Billing/reimbursement strategies
Introducing the WHASA progress report

Naude L, BCur(UP), MCur(UP)(ZA), Cert Wound Care (IDFS)ZA, Cert Wound Care Hertfordshire) (UK)
President of the Wound Healing Association of Southern Africa
Correspondence to: Sr Liezl Naude, e-mail: president@whasa.org

In the previous edition of WHSA we introduced the readers to the WHASA assessment form; the assessment form forms the basis for every wound assessment and also provides the necessary information for Medical Aids to grant authorisation for wound care.

In this issue we would like to introduce the reader to the next step in documentation which is progress reporting. This document was co-authored by Sr Hiske Smart and Sr Febe Bruwer (Members of the WHASA EXCO committee) and the focus was on creating an easy to use example of a wound care progress report. The information captured in this document is essential to ensure that Medical Aids and practitioners capture the right information to ensure transparent feedback to all involved.

The template includes the following detail:

1. Medical aid contact details of case manager
2. Practice details
3. Patient details
4. Previous wound assessment details
5. Wound progress photo’s (including the initial photo and the latest photo)
6. Current wound assessment details
   a. Please note that when there is more than one wound you need to do the assessment details per wound and not just an overall assessment.
7. Factors influencing wound healing
8. Pain measurement
9. Treatment plan
10. Estimated cost for the next treatment period
11. Signature of person who compiled the report

The aim of this example (see next page) is to help practitioners standardise their wound management practices. As the Wound Healing Association of Southern Africa we firmly believe that wound management is a skill where theory and practice need to be combined in order to assure excellence in wound care. It is all about providing the best possible care for our patients.
WHASA WOUND CARE PROGRESS REPORT

<table>
<thead>
<tr>
<th>FOLLOW UP REPORT NR:</th>
<th>DATE OF REPORT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTENTION:</td>
<td>CONTACT DETAILS:</td>
</tr>
</tbody>
</table>

**PRACTICE DETAILS**

- **PRACTITIONER NAME:**
- **QUALIFICATIONS:**
- **PRACTICE NUMBER:**
- **ADDRESS:**
- **TELEPHONE NUMBER:**
- **FAX NUMBER:**
- **CELLPHONE NUMBER:**
- **E-MAIL:**

**PATIENT DETAILS**

- **NAME:**
- **ID NR:**
- **REFERRING DR.:**
- **ADDRESS:**
- **MEDICAL DIAGNOSIS:**
- **MEDICAL AID:**
- **ICD10 CODE:**
- **MEDICAL AID NR.:**

**PREVIOUS WOUND ASSESSMENT DETAILS**

<table>
<thead>
<tr>
<th>T (Tissue viability)</th>
<th>I (Inflammation/Infection)</th>
<th>M (Moisture balance)</th>
<th>E (Edge/ surrounding skin)</th>
<th>MEASUREMENT (Length, width, depth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the wound bed i.e. viable granulation tissue or non-viable yellow slough</td>
<td>Describe signs of inflammation or infection present i.e. offensive odour/friable granulation tissue</td>
<td>Describe colour of exudate and level of exudate i.e. 2+ serous exudate</td>
<td>Describe surrounding skin and epithelialisation i.e. healthy epithelial tissue present, surrounding skin intact</td>
<td>Take measurements and record. Supply photo or tracing of wound</td>
</tr>
</tbody>
</table>

**WOUND PROGRESS PHOTO**

- **INITIAL PHOTO ON ………………**
- **PROGRESS PHOTO ON ………………**

Insert the initial photo here

Insert progress photo here

Co-authors: Lize Naude, Febe Bruwer & Hiske Smart
## WHASA WOUND CARE PROGRESS REPORT

### CURRENT WOUND ASSESSMENT DETAILS

<table>
<thead>
<tr>
<th>T (Tissue viability)</th>
<th>I (Inflammation/Infection)</th>
<th>M (Moisture balance)</th>
<th>E (Edge/ surrounding skin)</th>
<th>MEASUREMENT (Length, width, depth)</th>
</tr>
</thead>
</table>
| Describe the wound bed i.e. viable granulation tissue or non-viable yellow slough. | Describe signs of inflammation or infection present i.e. offensive odour/friable granulation tissue. | Describe colour of exudate and level of exudate i.e. 2+ serous exudate. | Describe surrounding skin and epithelialisation i.e. healthy epithelial tissue present, surrounding skin intact. | Take measurements and record. Supply photo or tracing of wound.

### FACTORS INFLUENCING WOUND HEALING

i.e. smoking, diabetes, arterial insufficiency etc.

### PAIN MEASUREMENT

<table>
<thead>
<tr>
<th>No pain = 0</th>
<th>Excruciating pain = 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### TREATMENT PLAN

- **DEBRIDEMENT:** i.e. Sharp debridement of necrotic tissue.
- **INFECTION OR INFLAMMATION CONTROL:** i.e. Biatain Ibu to control pain and inflammation.
- **MOISTURE BALANCE/EXUDATE MANAGEMENT:** i.e. Absorbent foam dressing/compression therapy.
- **EDGE/SURROUNDING SKIN:** i.e. Cavilon cream to protect skin.
- **ADJUNCTIVE THERAPY:** i.e. HBO.
- **DRESSING CHANGE FREQUENCY:** i.e. Every 3–4 days.

### ESTIMATED COSTS

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>PROCEDURE/ MATERIAL DESCRIPTION</th>
<th>NAPPI CODE</th>
<th>ITEM COST</th>
<th>NUMBER OF VISITS/ ITEMS</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. 88041</td>
<td>Treatment of extensive wounds</td>
<td></td>
<td>R93.40</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>88301</td>
<td>Dressing tray</td>
<td>608926005</td>
<td>R25.02</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All information supplied is for the responsibility of the case manager of the given medical aid. This practitioner takes no responsibility for photo material that may accidentally or by other method end up on the internet or in the public domain.

Follow up report prepared by …………………………………………… Signature……………………………………………….....

Co-authors: Lize Naude, Febe Bruwer & Hiske Smart