

USWR24: Patient Reported Experience of Care: Wound Outcome

MEASURE STEWARD:

US Wound Registry

This measure was developed via a consensus process in collaboration with the Alliance of Wound Care Stakeholders Member Organizations, which include 16 wound care related clinical associations.

DESCRIPTION:

All eligible patients with wounds or ulcers who completed of Wound Outcome Questionnaire who showed 10% improvement at discharge or transfer to another site of care during the 12 month reporting period.

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver Centered Experience and Outcomes

MEASURE TYPE: Outcome, Patient Reported Outcome (PRO)

MEANINGFUL MEASURE AREA: Patient Reported Functional Outcomes

TRADITIONAL MEASURE: Yes

PROPORTIONAL MEASURE: Yes

RISK ADJUSTED: No

NUMERATOR:

All eligible patients with wounds or ulcers who completed a Wound Outcome Questionnaire who showed 10% improvement at discharge or transfer to another site of care during the 12 month reporting period.

DENOMINATOR:

All eligible patients with wounds or ulcers who have seen a physician once during a 12-month reporting period and who have been discharged or transferred to another site of care.

DENOMINATOR EXCLUSIONS/EXCEPTIONS

EXCLUSIONS: Death, Palliative care patients, patients who have an amputation, patients seen for consultations only, patients who are lost to follow-up, patients with <2 visits in 30 days

EXCEPTIONS: Wound Outcome not administered due to Medical, Patient or System Reasons

RATIONALE:

The CMS and many other organizations place high value on patient reported outcomes. Little is known about patient reported wound outcomes and no validated tool exists. Even wounds which appear to be closed or healed may continue to be painful, necessitate a dressing for protection, or require some sort of care on the part of the patient. The rationale behind this measure is to find out what patients think about their outcomes and use that information to develop a validated outcome tool which can be used for clinical research to understand the effectiveness of treatments from the patient's perspective.

The Wound Outcomes Questionnaire was a developed to capture information on the patient's perception of the outcome of their treatment.

The questionnaire is only available in English and thus cannot be offered to individuals who are not fluent in English.

EVIDENCE: No data is available on patient reported wound outcome

Now that your treatment is over, we want to know whether you think your wound is better as a result of your treatment. Answering these questions will help us understand if you think your wound got better. There are no right or wrong answers. Please tell us how you feel.

- | | Yes | No | Not sure |
|---|-----|----|----------|
| 1) Is your wound healed?
(This includes wounds that were closed with surgery) | | | |
| 2) I worry that the wound will come back | | | |
| 3) I need to cover the area or use a dressing | | | |
| 4) I have drainage from the wound or the area where it was | | | |
| 5) I have to spend time caring for the wound or the area where the wound is or was | | | |
| 6) I have pain related to the wound or the area where it is or was | | | |
| 7) My sleep is affected by the wound or the area where it is or was | | | |
| 8) I have trouble moving around because of the wound or the area where it is or was | | | |
| 9) My day to day activities are affected by the wound or the after-effects of treatment | | | |
| 10) I need help from others to care for the wound or the area where it is or was | | | |

Never *Occasionally*
regularly *Often*