Mr. R.'s heel was the same wound on day 2. What changed was who saw it.

Mr. R. is 78, has diabetes, and went home four days after a hip repair. On his second day home, his daughter notices a dark purple patch on his right heel. It doesn't hurt. Here is the same week told twice.

WITHOUT A FIRST LOOK

Day 2 The family decides to mention it at his two-week follow-up.

Day 14 The skin has opened. The office refers him to a wound clinic; the first slot is two weeks out.

Day 30 The clinic finds a deep, infected wound. He is admitted.

After The plan's first record of the wound is a hospital claim. Nothing shows when it started or what it looked like.

WITH WOUNDEYE

Day 2 His daughter photographs the heel on her phone. A clinician assesses it that day as a suspected deep pressure injury and flags his care manager.

Day 3 His physician orders the heel offloaded and home wound care.

Day 30 Weekly photos and measurements show the trend, so the care team knows whether the plan is working.

After The plan holds a dated, clinician-signed record from the first day, whatever care he goes on to need.

WHY THIS STORY IS ORDINARY, NOT RARE

29.7%

of high-risk patients who developed a pressure injury in hospital were discharged home.[1]

59.7%

of hospitalized stage 2–4 pressure ulcers had been recorded by the nursing home. Records miss wounds.[2]

2×

Trained nurses told moisture damage from pressure injury correctly 70.7% of the time, against 35.6% untrained.[3]

Stage

decides coverage. Medicare lists treating extensive pressure ulcers as skilled nursing; a small ulcer generally is not.[4]

WHAT THE RECORD DOES FOR A PLAN

An earlier first look. The wound is assessed the day someone at home notices it.

Evidence for the right level of care. Dated photos and measurements show what the wound needs, in either direction.

A decision trail. Post-acute coverage decisions are under review by the Senate and the courts.[5] The record shows what each one rested on.

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Mr. R. is an illustrative composite, not a real member and not a WoundEye result; outcomes are measured in pilot. Sources: 1 ISPOR 2026 poster, all-payor claims 2023. 2 Chen, Gleason, Sanghavi, Medical Care, 2022. 3 Beeckman et al., BMJ Quality & Safety. 4 42 CFR 409.33; SSA POMS HI 00601.350. 5 Senate PSI majority staff report, Oct. 2024; Estate of Lokken v. UnitedHealth Group (D. Minn.), pending. WoundAI is decision support; a clinician confirms every result. WoundAI is not cleared or authorized by the FDA. WoundEye does not diagnose, treat, cure or prevent disease. Informational only.