

PHILHEALTH CIRCULAR

No. 2024-0028

**TO : ALL ACCREDITED HEALTH CARE PROVIDERS,
PHILHEALTH MEMBERS, PHILHEALTH REGIONAL
OFFICES AND ALL OTHERS CONCERNED**

**SUBJECT : Quality Standards on Debridement as Reference of the
Corporation**

I. RATIONALE

The Universal Health Care Act (Republic Act No. 11223) identifies quality of care as one of the major goals to be achieved by the Philippine health system. Quality is also stipulated in the revised Implementing Rules and Regulations (IRR) of National Health Insurance Act of 2013 (R.A. No. 10606) wherein quality assurance standards shall be used as reference in ensuring quality of health care services. Due to this mandate, the Corporation provides quality policies pertaining to standards of care for specific conditions that is in accordance with evidence-based information and opinion from recognized clinical experts in the field.

This quality policy was developed in order to ensure the appropriate performance of debridement relative to claims. The policy statements contained herein are based on consultations with the Philippine College of Surgeons (PCS), Philippine Orthopedic Wound Care and Diabetic Limb Society (POWC-DLS), Philippine Society of General Surgeons (PSGS), and the Philippine Wound Care Society (PWCS) as recognized experts in the field and ensure its applicability in the local setting.

Further, the policy statements were approved by the PhilHealth Quality Assurance Committee (QAC) as reference in ensuring quality of care.

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II. OBJECTIVES

This PhilHealth Circular aims to establish the guidelines in ensuring quality of care in line with the benefit coverage of wound debridement.

III. SCOPE

This policy shall cover the current standards of practice of debridement as reference for all accredited health care providers (HCPs) and PhilHealth Regional Offices (PROs) in ensuring quality of care relative to claims.

IV. DEFINITION OF TERMS

- A. Debridement** – a removal of necrotic material, eschar, devitalized tissue, serocrusts, infected tissue, hyperkeratosis, slough, bioburden, biofilm pus, hematomas, foreign bodies, debris, apoptotic cells, bone fragments or any other type of bioburden from a wound with the objective to promote wound healing. Debridement is applied in the context of advance wound care approach utilizing modern types of dressings that scientifically promote wound healing, preserve function, and prevent further complications, such as loss of limb or life. In contrast, wound cleansing is removal of dirt, foreign material, loose metabolic waste and entails the use of over-the-counter products (e.g. bandages, gauze) for simple cuts and cleaning surgical wounds. These are wounds that heal eventually within an expected amount of time.
- B. Quality of Care** – a degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge¹.
- C. Standards of Care** – (1) a degree of ability or skill possessed by other physicians in the same community, neighborhood or locality; (2) a degree of care, attention, diligence or vigilance ordinarily exercised by those physicians in the application of their skill; and (3) a special or extraordinary skill of the specialist, if the physician involved has represented himself as possessing it².

V. POLICY STATEMENTS

A. Purpose of Debridement

Debridement is performed with the following underlying purpose:

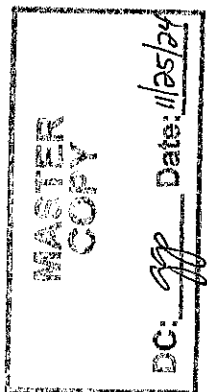
1. Removal of the source for sepsis, mainly necrotic tissue.
2. Decrease local infection/bacterial burden thereby, reducing the probability of resistance from local antibiotic treatment.
3. Obtain accurate deep culture result after debridement from the tissue left behind to evaluate persistent tissue infection and requirements for systemic antibiotic treatment.
4. Stimulation of the wound bed to support healing and prepare for a skin graft or flap.

B. Indication in Performing Debridement

1. Chronic, non-healing wounds which may be infected or non-infected, include the following:
 - a. Diabetic foot and extremity ulcers
 - b. Venous or arterial ulcers
 - c. Pressure sores
 - d. Chronic slow healing wounds of varied etiologies

¹ Institute of Medicine, Lohr 1990

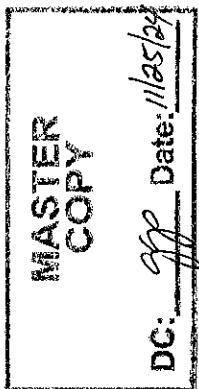
² Medical Jurisprudence, Solis



2. Acute, complex, traumatic wounds.
3. Acute, simple wounds but having wound issues (e.g. post-open reduction and internal fixation) to prevent the wound from progressing into a complicated wound.
4. Burn wounds considered complex based on size and depth.

C. Management

1. It is important that treatment of the primary condition or underlying cause should be part of the clinical management of debridement during episode of care.
2. Advance wound care management is provided to patients with complex and/or chronic wounds. These may include traumatic wounds in any part of the body, or newly-formed stomas in general surgery, or chronic wounds with vast array of etiologies including diabetes, arterial/venous ulcers, pressure and/or neuropathic ulcers, complex malignant sores and ulcers, and infection.
3. For the diagnostics, the minimum laboratory and/or imaging tests expected are any of the following:
 - a. Stains such as gram stain, acid fast bacilli (AFB), fungal
 - b. Culture and sensitivity
 - c. X-ray of involved area or chronic ulcers to rule out osteomyelitis
 - d. Complete blood count (CBC) and other blood tests to check for infection
 - e. Duplex scan - for patients with arterial or venous occlusive disease
 - f. Ankle-brachial index (ABI) test - for patients with vascular disease
 - g. Biopsy, if warranted
4. Medications that are commonly prescribed drugs/medicines are the following:
 - a. Antimicrobials depends on the result of the culture and sensitivity of the wound, such as antibiotics (systemic or topical) or antifungal.
 - b. Antiseptics
 - c. Pain relievers or analgesics, depends on patient's pain tolerance and presence of neuropathy
 - d. Other medications may be prescribed depends on presence of comorbidities such as diabetes, vascular disease, osteomyelitis, and other metabolic/morbid conditions.
5. The instruments and supplies that are utilized shall depend on the description of the wound such as the following:
 - a. Instruments
 - a.1. Minor kit (sharp scissors, surgical knife, pick-up/thumb forceps)
 - a.2. Cautery machine
 - a.3. Curette
 - a.4. Rongeur
 - b. Supplies



- b.1. Sterile syringe
 - b.2. Sterile gloves
 - b.3. Sterile water/fluid or wound irrigating solution (e.g., normal saline solution)
 - b.4. Sterile gauze
 - b.5. Rolled bandages
 - b.6. Casting materials for immobilization
 - b.7. Advanced wound care dressings (e.g. foam, silver, hydrocolloid, medical honey, etc.)
 - b.8. Growth factors or granulox to increase oxygen in wound environment may be given, if available.
- c. Use of machines like cautery machine, ultrasonic-assisted wound debridement machine for biofilm disruption.

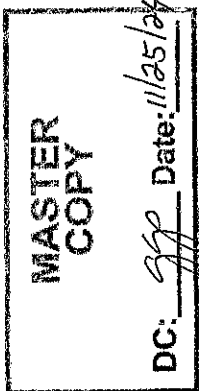
6. Type of Anesthesia

- a. The type of anesthesia given may vary depends on the presence of neuropathy, nature/severity/location of wound, and comorbidities. The type of anesthesia can be any of the following:
 - a.1. Pre-emptive analgesia
 - a.2. Local anesthesia using spray, topical cream or injectable
 - a.3. Regional block
 - a.4. IV sedation
 - a.5. General anesthesia
- b. No anesthesia may be an option among patients with insensate neuropathy, which should be properly documented, in the patient record and claim form.

D. Appropriate Health Facility

- 1. Debridement may be performed in any of the following DOH-licensed and PhilHealth-accredited facilities:
 - a. Hospital
 - b. Ambulatory Surgical Clinic (ASC)
- 2. Debridement performed in the operating room are wounds with considerable size and complexity such as open fractures and chronic wounds with deep-seated infection, which may require regional or general anesthesia.
- 3. Bedside debridement is discouraged to maintain safety, sterility, prevent infection, and cross-contamination as the bedside area is not technically equipped with resources and ideal set-up for debridement procedure. However, in certain cases may be acceptable (e.g. very ill patients at ICU) but reason should be properly documented for reference.

E. Number of Treatment Sessions and Step-down care



1. The number of debridement sessions varies per individual patient and may be based on but not limited to the following:
 - a. Degree or severity of the wound injury
 - b. Presence of comorbidities (e.g., diabetes, vascular disease, autoimmune problem, osteomyelitis, etc.).
2. Repeated debridement is an applied concept in modern wound care to eradicate the development of biofilms, which increases the burden on these types of wounds. As such, continued wound care is needed until such time wherein infection is controlled and biofilms eradicated.

F. Length of Hospital Stay

1. Most patients are seen on an outpatient basis. However, if the patient requires inpatient care, the length of hospital stay is influenced by the following but not limited to the nature and severity of the wound, co-morbidities, and other internal and external factors.
2. Patients who are admitted have medical issues needing management, and advance wound strategies should be started as soon as these wounds are identified.

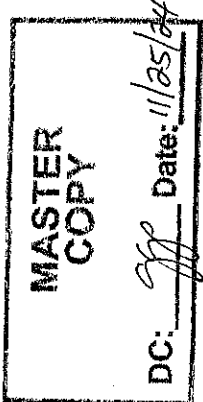
G. Clinical Signs of Improving Wound Condition

The state of an improving wound can be measured objectively in accordance to the following clinical parameters and should be properly documented:

1. Size and depth of wound is getting smaller
2. Presence of beefy red granulation tissue
3. Decreasing amount of secretion/discharges/fibrin
4. Presence of epithelialization

H. Reporting of Wound

1. Clear and accurate documentation of care is a professional and legal requirement of medical practice. Proper documentation is essential in wound management and improves patient safety.
2. The performance of debridement requires regular and thorough documentation of assessments and care provided changes in the condition of the wound, and any other relevant information. The wound should be adequately described based on the following:
 - a. Description of the wound – size and dimension, depth in terms of measureable number (e.g. 5 mm) and level of ulcer penetrance (e.g. subcutaneous, muscle, fascia, periosteal, or bony depth), tissue type, drainage, odor.
 - b. Description of the peri-wound area
 - c. Presence of primary and/or secondary signs and symptoms of infection
 - d. Location and anatomical structure



- e. Undermining or tunneling
- f. Ischemic limb scoring (e.g. ABI, etc.)
- g. Tissue loss – non-viable or necrotic, deficiency in coverage, etc.
- h. Pain and presence/loss of sensation at the area of concern
- i. Presence or absence of exudates
- j. Amount of bleeding at incision or excision sites (scant/poor/good bleeding)
- k. Presence or absence of blocked vessels
- l. Wound edge description

I. Monitoring And Evaluation

1. The health care provider shall be bound by the provisions of the Performance Commitment and subject to the rules on monitoring and evaluation of performance as provided in PhilHealth Circular No. 2018-0019 Health Care Provider Performance Assessment (HCP-PAS) Rev.2.
2. Standards of care issued by authorized agencies/organizations shall be regularly monitored. As deemed necessary, a revision of the policy statements shall be made.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606 (National Health Insurance Act of 2013) and Republic Act No. 11223, and their respective Implementing Rules and Regulations, and other pertinent laws and rules.

VII. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen days after its publication in the Official Gazette or in any newspaper of general circulation. Three (3) copies shall be forwarded thereafter to the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.

EMMANUEL R. LEDESMA, JR
President and Chief Executive Officer

Date signed: 11/14/24

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 DC: gff Date: 11/25/24