Procedure 416

# CLINICAL PRIVILEGE WHITE PAPER

## Wound debridement

### Background

Wound debridement is a procedure to remove necrotic (dead) tissue and other debris from a wound to promote healing. Debridement is a naturally occurring process, but in some cases, it may need to be facilitated by a healthcare provider.

Debridement is used to treat a variety of wounds, including pressure ulcers, diabetic foot ulcers, and burns. There are five primary methods of assisted wound debridement:

1. **Sharp or surgical debridement,** which uses instruments such as scissors or scalpels to remove necrotic tissue. Some forms of sharp debridement may be performed in an operating room and involve the use of anesthesia.
2. **Enzymatic debridement** uses an enzyme, which is applied to the wound and covered with a dressing, to dissolve necrotic tissue.
3. **Mechanical debridement** methods use physical force to remove dead or infected tissue. Clinicians may use a variety of mechanical debridement methods, including high-pressure whirlpool baths and pulse lavage equipment, which propels water into the wound. The use of wet-to-dry dressings is no longer considered an acceptable mechanical debridement technique because it removes healthy tissue along with dead tissue and can be painful for patients.
4. **Autolytic debridement** uses moist dressings to retain natural wound fluids to facilitate healing.
5. **Biodebridement,** also called maggot or larval therapy, uses sterile fly maggots to break down or ingest dead tissue. Biodebridement is considered a selective form of debridement because maggots do not damage healthy tissue.

Wound care is a nascent medical specialty. Chronic wounds, such as pressure ulcers, diabetic foot ulcers, and venous leg ulcers, are now recognized as a significant health problem. The financial burden associated with caring for chronic wounds is growing rapidly due to an aging population and the increased incidence of diabetes and obesity, according to a *2009 Wound Repair and Regeneration* paper titled "Human Skin Wounds: A Major and Snowballing Threat to Public Health and the Economy."

Recent scientific discoveries, such as the presence of bacterial biofilms in wounds, are expanding our knowledge about wounds. In addition, more advanced wound dressings have become available since the late 1990s.

A wide variety of clinicians, including physicians, nurses, physician assistants (PA), and in some cases physical therapists (PT), provide various kinds of wound care, including debridement. State scope of practice rules dictate which clinicians can perform wound debridement.

In recent years, some organizations have begun offering certifications for clinicians who provide wound care. However, no organization provides specific certification for or ensures competency in wound debridement.

For more information about practice areas that might perform wound debridement, see the following *Clinical Privilege White Papers:*

- Practice area 443—Physician assistants in dermatology
- Practice area 167—Nurse practitioners
- Practice area 163—Podiatry/podiatric medicine and surgery
- Practice area 132—Dermatology

## Involved clinicians

Physicians, including surgeons, podiatrists, and dermatologists; nurses, including nurse practitioners (NP), registered nurses (RN), and licensed practical vocational nurses (LP/VN); PAs; and PTs

## Positions of societies, academies, colleges, and associations

### *ACS*

The American College of Surgeons (ACS) lists the performance of "simple wound debridement" under supervision as a requirement for first-year surgical residents in its publication *Successfully Navigating the First Year of Surgical Residency: Essentials for Medical Students and PGY-1 Residents*. The same publication states that at the end of the first postgraduate year, surgical residents should have the skills needed to perform extensive wound debridement under supervision.

### *ABWM*

The American Board of Wound Management (ABWM) is a not-for-profit organization that certifies interdisciplinary practitioners in the field of wound management. The ABWM states that its certification process "elevates the standard of care across the continuum of wound management."

The ABWM offers several certifications, including Certified Wound Care Associate (CWCA), Certified Wound Specialist (CWS), and Certified Wound Specialist Physician (CWSP). Eligibility requirements vary by certification type, but they generally require at least three years of relevant wound care experience.

Professionally licensed applicants must have a full and unrestricted license in all states in which they currently practice. The CWSP certification requires an MD, DO, or doctor of podiatric medicine (DPM) degree.

The ABWM grants diplomate status to individuals who pass its CWS and CWSP examinations. It grants associate status to those who pass the CWCA examination. Maintaining certification requires six hours of continuing education in wound care each year.

### *NAWCO*

The National Alliance of Wound Care and Ostomy (NAWCO) is a nonprofit organization that provides wound care certifications for healthcare professionals in a variety of disciplines. According to the NAWCO, certification "provides an added credential beyond licensure and demonstrates by examination that the practitioner has acquired a core body of specialized knowledge."

The organization offers Wound Care Certification (WCC) for clinicians who provide direct patient wound and skin care in acute care, long-term care, and home care settings.

The WCC exam does not emphasize wound debridement because state regulations about which clinicians can perform debridement vary widely, according to **Debra Hecker, RN, MBA, WWC, DWC,** the NAWCO's director of accreditation.

To be eligible for WCC, candidates must:

- Hold a current license as an RN, LPN/VN, PT, physical therapy assistant, NP, physician, or PA
- Pass the NAWCO WCC examination
- Meet the additional requirements of one of the organization's four eligibility options, which are based on education, certification, experience, and preceptorship

### *AAWC*

The Association for the Advancement of Wound Care (AAWC) is a nonprofit, interdisciplinary organization that includes a broad spectrum of clinicians, organizations, and individuals with interests in wound care. The AAWC, established in 1995, seeks to advance the care of people with and at risk of wounds, and emphasizes a multidisciplinary approach to wound care.

The association names education as its primary focus. A variety of educational materials on wound care-related topics, including debridement, are available through the association's website.

The AAWC does not offer wound care certification, nor does it endorse certification through any other body. However, the association offers several educational benefits for its members, including information about and discounts for accredited conferences and certification courses offered through other organizations.

### *WOCNCB*

The Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) is a not-for-profit, professional, international nursing organization that certifies approximately 6,700 RNs who specialize in the fields of wound, ostomy, continence, and foot care.

The board offers several wound care certifications for RNs and advanced practice nurses, such as NPs, clinical nurse specialists, nurse midwives, and certified registered nurse anesthetists. The WOCNCB's wound care certifications are not specific to debridement, but they do include content about the subject. According to the board, certification is voluntary and demonstrates that a nurse is knowledgeable and well qualified to provide specialized care to meet patients' wound care needs.

Eligibility requirements for certification vary for initial and advanced practice wound care and ostomy certifications. WOCNCB certification is valid for five years, after which recertification can be obtained through reexamination or by submitting an online portfolio.

### *WHS*

The Wound Healing Society (WHS) is a nonprofit scientific organization composed of clinical and basic scientists and wound care specialists. Founded in 1989, the society's mission is to improve wound healing outcomes through science, professional education, and communication. The WHS produces the scientific journal *Wound Repair and Regeneration* and the periodical *Advances in Wound Care*.

## Positions of subject matter experts

### *Lisa Gould, MD, PhD, FACS*

### *Wound Recovery and Hyperbaric Medicine Center at Kent Hospital, Warwick, Rhode Island*

**Lisa Gould, MD, PhD, FACS,** president of the Wound Healing Society and associate director of the Wound Recovery and Hyperbaric Medicine Center at Kent Hospital in Warwick, Rhode Island, says it's difficult to identify the minimum number of sharp wound debridements a clinician must perform

to be deemed competent in the procedure. Neither Gould nor other experts interviewed for this *Clinical Privilege White Paper* were aware of established standards for competency for surgeons or other clinicians performing sharp debridement.

Part of the challenge in setting standards for wound debridement, says Gould, is that practitioners who provide wound care have a wide variety of training—from physical therapists to nurse practitioners to physicians. In addition, there is no single definition of debridement.

Gould, who has completed general surgery and plastic surgery residencies, believes that surgical training is the best preparation for performing sharp debridement. Surgical residents learn to debride wounds as part of their training, receiving instruction from attending physicians experienced in performing debridement.

"In my opinion, surgical training is going to provide the best comfort level for [performing] debridement," Gould says. However, there are many wounds that can be healed by clinicians who do not have surgical training, she says.

Wound care certifications generally do not provide the practical skills that clinicians need to attain competency in performing sharp debridement, she says. Many are textbook-based or use pigs' feet for skills practice. Although these methods may give participants a basic understanding of how to handle instruments, they don't "get at what the real heart of debridement is or what trouble you can get into with debridement."

In addition to procedural skills, clinicians need to have a thorough understanding of anatomy and how to control bleeding to perform the procedure safely, she says.

Practitioners who haven't received surgical training but want to perform sharp debridement should complete an observership or apprenticeship with an experienced wound care practitioner who performs debridement, according to Gould. She also recommends proctoring approximately five sharp debridements before granting privileges to perform the procedure.

### *Terry Treadwell, MD, FACS*

### *Institute for Advanced Wound Care at Baptist Health, Montgomery, Alabama*

Even surgeons who have learned to perform wound debridement in residency may need additional training and knowledge to provide excellent wound care, says **Terry Treadwell, MD, FACS,** medical director for Baptist Health's Institute for Advanced Wound Care in Montgomery, Alabama.

After Treadwell helped Baptist Health open its Institute for Advanced Wound Care in 1998, the longtime vascular surgeon says he realized he didn't know as much about wound care as he thought he did.

"It took me three years of reading and studying everything I could get my hands on while I was taking care of patients to finally feel comfortable doing what I was doing," Treadwell says. "It really was a great education for me, but it also impressed me with the fact that as a practicing vascular surgeon for 20 years, I still didn't know what I needed to know."

In addition to having the procedural skills required to perform wound debridement, providers must understand how to control pain, bleeding, and risk of infection, Treadwell says.

It's also important for clinicians to keep abreast of advances in knowledge about the science of wound care—which Treadwell says "is exploding." New evidence is emerging about when and how often to debride wounds, and a number of advanced wound dressings are now available, he says.

Physicians trained in nonsurgical specialties, such as family medicine or internal medicine, typically do not learn to perform sharp debridement in residency, Treadwell says. He recommends that physicians who want to provide debridement obtain additional training through preceptorships or training sessions offered at the Symposium on Advanced Wound Care, a large conference of multidisciplinary wound care clinicians and others dedicated to wound care. The Institute for Advanced Wound Care also offers preceptorships for clinicians, including physicians and NPs, who want to learn more about wound care and performing debridement.

Treadwell recommends at least three or four proctored sharp debridements before granting hospital privileges.

### *Jennifer Hurlow, GNP-BC, CWCN*

### *Wound Practitioner LLC, Germantown, Tennessee*

Currently, there is no certification course for healthcare providers interested in learning how to perform sharp or other forms of debridement, says **Jennifer Hurlow, GNP-BC, CWCN,** an NP who has specialized in wound care for more than 15 years.

Hurlow has provided wound care in a variety of healthcare settings, including nursing homes and hospitals. She currently runs her own wound care practice, Wound Practitioner LLC, in Germantown, Tennessee.

An appropriately trained NP is capable of performing sharp debridement, Hurlow says. To perform sharp debridement, which is invasive and carries a risk of infection and other significant patient harm, it's important that nurses have an advanced degree, she says. Hurlow believes any practitioner who performs sharp debridement should have an advanced understanding of anatomy, physiology, pathophysiology, and pharmacology necessary to perform the procedure safely.

However, an advanced degree alone—even a medical degree—isn't enough to prepare healthcare providers to perform debridement: Providers also need to understand wound care to make the most cost-effective choices, including the type of debridement to perform, what tissue to debride, how often to debride a wound, and how to manage the wound between or after debridements, she says.

Obtaining a wound care certification, such as the certification offered by the WOCNCB, can help nurses obtain an advanced knowledge of wound healing. However, these certifications often don't include in-depth information about debridement. Working with plastic surgeons, or other physicians with expertise performing sharp debridement, can help NPs learn how to perform sharp debridement safely, says Hurlow.

## Positions of accreditation bodies

### *CMS*

CMS has no formal position concerning the delineation of privileges for wound debridement. However, the *CMS Conditions of Participation (CoP)* define a requirement for a criteria-based privileging process in §482.22(c)(6) stating, "The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges."

§482.12(a)(6) states, "The governing body must assure that the medical staff bylaws describe the privileging process. The process articulated in the bylaws, rules or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:

- Individual character
- Individual competence
- Individual training
- Individual experience
- Individual judgment

The governing body must ensure that the hospital's bylaws governing medical staff membership or the granting of privileges apply equally to all practitioners in each professional category of practitioners."

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner's ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner's ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CMS' *CoP*s include the need for a periodic appraisal of practitioners appointed to the medical staff/granted medical staff privileges (§482.22[a][1]). In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.

### *The Joint Commission*

The Joint Commission has no formal position concerning the delineation of privileges for wound debridement. However, in its *Comprehensive Accreditation Manual for Hospitals,* The Joint Commission states, "The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege" (MS.06.01.03).

In the introduction for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission introduces MS.06.01.05 by stating, "The organized medical staff is responsible for planning and implementing a privileging process." It goes on to state that this process typically includes:

- Developing and approving a procedures list
- Processing the application
- Evaluating applicant-specific information
- Submitting recommendations to the governing body for applicant-specific delineated privileges
- Notifying the applicant, relevant personnel, and, as required by law, external entities of the privileging decision

- Monitoring the use of privileges and quality-of-care issues

MS.06.01.05 further states, "The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process."

The EPs for standard MS.06.01.05 include several requirements as follows:

- The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
- Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant's current organization, peer and/or faculty recommendation, and a review of the practitioner's performance within the hospital (for renewal of privileges)
- Consistent application of criteria
- A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
- Documentation and confirmation of the applicant's statement that no health problems exist that would affect his or her ability to perform privileges requested
- A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested
- Written peer recommendations that address the practitioner's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
- A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (MS.06.01.05, EP 9)
- A process to determine whether there is sufficient clinical performance information to make a decision related to privileges
- A decision (action) on the completed application for privileges that occurs within the time period specified in the organization's medical staff bylaws
- Information regarding any changes to practitioners' clinical privileges, updated as they occur

The Joint Commission further states, "The organized medical staff reviews and analyzes information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege" (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request

for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond two years.

Criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

The Joint Commission further states, "Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal" (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner's professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

### *HFAP*

The Healthcare Facilities Accreditation Program (HFAP) has no formal position concerning the delineation of privileges for wound debridement. The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.09). Privileges are granted based on the medical staff's review of an individual practitioner's qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

In the explanation for standard 03.01.13 related to membership selection criteria, HFAP states, "Basic criteria listed in the bylaws, or the credentials manual, include the items listed in this standard. (Emphasis is placed on training and competence in the requested privileges.)"

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation. Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner's clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.04). The appraisals are to be conducted at least every 24 months.

The medical staff is accountable to the governing body for the quality of medical care provided, and quality assessment and performance improvement (03.02.01) information must be used in the process of evaluating and acting on re-privileging and reappointment requests from members and other credentialed staff.

### *DNV*

DNV has no formal position concerning the delineation of privileges for wound debridement. MS.12 Standard Requirement (SR) #1 states, "The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges."

The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.

Regarding the Medical Staff Standards related to Clinical Privileges (MS.12), DNV requires specific provisions within the medical staff bylaws for:

- The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements
- Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner's Medicare/Medicaid status
- Fair hearing and appeal

The Interpretive Guidelines also state that core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly defined.

DNV also requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted (MS.12, SR.4). Clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years (MS.12, SR.2).

Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment. Although not specifically stated, this would apply to the individual practitioner's respective delineation of privilege requests.

## CRC draft criteria

### *Minimum threshold criteria for requesting sharp wound debridement core privileges*

The following draft criteria are intended to serve solely as a starting point for the development of an institution's policy regarding sharp wound debridement.

Basic education: MD, DO, DPM, or advanced nursing degree
Minimal formal training: Applicants must be able to demonstrate successful completion of an Accreditation Council for Graduate Medical Education– or American Osteopathic Association–accredited residency training program, podiatric surgical residency program, or an accredited nursing program. If sharp wound debridement was not a part of the applicant's residency or nursing program, he or she should demonstrate successful completion of equivalent clinical practice experience through:

- Evidence of specialized wound care training, such as a hospital-based training program or preceptorship with a clinician with experience performing sharp debridement
- Proctoring by a practitioner experienced in sharp wound debridement techniques for the applicant's first five sharp wound debridement procedures

### *References*

A letter of reference should come from the director of the applicant's residency program or nursing program. Alternatively, a letter of reference regarding competence may come from the director of surgical wound care at the facility where the applicant most recently practiced.

## Reappointment

Reappointment should be based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms.

In addition, continuing medical education related to surgical wound debridement should be required.

## For more information

**American Board of Wound Management**
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Telephone: 202-457-8408
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Website: *www.abwmcertified.org*

**American College of Surgeons**
633 North Saint Clair Street
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Website: *www.facs.org*

**Association for the Advancement of Wound Care**
83 General Warren Boulevard, Suite 100
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Telephone: 610-560-0484
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Website: *www.aawconline.org*

**Baptist Health—Institute for Advanced Wound Care**
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Website: *www.baptistfirst.org*

**Centers for Medicare & Medicaid Services**
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Website: *www.cms.gov*

**DNV Healthcare, Inc.**
400 Techne Center Drive, Suite 350
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Telephone: 513-947-8343
Website: *www.dnvaccreditation.org*

**Healthcare Facilities Accreditation Program**
142 East Ontario Street
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Website: *www.hfap.org*

**The Joint Commission**
One Renaissance Boulevard
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**National Alliance of Wound Care and Ostomy**
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Website: *www.nawccb.org*

**Wound Healing Society**
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**Wound, Ostomy, and Continence Nursing Certification Board**
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