Name of Policy: Home Wound V.A.C. (Vacuum Assisted Closure) Therapy			UT UTOLEDO HEALTH		
Policy Number : 3364-131-25					
Approving Officer: Chief Medical Information Officer			Effective date:		
Responsible Agent : Administrative Director Outcome Management			Original effective date : 4/2008		
Scope: University of Toledo Medical Center					
Key words: Home Wound V.A.C., Vacuum Assisted Closure Therapy, Inpatient, Discharge, Coordination					
	New policy proposal		Minor	/technical revision of existing policy	

(A) Policy Statement

Major revision of existing policy

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Outcome Management (OTM) staff will facilitate arrangements for Home Wound V.A.C. therapy for acute care inpatients.

Reaffirmation of existing policy

(B) Purpose of Policy

This purpose of this policy is to provide a standardized approach for the coordination of discharging patients with Durable Medical Equipment (DME), specifically wound vacuum assisted closure therapy. The policy aims to ensure safe, appropriate, and timely coordination of the patient discharge. The policy applies to all healthcare professionals involved in the discharge planning of patients. Obtain a home Wound V.A.C. therapy system in sufficient time for efficient discharge planning.

(C) Procedure

 The Admission Assessment will be completed in the electronic medical record (EMR) by the Outcome Management staff to determine base line information for discharge planning purposes. Collaboration will occur with the multidisciplinary team including the provider, the Social Worker, the Resource Utilization Coordinator, Lead RN, And other medical staff to identify the patients post discharge needs.

1.2. Notice of hospitalized patients need for home wound V.A.C. can occur by:

- M.D.'s written order
- KCI-Wound Vacuum assisted therapy prescription form completion
- Outcome Management screening process
- Floor staff notification to Outcome Management staff
- 3. Based on the assessment of the patient criteria, financial situation, and patient affordability outcome management staff will consult with the community DME provider to request charity services.
- 4. Insurance Benefits will be reviewed to determine financial coverage that is available and the innetwork options within the patient plan coverage. If the community DME provider does not have charity services, OTM staff will determine if a referral is needed for the Medicaid Application and

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contact the financial counselor program to meet with the patient/representative to assist in completing and submitting the Medicaid application if needed.

- 2.5.Completion of the paperwork necessary for a Home Wound V.A.C. is a shared responsibility of the Physician, Outcome Management, and Nursing staff. The Outcome Management staff will facilitate the form's completion; The Outcome Management staff will complete <u>demographic</u> information, and the physician will be asked to complete the medical information regarding the wound dimensions and type of dressing supplies needed for the patient after discharge, including the ordered times for change, along with the physician signature. the majority of the needed information. The form will be placed in the patient's medical record for physician signature and request the physician to complete any information not available in the medical record.
- 3.<u>6</u>.Patient information and request for verification of insurance coverage will be sent to KCI as soon as the need is identified. The Outcome Management staff will confirm that all necessary paperwork is obtained (including face to face when necessary) and is responsible for making the referral via electronic submission to the in-network community DME provider chosen by the patient/representative. OTM will be required to track the pending order and monitor progress. Progress, barriers, or delays must clearly be documented in the patient's <u>electronic</u> medical record. For example, wound V.A.C. approval from insurances can take 2-3 days after completed paperwork has been submitted.
- 7. OTM staff will document all pertinent information in the patients progress notes and final discharge order (After Visit Summary) in the electronic medical record. Documented information will include chosen DME Company, when referral was made, when the equipment will be delivered, whether the equipment will be delivered to the hospital bedside or the patient/representative home, of facility of choice.
- 8. When the discharge is set by the physician, the patients hospital departure time will be conveyed to the DME provider to coordinate delivery of the equipment. The patients departure time will be coordinated with the patient, representative, and medical staff.

4.9.1f the patient is discharging home Discharge home with home wound V.A.C. therapy

- The physician's discharge order should include an alternative wound care regimen for the interim between discharge and the wound V.A.C. set up at the patient's home if needed
- If the home wound V.A.C. is delivered to the hospital prior to discharge, the <u>RN will provide the</u> V.A.C. change over <u>can occur</u> prior to the patient leaving the hospital.
- The <u>DME Provider KCI representative</u>, Outcome Management, and home health care provider will coordinate the home health care nursing start up visit.

5.10. The Outcome Management will document all pertinent information in the patient's medical record and document discharge services on the Discharge Instruction form.

Policies Superseded by This Policy: • 17-25 Home Wound VAC Therapy	
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