Your Wound Care Department Checklist for 2015

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Happy New Year and welcome to 2015! A new year means time to reflect and strategize on how you want to move forward and improve processes within your department. I am hoping you had a successful 2014 wound caring year. Take a moment and think about how you want to improve your practice this year. Questions to consider include: (1) What is your wound management vision for your department over the next 12 months? (2) How are you going to manage Clinical, Operational, Regulatory, Economic (CORE) changes? (CORE is a proprietary process developed by the author,) (3) How are you going to empower your team to continue to be the best they can be to themselves and for their patients?

To help you get started in answering these questions, let’s begin to create your 2015 wound care planning checklist.

**Clinical**
- Leverage your facility’s process with the use of a specialty wound care electronic medical record (EMR) for documentation and quality reporting
- Create and streamline smart, strategic workflows for staff and providers
- Integrate evidence-based medicine and wound care, as well as technologies
- Continuously update patient-specific education
- Review and update the product formulary
- Continue to test and timely implement International Classification of Disease-10 coding
- Know hospital accreditation standards and support within department and documentation workflows
- Manage the department through a comprehensive reporting engine providing clinical, operational, financial, and marketing reports
- Attest for Meaningful Use
- Report Physician Quality Reporting System
- Implement Clinical Decision Support Alerts
- Collaborate with a mentor
- Mentor staff

**Operational**
- Review and update your department’s clinical and operational policies and procedures
- Review and update signature requirements for your documentation process
- Review and update job descriptions
- Ensure staff credentials are up to date
- Ensure staff competences/skill sets are up to date
- Reevaluate use of technology and supplies to ensure appropriate use for patient population
- Coordinate discussions with clinical providers to ensure their understanding of surgical wound care services and documentation requirements
- Manage patient outliers and update plans of care
- Review and update payer matrix
- Map preauthorization, advance beneficiary notice, and copay processes
- Ensure the “reason for referral” is clearly documented and follow the documentation process
- Understand the insurance verification and medical necessity by payer process
- Review annual Office of Inspector General work plan to improve operations, clinical documentation, charging, and coding practices
- Implement and review the wound care department’s charge description master (CDM), Current Procedural Terminology-4 (CPT-4), and HCPCS level II with modifiers (if appropriate)
- Meet with select departments to review updates for preregistration, coding, billing, medical records, and denial management

**Regulatory**
- Develop and implement internal and external auditing processes to minimize compliance risks
- Test and confirm compliance with legal requirements
- Determine the denial management process
- Review the Recovery Audit Contractor trends and develop a plan to proactively determine your plan to proactively minimize your risk for loss
- Schedule time for denial management reviews, and reevaluate facility process based on findings
- Inquire if scribing is allowed within your department
- Review process for physician order to support nurse visit
- Review the National Coverage Determination and Local Coverage Determination (LCD) policies ongoing
- Check the fiscal intermediary’s website for any specific guidance of LCD for wound care services
- Review managed care and payer agreements and limitations

**Economic/Financial**
- Review and update the Clinical Level of Care form for facility charges to ensure methodology reflects clinic flow
- Review distribution of charges across the 5 levels of service; does this represent a “bell curve”?
- Review and update physician super bill to ensure coding is up to date
- Review payer-specific billing compliance
- Confirm revenue cycle processes that include patient registration, compliant billing, and denial management
- Ensure clinical documentation, diagnosis, and CPT-4 codes reported meet medical necessity
- Review medical necessity guidelines that can be payer specific
- Ensure understanding of modifier use based on documentation and coding practices
- Ensure coding and billing personnel are very familiar with the wound care process
- Encourage educational updates for clinical, coding, and billing personnel
- Watch for overutilization of products and/or services

This list is not meant to be all-inclusive but a starting point for you to begin mapping your process. Continue to add to this list throughout the year. Cheers to a wonderful wound caring year!

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