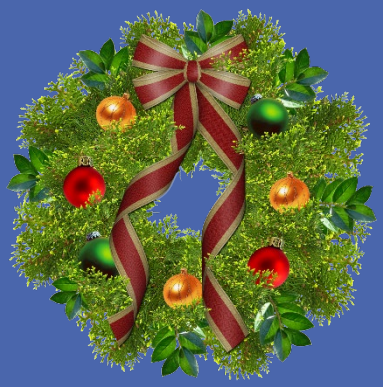
SerenaGroup Newsletter



December 2020

SERENAGROUP MONTHLY UPDATE

ISSUE 34

ADVANCED WOUND CARE IS AN ESSENTIAL SERVICE

As we continue to manage advanced wound care centers with our hospital partners during this national pandemic, it has become clear that the Advanced Wound Care Center is an Essential Service to our patients. Our centers are preventing hospital admissions and emergency room visits by a fragile cohort of patients at high-risk for COVID-19.

Delaying advanced wound care treatment is NOT an option. Compression therapy requires weekly assessments and dressing changes. Total contact casting (TCC) is designed and approved for 7 days of offloading. Debridements require proper removal of fibrin and exudate to prevent infection.

Did you know that full assessments of the co-morbid conditions of the patient, if done in a vigilant manner, will keep patients out of the hospital? Assessments include:

- Diabetes assessment
- Pulmonary Assessment
- Underlying infection
- Prescription management

Hyperbaric oxygen therapy (HBOT) continues to be a proven therapy to heal chronic wounds. Cancelling or delaying the patient's hyperbaric oxygen therapy treatment will diminish the effectiveness of appropriate wound treatment. Withholding the treatment could result in an amputation or needless hospital admissions.

– Dr. Tomas Serena

SerenaGroup
Building the Nation's Leading Wound Care Team

December SerenaGroup Blue Star Winner

Donna Neary

"A patient needed assistance over the weekend regarding his wound vac. Donna did not hesitate to help; on her own time to ensure the patient had the necessary supplies to continue the healing path. Donna is dedicated to patient care and we are thankful for her compassion."
– Deborah Advanced Wound Care Program

SerenaGroup® Centers are encouraged to recognize those around them who 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.

The Rise of Diagnostics in the Treatment of Chronic Wounds

Guest Editor
Dr. Thomas E. Serena

Deadline
30 April 2021

Special Issue

Invitation to submit

Why Measures Matter?

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

On a recent Business Development call, SG was asked: "Why don't you measure what other wound care management companies measure? Days to Heal and Percentage of Wounds closed at X weeks? Those are the gold standard measurements in wound care. Correct?" "Yes," I replied, "It allows us to consider not only what we measure but why we measure."

First, Operational and Financial metrics: They point to Best Practice of Wound Management and Operations. If data suggests that five to eight percent of patients who present to the wound center are potential candidates for HBOT and a program is consistently below or above that metric: Why? If patients are consistently missing appointments, does that not point to a larger problem? Or, if a center is not discharging patients equivalent to the number of new patients coming into the center, what and why is this happening?

Second, Clinical metrics; Baseline Vascular Assessment, Compression of VLU's, Nutrition Management—Is there an impact on these? Our answer: Yes! **The evidence points to Clinical Gold Standards for the management of Chronic Wounds/Ulcers.** If we identify the need and provide early compression and reduction in venous leg ulcers, the evidence points to predictive improvement for long term management. The first month is key to survival and to the patients understanding their disease.

Diabetic foot and off-loading: evidence points to off-loading and reduction of DFU-associated issues. Finally, Baseline Vascular Assessment of chronic wounds is simple: **We want to know the flow of the foot sooner than later!** This simple diagnostic intervention determines the next steps in the patient Plan of Care.

Finally, all these clinical metrics have a **FINANCIAL** impact on the organization; and it is positive. How and why? Baseline vascular assessment is great at prediction care; however, we also need to assure that Medical Necessity is met in getting the patient to the vascular lab and, if needed, to surgery or interventional radiology to open the **FLOW TO THE FOOT!**

Compression and offloading allow for the organization to capitalize on procedures that may affect the cost of care. Infusion centers are now capitalizing on that patient population. Patients seen in the wound center are admitted for inpatient care less often and this has a positive impact on the facility, admitting only "heads in the bed" that require inpatient care.

Another common matter in hospitals is retail space. Wound care patients not only receive care on campus, they are able to purchase stockings and other items needed for long term success. And, like parking, this is another source of cash for the hospital.

At the conclusion of the call, the CEO indicated that his team now understood what is meant by SG "measure what matters." And he added, "Your company also measures for success! You have an eye not only for what is clinically relevant but what is also what is financially relevant for our facility." This was a good message to hear in the context of the prevalence of manipulated data. Will it take time for our message to resonate? Absolutely! However, the impetus in statistics is to Measure what Matters. That is the only reason we collect the data. The gold standard evidence dictates what we measure and data collected tells the SG success story. Thank you all for what you and your teams have done for our WM initiatives.

SerenaGroup Quality Metrics

measuring what matters

"Information is not knowledge."
-W Edward Deming

Measuring Quality Metrics that Matter

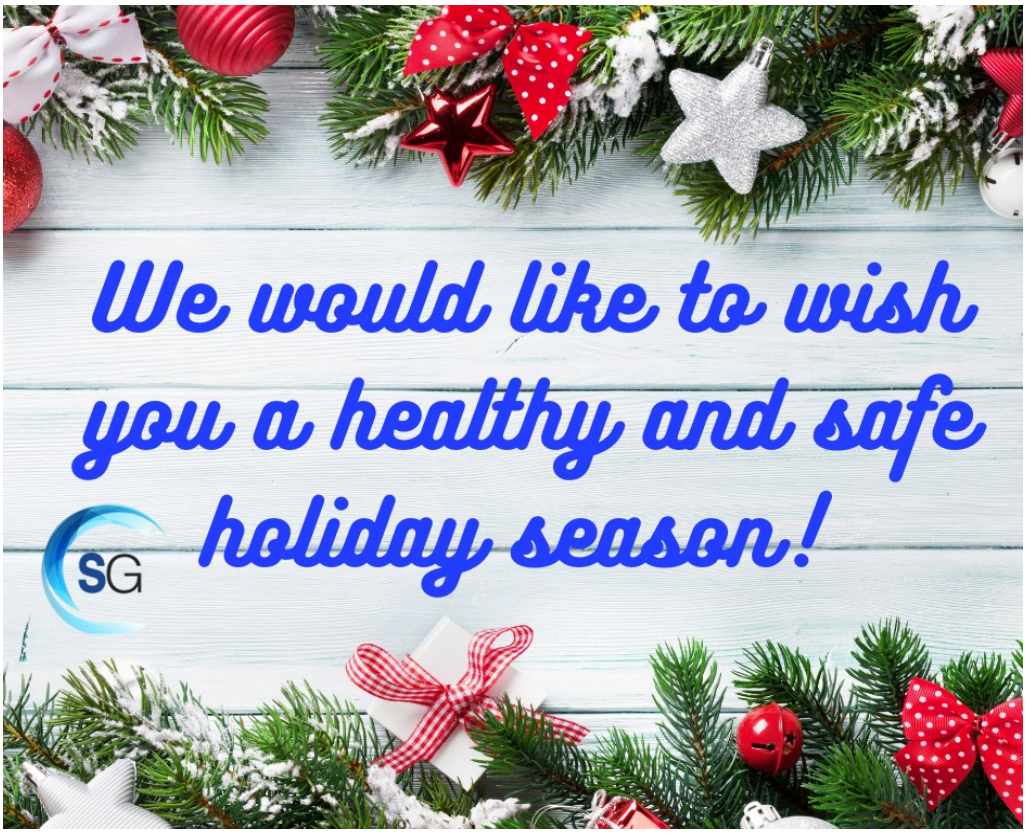
Industry leaders, led by pioneers such as W. Edward Deming, embraced quality programs more than 70 years ago. It is only recently that the medical profession has shown interest in quality metrics. It is understandable, therefore, that clinicians misunderstand the purpose of quality improvement initiatives. Measuring quality metrics must improve quality: simply recording healing rates or median time to healing in a wound center does not reflect the center's quality nor does it provide a pathway to improve quality. It was for this reason that Medicare rejected healing rates as a reportable measure of quality.

Recently, a wound center program director proudly exclaimed from the podium that her center had a 97% healing rate and a median time to healing of 30 days. "Do you use hyperbaric oxygen therapy (HBOT)." I asked. "Yes, of course," she answered. "We routinely treat 6 patients per day." "Do you use Cellular and/or Tissue Products (CTPs)?" "At least twice a week," she said. "Then you are committing Medicare fraud," I answered. Her expression implied that she did not understand and did not appreciate my response. I continued, "Medicare requires that patients receive 30 days of standard of care before using advanced therapies such as HBOT or CTPs. If your time to healing is 30 days, then there is no need for these therapies or to have an advanced wound center at all."

Widely publicized rapid healing rates are not supported by the evidence. The converse is true: research from clinical trials and qualified registries report healing rates at 3 months in the range of 30-40%. Easily manipulated healing rates and time to healing are not quality metrics. They merely give the center leadership a false sense that the wound center is providing quality care, which they happily proclaim from podiums and post across social media platforms. More importantly, healing rates do not improve the quality of patient care; if anything, they diminish quality by moving nonhealing patients into a "palliative care" category.

Quality measures, as popularized by Dr. Deming and others, direct leadership to act. If the center is underperforming on a true quality metric, the medical director and center leadership can educate clinicians on the evidence supporting the metric. At SerenaGroup® we measure quality metrics that matter: off-loading diabetic foot ulcers at each visit, compression for venous leg ulcers, nutritional assessment, objective measurement of vascular status and other evidence based measures. We adhere to the continuous quality improvement model often called the Deming cycle (or Plan, Do, Check, Act Cycle). Each year, Dr. Serena and his quality and compliance team develop a plan to follow several evidence-based quality measures. We educate the program managers and clinicians and collect and report the data monthly. Quarterly, the team evaluates each center's benchmarked measures to determine if improvement is needed in any area. If a center is falling behind on a quality metric, the team provides education and support. The continuous process not only improves patient outcomes, it allows for the incorporation of new evidence and technology as it becomes available; for example, SerenaGroup® added antimicrobial stewardship to its list of quality metrics in 2020.

In conclusion, SerenaGroup® advanced wound care centers integrate the science of quality improvement into the measure of quality: We measure what matters.



WHILE SHOPPING FOR YOUR FAVORITE ITEMS, YOU WILL BE HELPING DEVELOP NEW PRODUCTS AND TECHNIQUES THROUGH WOUND CARE RESEARCH.

HOW CAN YOU SUPPORT WOUND CARE RESEARCH?

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Let it snow