

PROFILING AND CASE COSTING OF WOUND CARE IN LONG-TERM CARE HOMES

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Brief Description of Research or Project: Chronic wounds, such as pressure ulcers, are often complex, recalcitrant to healing, and may persist for months or years due to underlying disease processes or complications placing a significant burden on the health system and individual patients. While best practices are described in a number of national and international guidelines, little is known about the resources and costs that are required to prevent and manage chronic wounds and related complications in long term care settings. This cohort study estimates the total cost of wound care (both prevention and management) in the long-term care setting using population-level administrative databases from 2006-2013, including Health Outcomes Worldwide, IntelliHealth, HOBIC (Health Outcomes for Better Information and Care), HINF (High Intensity Needs Fund), and the CANSTRIVE study for nursing time. A cost effectiveness wound care analytic model and case mix system based on the severity of chronic wounds is presented to inform healthcare policies and guide funding decisions. Descriptive statistics are used to define the prevalence and incidence of various chronic wound types (by resident and home characteristics, length of stay, LHIN region etc.), the number of wounds that improve or worsen over time, the origin of the wound, the profile of long term care residents with wounds or at risk of acquiring wounds (either in the home or prior to admission), the actual and expected heal times for different types of wound for selected resident cohorts (e.g. diabetics), and the estimated actual and benchmark wound care costs for treatment, equipment, supplies, nursing time etc. **Why is this research important to profile at the Research Day 2014?** This study is important as it fills a gap in current knowledge about costs and care needs for residents with wounds. Understanding best practices will allow for more cost-effective treatment as well as better care in long-term care homes, thus reducing avoidable transitions to acute care in hospitals. On the other hand, a clearer perspective on prevalence and incidence of wounds for residents transitioning from hospitals and community to long-term care will also support more integrated care. Having baseline data will also allow for benchmarking and laying the foundation for quality-based procedures in wound care.