

SERENAGROUP NEWSLETTER

Building the Nation's Leading Wound Care Team

Inappropriate Sterilization of Disposable Instruments



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THOMAS SERENA, MD, CEO

It has come to the attention of SerenaGroup® that the Joint Commission has issued several immediate threat findings over that last several weeks. These findings are related to the inappropriate sterilization of disposable instruments. During COVID-19, hospital systems across the country have experienced disruptions to their supply chain and purchasing processes and have occasionally been forced to purchase disposable instruments. These alternative purchases put Sterile Processing Departments at risk of unknowingly sterilizing disposable devices. Outpatient Wound Centers are at risk due to the high volume of procedures being performed.

SerenaGroup® strongly recommends that coordination between the Outpatient Wound Centers, Supply Chain and Sterile Processing are put in place to ensure that

disposable instruments and equipment are not being sterilized and recirculated.

In addition, it is recommended that the Wound Care Center Staff and Providers inspect all instruments prior to use.

Instrument inspection should include:

- Package seal is not compromised in any way
- Internal indicator is visible and displaying correct color
- Ratcheted or clamped instruments are unlocked
- There is no moisture present in the package
- There is no deep etching on the instrument
- No rust or oxygenation is present on the instrument
- No visible blood, tissue, or dirt is on the instrument

SerenaGroup® has addressed this situation with the SerenaGroup® Program Directors; they are aware and are expected to fully educate their staff and providers accordingly.

We are committed to ensuring a safe environment for our staff, providers, and patients. If you have any questions or concerns, please reach out and we will be happy to assist.



The Importance of Debriding Wounds

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What is debridement?

Debridement is a procedure in which a wound is cleaned thoroughly by removing thickened skin or callus, infected and/or nonviable tissue, and debris, such as residual materials from dressings. During the wound healing process, the affected area can become overrun with devitalized/dead tissue; this can hinder the ability to heal and grow new skin. For this reason, debridement may be necessary to remove the dead tissue from the wound bed. Debridement is recognized as a critical element in wound care and has been proven to expedite wound healing.

Types of debridement.

Debridement can be performed on the soft tissue and bone, and it can be performed in a multitude of different ways. Wound care centers frequently perform sharp debridements. With this method, the unhealthy tissue is cut or scraped away by your practitioner, using a scalpel, scissors, or curettes.

What you can expect.

Sharp debridements may require numbing or anesthesia and takes, on average, 5-20 minutes, depending on the size of your wound. You may experience bleeding, but that is generally a good sign that the debridement is working. You may feel some discomfort during or after the procedure. Debridements can be a

recurring procedure and may need to be done every week or two, until the wound can maintain a healthy wound bed or heals.

How debridement works.

The goal is to create a clean, bleeding wound base that shortens the inflammatory process and quickly converts to the proliferative phase, which is a fancy way of saying that it encourages healing by creating trauma to the wound bed. This signals to the body it needs help healing the area. Chronic wounds can stop signaling the body for help since they've been present for so long and the body has adjusted to their presence, but with debridement that healing property can be stimulated once again.



What has the audit process has taught us?

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Matt Schweyer, CCO



Over the last few years, there has been a significant focus on clinical documentation. The focus stems from CMS's overpayment to providers (professional and facilities) for Hyperbaric Oxygen, Surgical Debridement and other procedures performed in our space. As mentioned in previous articles, TPE (Target Probe Educate) audits, had minimal change on outcomes as it relates to behavior. Therefore, the OIG (Office of Inspector General) placed both of the aforementioned procedures and other issues that impact wound care in their Work Plan. Since movement of these procedures in the OIG work plan, the pay backs have been everywhere from a few dollars to millions of dollars.

Studies show in a typical PPR audit that every dollar the insurance company spends on audits, they recover on average seventeen dollars in PPR findings. That becomes a very big dollar amount when you look at the list of HCPCS codes under audit. And yes, CMS is government controlled; however, it is managed by insurance companies and the insurance companies are paid based on the findings in the audit process. This is not to say the audit process is a bad thing. It is actually quite the opposite. It is a very good thing for all parties involved!

WHY?

PPR audits typically occur one-to-two years after payment has been made. Thus,

the infraction happened in a year that finances have been reconciled and books closed. However, when the audit occurs, and the money is recouped, in this year, it erodes the financial operation bucket's bottom line for this year. All Providers have had lean times the last few years, for obvious reasons. Coming up short because of a situation that could have been mitigated is indefensible, especially if it happens in your Wound Care Center on your watch! For the CMS, the PPR process contributes to the solvency of the program and decreases the amount of fraud in the healthcare space. And the patients are benefiting from care provided and monies they have saved.

So now, having a base understanding of the process, what have we found internally at SerenaGroup? In the initial phase, clinical documentation was all over the board. Current state, providers have at their fingertips, all templates that support Medical Necessity with you as the Program Director holding them accountable. And most are using them in the fashion for which they were designed. All procedures include all elements of Medical Necessity. We have goals for all procedures conducted in the advanced wound care space. All debridements performed include not only procedure measurement, but also include post procedure measurement. As new procedures come online, new templates and audit probes will be created.

The take-home message is a job well done by all the program directors for holding the providers accountable and escalating the issues if the message is not received. Host hospitals can rest that over-the-shoulder audits of clinical documentation and this process ensures the procedures and visits that have been billed by your Revenue Cycle team, meet the bar of Medical Necessity and Clinically Compliance no matter when that Post Payment Review Audit occurs.



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 **October Education** include (but not limited to):

- Journal Club: TBA
- HBO Safety: Middle Ear Barotrauma
- Monthly Education: Patient & Family Education
- Roundtable Compliance Meeting
- Roundtable PD Meeting - Productivity
- SerenaGroup Leadership Conference

Education is one of many key benefits to partnering with SerenaGroup.

Educational Courses

HBOT 40hr Intro Course

- Nov 4-7, 2021 | Toledo, OH (closed)
- Nov 11-14, 2021 | West Palm Beach FL
- Dec 2-5, 2021 | Opelousas LA

SerenaGroup Blue Star Winner



Katie Erwin

CHI Health Mercy

"Katie has worked hard to ensure that wound care patients transition into HBO when they qualify through a robust HBO qualification process."

SerenaGroup

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