SerenaGroup

Building the Nation's Leading Wound Care Team

# Is the RIGHT Time Now, for HBOT?

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

Chief Quality/Compliance Officer

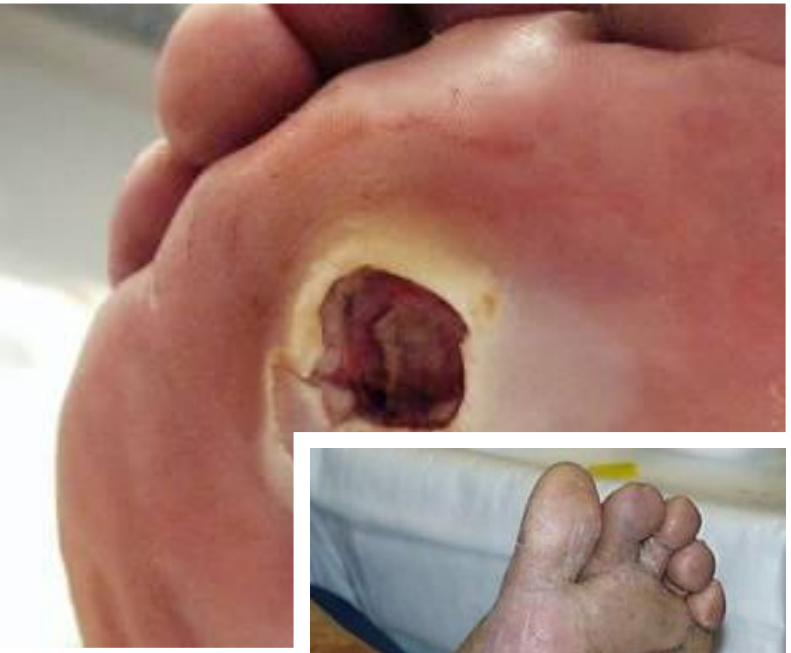
# Each New Patient, is an HBOT candidate until ruled out!

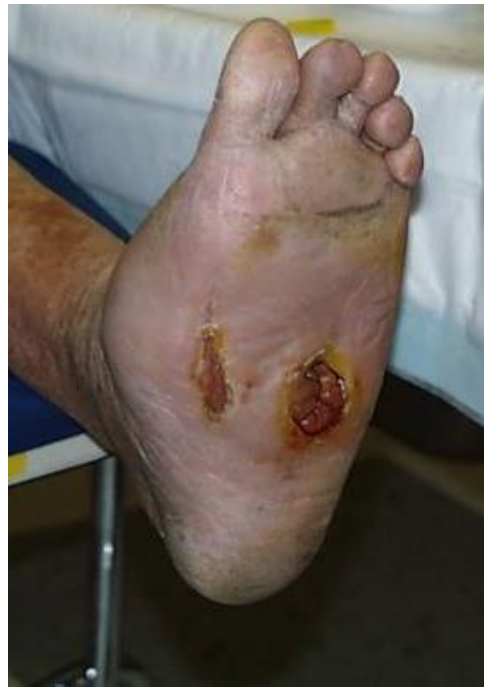
What does that mean?

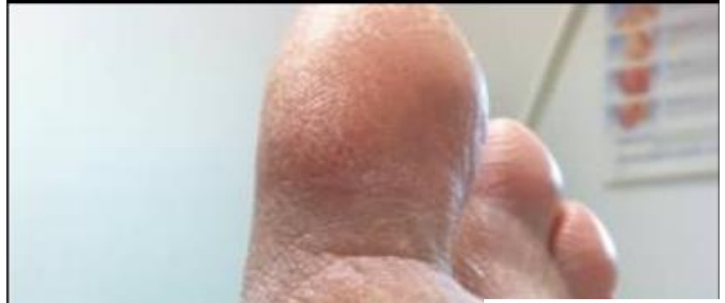
Approximately 8-10% of patients will meet criteria for the therapy. And, best opportunity to engage the patient and provider is at the 1st and subsequent visit.

It may be determined the patient IS NOT A CANDIDATE. And, that typically happens when they present w/o an ACCEPTABLE diagnosis.

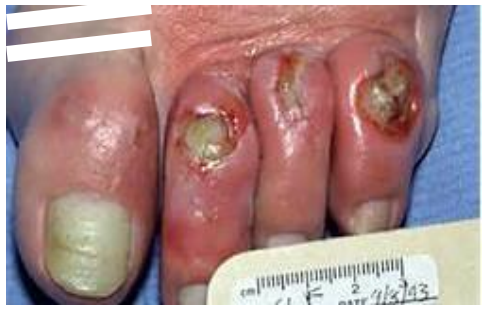
However, what about that 8-10%?

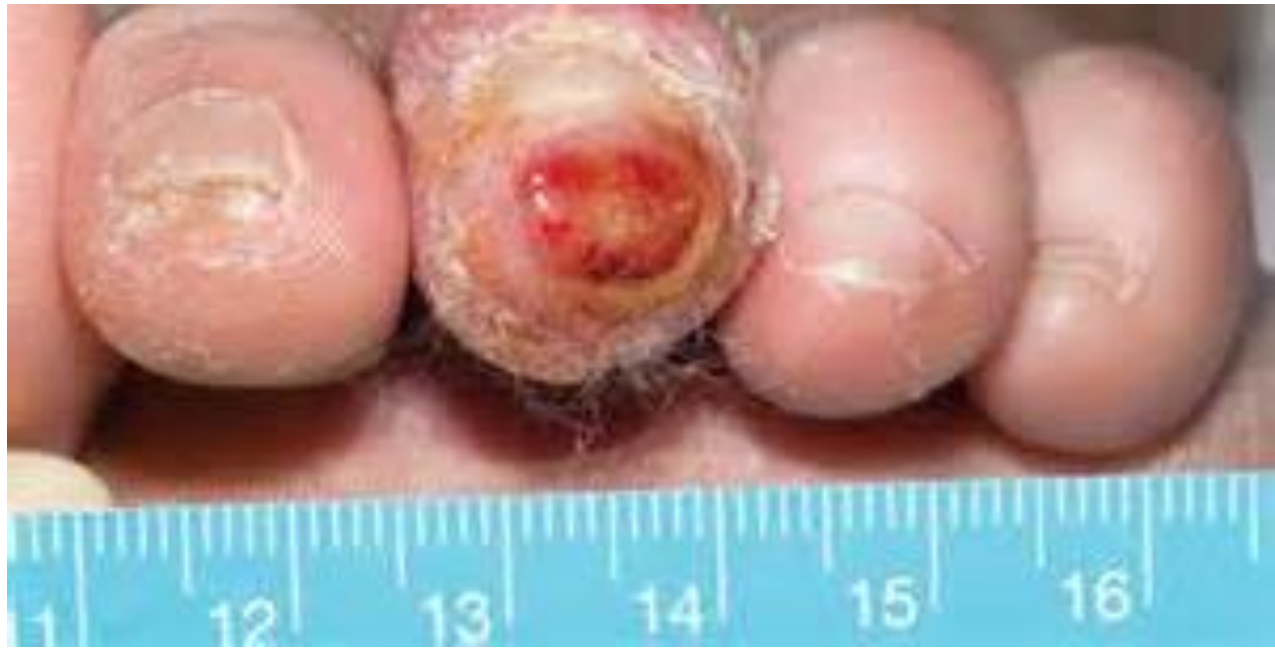










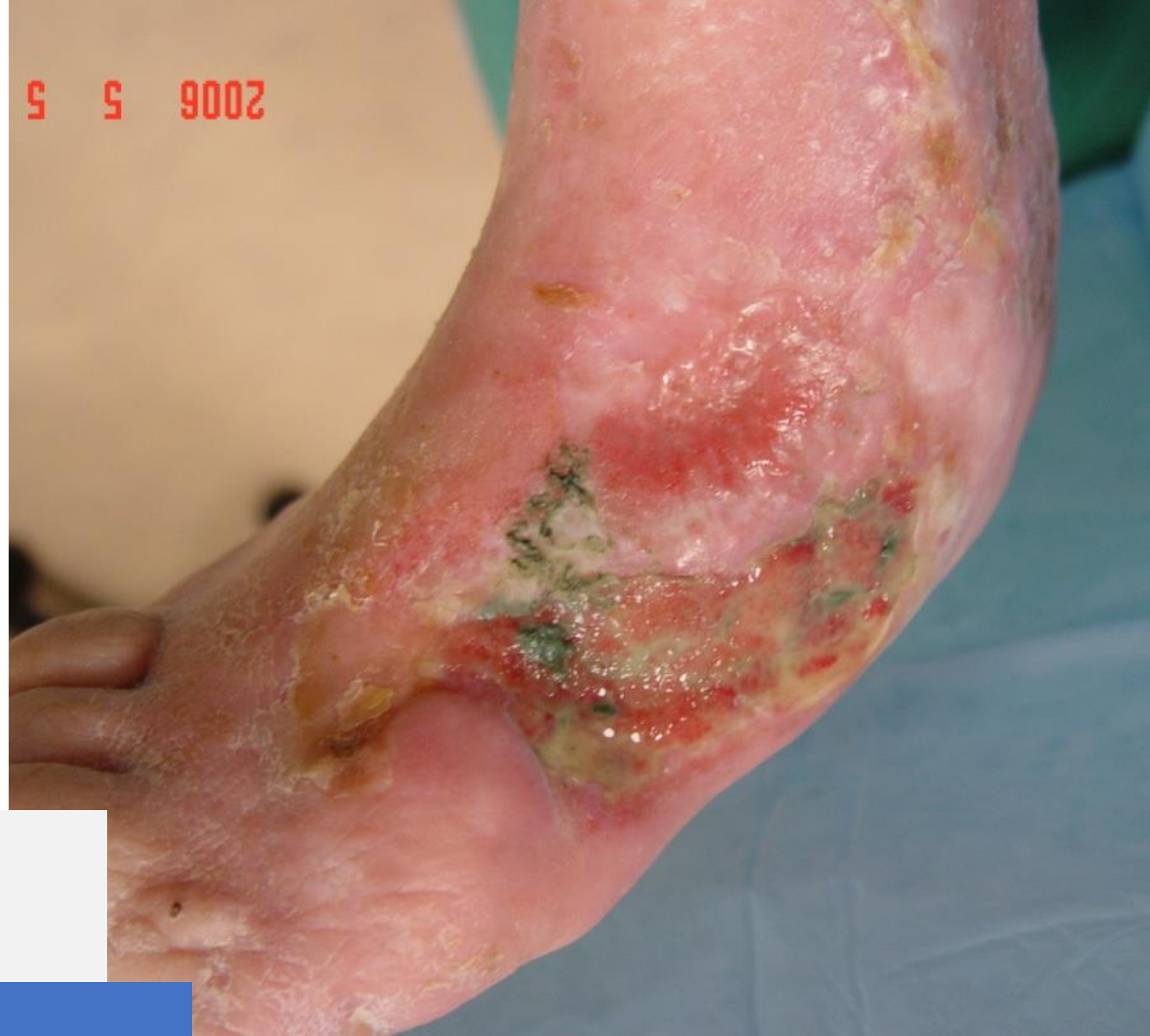


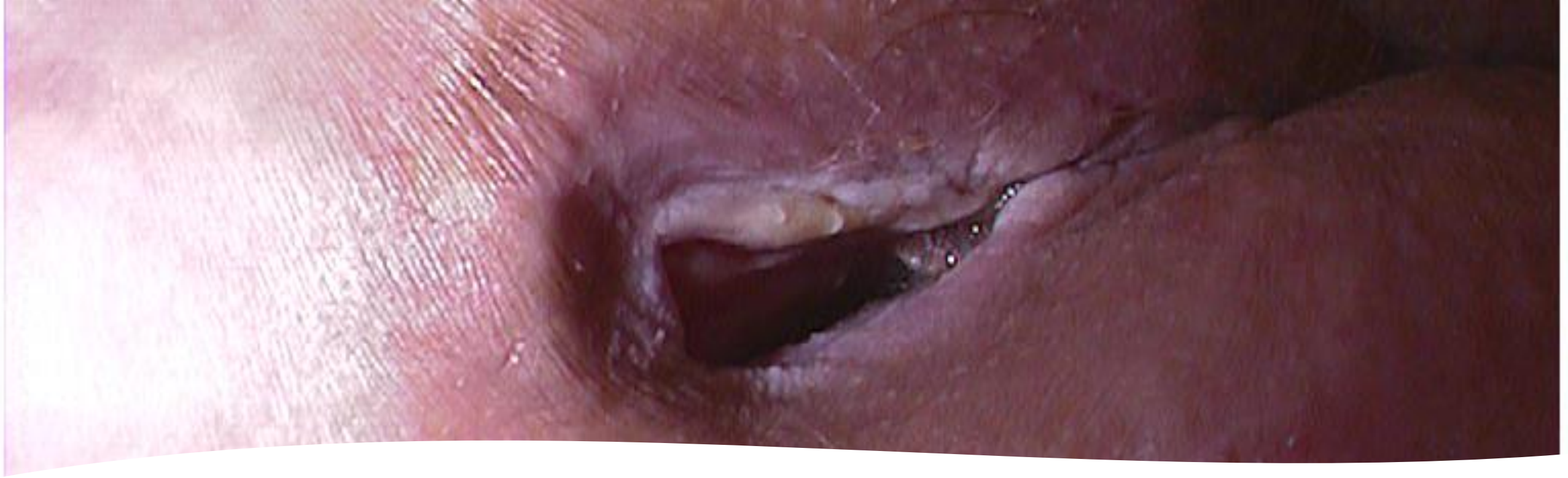

Think Etiology-
Is it situational-
For a Diabetic Foot Ulcer, must be below the Medial Malleolus
& It Must be a Wagner III.
For Osteomyelitis, it must be...
For a Graft it must be....

Who has seen this in their Center?

If so, what is it?

And, what should the next steps be?





# Chronic Refractory Osteomyelitis Case Study

If it probes to BONE…

It is OSTEO until proven otherwise!

Great, it’s Situational Awareness!

And, it’s one of the diagnosis…

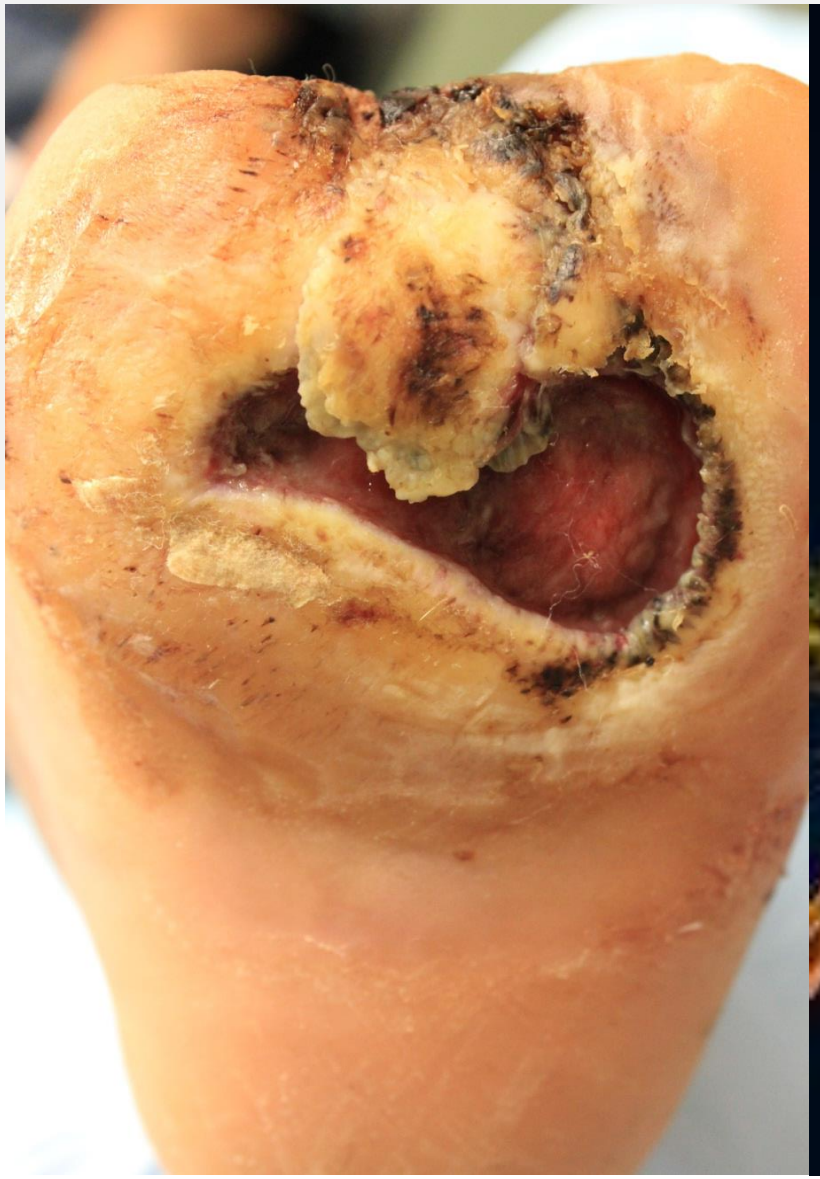
What’s the NEXT step in your Program?

Answer-

EVIDENCE BASED WOUND MANAGEMENT!

# Are we looking at the patients in the correct lens?

Patients who fail to show a reduction in ulcer size by 40% or more after four weeks of therapy should be reevaluated and other treatments should be considered.(Level II)



# Centers of Excellence.

## The solution & the impediment

- The practice of wound care is not uniform.
- Most of the wound care is delivered by “part-time dabblers” rather than true specialists.
- SG solution: centers of excellence with full time certified wound and hyperbaric specialists as a prerequisite for involvement in the programs.

# What makes us a Center of Excellence?

Team Approach, Provider, RN's MA & Administrative staff-YES

HOWEVER, any and all of the above can "STOP the LINE!"

When the WHOLE team is ENGAGED the patient wins.

Clinicians can discuss HBOT with the Provider as appropriate & when appropriate!

The HBOT checklist is there for that reason!

And, we are focused on Quality!!!

# So, Future state of QUALITY will look like this!

1st step

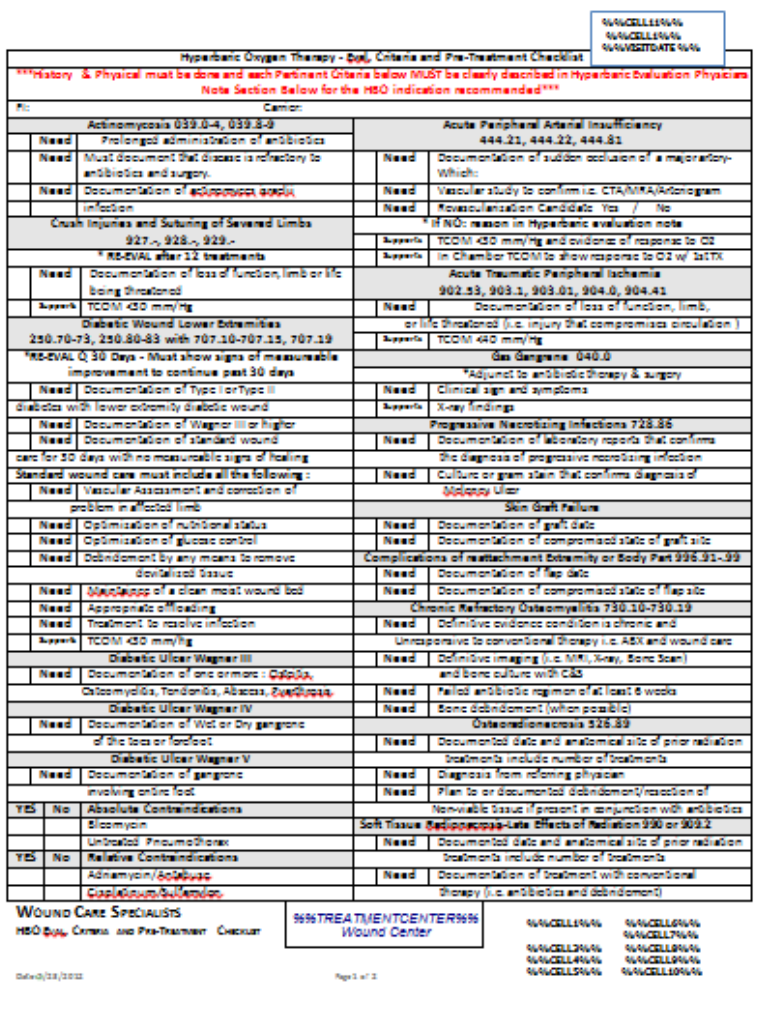
New Patient Evaluation!

A-Does patient have a POTENTIAL indication?

- Ulcer of Unknown Etiology & Diabetic or Non-Diabetic
- Diabetic with Ulcer (regardless of Wagner Class)
- Extremity amputation & flapped the closure (margins)
- Patient previous exposure to radiation for Cancer

B- Initiate the HBOT Form.

C- Place patient in the Parking Lot (whiteboard, or however you will manage the process) maybe add it as a GOAL in the Nurses Comment sections



Hyperbaric Oxygen Therapy - Evid. Criteria and Pre-Treatment Checklist

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%%CELL2%%
%%VISITDATE%%

***History & Physical must be done and each Pertinent Criteria below MUST be clearly described in Hyperbaric Evaluation Physicians Note Section Below for the HBO indication recommended***

Pt: Carrier:

**Actinomycosis 039.0-4, 039.8-9**

- Need: Prolonged administration of antibiotics
- Need: Must document that disease is refractory to antibiotics and surgery.
- Need: Documentation of actinomycosis osteitis infection

**Crush Injuries and Suturing of Severed Limbs 927.-, 928.-, 929.-**

*RE-EVAL after 12 treatments

- Need: Documentation of loss of function, limb or life being threatened
- Supports: TCOM <30 mm/Hg

**Diabetic Wound Lower Extremities 250.70-73, 250.80-83 with 707.10-707.15, 707.19**

*RE-EVAL Q 30 Days - Must show signs of measureable improvement to continue past 30 days

- Need: Documentation of Type I or Type II diabetes with lower extremity diabetic wound
- Need: Documentation of Wagner III or higher
- Need: Documentation of standard wound care for 30 days with no measurable signs of healing

Standard wound care must include all the following :

- Need: Vascular Assessment and correction of problem in affected limb
- Need: Optimization of nutritional status
- Need: Optimization of glucose control
- Need: Debridement by any means to remove devitalized tissue
- Need: Maintenance of a clean moist wound bed
- Need: Appropriate offloading
- Need: Treatment to resolve infection
- Supports: TCOM <30 mm/Hg

**Diabetic Ulcer Wagner III**

- Need: Documentation of and or more : Cellulitis, Osteomyelitis, Tendonitis, Abscess, Exposed bone

**Diabetic Ulcer Wagner IV**

- Need: Documentation of Wet or Dry gangrene of the toes or forefoot

**Diabetic Ulcer Wagner V**

- Need: Documentation of gangrene involving entire foot

| YES | No | Absolute Contraindications |
|---|---|---|
| | | Bleomycin |
| | | Untreated Pneumothorax |

| YES | No | Relative Contraindications |
|---|---|---|
| | | Adriamycin/Doxorubicin |
| | | Cisplatin/Oxaliplatin |

**Acute Peripheral Arterial Insufficiency 444.21, 444.22, 444.81**

- Need: Documentation of sudden occlusion of a major artery- Which:
- Need: Vascular study to confirm i.e. CTA/MRA/Arteriogram
- Need: Revascularization Candidate Yes / No

* If NO: reason in Hyperbaric evaluation note

- Supports: TCOM <30 mm/Hg and evidence of response to O2
- Supports: In Chamber TCOM to show response to O2 w/ 1stTX

**Acute Traumatic Peripheral Ischemia 902.53, 903.1, 903.01, 904.0, 904.41**

- Need: Documentation of loss of function, limb, or life threatened (i.e. injury that compromises circulation )
- Supports: TCOM 40 mm/Hg

**Gas Gangrene 040.0**

*Adjunct to antibiotic therapy & surgery

- Need: Clinical sign and symptoms
- Supports: X-ray findings

**Progressive Necrotizing Infections 728.86**

- Need: Documentation of laboratory reports that confirms the diagnosis of progressive necrotizing infection
- Need: Culture or gram stain that confirms diagnosis of Mixtures Ulcer

**Skin Graft Failure**

- Need: Documentation of graft date
- Need: Documentation of compromised state of graft site

**Complications of reattachment Extremity or Body Part 996.91-.99**

- Need: Documentation of flap date
- Need: Documentation of compromised state of flap site

**Chronic Refractory Osteomyelitis 730.10-730.19**

- Need: Definitive evidence condition is chronic and Unresponsive to conventional therapy i.e. ABX and wound care
- Need: Definitive imaging (i.e. MRI, X-ray, Bone Scan) and bone culture with C&S
- Need: Failed antibiotic regimen of at least 6 weeks
- Need: Bone debridement (when possible)

**Osteoradionecrosis 526.89**

- Need: Documented date and anatomical site of prior radiation treatments include number of treatments
- Need: Diagnosis from referring physician
- Need: Plan to or documented debridement/resection of Non-viable tissue if present in conjunction with antibiotics

**Soft Tissue Radionecrosis-Late Effects of Radiation 990 or 909.2**

- Need: Documented date and anatomical site of prior radiation treatments include number of treatments
- Need: Documentation of treatment with conventional therapy (i.e. antibiotics and debridement)

Wound Care Specialists
HBO Evid. Criteria and Pre-Treatment Checklist

%%TREATMENTCENTER%%
Wound Center

%%CELL1%% %%CELL6%%
%%CELL2%% %%CELL7%%
%%CELL3%% %%CELL8%%
%%CELL4%% %%CELL9%%
%%CELL5%% %%CELL10%%

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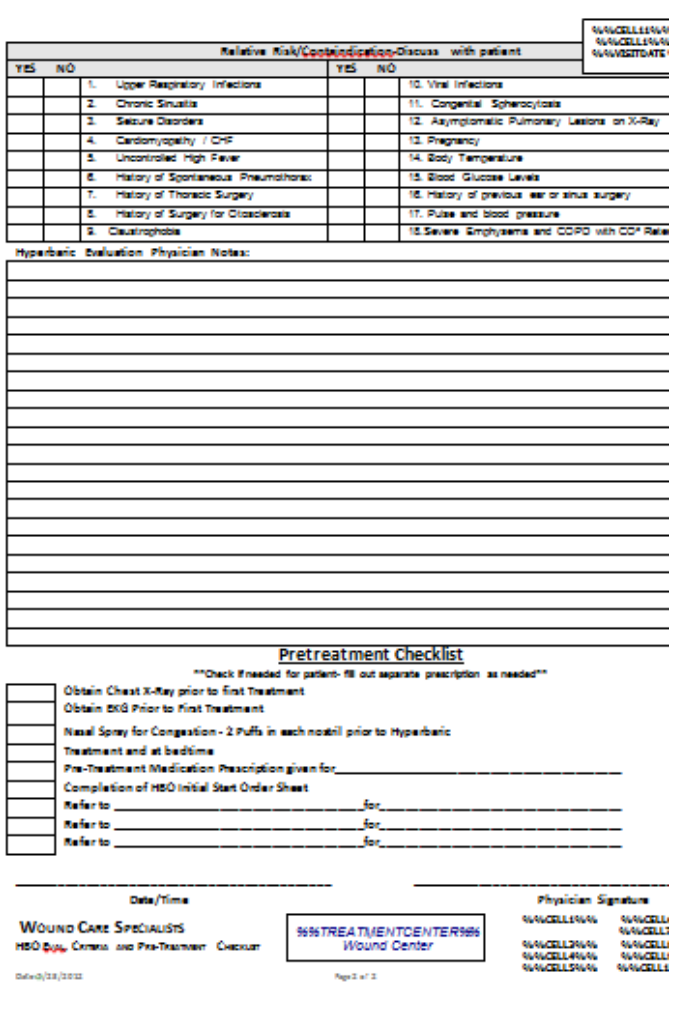

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%%CELL2%%
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**Relative Risk/Contraindication-Discuss with patient**

| YES | NO | | YES | NO | |
|---|---|---|---|---|---|
| | | 1. Upper Respiratory Infections | | | 10. Viral Infections |
| | | 2. Chronic Sinusitis | | | 11. Congenital Spherocytosis |
| | | 3. Seizure Disorders | | | 12. Asymptomatic Pulmonary Lesions on X-Ray |
| | | 4. Cardiomyopathy / CHF | | | 13. Pregnancy |
| | | 5. Uncontrolled High Fever | | | 14. Body Temperature |
| | | 6. History of Spontaneous Pneumothorax | | | 15. Blood Glucose Levels |
| | | 7. History of Thoracic Surgery | | | 16. History of previous ear or sinus surgery |
| | | 8. History of Surgery for Otosclerosis | | | 17. Pulse and blood pressure |
| | | 9. Claustrophobia | | | 18.Severe Emphysema and COPD with CO² Reten |

Hyperbaric Evaluation Physician Notes:

**Pretreatment Checklist**

**Check if needed for patient- fill out separate prescription as needed**

- Obtain Chest X-Ray prior to first Treatment
- Obtain EKG Prior to First Treatment
- Nasal Spray for Congestion - 2 Puffs in each nostril prior to Hyperbaric Treatment and at bedtime
- Pre-Treatment Medication Prescription given for_____
- Completion of HBO Initial Start Order Sheet
- Refer to _____for_____
- Refer to _____for_____
- Refer to _____for_____

_____ _____
Date/Time Physician Signature

Wound Care Specialists
HBO Evid. Criteria and Pre-Treatment Checklist

%%TREATMENTCENTER%%
Wound Center

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%%CELL2%% %%CELL
%%CELL3%% %%CELL
%%CELL4%% %%CELL
%%CELL5%% %%CELL

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# Hyperbaric Checklist

Does the patient have one of the diagnoses on it?

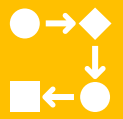
If patient presents with a potential TREATABLE diagnosis, **This form WILL BE STARTED & REVIEWED AT EACH VISIT.**

The purpose, is not punitive, it is to Case Manage this patient for Advanced modality.

# Step Two

After New Patient Visit, discuss with the Team (brainstorm)  Remember Provider is part of this HUDDLE

Second Visit review the Goals to Treatment.  Is the patient still on the path to Advance Modality?  Is the patient regressing in Goals to Treatment?  Have the conversation with patient what options and impediments they may have.



Revisit, your Parking Lot and update patients' condition. Now is the time to start looking at what are the roadblocks to success!  Transportation, Co-Pays, Compliance!

# Step Three

What are the impediments for Success?

Financial (co-pay) Have you discussed w/Financial Services options & alternatives?

Does the CFO, realize that an HBOT patient, yields $371 ($116.x4-.20) Medicare rate, per day?

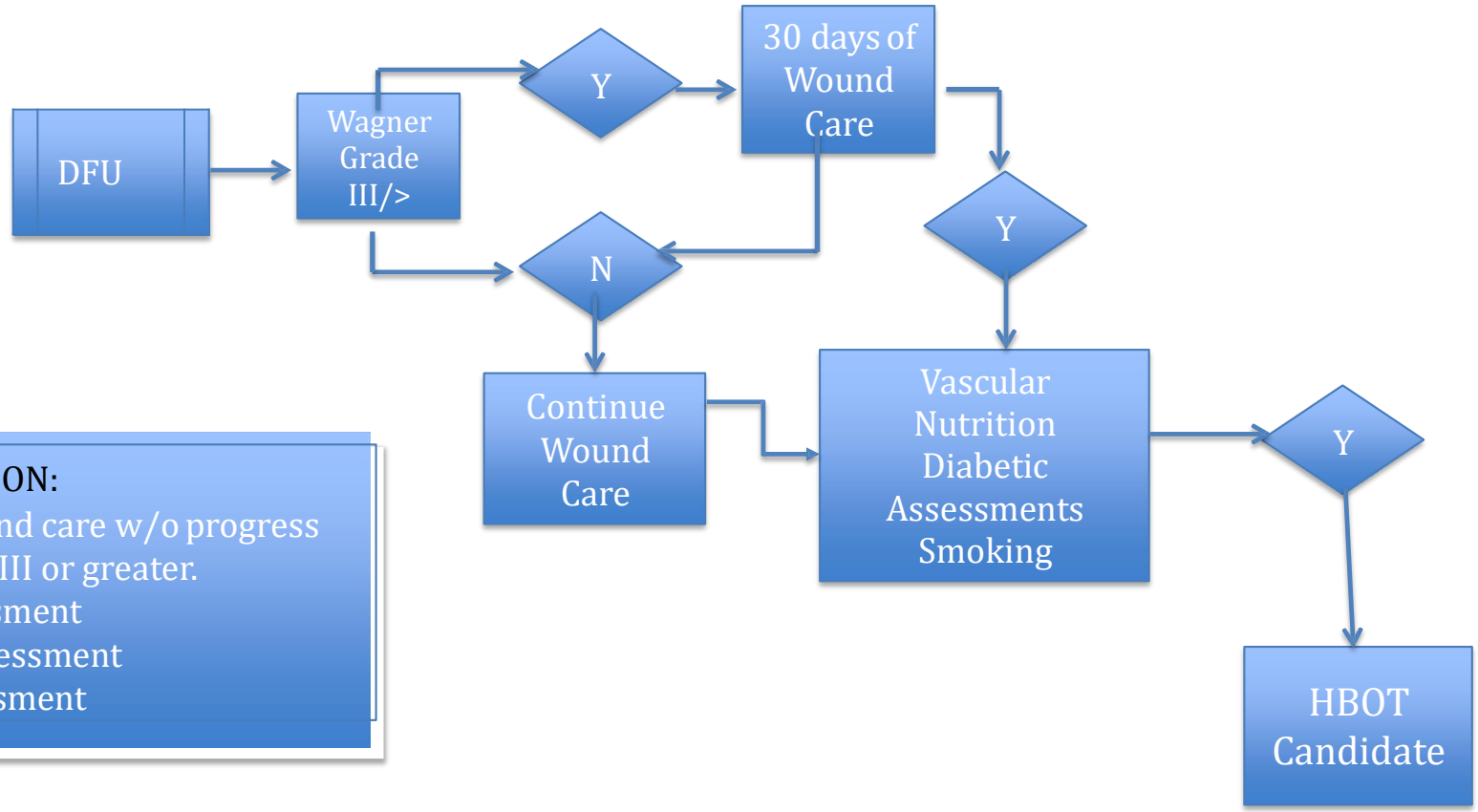
Compliance:

Transportation: can't get to or can't afford?

Housing- does the patient live so far, this might be an issue?

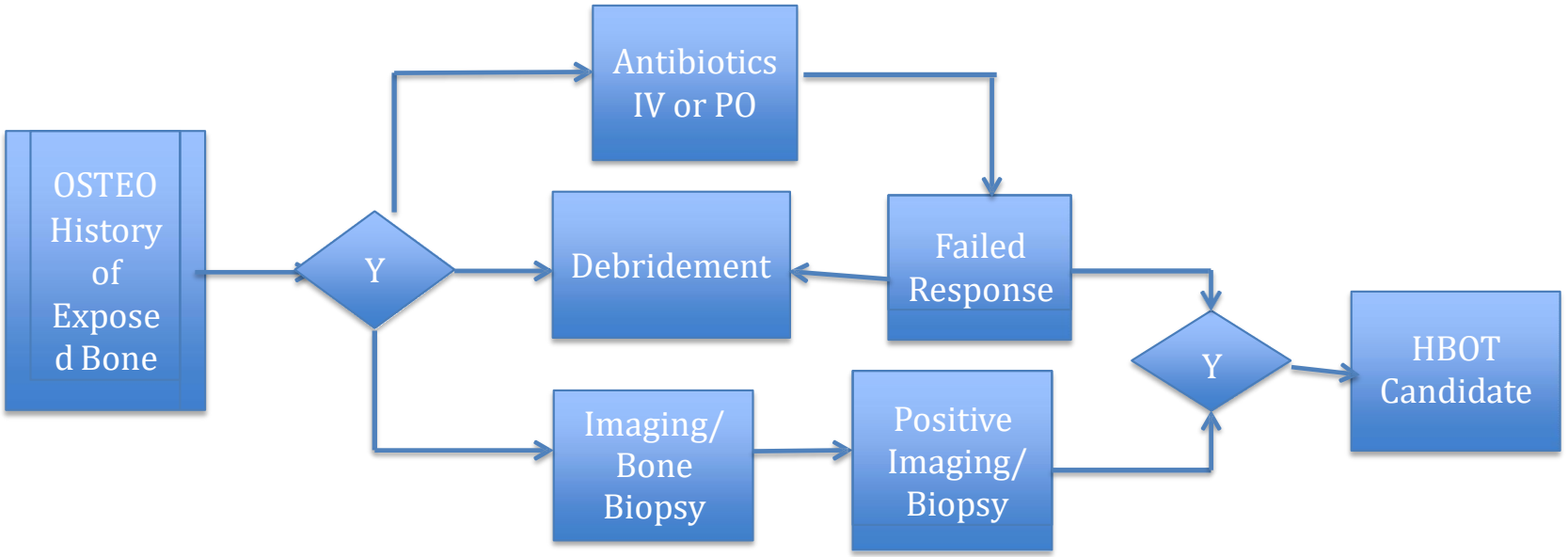
Have you discussed with Social Services/ Do they have alternatives? Ride Share, Vouchers, Community Resources. Ronald McDonald or other housing accommodations?

# Diabetic Foot Ulcer Wagner II/>




DOCUMENTATION:
30 days of wound care w/o progress
Wagner Grade III or greater.
Vascular Assessment
Nutritional Assessment
Diabetes Assessment

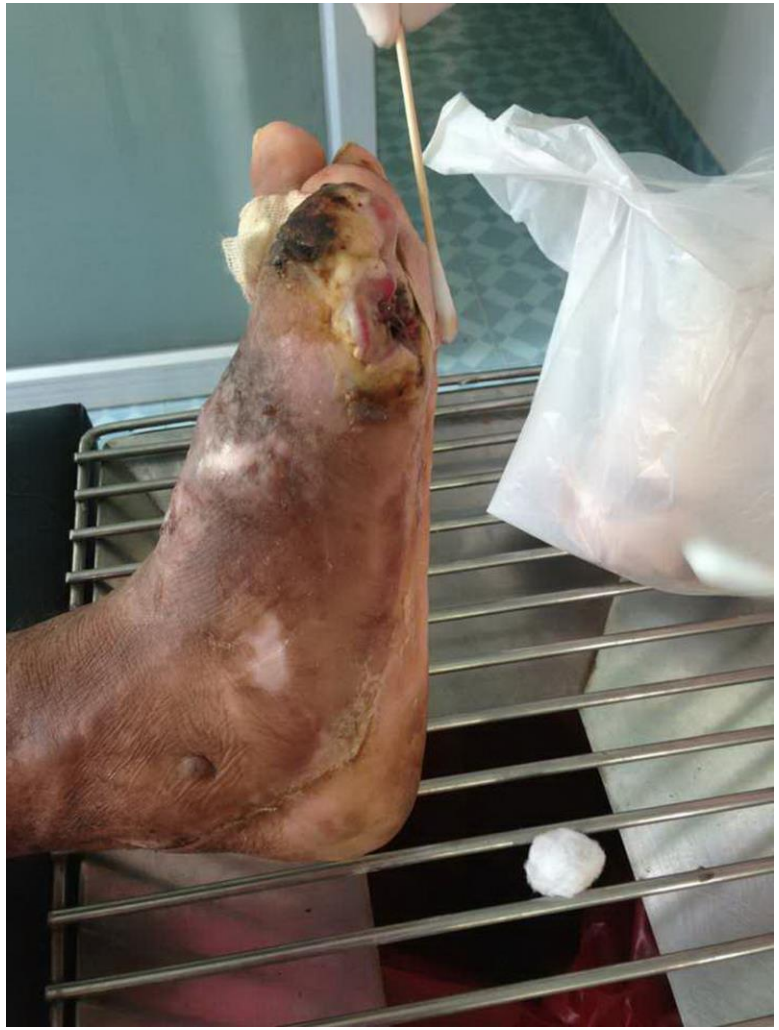
# Chronic Refractory Osteomyelitis




DOCUMENTATION:
Initial Consultation substantiating the condition of Osteo.
Radiology & Bone Culture Report
Notes from I/D or PCP; antibiotic

# Why should we embrace the Think HBO Process?

- All **New** Wound Care Patients are sent to Wound Centers for Advance Modalities
- Therefore, all patients should be looked at in the lens of a potential patients for Advance Modalities, including HBOT.
- HBOT like TCC, MLC, BSS, should be a candidate until RULED OUT!



In conclusion, if we Think Differently and Focus on Quality. We can get there! It’s a WIN-WIN-WIN!


WHO?
WHAT?
WHERE?
HOW?
WHY?
?