

# SERENAGROUP NEWSLETTER

Building the Nation's Leading Wound Care Team

## LOWER EXTREMITY AMPUTATION PREVENTION (LEAP)



### THOMAS SERENA, MD, CEO

I vividly recall Neal Armstrong bounding down the steps of the Apollo 11 lunar module to the moon's surface. His garbled declaration, "one small step for man, one giant leap for mankind," remains a cherished memory. We all share in the desire to make a "leap," no matter how small, to improve the health of our patients. Armstrong's pronouncement served as inspiration for SerenaGroup's initiative to save the limbs and lives of patients suffering from diabetes and peripheral vascular disease: Lower Extremity Amputation Prevention (LEAP). LEAP harnesses the power of a multidisciplinary team to focus on limb salvage. Wound specialists, podiatrists, vascular specialists, nurses, technicians, and physical therapists work in concert to care for patients at every stage of their journey through the health care system. Wound care centers practicing in outpatient silos walled off from inpatient and post-acute care providers have failed to reduce amputation rates in the

United States. The COVID-19 pandemic has exacerbated the equally deadly pandemic of limb loss. More than a sign on the door of the wound clinic, LEAP, represents a comprehensive plan to preserve limbs based on evidence based algorithms.

The SerenaGroup® has a straightforward process for establishing a LEAP program. First, the SerenaGroup® program director identifies clinicians with the time, skill and desire to participate. After assembling the stakeholders, the group works collectively on the seven basic elements of the program.

The seven elements ensures a full functioning, well-defined program that ensures a prevention program within the advanced wound care centers.

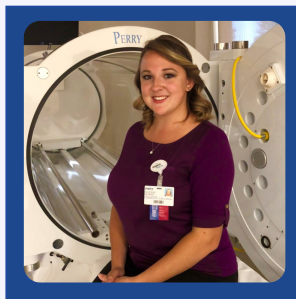
The seven steps include setting up a hot line for patients with specific criteria that will have an easy access to the LEAP program, establish an appointment with a wound specialist, build a multidisciplinary team, internal hospital program, build a remission clinic for follow-up, participate in research, and develop an effective LEAP program with community outreach.

SerenaGroup® looks forward to working with our hospital partners to establish Lower Extremity Amputation Prevention (LEAP) programs as part of the advanced wound and hyperbaric center.



## Soft Tissue Radiation Injury

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**Ally George, HBO  
 Tech &  
 Community  
 Educator**



Soft Tissue Radiation Injury (STRI) is a result of radiation treatment, which is most commonly used for cancer patients. Initial dermatitis during radiation treatment is normal and usually goes away after treatment. However, in some cases effects of radiation may continue for months, develop much later, or recur. What kind of “effects” are we talking about? The answer is easy: almost any complication in the irradiated field. For patients with bladder, prostate, reproductive organ, or any cancer in the lower abdomen, effects may include radiation cystitis with or without hematuria, radiation proctitis or enteritis, or even soft tissue radiation necrosis of the skin presenting as ulcerations in the irradiated field. For patients with breast cancer, radiation effects may include soft tissue radiation necrosis that could develop into large breast or chest ulcers often tunneling deep into the tissue, as well as future complications such as failed flaps or grafts in the area that’s been irradiated.

Why is advanced wound care key to treating STRI? Hyperbaric Oxygen Therapy (HBOT). HBOT stimulates angiogenesis, which grows new blood vessels in the irradiated area to allow the body to begin its natural healing abilities. HBOT also allows for better oxygenation to the tissue and can increase collagen production, promote granulation in the wound bed, and increase stem cells, all to encourage wound closure.

Recently at our Hyperbaric Oxygen Center at Inspira Health, we treated a 45 year old female with STRI of the right chest and right upper back. Originally, the patient was treated with 6300 cGy of radiation for ductal carcinoma. This resulted in STRI and a referral to HBOT. Below pictures reveal a difference of just 7 hyperbaric treatments at 2.4 ATA for 90 minutes. Notice the decrease in size, increase in granulated tissue, growth of new skin, and overall filling in and shrinking of the ulcer.

Patients with STRI will most likely not improve on their own due to cell death in the radiated area. These patients desperately need hyperbaric oxygen therapy to revive the cells and grow blood vessels that allow the body to heal itself.



## Quality Care – What is the Baseline?

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### Matt Schweyer Chief Compliance Officer

Recently, the Quality Scorecard for the first quarter 2021 was released. As your Quality Leader and member of the executive team, I can now say without a doubt, SerenaGroup is setting the standard, when it comes to Clinically Focused metrics and measures. Getting to this point has and will always be a team effort. From Program Directors and Department Nursing Leaders reminding (tongue in cheek) the Clinical Staff, Medical Providers, and even patients (that are sometimes unwilling to cooperate with the Plans of Care) all have made this moment happen.

This quarter, all areas of focus are either in the Green or Yellow. WTG Team Serena! Your patients, hospital liaisons, hospital executives, and the Hospital Quality Department, will be appreciative of this message. All of you are, in no small part, moving your organization to Excellence in Quality!

Do we have room to continue to move the needle? Absolutely! Our focus this quarter? Keep the Green and move the Yellow! So, what does this mean? Let us look at Vascular Assessments. The dashboard shows an overall percentage in the yellow with some centers below that metric. Why? Is it a misunderstanding of the metric, importance, education, workflow, time, or other issues? Let us dive deeper into the Whys!

Misunderstanding the Metric: SG's desire is to know what "Flow in the Foot" is on day one. An ABI measurement, while rudimentary in nature, sets the patient and clinician on the trajectory of healing. Does this negate the need for more definitive studies? Quite the contrary, it supports the decision to send the patient out to a Vascular Clinic or Practice to obtain those studies. Okay, great, got that, what about the Importance? Today, advanced modalities, require an annotation of the patient's ABI, be it, Hyperbaric

Oxygen, Cellular Tissue/ Human Skin Equivalent Products, Multi-Level Compression, Casting and Debridement. A search in Google, "The Science behind ABI in Wound Care" brings back no less than 913,000 mentions of ABI, a majority of which are scholarly in nature for all Providers, Clinicians, and Patients. Some are rather prestigious: "Journal of Vascular Surgery", "Journal of Wound Ostomy and Continence Nursing", and The American Diabetes Associations periodical "Diabetes Care." And, if that is not supportive enough, there is always the new way of diagnosing. Doctor Google said, it showed it and explained it! What about Competencies and Education? In the SG toolbox for Clinicians, we have a skills Competency. We now have a SG video, widely available to all for viewing.

What about Workflow and Time? Recent Executive conversations regarding this element, have stimulated discussion around Workflow and Time.

Time should not be an issue. We have listened and acquiesced to the field and we have decided: If a patient has had Vascular testing thirty days prior to coming to the Wound Center, these results may be accepted and placed in the Medical Record. This should be a huge win to the Centers that have received patients evaluated by surgeon. However, if it is commented on in the QM dashboard, the ancillary testing must be placed into the patient's Medical Record (ideally, scanned). The clinical importance has been spelled out above. Now, additionally, when a Post Payment Review audit occurs, you must provide the auditor with this information upon demand.

In conclusion, there are many reasons to celebrate SG Quality Dashboards metrics and measures. As a team we have successfully launched Clinically, Quantifiable and Relevant measure and metrics. We are sharing these results on Social Media and other platforms through our Education Committee. Our Business Development teams are promoting and sharing our results with potential new business partners. And yes, even the larger companies, who have promoted other metrics in wound care have taken notice of our success. None of this was possible without TEAM SERENA, doing it all together! THANK YOU for the GREEN, let us conquer the Yellow together.



## SerenaGroup Education

SerenaGroup recognizes that the key to continued success with positive clinical outcomes is education. Education is provided through different platforms to ensure the tools are available to our centers. Topics for April Education included (but not limited to):

- Journal Club: LEAP
- HBO Safety: Complacency in the Practice of Hyperbaric Medicine
- Monthly Education: Scope of Services
- Roundtable Compliance Meeting
- Roundtable PD Meeting

Education is one of many key benefits to partnering with SerenaGroup. We are Building the Nation's Leading Wound Care Team.

### The Advanced Wound Care Conference

May 7, 2021 | New Orleans, LA  
 for more information visit:  
[www.serenagroupinc.com](http://www.serenagroupinc.com)



## SerenaGroup Blue Star Winner



**Cindy Glaze**  
HBO Tech

We are proud of Cindy for obtaining a Hyperbaric Oxygen (HBO) Certification; she continues to go the extra mile to provide the best care for the patients.



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