

Photographic Wound Documentation: Digital Imaging Guidelines Help Minimize Exposure

Computer technology has revolutionized the process of documenting wounds and sores. Using high-resolution digital cameras and specialized software, staff photographers can easily take pictures of difficult-to-treat wounds and upload them to an electronic patient record, allowing visual wound tracking and treatment evaluation at a keystroke. Such thorough photographic documentation can both enhance treatment and aid in defending against allegations of substandard wound care. However, haphazard, unsophisticated or inconsistent digital imaging techniques may result in low-quality photographs or the appearance of alteration, potentially diminishing credibility and inflating damage awards.

For aging services organizations that elect to photograph wounds, this *AlertBulletin*® is intended to help reduce risk by standardizing their wound photography practices. Consistency in such areas as photographer training and authorization, equipment selection, imaging technique and photo storage can translate into clearer images, more organized and secure records, and reduced liability exposure.

I. Consult legal counsel about relevant laws and regulations regarding wound care documentation. Wound imaging is treated in most jurisdictions as an optional supplement to the written care record. However, organizations in certain venues may be *required* to photograph wounds in order to track the condition of residents and monitor their care. Review local laws and regulations on an ongoing basis, and modify any protocols that are inconsistent with current legal standards, technology or practice.

II. Establish ground rules governing wound and skin documentation. The following strategies can help ensure that photographic records enhance rather than hinder defensibility:

- *Determine who is qualified to take digital photographs based on specified [standards](#) of training and competence.*
- *Conduct and document skin assessments upon admission and any subsequent readmission to protect against possible allegations that a pre-existing wound developed later. (A standardized [photographic wound documentation form](#) is available from the Institute for Healthcare Improvement.)*
- *Outline when and under what circumstances photographs are to be taken, as well as what intervals photographs should be repeated.*
- *Carefully consider the potential consequences of photographing the wounds of residents with a circulatory or renal disorder, which may impede the healing process.*
- *Thoroughly clean the wound and surrounding area before photographing it, in order to minimize the possibility of subsequent misinterpretation.*

QUICK LINKS

- [Photographic Guidelines for Wounds](#), American Professional Wound Care Association. (Member access required.)
- [Photography in Wound Documentation: Fact Sheet](#), Wound, Ostomy and Continence Nurses Society, May 15, 2012.
- Wiedemann, L.A. ["Using Clinical Photos in EHRs."](#) *Journal of AHIMA*, April 2010, Volume 81:4, pages 44-45.
- ["Wound Photography in Assessing Wound Healing."](#) *WoundEducators.com*, posted December 20, 2012.

III. Ensure that wound imaging rules and practices are uniformly implemented. Employees, authorized photographers and medical staff should be conversant with protocol and policies governing wound photography and documentation. Training sessions should focus on helping staff document wounds in a thorough and consistent manner, guided by the following questions:

- Are the photos accurately identified by date, time and resident name, using a confidential identifier, such as the resident's initials or healthcare information record number?
- Who took the photos?
- Why were the photos taken?
- When did the photo sequence begin and end?
- How did the wound stages develop?
- What national standards were used to track and monitor the wound (e.g., those promulgated by the [NPUAP](#) or the [WOCN Society](#))?
- If a repeat photograph was taken, what was the reason?

IV. Inform residents and families about imaging protocols.

Consider drafting a standard digital photography consent form to ensure that residents and families understand and agree to organizational policies regarding photography. (Model [consent language](#) is available from the American Health Information Management Association.) In addition, if clinical photography is used routinely to document care, inform incoming residents of this fact prior to admission and include it in the "Notice of Information Practices," as mandated by HIPAA.

V. Implement sound information security policies. The following measures can reduce the likelihood of loss or inappropriate disclosure of digital images:

- *Delineate and disclose the process for viewing images, as well as protocols for evaluating and responding to external viewing requests.*
- *Log photographs according to written policy, and stipulate in detail where images will be electronically stored and how access is controlled.*
- *Prohibit the use of cellular telephones and smartphones for clinical photography, because of inherent security and confidentiality risks.*
- *Create an effective method for the release of images, requiring, at a minimum, the resident's written consent on an authorization form.*

VI. Minimize infection risks. Written policy should prohibit the photographer's hands and equipment from coming into contact with the wound. If a wound must be touched for imaging purposes, a nurse or physician should assist the photographer, while wearing gloves and complying with all appropriate infection control protocols. Photographers should carry all equipment in hard cases and routinely clean cameras and appurtenances after each use to prevent cross-contamination or infection.

VII. Create standards for image consistency. The importance of consistent photographic technique cannot be overstated, as even slight variations in lighting, viewpoint and background may produce dramatically different impressions of wound size and condition. The following guidelines can assist authorized photographers in capturing clear and comparable images:

- *Designate a preferred type of camera, such as a 35mm digital single-lens reflex camera with a range of available lenses.*
- *Position the camera at an angle to the wound instead of shooting from straight above.*
- *Include a wide area of healthy tissue in the initial image, in order to establish the precise location and scale of the wound.*
- *Control the intensity and direction of light falling upon the subject, using a portable electronic flash when necessary.*
- *Place a calibrated color chart in the frame, especially where color is an important factor.*
- *Utilize measurement scales when taking close-up images in order to delineate wound size and depth.*
- *Using prior wound documentation as reference, replicate the original angles, distances and lighting in subsequent photographic sessions, with all images taken from the same anatomical side and either pre- or post-debridement.*

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VIII. Position subjects carefully to prevent distortion or exaggeration of wounds. If possible, residents should be photographed while lying down in order to minimize surface changes caused by muscle movement. To facilitate image comparison, utilize the same body position in sequential views and include a measuring device to indicate wound size.

IX. Employ a flexible and user-friendly archive system. Archive software should allow application of individual audio tags, permit keyword searches to streamline image processing and management, and provide a thorough and useful record of care in the event of litigation.

X. Follow consistent archiving procedures. Immediately after obtaining an image, download the file from the memory card to a computer for embedding of case identifiers, requisition numbers, date and time. In general, two copies of the wound image should be saved; the original should be deleted from the camera. The first copy is typically stored in its original form in a secure electronic format, such as a resident "photo album." The second copy can be uploaded to the electronic resident care record after minor processing, such as sharpening and color management. Both copies are considered admissible as evidence in a legal proceeding.

Managed carefully, digital photography can significantly enhance the process of wound documentation. The strategies outlined in this resource are designed to help create a visual record of clinical wound care that is accurate, accessible and protective of both patients and the organization.

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