Healogics®

Care Collaboration Report (CCR) and Critical Patient Review (CPR)
USER GUIDE

Review Frequency: Weekly

Purpose: The Care Collaboration Report (CCR) combines active patient and wound-related data currently available in i-heal from multiple reports streamlining into one single source of information to assist in identification of center clinical operations educational needs, process improvement opportunities, data integrity, and patient management to ensure positive outcomes.

This report, along with other relevant i-heal reports, is reviewed at the Weekly Leadership Meeting. The intent is to review this data weekly regardless of whether a formal Weekly Leadership Meeting takes place.
The purpose-driven tabs allow users to focus on specific clinical operations data. The pre-sorted data provides for a consistent way of reviewing information and assists users that have limited knowledge of or no access to excel. Although each tab will allow additional sorting capabilities, it is strongly encouraged to use the sorting provided.

Critical Patient Review (CPR)

You will receive a weekly email with the Critical Patient Review list* attached and the link to the full Care Collaboration Report. The Critical Patient Review list currently highlights patients from the report that require urgent review for two reasons.

1. Patients have a Wagner 3, 4, or 5 wound and the HBO screening status has either **not been provided** or indicates **therapy is not indicated** for ***no appropriate indication***. This could indicate an update is needed on the Advanced modality form in i-heal and/or they have been ruled out inappropriately as a potential HBO patient.
2. Patients with a wound that has reached **4 weeks in treatment and the wound is *worsening***. This would require WHiP review and MSR completion at the Weekly Leadership Meeting.

*Additional patients may be added to this list in the future.

The Critical Patient Review (CPR) was developed to highlight our sickest and most vulnerable patients, starting with those patients with Wagner 3, 4 or 5 wounds, so that we can review and take action that is required to get them on a positive healing trajectory, to limit unwarranted clinical variability, and to assist in meeting our FIND. TREAT. HEAL. mission through improving our Comprehensive Healing Rate (CHR) for all, particularly our most vulnerable patients.

ACTION
Critical Patient Review List Update the HBO screening status on the Advanced Modality Form in i-heal as needed. Discuss next steps for Wagner 3, 4 or 5 patients that have not refused HBO or have a contraindication to HBO. Discuss next steps for non-healing or stalled Wagner 1 and 2 wounds. Discuss next steps for patients that are worsening after 4 weeks in treatment. Continue effective WHiP and MSR process, review CCR for patients stalled or worsening at 4 plus weeks, update medical record documentation to reflect updated treatment plan/orders/compliance.

Note While the CPGs and other i-heal information provide useful and relevant information for the physician (e.g., general CPG recommended treatment ranges), they are not mandatory, nor do they address all unique

circumstances arising in the context of individualized patient care. Ultimately, the decision regarding whether to adjust, continue, or terminate therapy is based on the clinical judgment of the treating physician consistent with applicable payer coverage criteria.

Weekly Leadership Meeting Tab

Data on this tab will be reviewed along with the Weekly Wound Healing Progress (WHiP) forms for the purpose of providing the Local Medical Director with information that will assist in appropriately evaluating the effectiveness of the current treatment plan and making recommendations based on the wound(s) healing trajectory.

DISCUSSION

New Patients Review the WHiP and discuss treatment plan.

- Were all the 9 essentials assessed and addressed at the initial visit?
- How long has the patient had their wound(s)?
- What advanced modalities should be considered now or in the near future?
- What contributing factors are impacting the patient's ability to heal?

ACTION

Share recommendations with the WCC treating provider and their Case Manager.

Patients Not Meeting 4/8/12/16 Week Healing Benchmarks Review WHiP and discuss any recommendations for changes to treatment plan.

- Have all the 9 essentials been assessed and addressed appropriately?
- Is additional, more advanced testing or retesting recommended?
- Would utilization of advanced modalities assist in getting the patient back on a healing trajectory or a faster healing trajectory?
- Have the patient's comorbidities and all contributing factors been identified, assessed and addressed?
- Is the patient engaged in their plan of care?

ACTION

- Document and sign that an MSR has occurred in the appropriate location on the WHiP form.
- Share recommendations with the WCC treating physician/APC and their Case Manager.

HBO Screening Data Tab

* The HBO screening and reason are pulled from the Advanced Modality form in i-heal.

DISCUSSION

- Review for data integrity around HBO screening for current active wounds and update the advanced modality form in i-heal as needed.
- Determine next steps for pending patients.
- Review patients that previously refused treatment. How long ago and why did they refuse? Is there an opportunity to revisit based on lack of wound progress or worsening?
- Review patients that were previously documented as having a contraindication. Was the contraindication permanent or has the situation changed and the patient may be appropriate for hyperbaric treatment?
- Review wound classifications and how long the patient has been classified at that stage/grade/level. Has the wound stalled or worsened? Have the 9 essential questions been (re)addressed?
- Review diabetic patients with stalled/worsening lower extremity wounds that have an etiology other than diabetic such as venous, pressure, trauma, surgical, arterial. Have the 9 essentials been addressed? Has deep tissue infection been ruled out with diagnostics?
- Would retesting or additional testing lead to a higher stage/grade/level? Presence of deep tissue

infection in a patient with a diabetic lower extremity wound? Or osteomyelitis/chronic refractory osteomyelitis in a wound over a boney prominence in a diabetic or non-diabetic patient?

ACTION

Highlight anything needing review and provide to the Case Manager to discuss with the physician/APC at the patient's next visit.

Etiology/Classification Verification Tab

The etiology and classification are to be validated at each visit by the Case Manager and physician/APC.

DISCUSSION

- Review for accuracy/appropriateness
- Is the etiology appropriate for the location of the wound?
- Is trauma listed past 4 weeks?
- If there a lower extremity wound in a diabetic patient, is the wound not healing primarily related to pressure? Surgery? Trauma? Or would that be the wounding event and diabetic ulcer would be the appropriate primary etiology?
- If the wound has worsened, is the classification documented still appropriate?

ACTION

Highlight anything needing review and provide to the Case Manager to discuss with the physician/APC at the patient's next visit.

Patient Appointment Details Tab

DISCUSSION

- Review patients without future appointments scheduled.
- Review days since last visit and next scheduled visit. Compare the complex/palliative status/reason.
- Determine if days between appointments might be contributing to wound(s) stalling.

ACTION

- If there was an order to return to the WCC, provide the list to the Patient Navigator or Case Manager for any patient that needs an appointment so the patient(s) can be contacted to schedule as soon as possible if there was an order to return to the WCC.
- If they have not been seen in the WCC in 30 days and attempts to contact the patient have been unsuccessful, follow Policy B213 by sending letter #1.
- If they are to be discharged, provide the list to the assigned Case Manager to follow through with appropriate documentation which includes a documented physician/APC order.
- If they are in the hospital, remind the Case Manager to monitor and collaborate with the inpatient team throughout the inpatient stay to ensure continuity of wound care and transition back to the WCC post discharge.

Primary/Referring/Care Facility Tab

- PD/ Wound Care Liaison should use this to determine common referrals sources to assist with pre-visit planning.
- Can be used to determine shared patients with Home Health agencies and Care Facilities to improve communication and collaboration.
- Note patients with multiple wounds are listed more than once.

Patient Demographics Tab

- Review for any missing email addresses
- Review primary insurance and validate accuracy

ACTION

Provide the list to the Patient Navigator to obtain and/or validate accuracy of email addresses to improve patient satisfaction survey returns.

Comprehensive Data Tab

This tab contains information on the original, full Care Collaboration Report prior to the development of purpose driven and pre-sorted tabs. To ensure ease of use and report utilization consistency, data integrity, and report analysis, the utilization of the purpose-driven tabs is recommended.