

# HEALING HANDS

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## Best Practices and Considerations for Wound Care

**Robert King** had an abscess that just wouldn't heal. The abscess developed while Mr. King was experiencing homelessness, but even after he found housing, the wound persisted. After two years with the abscess, Mr. King was referred to a specialized wound care clinic through Central City Concern in Portland, Oregon. For six months, he went to the wound care clinic once a week, where **Pat Buckley**, a Physician Assistant and Naturopathic Doctor at the Old Town Clinic, taught him how to do dressings himself and provided him with all the supplies he needed to change his own dressings daily. Clinic staff also explained to Mr. King that he was malnourished and helped him access a nutrition program that provided him with high-protein foods free of cost. "I started getting my health back up," he says, "and put on a couple of pounds and started to heal a little better." After six months of treatment, the wound was fully healed. Mr. King says that it was a challenge to treat the wound while also dealing with homelessness, but that the specialized care and treatment at Central City Concern helped him through it. "People were willing to help me out in areas where I didn't think I'd get any proper help," he says, "and eventually the abscess was healed."

Research has shown that people experiencing homelessness often experience acute wounds as a result of lacerations, injuries, fractures, stabbing or gunshot wounds, burns, frostbite, and chronic medical conditions such as diabetes. When these acute wounds are not adequately treated, they can evolve into chronic

wounds—such as venous stasis ulcers, diabetic foot ulcers, or intravenous (IV) drug use site infections. These types of wounds, left untreated, can cause serious health problems and be life-threatening; however, they can also be very difficult to treat, particularly when the patient has inadequate access to consistent health care, appropriate housing, and other necessary, critical resources.

Non-healing wounds present considerable difficulties for people experiencing homelessness and their care providers. "When we're dealing with our homeless and marginally housed folks," explains Ms. Buckley, "there are a lot of barriers to good healing. For example, warmth is important for good wound healing. If it's the middle of the winter and someone is sleeping outside, it will take longer for a wound to heal." She notes that "access to food is another issue because you have to have the right combination of protein and nutrients" for optimal healing, and transportation and finances are other considerable barriers. Hygiene, including the regular cleaning of wounds, can be difficult to maintain with consistency for people experiencing homelessness; many providers recount stories of clients trying to reuse dirty dressings or being unable to access showers and clean supplies. Healing can also be inhibited by insufficient rest, continued exposure to trauma, not having a place to store medications and supplies, smoking or drinking, other forms of substance abuse, and absence of family support during times of illness.

Clinical practices can also, in some cases, inhibit optimal healing of wounds. Some care providers recommend using outdated medical methods for wound care, either due to a lack of resources or a lack of knowledge. Ms. Buckley explains:

Without having a basic understanding of wound care, a lot of people default to old style management. A lot of people get discharged with wet-to-dry dressing changes several times a day, which doesn't promote wound healing because it dries out the wound and rips off tissue, then the constant wound-packing irritates the wound. Studies have shown that moist wounds heal faster than dry wounds. So there needs to be an understanding of how to find the right balance between enough moisture for the wound to heal but not so much moisture that the tissue will macerate ... A lot of providers don't do best practices and as a result don't have the right supplies. At our clinic it took us over six months to get the right balance of supplies in-house that enables us to adapt as wounds evolve.

Current best practices emphasize the necessarily holistic nature of adequate wound care. This issue of *Healing Hands* provides perspectives on the role of clinics, respite facilities, outreach teams, and community partnerships in facilitating improved wound care for people experiencing homelessness.

## The Role of Clinics

Central City Concern opened their specialized wound care clinic at the Old Town Clinic in September 2014. Pat Buckley and other staff had noticed that their patients with wounds seemed to have difficulty accessing standard wound care clinics, and that primary care clinics often had difficulty creating adequate wound care plans, relying instead on standard dressing changes. "I started taking some classes on wound care," she says, "and our nurse manager had the idea to use the extra space downstairs to create a wound care team with a provider so that people could have direct access. Within weeks, we had a full schedule every day and were having a hard time finding space for new patients." The clinic,

**Dominic Lupica** was a client at Old Town's wound care clinic when skin grafts on his legs burst open. The grafts, which had been placed on his legs in 2001 as a result of necrotitis fasciitis, had previously burst open and taken 18 months to heal. This time, says Mr. Lupica, Ms. Buckley and her co-workers helped him heal the wounds in about three months. The difference, he explains, is that the wound care clinic "went for care aggressively." They gave him protein bars and protein shakes and helped him access other nutrition services. He started out going in for dressing changes three times a week, then tapered down to once a week; he notes that the dressing changes were waterproof so that he could shower. "I feel that they gave me the best treatment," he says. "I've seen a lot of doctors, and here they've really done it for me."

located in the inner city, was accessible and familiar to clients, including clients with mental health issues. As a result of this specialization and accessibility, Ms. Buckley reports that follow-up with wound care patients has improved, as have treatment outcomes.



EXAMPLE OF CHRONIC ABSCESS  
(PHOTO COURTESY OF DR. SUSAN PARTOVI)

The clinic's mission is to create knowledge and conditions to facilitate healing for people with chronic wounds. "If somebody comes in with a wound, for example a stasis ulcer of the ankle or an abscess from IV drug use," explains Ms. Buckley, "we create a plan that will fit the patient's current situation as best as possible." Some people are able to come to the clinic three or four times per week for follow-up. But if a patient can't get into the clinic three times a week for dressing changes, clinic staff develop a dressing that will stay on for a whole week or provide the patient with materials and training to change their own dressings. Plans also involve provisions for access to nutritious food and other needed resources. "In our clinic, we tailor the wound care to the patient's capability," says Ms. Buckley. "When we get the right combination of supplies together, we find that wounds start healing very quickly."

Not many primary clinics are able to offer specialized wound care; in many cases it requires a referral to specialty care. Treating wounds in primary care clinics can be challenging. As Ms. Buckley explains, "When you have a lot of wound care patients, they tend to use up primary care time, and other patients may have difficulty accessing care because so many spots are filled by wound care patients." Moreover, wound care protocols may rely upon medical assistants' work, but they are not able to assess alone, change the care plan, or make any decisions about the direction of care. As a result, "medical assistants may find themselves doing the same thing over and over, just changing the dressings, which can cause wounds to dry out and healing to stall," warns Ms. Buckley. She explains that since opening the specialized wound care clinic, the Old Town Clinic has been able to overcome many of these challenges and improve outcomes for their patients.

## Wound Care Resources

- » PESI Health Care: [www.pesihealthcare.com](http://www.pesihealthcare.com)
- » Columbia Wound Care Consortium: [www.columbiawound.org](http://www.columbiawound.org)
- » Association for the Advancement of Wound Care (AAWC): [www.aawconline.org](http://www.aawconline.org)

## Wound Care Certification Resources

- » Wound Care Education Institute (WCEI): [www.wcei.net](http://www.wcei.net)
- » Wound Ostomy and Continence Nurses Society (WOCN): [www.wocn.org](http://www.wocn.org)
- » National Alliance of Wound Care and Ostomy (NAWCO): [www.nawccb.org](http://www.nawccb.org)

One group of patients who often experience difficulties with non-healing wounds is IV drug users. The Center for Harm Reduction is a satellite site of Homeless Health Care Los Angeles; **Susan Partovi** is the Medical Director and a physician at the Center, which is well known throughout the community in Skid Row where it is located in Los Angeles, California. She estimates that 80 to 90 percent of their clients are experiencing homelessness at any given time, and explains that they see many clients with non-healing wounds: "It's very common when you're injecting in the same place over and over, and getting repeated infections in the same area ... The tissue breaks down and dies, and you end up with ulcers and chronic wounds ... In my experience, a lot of times people like to use in the ulcers because usually the ulcers have a lake underneath—they think they're accessing a vein, but really they're not, which causes repeated injury."

The Center for Harm Reduction runs an urgent-care clinic, where clinicians provide care for clients with acute and chronic wounds

and abscesses. Dr. Partovi explains that they often see very large abscesses in the clinic and are able to treat them on-site. One highly successful aspect of their abscess care services has been to keep people out of the emergency room. The Center also utilizes harm reduction educational techniques to prevent the occurrence of these types of wounds, by educating clients about injecting different sites, using clean needles, practicing safe and sterile techniques, and accessing proper wound care services when necessary. The Center is open every day including weekends, so although the medical staff aren't always available, access to clean needles and other materials is always available to clients. The Center also runs a needle exchange, which provides a sense of community and the opportunity for care providers to provide other resources such as community referrals. The exchange facility, Dr. Partovi explains, "becomes like a second home to them. Because their drug use is a priority, exchanges are very successful. People who engage in needle exchanges are healthier, and they're also more apt to use less and/or quit, because they have that resource ... A lot has to do with [care providers employing] a non-judgmental, meeting-them-where-they're-at philosophy, and seeing them as human beings."

Central to the harm reduction practice is this stance of non-judgment; as Dr. Partovi explains, "from the person up front to the janitors to the doctors, everyone who works [at the Center] ... shares our 'meet them where they're at' philosophy. Once people get to know our medical group, they become open to [receiving] care." According to Dr. Partovi, some clients come in with stories of having been "treated poorly in the emergency rooms: often belittled, told that they deserve their plight, not offered anesthesia—pretty egregious ethical issues." As a result, "people often have an internalized sense of deserving their suffering. We're changing conversations about addiction. We want to make sure our clients are as healthy and happy as possible."

## Advice for New Wound Care Clinics

*With Pat Buckley, Physician Assistant and Naturopathic Doctor at Central City Concern's Old Town Clinic*

- » Seek out specialized training. "Send at least one person in the clinic for specific training in wound care so that there is someone who is knowledgeable and/or certified—a go-to person who can consult for whoever needs help."
- » Check the supply closets. "Get a broad stock of supplies so that you can address a wide variety of wounds. Wounds evolve, so just because something is wet this week doesn't mean it will be wet next week ... Care providers need to be able to adapt to the ever-changing environment of the wound."
- » Spread the word to other staff. "Do a general training for all the providers on wound care basics ... [For example], we put together resources and reference sheets that provide information about different colors in the wound bed, what to look for, how to respond to wound presentation, etc.—a cheat sheet that starts providers on figuring out how wounds work and how to treat them."
- » Consider the role of technology. "Our electronic medical records system has a template that populates when assistants do a dressing change ... It helps ensure that they hit all the important points during a visit and clearly states that wound care patients need to see a provider or a nurse if it has been more than two weeks since the last visit. This helps us avoid repetitive treatments that are not helpful and ensures that assessment and treatment steps don't get missed."

## The Role of Medical Respite

For clients whose wounds cannot be adequately treated in an outpatient clinical setting, but who don't require hospital-level care, medical respite programs can be a crucial resource. **Leslie Enzian** is the Medical Director at Edward Thomas House, a medical respite program at Harborview Medical Center in Seattle, Washington. She explains the role of medical respite programs in treating non-healing wounds:

Medical respite programs can greatly impact the clinical outcomes for patients with wounds. Wounds are difficult to properly care for when patients are on the streets or in emergency shelters where adequate hygiene is challenging, wound supplies limited, and infection control practices inadequate. Many foot wounds require limited weight bearing in order to heal, and this is more difficult to abide by for patients without homes. Inadequate wound care can lead to chronic non-healing wounds and wound complications such as osteomyelitis and amputations. Respite offers the opportunity for complete healing of wounds so as to avoid these complications and can offer patients education about prevention of future wounds. Many wounds determined to be chronic are non-healing wounds due to inadequate care. Often these seemingly chronic wounds can be healed with appropriate medical attention that can be provided in respite.



EXAMPLE OF CHRONIC ABSCESS  
(PHOTO COURTESY OF DR. SUSAN PARTOVI)

Because space is limited in medical respite care facilities, Dr. Enzian's criteria for establishing the need for medical respite care are: "If a wound requires less than every-other-day dressing changes, then it can likely readily be managed in an outpatient clinic. If a patient has received appropriate wound care in respite for three months without healing, we consider the wound to be chronic and arrange for outpatient management." Dr. Enzian also notes that "medical respite programs may be able to care for complex wounds, such as those requiring wound vacs or healing skin grafts or burns. Without medical respite, many patients with complex wounds would spend a substantially longer time in the hospital." Therefore, even when clinics utilize new technologies in wound dressings, which can be more costly than traditional wet-to-dry dressings, the increased speed of healing and the avoidance of repeated hospital stays often still represent significant cost avoidance.

**Jean Scheid**, an Outreach Nurse with Yakima Neighborhood Health Services in Yakima, Washington, notes that non-healing wounds represent at least 60 to 70 percent of medical respite care patients at her facility. She sees clients recovering from abscesses, open wounds, stab wounds, gunshot wounds, and other non-healing wounds. Their medical respite program, which operates on referrals from the hospital, is usually full and currently trying to expand due to need. "I often see folks that are needing wound care on the street," explains Ms. Scheid, "and if possible I try to get them into medical respite and get direction from a physician on what needs to happen next. I can only do quick and dirty assessments on the street. If they get into medical respite, then we can put a plan into place for their recovery, but a key part of the respite process is getting them a plan."

### Medical Respite Wound Care Supply List

*From Jean Scheid, Outreach Nurse at Yakima Neighborhood Health Services*

- » Antibacterial wipes or alcohol wipes
- » 4X4 gauze pads
- » Non-adhering dressings like telfa in a variety of sizes
- » Telfa adhesive in a medium size—about 3x2.5—this has adhesive on the edge
- » Curlex in a variety of sizes
- » Economy elastic bandages like ace wrap in a variety of sizes
- » ABD pads
- » All sizes of regular adhesive bandaids
- » Single-use packets of Bacitracin ointment
- » Sterile tongue depressors and swab sticks
- » Towelettes to put under your wound care set-up
- » Gloves
- » Paper tape
- » Scissors
- » Tweezers
- » Tender tape that sticks to itself, in a variety of widths
- » 100 ml bottles and small-unit doses of sterile saline
- » Small biohazard garbage bags

## The Role of Outreach Workers

Though chronic and non-healing wounds often require intensive intervention in clinics, hospitals, or medical respite care facilities in order for full healing to occur, “wound care represents a huge part of outreach care,” explains Ms. Scheid. “Folks are often hesitant to go to a doctor—maybe they are not documented or afraid of the health care system.” Most of Ms. Scheid’s street outreach work involves wound care and the monitoring of chronic illnesses.

The biggest challenges to treating non-healing wounds on the street are hygiene and mobility: “People are often living in pretty unsanitary conditions and often don’t have access to hygiene supplies, so it’s difficult to take showers and get cleaned up, especially for people that are camping out ... There is also a lot of debris and the possibility of being exposed to viruses and bacteria.” Some of these agents can cause particularly dangerous wounds and infections; Ms. Scheid notes that she recently worked with two patients who had developed necrotitis from living alongside a river, and that both patients ended up in the hospital for several weeks, and then spent three months in respite recovering. The other major challenge is establishing follow-up with highly mobile populations: “Sometimes I try to find them a few days after doing a dressing and oftentimes they’ve moved on, or I don’t see them until weeks later,” says Ms. Scheid.

**Carol Blank** is a Registered Nurse who manages a community health clinic and rural community health center for RiverStone Health in Billings, Montana. She explains that rural populations can face distinct challenges when it comes to wound care, requiring an emphasis on outreach services. “Bigger cities often have more shelter resources available,” she notes. “In Billings ... we have lots of folks sleeping in encampments out of sight by the river, or in caves or under overpasses, living outside all year long.” This can make it difficult to reach people and assist them in accessing health care for their wounds. There are a variety of reasons that people might elect to stay outside. Perhaps they prefer to be alone, or they’re mistrustful of people in town, or they don’t have a relationship with the shelter. “In some cases,” says Ms. Blank, “people are actively trying to stay hidden.”

In Billings, where temperatures can reach 30 degrees below zero during the winter, people who are exposed to the elements tend to be disproportionately affected by frostbite and other acute and chronic wounds. Ms. Blank explains that their clinic has one outreach worker and one case manager, but all team members are “encouraged to get out and about” to get to know people who are living in shelters and staying in hospitals. “Everyone is trained in how to identify someone that may be homeless,” she says, “because we want people to know that services are available.”

*“Wound care represents a huge part of outreach care ... Folks are often hesitant to go to a doctor.”*

Jean Scheid, Yakima Neighborhood Health Services, Yakima, WA

## Collaborating with Other Community Programs to Facilitate Wound Healing

Because proper healing of wounds is a holistic process—influenced by a host of other lifestyle factors like housing, hygiene, and nutrition—care plans should seek to integrate assistance in these other areas. Some organizations may be able to provide multifaceted, holistic care to their clients, but others may need to cultivate relationships with other community organizations that can provide elements of care for clients in need of healing. For example, Pat Buckley describes the case of a patient with lymphedema. This manifested as chronic swelling, recurrent blisters, and open sores on his legs; moreover, because his legs had been wrapped for so long in non-waterproof bandaging, he was unable to shower and had developed a buildup of scales on his legs. While consulting with the patient, Ms. Buckley discovered that he was only eating bananas and potatoes and was malnourished. When she created a care plan for him, she emphasized cleaning and re-wrapping services in the clinic, but also helped connect the patient with the FoodRx Program through Care Oregon, which helped him access a vegetarian diet that met his ethical considerations while also providing sufficient protein. In addition, clinic staff helped him upgrade his Medicare and food stamps and enrolled him in a nutrition education program. Once his protein levels improved, they found that the swelling went down, they were able to put him in compression stockings instead of wrappings, and his problem has since been resolved.

### Outreach Backpack Wound Care Supply List

*From Jean Scheid, Outreach Nurse at Yakima Neighborhood Health Services*

Jean uses a rolling bag with individual packing bags to organize the supplies. She includes smaller amounts of most of the items on the respite care list, as well as:

- » Methylex dressing that is gel-based and can stay on for longer in two sizes (4x4 and 6x6)
- » Foam tape (flexible and stays on longer)
- » Super-Glue
- » Butterfly bandages
- » Burn ointment
- » Basic toenail care supplies, including toenail clippers in multiple sizes and tea tree oil for fungus
- » Triangle slings (for quick immobilizations)
- » Gloves in at least two sizes (in case someone else needs to assist in an emergency)

Another example of community collaboration comes from Carol Blank in Montana. Due to the frigid winter temperatures, RiverStone Health clinics reach out to the community for assistance with clothing for their clients. They ask for donations of heavy socks that will help prevent frostbite and white cotton socks which are suitable for placing over wound dressings. “We give out a lot of socks,” says Ms. Blank. They also request new items such as hats, gloves, and scarves. Every December, they hold a candlelight memorial vigil and ask donors to bring “warmth items.” In the main clinic they place a “tree of warmth” where people can donate warm clothing and items. This work of distributing supplies is preventative in more than one way; as Ms. Blank explains, “It goes back to that basic HCH grant language about outreach and building trust so that ... people come to us before they get into big trouble or end up in the emergency room or freeze to death.” She notes that their organization also collaborates with other care providers at an annual summer health fair, which provides a hot breakfast and provides health education, “in hopes that people might remember us when they have a need.”

## Conclusion

Ultimately, as Carol Blank notes, “Having a home is health care. If you have a place to be that is warm and clean, you aren’t going to have as many problems with wounds. We have clinics available to patients, and they can come in for care, but it isn’t the same as a person who has resources and supplies in their homes.” The work of providing housing for all people is part of the work of health care, but in the meantime, care providers in clinics, medical respite care facilities, and outreach programs all have a part to play in preventing and treating chronic and non-healing wounds for patients dealing with homelessness.

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## Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09746, a National Training and Technical Assistance Cooperative Agreement for \$1,625,741, with 0% match from nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

## Appendix: Abscess Incision and Drainage: The Basics

With Dr. Susan Partovi of Homeless Health Care Los Angeles.

- » 1. Clean area.
- » 2. Inject local anesthesia.
- » 3. Needle aspiration.
- » 4. Make incision.
- » 5. Break septations.
- » 6. Squeeze out pus.
- » 7. Sop up pus.
- » 8. Pack and dress.

For a visual demonstration of each of these steps, see Dr. Partovi’s tutorial at [www.youtube.com/watch?v=YDDcgwPA6cU](http://www.youtube.com/watch?v=YDDcgwPA6cU).

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**Suggested citation:** National Health Care for the Homeless Council. (January 2017). Best Practices and Considerations for Wound Care. *Healing Hands*, 21:1. (Author: Melissa Jean, Writer). Nashville, TN: Available at: [www.nhchc.org](http://www.nhchc.org).



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P.O. Box 60427  
Nashville, TN 37206-0427  
www.nhchc.org

## *Healing Hands*

*Healing Hands* is published by the National Health Care for the Homeless Council  
www.nhchc.org

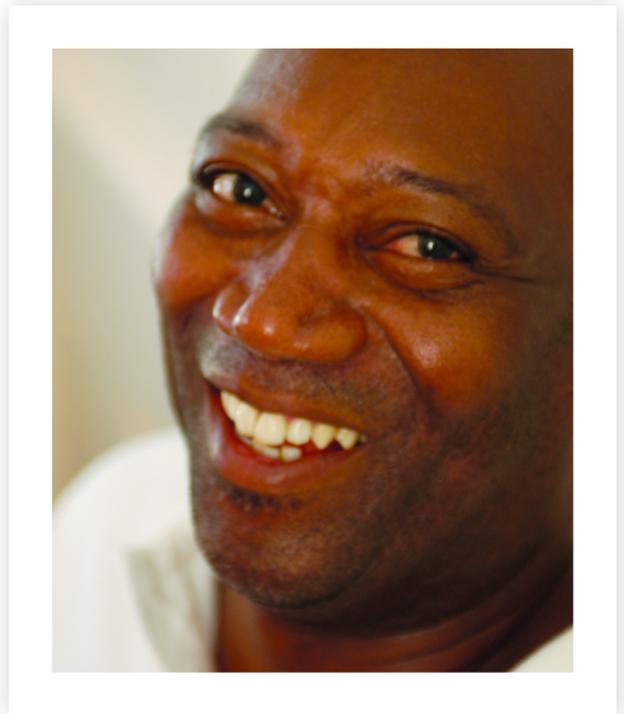
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*Healing Hands* received a **2013 APEX Award for Publication Excellence** based on excellence in editorial content, graphic design & the ability to achieve overall communications excellence.

