care (cognitive and physical ability to be assessed by the healthcare professional).
- ☐ Educate the client/family or caregivers in hand hygiene and safety so that the home environment does not put the client at risk for wound infection or deterioration of healing.

Documentation

- ☐ Ensure complete and timely documentation by HCPs of wound care treatment and management, including :
  - Communications with the interprofessional team;
  - Evolving wound characteristics (e.g. evidence of wound improvement or deterioration, drainage, inflammation, swelling, tenderness, wound size, granulation, necrotic %);
  - Implementation of the dressing change protocol, including explicitly stating the treatment provided and the quantity of supplies (e.g. gauze/ packing/ steristrips) that were removed and/or inserted in the wound.
- ☐ Utilize a standardized “Wound Assessment Form” to enhance documentation and trend improvement or deterioration of wound factors; this documentation tool will support reporting during handover to oncoming HCPs.
- ☐ Include cues to nurses on documentation tools to report deterioration in wound condition to responsible physician/NP.

Monitoring and Measurement

- ☐ Implement formal strategies to monitor adherence to BPWC and wound management standards/policies/ procedures (e.g. periodical chart/e-chart audits, analysis of reported incidents/events, learning from medico-legal matters, patient/client complaints) and develop quality improvement plans as needed.
- ☐ Implement a process to monitor and report wound management incidents and infections.
- ☐ Track and review incidents and patient complaints related to wound management (e.g. wound healing, dressing changes and reports of retained gauze).