

**Abstract Title:** The Inpatient WOC Wound Care Specialist Role Demonstrates Cost-Effectiveness in Addition to Clinical Effectiveness and Positive Patient Outcomes

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**Purpose & Rationale:** It is well documented in the literature, that the inpatient wound care specialist role promotes clinical effectiveness and positive patient outcomes. In the current health care climate it is crucial to demonstrate how any position will provide fiscal benefit to the institution. The wound specialist role is no different. An ongoing challenge by all hospital WOC nurses is the need to prevent, reduce and eliminate stage 3, 4 and unstageable hospital acquired pressure injuries. A successful prevention program requires a sufficient amount of certified wound care specialists to direct and manage the wound care program. Justifying any position requires concrete evidence of cost savings or revenue generation.

**Research Questions:** Does the WOC Role generate reimbursement for the management and treatment of pressure ulcers?

**Synthesis of Review of Literature :** A current literature review clearly supports the need for specialized wound care nurses to prevent pressure ulcers in hospitalized patients which results in significant cost savings related to the treatment of hospital acquired pressure ulcers. What was missing in the literature review was any examination of how the role of the WOC nurse can actually capture appropriate reimbursement for present on admission pressure ulcers (POA).

**Methods/Procedures:** All patients admitted with present on admission pressure ulcers were evaluated by the WOC nurse to determine staging accuracy with admission documentation in the EHR. After WOC nurse consultation with staging confirmation, the clinical documentation specialists evaluate the documentation. This review may result in a higher severity of illness code that will capture appropriate reimbursement for the care associated with the present on admission pressure ulcer.

**Results:** Review of January 2015 to June 2016 POA pressure ulcers revealed a significant amount of pressure ulcers were mis-staged on admission by the staff RN to a lower severity, which would have failed to capture appropriate reimbursement for the hospitalization. Actual percentages and financial numbers are still pending.

**Discussion/Application to Practice** The role of the WOC nurse is critical to preventing pressure ulcers, treating existing pressure ulcers and ensuring positive patient outcomes. The advanced assessment skills of the WOC nurse ensure that appropriate reimbursement is captured for the level of care required to treat present on admission pressure ulcer as well as prevent their deterioration and the associated effect on quality of life. The role of the WOC nurse as educator is paramount in ensuring ongoing competence with pressure ulcer staging as well as providing opportunities for improvement of those clinicians who struggle with staging.