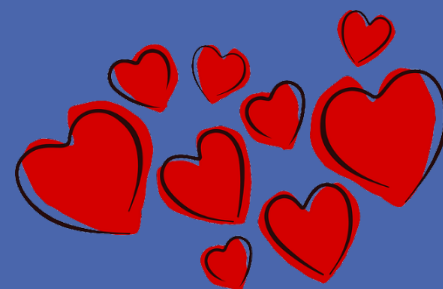




SerenaGroup Newsletter



February
2020

SERENAGROUP MONTHLY UPDATE

ISSUE 22



Announcing: The Wound Care Challenges Course

SerenaGroup is now offering more educational opportunities with The Challenges Course (*Challenges™*). The course combines didactic lectures with practical hands-on learning in a relaxed and interactive atmosphere.

The program highlights the SGRF: Essentials in Wound Healing Guidelines™, a comprehensive guide to evaluating and treating wounds. The symposium focuses on everyday problems encountered in caring for patients with acute and chronic wounds in all patient care settings. We critically examine the controversial issues facing the wound care clinician and provide the requisite skills for common wound care procedures.

The program is designed for nurses, physicians, physical therapists, administrators and technicians in

all patient care settings. It is ideal for anyone who treats wounds.

Topics include:

- Wound Healing Guidelines: The Essentials™
- Didactic and Hands-on education
- Wound Care: Inpatient, Outpatient and Post-Acute
- Antibiotic Stewardship
- Reimbursement
- Wound Care Competencies for commonly used procedures

SerenaGroup will be offering the course to our hospital partners in 2020. If you would like to have the course at your center, please contact Dr. Thomas Serena at serena@serenagroups.com

EDUCATION



February Blue Star Winner **Cindy Glaze**

“She took it upon herself to call and reschedule 33 patients who missed appointments and rescheduled them; these patients were either hospitalized, cancelled, forgot, etc., about their appts. They now will continue on the road to healing with our center due to her dedication to the patients and the center”

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

February 21-24, 2020
West Palm Beach, FL

March 26-29, 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:

Name: Raphael Yaakov

Phone: 617-945-5225 Ext.1003

Email: ryaakov@serenagroups.com



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.



One year later!

Matthew (Matt) Schweyer, CPCO™, CHT-A, CHWS

The first quarter of any given year gives the department a lot of work and focus. Reviewing: 2020 HOPD fee schedules, working with the PD's and their Revenue Cycle team to update their respective CDM's, the Office of Inspector General (OIG) work plan, updating the SG CORE Compliance plan and next steps. Another, supplying a review of accomplishments from the previous years.

Of all the accomplishments last year, would have to say that the audit space was an overwhelming success. Last year several of our hospital partners were notified, they were under: Pre-Payment, Post Payment or the scourge of them all; Target Probe and Educate. One even came to us with a RAC audit prior to SerenaGroup involvement with that hospital. Happily, SG can say, "job well done to all our Partners, Program Directors, Providers and Staff!"

Coming through these audits with no variances or issues. Hospitals not having to give back monies for service provided, a big win for them. Achievement and success in Round One of TPE, in our world, no simple task. So, what led to the SUCCESS of these programs?

Simply said, "sticking to the game plan, adhering to the rules and using the tools SG has provided. All the facilities have Hardwired the below tools and process' in their respective Wound Centers. So, let's review these tools and how they apply to SUCCESS:

- Medical Necessity Templates;
 - HBOT- these templates spell out the What, Why, When and How for the disease process.
 - Debridement- supplies all elements for the provider and clinician to review, supplies assurance they are not missing any of the elements needed. Helps them determine if it is a

Selective or Non-Selective Debridement.

- Application of Culture Tissue Product- like above, there are elements often overlooked. is the patient smoking, have they adequate blood flow, is there an underlying infection?
- Order sets; spell out not only the diagnosis, likewise spell out, the depth & duration (HBOT), frequency, and when reevaluation is to be performed.
- HBOT Ongoing Treatment templates; spells out what the patient is being treated for the elements needed for that day's treatment.
- Goals and Plan of Care- we've supplied a library for the providers and clinicians to use to address this in real time at each visit.
- Audit Checklist to respond to TPE and other Audits- this is a step by step process to ensure/assure all elements of the ADR (Additional Document Request) are provided in a prompt fashion.

Sadly, some of our colleagues and hospitals have not been afforded the success SG and our host hospitals have. Why? Is because they've been forced to be REACTIVE & not PROACTIVE during the audit process? SG does not have the answer to that question. However, we do have the answer for our current and future hospital partners. By adoption of proven successful methods of safe, compliant documentation and tools for success. Please let us know if we can help you along the way!



Monthly Safety Manual = Groundhog Day

Tim Mayhugh, National Safety Director

In the 1993 comedy movie, [Groundhog Day](#), Pittsburgh TV weatherman Phil Connors (played by the incomparable Bill Murray) drew the unenviable assignment of covering the annual mid-winter festival in Punxsutawney, Pa., only to find himself in a time loop repeating the same day over and over again – waking each morning to the sounds of Sonny and Cher’s “I Got You Babe” on the clock radio and the declaration, “It’s Groundhog Day!”

At the end of each year I have the unenviable assignment of preparing the following year’s Monthly Safety Manual. Step one in this process is to decide what subjects need to be recycled from previous year. Like Phil, I cannot help but feel that sense of *Déjà Vu* (Phil: *Do you ever have déjà vu, Mrs. Lancaster? Mrs. Lancaster: I don't think so, but I could check with the kitchen*). Upon reflection I realize that, like Phil, we all need to hear things more than once to internalize and recall when needed. As each new day unfolded Phil’s much need self-improvement became a little more of part of Phil’s personality and when he had internalized these changes enough that he had become the man that we all wish we could be - he won the girl and lived happily ever after.

“It’s the same thing every day, clean up your room, stand up straight, pick up your feet, take it like a man, be nice to your sister, don’t mix beer



and wine ever, Oh yeah, don't drive on the railroad tracks” (Phil Connor).

For adult learners; practicality, applicability, and repetition are key. But how do we capitalize on repetition in eLearning? The answer seems to lie in repetitive, spaced-out learning. Spaced-out learning is not about dreamy, head-in-the-clouds content creations or fantastical trips to Mars on a rocket ship, it is simply spacing time between learning sessions. Real learning doesn’t usually occur in one-time events; it is something that is repeated, practiced, and refined.

In the study of learning retention, German psychologist, Hermann Ebbinghaus, presented the *Forgetting Curve*. Basically, Ebbinghaus theorized that learners forget 50-80% of what they learn in simply a matter of days. Learning retention must occur for the learning to be generalized to one’s job. So, if learners forget the content so quickly, what is the answer for retention? The answer is spaced-out repetition of key points and core content. Repetitive spaced-out learning design respects the fact that real learning must take place over time and that placing spans of time between the learning moments encourages better recall in times of crises.

Rita: This day was perfect. You couldn't have planned a day like this.

Phil: Well, you can. It just takes an awful lot of work.

No one would dispute the old saying **practice makes perfect**, just as Phil must repeat the same bad habits over each morning, he then must practice humility, kindness, respect for others and even the piano in order to master these skills. We all need to practice emergency events in our hyperbaric centers. Each year we begin a new cycle of drills that are designed to illiterate an automatic but not necessarily natural response in the event of an emergency.

As we start 2020, we must all keep in mind the importance of being prepared to react to any clinical emergency appropriately, answer our patients’ questions with confidence, make appropriate decisions on safety issues and keep our patients, fellow clinicians and ourselves safe and off the railroad tracks. Let each of us reaffirm to take advantage of educational opportunities even when you have heard all this before. After all, that is why you remember it. You are not really having a Groundhog Day. *Rita: [as Phil kisses Rita over and over discovering that he has finally passed Groundhog Day] Phil, why weren't you like this last night? You just fell asleep. Phil: It was the end of a VERY long day.*



Wound Care Habits to Give up in 2020

Having said that I think that there are a few "bad habits" related to wound care that we can give up. These are small changes that can have a BIG impact on our patient outcomes. Remember, no change is too small to make a huge difference!



1. Not performing sharp debridement.

As wound care providers, we know that debridement is essential to promote healing and prevent infection. However, are we all performing debridement frequently enough, and are we doing it adequately? Several sources recommend debridement as a standard of care and state that it should be performed at each visit. Sequential sharp debridement of wounds disrupts biofilm growth and inhibitory factors, and it can promote faster healing.¹

2. Using wet-to-dry dressings.

With so many advanced dressings on the market, why is it that the most commonly prescribed dressing type is one that has been used since World War I? This type of dressing is non-selective and removes healthy and non-healthy tissue, is painful, can leave behind strands of gauze, can cause wounds to lose moisture, and can serve as a vector for bacteria.

3. Ignoring the basics.

We are all familiar with the terms "gold-standard" or "standard of care," but we are not all practicing what we preach. For example, we all know that patients with a venous stasis ulcer should be receiving compression at a level of 30mmHg to 40mmHg and that all diabetic foot ulcers should be offloaded. Yet only about 17% of patients with venous stasis ulcers in the United States are receiving adequate compression, and only about 6% of diabetic foot ulcers are correctly offloaded with total contact casting.²

Other basic things we might forget about or overlook are the simple tests: ankle-brachial indexes to check for blood flow, hemoglobin A_{1c} levels in patients with diabetes, venous insufficiency ultrasound

scans, and blood tests for inflammation and nutritional status. And asking the patient or family member questions, back to the basics of a complete history and physical.

4. Forgetting about nutrition.

We know nutrition is important, especially this time of year. There are so many ads for eating healthy and new fad diets. But what about when it comes to wound care? Suboptimal nutrition can alter immune function, collagen synthesis, and wound tensile strength, all of which are essential to the wound healing processes.³ Also remember that optimal nutrition is important not just for patients with wounds, but also for patients who are in the pre-operative state. There is a lot of buzz around the idea of surgical optimization to prevent post-operative wounds and complications.

5. Not knowing when to ask for help.

I added this one because I recently was asked to do a presentation for a multidisciplinary group on wound care. This made me realize wound care is definitely a team sport, and all the players should be utilized to their full potential. In my practice, I am fortunate to be part of a hospital group and have access to all different specialties. I am not an expert in the structural changes of the foot caused by diabetes or the precise stent that may benefit a patient with poor arterial flow. That is why referring patients early and working together as a team are important. Referring doesn't mean you are a failure. It means you are a great provider who is looking out for your patient's best interest.

6. Not staying up to date on continuing education.

I often hear from providers, "I do it this way because it is the way it has always been done." Not staying up to date on evidence-based practice is a habit we all need to do away with this year. Set a goal of attending a wound care conference.

Source: https://www.woundsource.com/blog/six-wound-care-habits-give-new-year?utm_source=house-list&utm_medium=broadcast&utm_campaign=enews&utm_content=01102020&inf_contact_key=c7592311f3090478f20e1821a34160a709c74070ac2bf3cfa7869e3cfd4ff832



AAWC

Association for
the Advancement
of Wound Care

AAWC 2020 Pressure Ulcer Summit

March 27-28, 2020

Atlanta, GA

*March 26, 2020 – half-day pre-conference: Keeping Calm Under Pressure: How to Address Ulcers in the Post-Acute Setting

Wound Week

April 16 – 19, 2020

Milwaukee, WI

Wild On Wounds – AAWC Hands-On Workshop

September 23-26, 2020

Las Vegas, NV

SerenaGroup, Inc
125 Cambridge Park Drive Suite
301
Cambridge MA 02140
P. 888-960-1343
F. 617-274-8187
www.serenagroups.com