



Healthcare

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Photographic Wound Documentation: Ten Guidelines to Help Minimize Digital Imaging Exposures

For aging services organizations that elect to photograph wounds, high-resolution digital cameras and specialized software allow staff to easily take pictures of difficult-to-treat wounds and upload them to an electronic healthcare record (EHR), thereby facilitating visual wound tracking and treatment evaluation at a keystroke. Such photographic documentation can both enhance treatment and aid in defending against allegations of substandard wound care. However, haphazard, inconsistent or unsecured digital imaging techniques may result in resident privacy breaches and/or low-quality photographs that may potentially diminish credibility and inflate damage awards.

This *AlertBulletin*® is intended to help reduce risk for those organizations engaged in wound photography by standardizing their digital imaging practices. Consistency in such areas as resident privacy, 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.

1. 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 state laws and regulations, as well as guidelines of professional associations, on an ongoing basis, and modify any protocols that are inconsistent with current legal standards, technology or practice.

2. Safeguard resident privacy and confidentiality when capturing and sharing wound care photographs.

The interdisciplinary nature of wound care requires interaction with multiple parties, including staff members, medical providers, wound care specialists, and residents and their family members. Ensuring that key stakeholders have safe and seamless access to digital images is therefore imperative.

The integration of digital photography with an EHR system is optimal for safeguarding resident privacy and continuity of care. However, technology alone does not safeguard against the misuse of digital images. The following risk management measures help protect resident privacy and confidentiality:

- **Refrain from photographing a resident's face** or including identifiable items in the background of a photograph.
- **Drape the resident's genitalia, anal tissue or breasts**, as much as possible, if adjacent to a wound.
- **Avoid capturing distinguishing characteristics**, such as birthmarks, tattoos or jewelry.
- **Never alter a photo**, either by digital emphasis or enhancement.
- **Utilize an internal server when sending photos via email attachment** to the care team or wound care consultants.
- **Follow the facility's policy on emailing personal health information to third parties**, such as when sending digital images to external addresses of physicians and consultants.
- **Insert a confidential disclaimer in the body of an email when transmitting digital images**, and mark the subject line "confidential."

- **Clarify in written policy when images will be shared with residents and family members**, and note in the resident healthcare information record the image that was shared, on what date and for what reason, e.g., to reinforce the importance of resident compliance with wound care treatment.

For additional risk management strategies related to the use of digital technology, see CNA *AlertBulletin*® 2023-Issue 3, “Smartphones and Social Media: Tips on Preventing Staff Misuse.”

3. Establish written policies governing wound and skin documentation.

Photographing wounds is not a substitution for wound care documentation in the resident healthcare information record. Staff members should be educated on wound care and digital photography practices, tested for proficiency and monitored for ongoing compliance with protocols. The following strategies can help ensure that photographic records enhance rather than hinder defensibility:

- **Conduct and document skin assessments upon admission and any subsequent readmission** to protect against possible allegations that a pre-existing wound developed later. Consider using an electronic wound care flowsheet, if available, to document wound characteristics and measurements, and attach digital images to weekly assessments, in order to facilitate comparison over time.
- **Outline when and under what circumstances photographs are to be taken**, as well as what intervals photographs should be repeated.
- **Determine who is qualified to take digital photographs** based upon training and competence in areas such as camera use and imaging technique, wound assessment, patient privacy and confidentiality, infection control, and the transmission and storage of digital images.
- **Carefully consider the potential consequences of photographing the wounds of residents with a circulatory or renal disorder**, as those underlying conditions may impede the healing process.
- **Thoroughly clean the wound and surrounding area before photographing it**, in order to minimize the possibility of subsequent misinterpretation.
- **Promote consistency in future photographic sessions by noting essential imaging details**, such as the resident’s setting and body position, camera angle, lighting, distance of the lens from the wound and the specific camera utilized.

4. Create standards for image consistency.

The importance of consistent photographic technique cannot be overstated in staff educational programs, as even slight variations in lighting, viewpoint and background may produce dramatically different impressions of wound size and condition. (For a list of professional standards and guidelines to reference in staff training sessions, see the box below.)

The following measures can assist authorized photographers in capturing clear and comparable images:

- **Use the same digital camera for capturing ongoing images**, and designate one or more facility-owned cameras for the purpose of wound photography.
- **Select a consistent image resolution setting when capturing images in a sequence**, as well as in subsequent photographic sessions.
- **Control the intensity and direction of light falling upon the subject**, including the selection of natural light over artificial, avoidance of electronic flash, and positioning the camera away from background light sources, which can dilute the image color.
- **Position the camera at the same angle, distance, rotation and height from the wound**, and avoid taking an image from directly above the wound.
- **Choose either pre-or post-wound debridement for images taken in a sequence**, and ensure that photos are from the same anatomical side and include a wide area of healthy tissue, in order to establish the precise location and scale of the wound.
- **Select the same magnification for the digital camera lens for repeat photos**, and utilize measurement scales when taking close-up images to establish both wound size and depth.
- **Label photos with case identifiers**, including the resident’s initials, date of photo session, time and anatomical location of the wound.

Wound Photography Guidelines

- [Photographic Guidelines for Wounds](#), American Professional Wound Care Association, 2013. (Member access required.)
- [Photography in Wound Documentation: Fact Sheet](#), issued by the Wound, Ostomy, and Continence Nurses Society (WOCN Society), 2012.
- [Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline](#), National Pressure Injury Advisory Panel, 2019.
- [Recommendations for Wound Assessment and Photodocumentation in Isolation](#), issued by WOCN Board of Directors Task Force, 2020.

5. Position subjects carefully to prevent distortion or exaggeration of wounds.

If possible, residents should be photographed while lying down or in a seated position, in order to minimize personal fatigue and/or surface changes caused by muscle movement. In addition, have a second person assist with lifting an extremity, when necessary, to stabilize the viewing area and allow for optimal visualization. To facilitate image comparison, utilize the same body position in sequential views and include a measuring device to indicate wound size.

6. Ensure that wound imaging policies and procedures are uniformly implemented.

Employees, authorized photographers and medical staff should be conversant with protocol and policies governing wound photography and documentation. Ongoing compliance with mandates depends, in large part, upon the standardization of general principles. The following questions help guide policymaking discussions by focusing on essential documentation parameters:

- 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 [National Pressure Injury Advisory Panel](#) or the [Wound, Ostomy, and Continence Nurses Society](#))?
- If successive photographs were taken, what was the reason?

Prohibit the use of personal and unsecured smartphones for clinical photography, as well as electronic transmission of photos via text or e-mail using mobile devices that are unauthorized by the aging services organization.

7. 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. Residents should be informed, at a minimum, of the following points:

- Digital images will be a part of the resident healthcare information record.
- Privacy and confidentiality will be maintained when capturing, transferring and storing images.
- Photos may be used for educational or teaching purposes.
- Digital images may be shared with wound care specialists and medical providers for consultation purposes.

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.

8. Implement sound information security policies.

The following measures can reduce the likelihood of loss or inappropriate disclosure of digital images:

- **Prohibit the use of personal and unsecured smartphones for clinical photography**, as well as electronic transmission of photos via text or e-mail using mobile devices that are unauthorized by the aging services organization.
- **Upload photos from a facility designated camera to a password-protected, secure hard drive or EHR**, and delete images from the camera, memory card or USB flash drive after confirming successful upload.
- **Delineate and disclose the process for viewing images**, restricting digital folder access to authorized staff, medical and home care providers, case managers and administrators.
- **Log photographs according to written policy**, and stipulate in detail where images will be electronically stored and how access is controlled.
- **Create an effective method for the release of images**, requiring, at a minimum, the resident's written consent on an authorization form.

9. 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 accessories after each use to prevent cross-contamination or infection.

10. Follow consistent and user-friendly archiving procedures.

Immediately after obtaining an image, upload the file to the EHR or a secure computer for embedding of case identifiers, requisition numbers, date and time. In general, save the photo(s) in JPEG format (i.e., under 500 KB) and delete the original from the camera. Archive software should permit keyword searches to streamline image processing and management, and provide a comprehensive and useful record of care in the event of litigation.

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.

Quick Links

- Jakucs, C. "[Legal Issues Clinicians Should Know When Taking Wound Care Pictures.](#)" Published by the Wound Care Education Institute, April 3, 2019.
- Queen, D. and Harding, K. "[Is Wound Photography Becoming Sloppy?](#)" *International Wound Journal*, posted on January 12, 2020.
- "[Using Wound Photos to Enhance Your Documentation,](#)" posted on the website of WoundSource.com, January 31, 2021.

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