

My WOC Nursing Practice

Chloe DeJonge

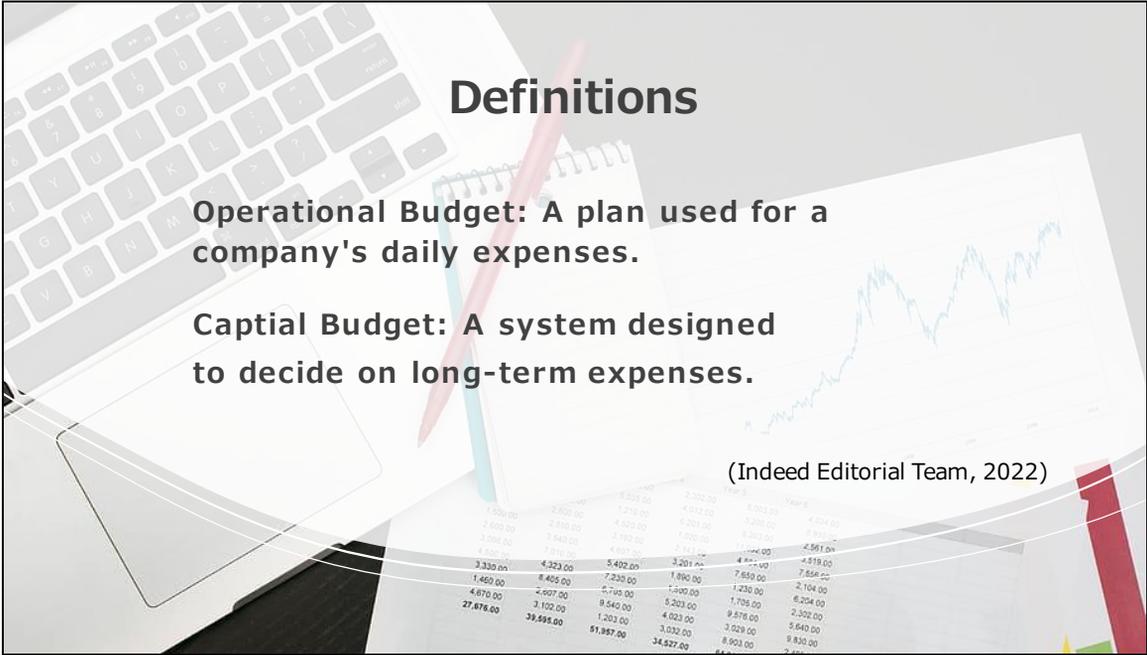


Introduction

1. Budgeting
 - Effects
 - Considerations
 - Marketing
2. Approval Process
 - TcPO2
 - Decision Makers



In this presentation, we will go over operational and capital budgets and their effects on my WOC practice. Specific considerations will be mentioned, including marketing, which will be broken down into three key ideas. We will discuss the requisition/approval process of my WOC practice, including the desire for transcutaneous oximetry (TcPO2) and who determines if this equipment is necessary.



Definitions

Operational Budget: A plan used for a company's daily expenses.

Capitl Budget: A system designed to decide on long-term expenses.

(Indeed Editorial Team, 2022)

To start off our presentation, it's important to know two major forms of budgeting. An operational budget is a plan used to account for a company's daily expenses (Indeed Editorial Team, 2022). On the other hand, a capital budget is used to account for long-term expenses (Indeed Editorial Team, 2022).

Indeed Editorial Team. (2022, June 24). *Guide to understanding operational and capital budgets*. <https://www.indeed.com/career-advice/career-development/operational-budget-vs-capital-budget>



Effects of Budgets

- Plan
- Learn
- Protect

Budgeting allows healthcare clinics, such as my WOC practice, to run efficiently. It needs to take multiple areas into consideration. First, plans for the practice: number of patients we aim to see, number of providers and support staff needed to see those patients, equipment used to treat the patients, etc. These operational and capital budget considerations allow us to project the needed revenue to sustain business. Second, budgets allow us to learn. By comparing projected spending to actual spending, we can see where changes need to be made. Patient numbers may rise, resulting in nurses acquiring overtime. Hiring an additional nurse may be more cost effective than paying multiple nurses overtime rates. Lastly, budgeting allows protection for my practice. An accumulation of savings, or emergency fund, can help us stay afloat in times of need. Maybe a staff nurse unexpectedly leaves the team and we need to hire a travel nurse in the meantime... good thing we have some wiggle room in the budget!



Operational Budget Considerations

1. Salaries and hourly wages for staff
2. Cost of supplies
3. Marketing/promotion to potential patients and providers

(Zhang & Bohlen, 2023)

There are many operational budget considerations when running a clinic. In my WOC practice, these include salaries and hourly wages, supplies, and marketing (Zhang & Bohlen, 2023). To start, many staff will need to be hired to run the clinic. This includes doctors, nurse practitioners or physician assistants, nurses (registered or licensed practical), medical assistants, and receptionists. Then, supplies will be needed to treat patients. Grafts, compression dressings, debridement tools, and more will be utilized. This will be expensive, and requires debate between organization decision makers to determine which suppliers will be partnered with. Paid marketing towards patients and providers is used in the beginning to increase revenue later on. Once enough patient referrals occur, digital or physical marketing can be decreased as word of mouth increases.

Zhang, R., & Bohlen, J. (2023). *Healthcare business budgeting*. StatPearls Publishing.



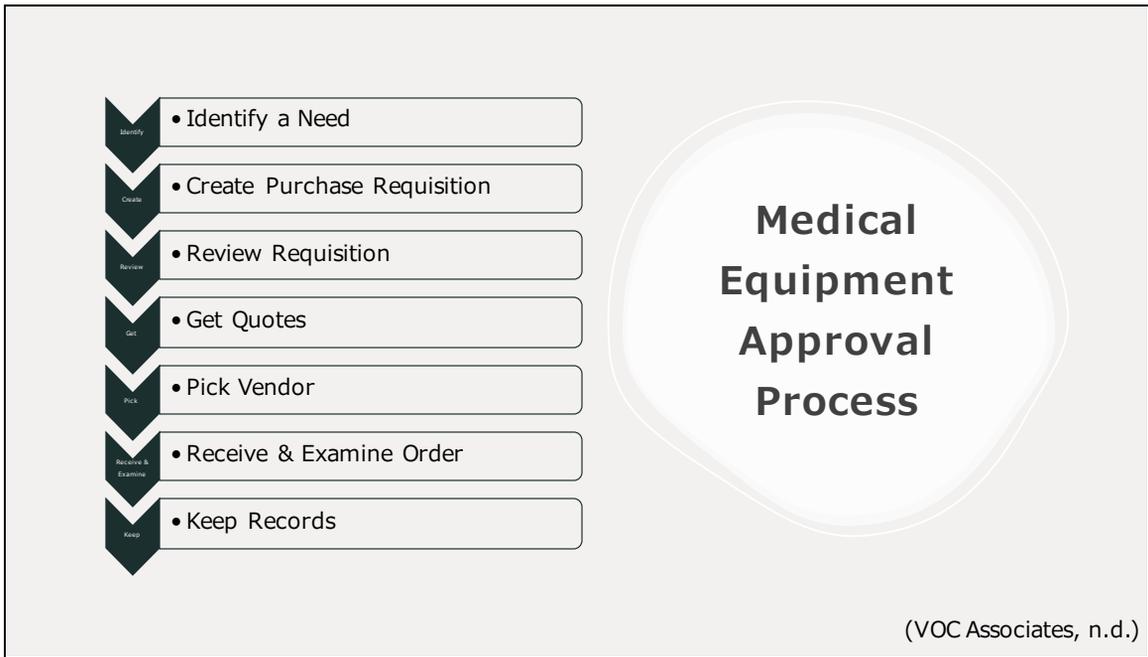
In my WOC nursing practice, we will have an up-to-date website introducing potential patients to our services and the healthcare workers that provide them. Many people find their choice of care online with a simple search. We will make our online presence ideal for mobile devices as user experience is important for patient/customer attraction (Tulane University, 2022).

A majority of referrals for my hospital-based outpatient wound center will be received from the inpatient side of the practice. Many patients get admitted with primary diagnoses such as cellulitis, osteomyelitis, diabetic ulcer(s), and necrotizing fasciitis. Treatment by a wound care provider is initiated during their hospital stay. Patients who are discharged home, or to facilities that will transport to outside appointments, can follow-up with wound care providers on an outpatient basis. Community education opportunities such as lectures or booths at health fairs can introduce outpatient care providers, like PCPs, to our practice (Lullove, 2014). Physicians will not refer their patients to our clinic if they are unaware it exists. A member of our wound care team, either physician or nurse, will perform the education to build face-to-face rapport with our community members.

Lullove, E. J. (2014, September). *How to market your outpatient wound clinic in the 21st century*. *Today's Wound*

Clinic. <https://www.hmpgloballearningnetwork.com/site/twc/articles/how-market-your-outpatient-wound-clinic-21st-century>

Tulane University. (2022, November 14). *What is healthcare marketing? Tips for branding your practice.* <https://publichealth.tulane.edu/blog/healthcare-marketing/>



My WOC practice will follow a standard approval process for medical equipment. This starts with identifying a need for specific equipment, then creating a document detailing why our organization would benefit from having it. This document is called a purchase requisition (VOC Associates, n.d.). The next step involves requisition review by a major decision maker within the company. Upon approval, different vendors will be contacted for a comparison of rates for the desired equipment. A supplier will be picked and a contract will be made. Once the order is received, it should be inspected by the organization. If all appears well, the new equipment can be used and the receipt will be kept for auditing purposes (VOC Associates, n.d.).

VOC Associates. (n.d.). *The medical equipment procurement process step by step.* <https://vocassociates.com/the-medical-equipment-procurement-process-step-by-step/>

Transcutaneous Oximetry Justification

- Lower extremity amputation is last resort
- Pre-op selection is based on highest chance of healing
- TcPO₂ results of 40 mmHg or higher indicated viability

(Catella et al., 2021)



In cases where limb salvage through revascularization is not a viable option, lower extremity amputation is needed. The reason it's a last resort, besides the obvious loss of body mass, is due to the death rate after amputation. In 2014 it was found 48% of amputees died after 1 year and 71% died after 3 years (Catella et al., 2021). Medical professionals, such as surgeons, are responsible for deciding the recommended level of amputation. At my hospital, we perform many BKAs. Unfortunately, patients often return to our outpatient wound clinic or the emergency department with dehiscence and infections. We try to heal with antibiotics, bedside debridement, and proper wound care. Elevation of care to surgical debridement or further amputation (AKAs) can be needed. Having a transcutaneous oximetry (TcPO₂) available in my WOC practice allows for optimal amputation level to be determined prior to surgery. This is not difficult to perform as patients are often established with our care pre-amputation as an attempt at limb salvage. We could also bring this equipment to the hospital for our inpatient physicians. If a result of calf TcPO₂ is greater than 40 mmHG, we know tissue is viable and we have a high chance of healing a below-knee-amputation (Catella et al., 2021). Overall, the use of TcPO₂ can improve surgical success rates and decrease patient suffering.

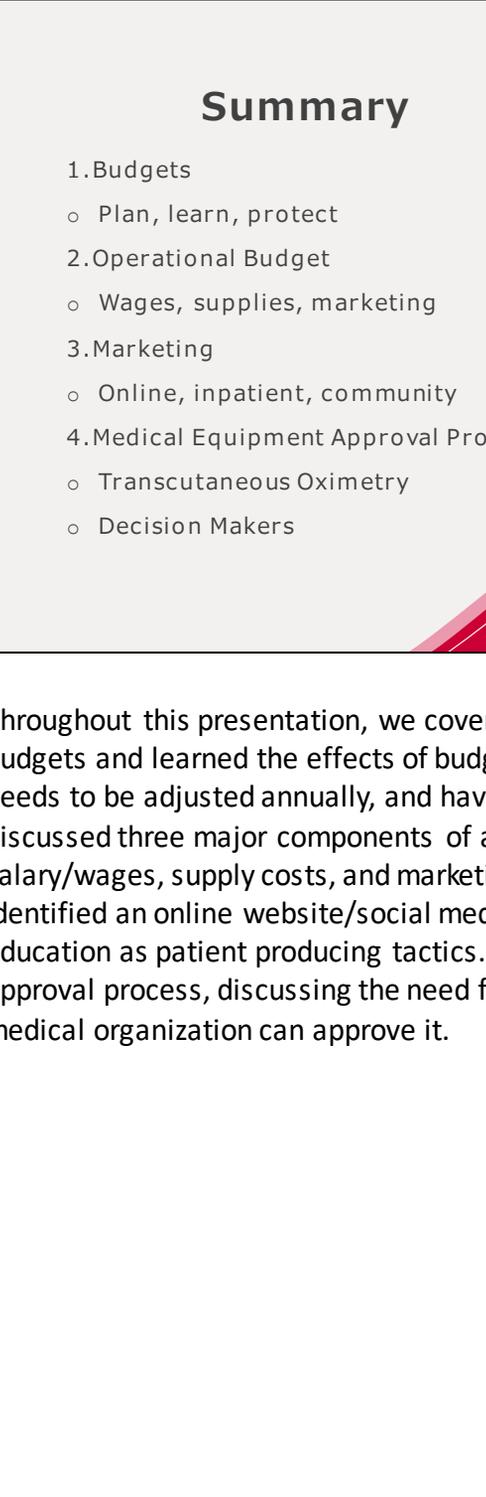
Catella, J., Long, A., & Mazzolai, L. (2021). What is currently the role of TcPO₂ in the

choice of the amputation level of lower limbs? A comprehensive review. *Journal of Clinical Medicine*, 10(7), 1413. <https://doi.org/10.3390/jcm10071413>



To get purchase ideas approved in the healthcare industry, you need to have key opinion leaders and major decision makers on your side. Key opinion leaders in a large organization, such as the one my WOC practice is in, are typically respected and/or veteran physicians (Medigroup, 2023). If the data on TcPO2 in my last slide is presented to wound care providers, cardiovascular providers, and general surgery providers, they may agree it can positively influence their patient outcomes. The support of multiple physicians can sway the opinion of organization's major decision makers such as the Chief Operating Officer, Chief Financial Officer, Chief Executive Office, or Chief Clinical Officer (Medigroup, 2023). The major decision makers have the final say, although, they may lean in favor of physician requests to reduce the risk of losing valuable staff.

Medigroup. (2023, June 23). *Healthcare purchasing: Who are the primary decision makers?* <https://www.medigroup.com/blog/healthcare-purchasing-primary-decision-makers/#:~:text=In%20some%20cases%2C%20a%20doctor,the%20authority%20to%20make%20them.>



Summary

1. Budgets
 - Plan, learn, protect
2. Operational Budget
 - Wages, supplies, marketing
3. Marketing
 - Online, inpatient, community
4. Medical Equipment Approval Process
 - Transcutaneous Oximetry
 - Decision Makers

Throughout this presentation, we covered the definitions of operational and capital budgets and learned the effects of budgeting: plan for what you desire, learn what needs to be adjusted annually, and have protection in case of emergency. We discussed three major components of an operational budget including staff salary/wages, supply costs, and marketing needs. We dove deeper into marketing and identified an online website/social media, an inpatient presence, and community education as patient producing tactics. We learned a basic medical equipment approval process, discussing the need for transcutaneous oximetry and who within a medical organization can approve it.

- Catella, J., Long, A., & Mazzolai, L. (2021). What is currently the role of TcPO2 in the choice of the amputation level of lower limbs? A comprehensive review. *Journal of Clinical Medicine*, 10(7), 1413. <https://doi.org/10.3390/jcm10071413>
- Indeed Editorial Team. (2022, June 24). *Guide to understanding operational and capital budgets*. <https://www.indeed.com/career-advice/career-development/operational-budget-vs-capital-budget>
- Lullove, E. J. (2014, September). *How to market your outpatient wound clinic in the 21st century*. Today's Wound Clinic. <https://www.hmpgloballearningnetwork.com/site/twc/articles/how-market-your-outpatient-wound-clinic-21st-century>
- Medigroup. (2023, June 23). *Healthcare purchasing: Who are the primary decision makers?* <https://www.mediagroup.com/blog/healthcare-purchasing-primary-decision-makers/#:~:text=In%20some%20cases%2C%20a%20doctor,the%20authority%20to%20make%20them>.
- Tulane University. (2022, November 14). *What is healthcare marketing? Tips for branding your practice*. <https://publichealth.tulane.edu/blog/healthcare-marketing/>
- VOC Associates. (n.d.). *The medical equipment procurement process step by step*. <https://vocassociates.com/the-medical-equipment-procurement-process-step-by-step/>
- Zhang, R., & Bohlen, J. (2023). *Healthcare business budgeting*. StatPearls Publishing.

References