

Negative Pressure Wound Therapy (VAC Therapy) Guidelines

This is a living document and will be updated as required
March 2013

Negative Pressure Wound Therapy

Negative Pressure Wound Therapy (NPWT), also known by the brand name 'VAC therapy', is a non invasive wound management therapy that consists of negative pressure being applied to the wound. This encourages healing by removing infectious materials and promoting granulation. NPWT accelerates debridement and promotes healing in many different types of wounds.

Use of NPWT **may** be appropriate for the following conditions but should be used according to clinical guidelines:

- Chronic wounds
- Traumatic wounds
- Partial thickness burns
- Dehisced wounds
- Ulcers
- Grafts

Most DHBs and hospitals use two main **brands** of NPWT units:

- Intermed (VAC)
- Smith & Nephew (Renasys)

There are also two main **types** of NPWT product:

- Reusable NPWT unit used with consumables (wound dressings & canisters)
- Disposable 7 day NPWT kit

Significant costs are involved with this treatment and consideration should only be given to clients with difficult to heal wounds. A clinician must determine the most suitable product to meet the client's needs.

All requests to ACC for NPWT must come from a specialist, surgeon, GP, Nurse Practitioner or Nursing Services Designated Provider.

Accessing NPWT

There are three key access points for NPWT:

- Post acute discharge
- Post elective services discharge
- On recommendation of Nurse¹, Specialist or GP

Who pays for NPWT?

NPWT units

Access point	Less than 6 weeks post discharge?	More than 6 weeks post discharge?
Post acute discharge	DHB responsible for all costs.	ACC responsible for costs. Wherever possible, the DHB should notify ACC at discharge if the client will

¹ Nurses may recommend NPWT but all requests to ACC for NPWT must come from a specialist, surgeon, GP, nurse practitioner or Nursing Service Designated Provider. Clinical rationale for this treatment must be submitted along with a treatment plan.

Access point	Less than 6 weeks post discharge?	More than 6 weeks post discharge?
		<p>require NPWT for more than 6 weeks post discharge.</p> <p>Where this is not possible and the client continues to require NPWT for more than 6 weeks post discharge then the Nurse should notify ACC as soon as possible that there will be an ongoing requirement.</p> <p>ACC can either:</p> <ul style="list-style-type: none"> ▪ Take over the rental agreement from DHB ▪ Reimburse the DHB for the cost of using their NPWT units (where units are DHB owned) ▪ Start a new rental agreement to replace the DHB's unit (this needs to be coordinated by the Nurse) <p>Use service item code EO130</p>
Post elective services discharge	<p>If it is identified that NPWT will be necessary following elective surgery this is requested at the time the surgery request is submitted and is approved and funded as part of the elective surgery.</p> <p>NPWT expenses are invoiced at actual cost using service item code ESR12 (unique supplies).</p> <p>NOTE: If NPWT was not requested in the original surgery request and the client is discharged with NPWT then a clinical rationale and treatment plan for the use of NPWT should be provided. ACC will cover NPWT costs from the point that the treatment commenced. Use service item code ESR12.</p>	<p>ACC responsible for costs</p> <p>Wherever possible, the hospital should notify ACC at discharge if the client will require NPWT for more than 6 weeks post discharge.</p> <p>Where this is not possible and the client continues to require NPWT for more than 6 weeks post discharge then the Nurse should notify ACC as soon as possible that there will be an ongoing requirement.</p> <p>ACC can either:</p> <ul style="list-style-type: none"> ▪ Take over rental agreement from the hospital ▪ Reimburse the hospital for the cost of using their NPWT units (where units are hospital owned) ▪ Start a new rental agreement to replace the hospital unit (this needs to be coordinated by Nurse) <p>Use service item code EO130</p>
Nurse ¹ , Specialist or GP recommendation	DHB responsible for all costs if the recommendation is made within the 6 week post acute discharge period even if the client is not discharged with NPWT unit	<p>ACC responsible for costs</p> <p>Use service item code EO130</p>

NPWT consumables

Access point	Less than 1 week post discharge?	More than 1 week post discharge?
Post acute discharge	DHB responsible only if insufficient advance notice ² has been given to allow ACC to organise consumables. Otherwise ACC is responsible	ACC responsible for costs. Source consumables via CommunityClient
Post elective services discharge	If it is identified that NPWT will be necessary following elective surgery this is requested at the time the surgery request is submitted and is funded as part of the elective surgery. NPWT expenses are paid at actual cost, use service item code ESR12 (unique supplies)	ACC responsible for costs Source consumables via CommunityClient
Nurse ¹ , Specialist or GP recommendation	ACC responsible for costs	ACC responsible for costs Source consumables via CommunityClient

Disposable NPWT kits

Access point	Less than 6 weeks post discharge?	More than 6 weeks post discharge?
Post acute discharge	DHB responsible for the cost of the first NPWT kit on discharge ACC responsible for the cost of subsequent NPWT kits	ACC responsible for cost
Post elective services discharge	If it is identified that NPWT will be necessary following elective surgery this is requested at the time the surgery request is submitted and is funded as part of the elective surgery. NPWT expenses are paid at actual cost using service item code ESR12 (unique supplies)	
Nurse ¹ , Specialist	ACC responsible for cost	ACC responsible for cost

² Insufficient advance notice is determined by the ability of ACC to arrange the supply of consumables. If the DHB is communicating regularly with ACC and there is time for ACC to arrange consumables for the client from the point of discharge or shortly afterwards then sufficient notice has been provided. However, if, for example, ACC is advised of the requirement on a Friday and the client needs consumables in place for Monday then this would constitute insufficient notice and the DHB would need to supply enough consumables to last until the date that ACC could arrange delivery of consumables.

Access point	Less than 6 weeks post discharge?	More than 6 weeks post discharge?
or GP recommendation		

How to arrange supply of NPWT units and NPWT consumables

If the client is being discharged from hospital following acute treatment or elective surgery with NPWT already in place:

The specialist, surgeon or Nurse Practitioner must complete an ACC178 Consumables Order Form and submit it, along with a copy of the treatment plan, to the ACC case manager. A social rehabilitation assessment is not required.

The ACC case manager should check that the consumables order for these products is for no more than 4 weeks with deliveries being made to the client on a weekly basis in conjunction with regular wound reviews by the Nurse. The order can be extended at a later date if a longer period of NPWT is required.

The ACC case manager then submits the ACC178 Consumables Order Form to CommunityClient:

Email: communityclient@onelink.co.nz

A purchase approval is not required.

It is important to complete this process quickly so that consumables can be delivered to the client as soon as possible. **NOTE:** BMA approval is not required if the client has been discharged with NPWT in place.

If the course of NPWT lasts for longer than 6 weeks post discharge then ACC will take over responsibility for the cost of the NPWT unit after the sixth week. ACC can either take over the hire agreement for the unit or reimburse the DHB / private hospital for the costs of the unit.

If the client is in the community and NPWT is recommended by the specialist, GP, Nursing Services Designated Provider or Nurse Practitioner:

If the client is more than 6 weeks post acute or elective surgery discharge, or has not received inpatient treatment then the specialist, GP, Nurse Practitioner or Nursing Services Designated Provider must submit the rationale for this treatment along with a treatment plan.

Submit the treatment plan and ACC178 Consumables Order form (see 'NPWT consumables' below for more details) to the ACC case manager.

The ACC case manager must submit the documentation via EOS to the ACC Branch Medical Advisor for approval. Once the treatment plan has been approved, the case manager sends the ACC178 to CommunityClient:

Email: communityclient@onelink.co.nz

A purchase approval is not required.

Ordering NPWT units

If you are arranging a new hire or taking over a DHB hire unit, contact the recommended supplier (either Intermed or Smith & Nephew) to arrange hiring an NPWT unit. When raising a purchase approval for NPWT units use service item code EO130.

Intermed: 0800 333 444

Smith & Nephew: 0800 807 663

If you are reimbursing the DHB for an NPWT unit, raise a purchase approval to the DHB to cover their hire costs. Use service item code EO130.

NPWT kits & consumables

NPWT disposable kits and consumables must be ordered from CommunityClient. A consumables order form (ACC178) should be completed, approved by the ACC Branch Medical Advisor (where required) and forwarded to CommunityClient. A purchase approval does not need to be completed.

NPWT consumables must not be requested on a long term recurring order basis – orders for these products should be for no more than 4 weeks with deliveries to the client on a weekly basis in conjunction with regular wound reviews by the Nurse. Orders can then be extended if a longer period of NPWT is required.

FAQs

How often should a client's NPWT requirements be reviewed?

Nursing services will be required to change the client's dressings on a regular basis in accordance with the approved treatment plan. A registered nurse with specific skills in wound assessment and management should review the wound at each dressing change and provide feedback to the **specialist, surgeon, GP, Nurse Practitioner or Nursing Services Designated Provider** who can then make a decision as to the ongoing use of NPWT.

Can Nurses provide NPWT consumables?

The preferred method of supplying NPWT consumables is through Onelink (ACC's contracted medical consumables supplier) who can generally deliver to most parts of the country by the next day if the order is marked as urgent. This ensures that ACC accesses competitive contracted pricing for these high cost items. However, if there is an urgent requirement then Nurses can provide the consumables and claim reimbursement from ACC if the item is over \$25 (excl GST).

Does ACC fund NPWT for chronic wounds?

Wounds must have a clear causal link to a covered injury in order for ACC to fund NPWT.

In order for ACC to determine whether a slow healing wound is still clearly linked to an injury, an assessment by an experienced registered nurse or wound care specialist would be required. Any such assessment should take into consideration all of the information relevant to the client, their injury, health and any individual circumstances or factors that may impact on the healing of their wound.

Wounds that are slow to heal or that recur may be caused by a number of factors including:

- Age
- Co-morbid health conditions like diabetes, vascular disease, renal failure
- Lifestyle factors like smoking, substance use
- Paralysis i.e. spinal cord injury
- Infection

Our patient is awaiting an entitlement decision on a treatment injury claim; will ACC still pay for NPWT?

The treatment provider should still provide service based on the patient's clinical need and keep accurate records of services provided. Funding/reimbursement can be addressed once an entitlement decision has been made. Should the claim be accepted, invoicing must be based on fair and reasonable costs with evidence of necessary and appropriate treatment.