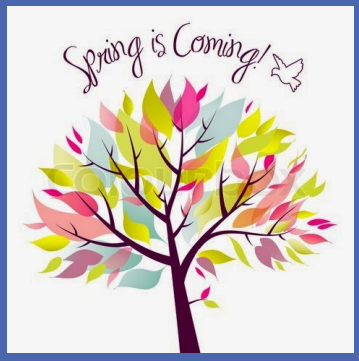
SerenaGroup Newsletter



April 2020

SERENAGROUP MONTHLY UPDATE

ISSUE 26

Why Refer the Diabetic Patient?

Diabetes is the seventh leading cause of death in the U.S., according to the Centers for Disease Control and Prevention. Overall, 34.5 million people in the U.S. – more than 10% of the country's population – have diabetes, the agency reports.

In addition, more than 88 million adults in the U.S. have prediabetes. People with prediabetes have blood sugar levels that are elevated but not quite high enough to be classified as Type 2 diabetes, the most common type of the disease. Aside from Type 1 and Type 2 diabetes, there's gestational diabetes, which can develop during pregnancy in some women who don't have diabetes.

Despite its prevalence, millions of people don't know they have diabetes. More than 7 million people – more than 21% of the total number of people with the disease – were undiagnosed, according to the National Diabetes Statistics Report, 2020, a CDC publication.

Diabetes is the most costly chronic disease in the United States, accounting for $327 billion a year in direct and indirect expenditures, says Matt Petersen, vice president of medical information and professional engagement at the American Diabetes Association.

People with diabetes have health care costs more than double that of people who don't have the disease, research suggests. Overall, diabetes accounts for about 14% of all health care dollars spent in the U.S., Petersen says.

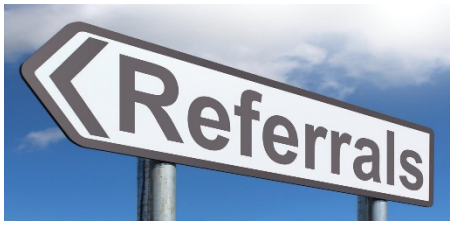
People with diabetes are 1½ times more likely to suffer a heart attack or a stroke than people who don't have the condition.
The disease exacts a terrible human toll.
Diabetes is the leading cause of:

- Blindness in working adults.
- **Non-traumatic lower limb amputations.**
- End-stage kidney failure.

Overall, diabetes is the seventh-leading cause of death in the U.S. It accounted for nearly 85,000 deaths in 2018, which was 3% of all deaths that year.

<u>REFER THE PATIENT</u>: The Advanced Wound Care & Hyperbaric Program can heal diabetic ulcers and prevent non-traumatic lower limb amputations with hyperbaric treatments.

SOURCE: https://health.usnews.com/conditions/diabetes



April Blue Star Winner

Shannon Nieto

"Shannon was so cheery and sincerely caring, that I looked forward to getting there every day for my hyperbaric treatment. It quickly became clear that for her, patient care is not a job. For her it is a calling; I will never forget that."
– Patient R.B.

SerenaGroup Centers are encouraged to recognize those around them that go above and beyond their job description. Recognizing hard work is a priority for SerenaGroup and we sincerely thank those who continue to be compassionate about their work in healing wound care and hyperbaric medicine patients.

HYPERBARIC COURSE

June 4 – 7, 2020
Atlanta, GA

July 24-27, 2020
Pittsburg, PA

September 18-21, 2020
Austin, TX

November 6-9, 2020
West Palm Beach, FL

Registration is Required

Please contact:
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Email: ryaakov@serenagroups.com

amazonsmile
You Shop. Amazon Gives.

How can you support Wound Care Research?

Here is a simple way to make that happen. When you shop on Amazon.com – always start at:

smile.amazon.com

Select SerenaGroup Research Foundation and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases.

While shopping for your favorite items, you will be helping develop new products and techniques through wound care research.

M.O.D.E.L.

How to Avoid the Pitfall of TPE Audits and Wound Care

Matt Schweyer, Chief Quality Officer

As discussed on last month's CQR (Compliance Quality and Reimbursement) online seminar we discussed the addition of Wound Care as the next modality for TPE. Wisconsin Physician Services (WPS) and Novitas, have announced and CGS and others will follow suit. How can you as a Program Director, Provider (either physician or facility) Registered Nurse ensure you are abiding by the Center for Medicare & Medicaid Services (CMS)? Not to worry, we make it simple think in terms of **MODEL** behavior and ask the following questions.

M- Does the patient meet the elements of **Medical Necessity**, as required by the CMS?

O-Is there an **order** to substantiate the visit/procedure or therapy being provided on the Date of Service (DOS)?

D-is the Clinical **Documentation** supportive and does it spell out what elements were provided on the Date of Service (DOS)? Remember, you want to tell the story of why we are doing the procedure/visit.

E- Are multiple ulcers/wounds being **Examined** on this DOS**?** And, are all **Elements** addressed and distinguishable from each other? Are they Separate and Identifiable?

L- Have I **Looked, Learned and Lived** within the **Local Carrier Decision (LCD)** related to the procedures performed on that DOS?

In conclusion, in Wound Care, remember there are multiple moving parts. However, in reviewing the Novitas website, there are no less than eight billing articles and LCD's: Cellular Tissue Applications, Debridement of Mycotic Nails, Routine Foot Care, Casting and Strapping, Application of Multi-layered Compression, Hyperbaric Oxygen Therapy, Removal of Benign Skin Lesions and Wound Care are players in any given visit.

One thing we are unsure of, what the focus on the audits will be? However, as cynical as this author is, I believe all of them will be included in some form or fashion. Couple that with the need to understand the National Correct Coding Initiative (NCCI) and the Medical Unlikely Edits (MUE) wreak pandemonium over a visit. And rest assured, **MODEL** behavior will address most of the issues and concerns for the wound care visit. And if, still unclear, reach out the QCR department.

SerenaGroup is here to assist!

Frequently Asked Questions on Surgical Site Infections

Answered by Dr. Thomas Serena

Question: What is the best post-operative dressing?

Answer: Based on the available literature, there is no *best* dressing. Comparative effectiveness trials do not exist. However, the characteristics of an ideal post-operative dressing include the following: permeability to allow for gas exchange; impermeability to microorganisms, thus preventing exogenous sources of contamination; antimicrobials to prevent bacterial growth within the dressing; and the ability to provide an insulating effect to maintain a temperature of approximately 37° Celsius to promote a moist healing environment. It is definitely not gauze.

Question: In wound clinics, culture swabs are often done as soon as a patient enters for a quick evaluation of bacterial burden. Biopsies take time to receive results and are uncomfortable for patients. Do you recommend biopsies be performed on everyone, or should we continue with cultures for basic evaluation?

Answer: Abandon the routine use of swabs! Swab cultures do not accurately measure the bacterial load in the wound bed and lead to the indiscriminate use of antiseptics and antibiotics. In the SerenaGroup® antibiotic stewardship program, swabs have been eliminated unless there is frank purulence. If there is a concern over the bacterial burden in the ulcer bed, fluorescence imaging will detect moderate to heavy bacterial burden. If infection is suspected, tissue can be sent for a quantitative biopsy or a swab for polymerase chain reaction testing. Finally, I do not recommend the routine use of swabs or biopsies simply to gauge bacterial burden.

Question: There are papers that discuss biofilm within surgical wounds and bacterial adherence to foreign bodies such as staples and sutures leading to biofilm within four to six hours. What are your thoughts on this, and does biofilm formation factor into your management techniques?

Answer: You are correct. Biofilms form rapidly on foreign bodies in infected wounds. For this reason, the surgeon or wound clinician must remove any foreign material. Over the years I have extracted hundreds of sutures from non-healing wounds, after which the wounds healed rapidly.

Question: I have seen a lot of abdominal incisions with staples open to air. What do you think of this practice?

Answer: The general rule is to cover the incision for at least the first 48 hours. It can then be left open to the air. If there is no drainage, the dressing can be removed. The dressing is left on for a longer period of time in wounds that have heavy exudate and in certain locations such as the groin. The use of incisional negative pressure is another option for groin incisions, abdominal procedures in obese patients, and hip fracture repair.

Question: What is your take on soaking foams with antimicrobial fluid as an active bacteriostatic dressing?

Answer: I have heard of this practice; however, there is no evidence for it. In our clinics we strive to follow evidence-based guidelines. I cannot recommend "foam-soaking" until there is a clinical trial demonstrating a benefit.

Question: What about the use of advanced wound care dressings post-surgically for high-risk patients?

Answer: Please see my answer above on what I see as the ideal post-operative dressing. However, it must be noted that the major published reviews and guidelines do not recommend advanced wound care dressings for the prevention of SSIs. The following is a direct quote from the recent published World Health Organization (WHO) SSI prevention guidelines, "The panel suggests not using any type of advanced dressing over a standard dressing on primarily closed surgical wounds for the purpose of preventing SSI." I believe we need more research on post-operative dressings.

Question: There is a great deal of information on the Web about hypochlorous acid and its role in wound care. Can you comment on this solution?

Answer: Hypochlorous acid is a non-toxic antiseptic frequently used to cleanse wounds. Several of the SerenaGroup® centers use it routinely; however, more research on the *in vivo* antimicrobial effect is needed. In addition, none of the antiseptics have demonstrated improvements in wound healing with routine use.

Question: How do we raise more awareness with our clinical "woundologists" to start thinking about bacteria and how important they are in wound care?

Answer: There is no doubt that a moderate to heavy bacterial load in an acute or chronic wound impedes healing. Reduction in bacterial burden is a basic pillar of every wound algorithm. The answer is education. In 2019, the AAWC held two conferences dedicated solely to the problem of bacteria in wounds.

You want me to be the Safety Director?

Tim Mayhugh, National Safety Director

In recent weeks with Jill Schroder's much appreciated assistance we have formalized the responsibilities of an onsite Safety Director (SD). In most all cases, we ask the chamber operators to assume this role. Why would that be? Do I need a lot of extra training to do this? Will it take more time? Seems like a lot of extra responsibility.

To best answer these questions, let's begin by examining the guidance we get in NEPFA99, which created, defined and is the sole regulator for the role of the SD.

(NFPA99 chapter 14, 2015 edition. 14.3.1 -14.14.3.1.4.6)

Responsibility.

Personnel having responsibility for the hyperbaric facility and those responsible for licensing, accrediting, or approving institutions or other facilities in which hyperbaric installations are employed, shall establish and enforce programs to fulfill the provisions of this chapter.

Each hyperbaric facility shall designate an on-site hyperbaric SD to oversee all hyperbaric equipment and the operational safety requirements set forth in this chapter.

The SD shall participate with facility management personnel and the hyperbaric physician(s) in developing procedures for operation and maintenance of the hyperbaric facility.

The SD shall make recommendations for departmental safety policies and procedures.

The SD shall have the authority to restrict or remove any potentially hazardous equipment or other items from the chamber.

The governing board shall be responsible for the care and safety of patients and personnel.

By virtue of its responsibility for the professional conduct of members of the medical staff, the organized medical staff shall adopt and enforce regulations with respect to the use of hyperbaric facilities located in health care facilities.

The SD shall participate in the development of these regulations.

The SD shall ensure that electrical, monitoring, life-support, protection, and ventilating arrangements in the hyperbaric chamber are inspected and tested as part of the routine maintenance program of the facility.

What Does this mean?

The Hyperbaric SD is responsible for maintaining and educating the department with the most current applicable safety guidelines as dictated by the regulating bodies (i.e. NFPA – 99). The Hyperbaric SD is the key representative for the operation of the hyperbaric chambers as it relates to safety, maintenance, chamber system compliance, problem solving, and department education and is also responsible for supervising, competency training, adherence to standards of care and the safety of the Hyperbaric Technicians and other relevant department staff. The SD participates in the delivery of hyperbaric treatments and oversees patient and environmental safety at all times.

SD demonstrates through its behavior the host-hospital's Core Values of Integrity, Compassion, Balance, Excellence, Stewardship and Teamwork.

Chamber Operation: SerenaGroup (SG) must maintain visual observation and/or audible contact with all patients in the hyperbaric chambers at all times. If hyperbaric technicians leave the hyperbaric room/environment for any reason, the SG is responsible for obtaining coverage during his/her absence. Both the requesting and covering employee are responsible for the observation and management of the hyperbaric environment and patient safety and must observe both hyperbaric systems and patients during hyperbaric oxygen treatments at all times. SD must report unusual occurrences to the hyperbaric physician and director. Additionally, the SG coordinates and supervises safety drills and exercises, keeps a safety activity log, assists with or institutes emergency measures for sudden adverse developments in patients such as cardiac arrest or other emergencies.

STAFF DEVELOPMENT: SG works under the direction of the Program Director and Medical Director to oversee and train staff. SG makes certain that all daily and weekly chamber forms, pre-dive checklists and recording of compression of the chamber are completed accurately and on time. SG maintains department library and periodically reviews and makes necessary revisions (safety manuals and logs, chamber manuals and logs, MSDS, equipment information, inventory, policy and procedures etc.) SG contributes to the evaluation process of other hyperbaric employees, initiates and participates in Continuous Quality Improvement and Performance

Improvement with a primary focus on safety and improvement of services provided and participates in maintaining a clean and safe environment.

COMMUNICATION: SG works with the Program Director to facilitate and maintain lines of communication with the various ancillary departments, insurance providers, national safety director and hospital's reimbursement and utilization department. SG provides chamber system orientation to department staff and physicians and educates staff on location of pertinent safety and procedure manuals.

COMPASSION BEHAVIORS: SG honors patient's rights by following privacy guidelines and hospital's code of ethics with patients, physicians, co-workers, and guests. SG always demonstrates honesty and fairness and accepts responsibility for his/her actions. SG must recognize and anticipate the needs of others and exceed the expectations of those we serve. SG should greet everyone he/she encounters with a smile, using a caring tone during conversations and making frequent and appropriate eye contact while using common courtesy practices such as helping lost individuals and saying "please" and "thank you". SG must proactively support a culture of safety and quality, listen respectfully and avoid defensiveness in verbal and non-verbal communication and always exhibit a willingness to assist co-workers.

In a Nutshell:

• In conjunction with the program director, facilitates and maintains lines of communication with various ancillary areas in the Wound Healing center.

• Provides initial and concurrent documented education for hyperbaric and wound care staff regarding areas of hyperbaric physiology, chamber functions and patient safety.

• Provides hyperbaric chamber system orientation and serves as preceptor for all staff and physicians to assure competencies.

• Coordinates and supervises safety drill exercises.

• Performs additional duties as assigned.

• Exhibits proficiency in all established Hyperbaric guidelines and equipment specifications.

• Attends and participates in staff meetings and required in-services and provides HBO

in-services when needed.

• Maintains and orders hyperbaric supplies as appropriate.

• Maintains oversight of all HBO logs.

• Participates in monthly safety video conferences.

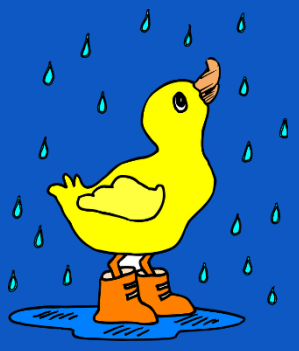
• Possesses leadership and team building skills.

Does all this seem familiar? This is what you are on a day-to-day basis! Yes, it is a lot of responsibility but no more than that of any competent and safety-minded chamber operator. Yes, you have been trained and properly prepared for this. Most of all you are never alone: you always have access to SerenaGroups 20 plus years of experience.

AAWC Association for the Advancement of Wound Care

Wound Week
April 16 – 19, 2020
Milwaukee, WI

Wild On Wounds – AAWC Hands-On Workshop
September 23-26, 2020
Las Vegas, NV



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