

# IMPACT OF *CENTRALIZED DIGITAL WOUND CARE* IN HOME HEALTH

Alternate Solutions Health Network (Alternate) launched a centralized, nurse-led wound care program to standardize high quality care for all wound patients. To empower and connect their care team, Alternate adopted Swift Medical's digital wound care platform. In the first six months alone, they have already realized profound clinical and operational outcomes.



**13.5%**

Reduction in 60-Day Rehospitalizations

Improved visibility & monitoring of at-risk wound patients enabled Alternate to reduce hospital readmissions for patients with a primary wound diagnosis.<sup>1</sup>



Up to **70%**

Improvement in Average Days to Heal a Wound

Increased standardization of care, adherence with best practices and remote wound expert oversight allowed Alternate to improve wound healing times across multiple wound types.<sup>2</sup>



**19.7%**

Reduction in Visit Utilization

Greater visibility into wound healing progress across Alternate's patient population enabled them to better allocate nursing resources, delivering more concerted care to high needs patients and reducing low-value visits for patients healing as expected.<sup>3</sup>



**4%**

Reduction in New Wounds Acquired in the Home

Standardized, best practice wound assessments and ongoing evaluations allowed Alternate to identify high-risk patients and initiate preventive care protocols to reduce the incidence of new wounds developing in the home.<sup>4</sup>

<sup>1</sup> The hospitalization rate analysis only included patients with a primary wound diagnosis/clinical grouping. The analysis did not evaluate the reasons for hospitalization (whether wound-related or not), which can be influenced by various clinical, social and economic factors. A 7.5% decrease in hospitalizations was realized at the intervention branch between the pre and post periods, while the control branch realized an increase of 6% in hospitalizations over the same study period. Therefore, there was a 13.5% hospitalization rate improvement over the control branch.

<sup>2</sup> Days to heal analysis was based on the change in the number of days between the start date and end date of a wound (end date indicated as "healed" and "completely epithelialized"). This statistic represents the percentage reduction in the average days to heal for Venous Ulcers. Improvement in average days to heal was also seen for pressure injuries (41%), skin tears (35%) and diabetic ulcers (7%).

<sup>3</sup> Visit utilization analysis looked at the reduction in the average number of home visits per wound care episode (for Medicare FFS only).

<sup>4</sup> Wound incidence analysis looked at the decrease in new wounds that developed while patients were in home health.

# BACKGROUND

## THE WOUND CARE CHALLENGE IN HOME HEALTH

Over a third of all home health patients have at least one wound.<sup>5</sup> With an increasingly ageing and comorbid population that prefers to receive care in their own home, home health agencies have become more important than ever in caring for chronic wound patients, where centralized models of care are critical to success.<sup>6,7,8</sup> These models of care include highly specialized and knowledgeable wound care resources and a team-based strategy that embraces best practices and standardized approaches in the delivery of wound care across large geographies.<sup>9,10</sup>

## ALTERNATE SOLUTIONS HEALTH NETWORK

Alternate Solutions Health Network (Alternate) was founded in 1999 and partners with leading health systems in joint venture partnerships to create post-acute home health and hospice care solutions. Alternate operates 17 branches across four states, delivering efficient centralized patient care that focuses on the quality, coordination and cost of care.

Like most home health agencies, Alternate relied on manual methods, like paper rulers, to measure the changing size of wounds; experienced difficulties standardizing wound care for thousands of patients across numerous branches; lacked visibility into the care being provided in the home; and had limited, specialized wound care experts that needed oversee quality for all wound patients.

## A NEW, INNOVATIVE MODEL FOR WOUND CARE

In 2020, Alternate launched a nurse-led, centralized wound care program to deliver scalable, standardized wound care. This model leveraged the expertise

of remote wound specialists to support frontline nurses in the field, ensuring every patient across the organization received the same high quality of care. To enable this innovative model of care, Alternate partnered with Swift Medical, an AI-powered wound management platform.

Swift Medical's solution allows frontline clinicians to easily capture high precision, clinically-calibrated wound images on their mobile phone in the home. They can then share this data with the remote wound experts to augment clinical decision making and drive more standardized and preventive care.

## THE REAL-WORLD IMPACT

A benefits evaluation study was completed 6 months after the adoption of Swift Skin and Wound at the first Alternate branch to adopt the solution. The study compared clinical and operational outcomes for the same 3-month period pre- and post-adoption of the solution.

*“SWIFT MEDICAL'S SOLUTION HELPS TO CONNECT OUR CARE TEAMS. IT HELPS OUR NURSES FEEL LESS ALONE, AND MORE CONNECTED, WHILE IN THE FIELD. I DON'T KNOW HOW WE COULD DO ALL THIS WITHOUT SWIFT.”*

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<sup>5</sup> Ellenbecker C, Samia L, Cushman M, et al., Patient safety and quality in home health care. Patient Safety and Quality: An Evidence-Based Handbook for Nurses, Agency for Healthcare Research and Quality, 2008.

<sup>6</sup> Friedberg E, Harrison MB, Graham ID. Current home care expenditures for persons with leg ulcers. Journal Wound Ostomy Continence Nursing. 2002; 29: 4, 186-192.

<sup>7</sup> Aylward S, Stolee P, Keat N, et al., Effectiveness of continuing education in long-term care: a literature review. Gerontologist. 2003; 43: 2, 259-71.

<sup>8</sup> Axelsson J, Elmstahl S. Home care aides in the administration of medication. Int J Qual Health Care. 2004; 16: 3, 237-43.

<sup>9</sup> Open Access Government. Wound care – Challenges in the home care setting. 2014. <https://www.openaccessgovernment.org/wound-care-challenges-home-care-setting/12000/>

<sup>10</sup> Canadian Home Health Association. Evidence Based Wound Care. 2012. Accessed on Jan 4 2021 from [https://cdnhomecare.ca/wp-content/uploads/2020/03/Wound\\_Management\\_-\\_Home\\_Care\\_Perspective\\_-\\_English\\_2012.pdf](https://cdnhomecare.ca/wp-content/uploads/2020/03/Wound_Management_-_Home_Care_Perspective_-_English_2012.pdf)