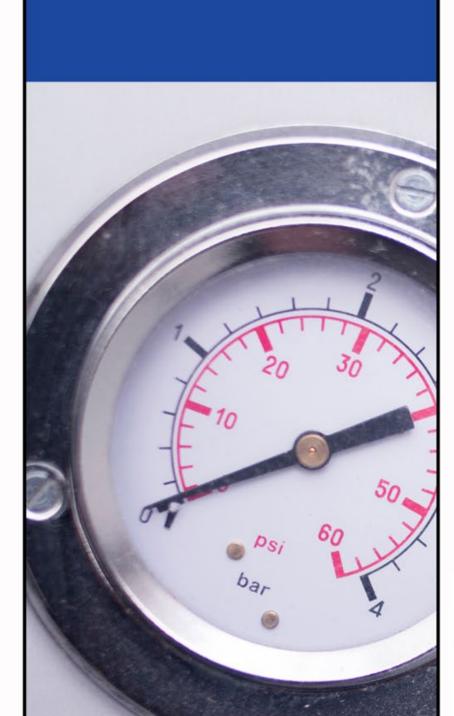
## FEBRUARY 2022 MONTHLY HBOT WEBINAR

# Identifying Hyperbaric Candidates in the Wound Care Center

PRESENTED BY THE CHI HEALTH CUMC | BERGAN MERCY PROGRAM





#### Important to Note

Understand Understand the indications and benefits of HBO therapy. Ensure that patients are clinically appropriate for HBO Ensure therapy. Know what clinical documentation is required to qualify the Know patient.

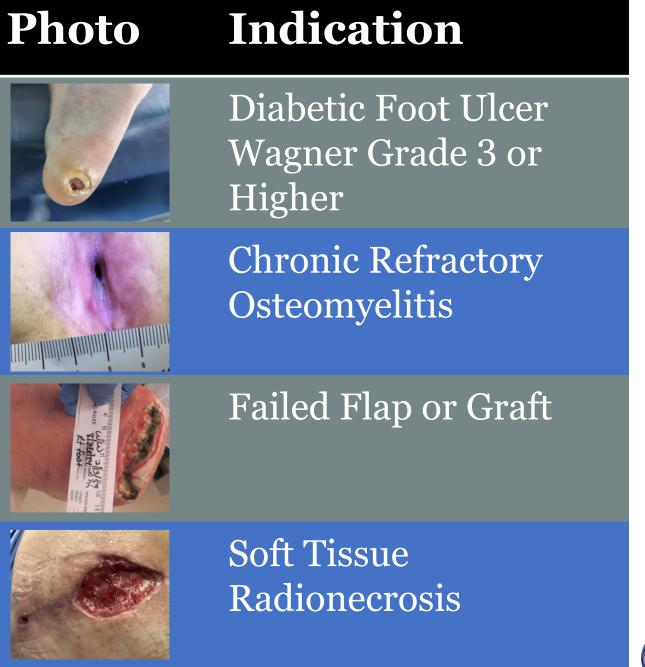


#### **Identifying HBO Candidates**

- All AWCC patients are <u>potential</u> HBO candidates.
- Review all new patients and determine eligibility.
- Does the patient have any contraindications?
- Meet all CMS guidelines.



# Identifying Wound Care Patients (internal)



#### Documentation for determination

Has there been a thorough history and physical examination?

Does the patient require vascular studies, imaging, or laboratory evaluations based on findings?

Results and documentation will help determine if patient is an appropriate candidate.



# Patient qualifies or potentially could qualify?

Patient may fit under either if the diagnosis, requirements, necessary assessment and documentation are met or partially complete.

In either case, start an HBO checklist and add to HBO tracking form or binder.



#### "HBO Checklist" - On Member's Portal

#### SerenaGroup® Hyperbaric Oxygen Therapy Checklist

				either NCD 20.29 or regional LCD for correct ICD 10 codes)		
insult must b	se done and each Pertinent Criteria below MUST be o	early de	ascribed in i			
Manual	Actinomycosis	$\dashv$	Acute Peripheral Arterial Insufficiency			
Need	Prolonged administration of antibiotics	-	T			
Need	Must document that disease is refractory to		Need	Documentation of sudden occlusion of a major artery-		
- 1	antibiotics and surgery.			documentation of acute vascular insufficiency or acute		
-		-	<del> </del>	worsening of c		
Need	Documentation of actinomyces israelii	$\vdash$	Need	Vascular study to confirm		
	infection	-L	Need	Revascularization Candidate Yes / No		
C	rush Injuries and Suturing of Severed Limb			* If NO: reason in Hyperbaric evaluation note		
	* RE-EVAL after 12 treatments					
Need	Documentation of loss of function, limb or life being threatened			Acute Traumatic Peripheral Ischemia		
Support	s TCDM <30 mm/Hg	$\neg$	Need	Documentation of loss of function, limb, or life threatened ()		
				injury that compromises circulation)		
	Diabetic Foot Ulcers (regardless of Stage)		Supports	TCDM <30 mm/Hg, LUNA, SPP/PVR		
	Days - Must show signs of measureable improveme	at		Gas Gangrene- A48.0		
	to continue past 30 days			*Adjunct to antibiotic therapy & surgery		
Need	Documentation of Type I or Type II diabetes with	$\neg$	Need	Clinical sign and symptoms		
	lower extremity diabetic wound		-			
		$\overline{}$	Supports	X-ray findings		
Need	Documentation of Wagner III or higher	$\neg$		Progressive Necrotizing Infections		
Need	Documentation of standard wound care for 30 days	-	Need	Documentation of laboratory reports that confirms the		
Meeco	with less than 50% closure in four weeks		Mees	diagnosis of progressive necrotizing infection		
	Will less than 30% source in four weeks	-		sugnoss or progressive neurosang mectors		
and and more	nd care must include all the following:	+	Need			
	Vascular Assessment and correction of issue	-	Acces.			
Need	Vascular Assessment and correction or issue	_		PM - P - A PM - P - M		
		-	T	Skin Graft/Flap Failure		
Need	Optimization of glucose & education	-	Need	Documentation of graft date		
Need	Optimization of nutritional status & education		Need	Documentation of compromised state of graft site		
Need	Debridement by any means to remove devitalized tissue			omplications of reattachment Extremity or Body Part		
		$\pm$	Need	Documentation of flap date		
Need	Maintenance of a clean moist wound bed	$\neg$	Need	Documentation of compromised state of flap site		
Need	Appropriate offloading			Chronic Refractory Osteomyelitis		
Need	Treatment to resolve infection	-	Need	Definitive evidence condition is chronic and unresponsive to		
				conventional therapy i.e. ABX and wound care		
Support	ABI > 6 or documentation of why it cannot be increased above 0.6.	十				
	Diabetic Ulcer Wagner III		Need	Definitive imaging (i.e. MRI, X-ray, Bone Scan)		
Need	Documentation of one or more: Osteitis,	$\overline{}$				
	Osteomyelitis, Tendonitis, Cellulitis of abscess,					
1	Pyarthrosis					
		$\neg$	Need	Failed antibiotic regimen		
	Diabetic Ulcer Wagner IV		Support	Bone debridement and culture (when possible)		
	•					
Need	Documentation of Wet or Dry gangrene			Osteoradionecrosis		
0	f the toes or forefoot	$\neg$	Need	Documented date and anatomical site of prior radiation		
	Diabetic Ulcer Wagner V			treatments include number of treatments		
Need	Documentation of gangrene involving entire foot	$\neg$	Need	Diagnosis from referring physician		
		-	Need	Plan to or documented debridement/resection of		
IS No	Absolute Contraindications NOTE- Can't Treat until corrected			on-viable tissue and or dental extraction.		
		-	A Thomas	Assessment Late Pillerte of Restation		
ı	Untreated Pneumothorax	50		dionecrosis-Late Effects of Radiation		
	No		Need	Documented date and anatomical site of prior radiation		
YES						
YES			1	treatments, including number of treatments and cumulative		
YES		$\perp$	Need	dosage (i.e. Gray, .) treatments include number of treatments Documentation of treatment with conventional therapy		

Relative Risk-Discuss with patient							
YES	NO		YES	S NO			
		<ol> <li>Upper Respiratory Infections</li> </ol>		10. Viral Infections			
		2. Chronic Sinusitis		11. Congenital Spherocytosis			
		<ol> <li>Seizure Disorders</li> </ol>		<ol> <li>Asymptomatic Pulmonary Lesions on X-Ray</li> </ol>			
		4. Cardiomyopathy / CHF		13. Pregnancy			
		<ol><li>Uncontrolled High Fever</li></ol>		14. Body Temperature			
		<ol><li>History of Spontaneous Pneumothorax</li></ol>		15. Blood Glucose Levels			
		<ol> <li>History of Thoracic Surgery</li> </ol>		16. History of previous ear or sinus surgery			
		8. History of Surgery for Otosclerosis		17. Pulse and blood pressure			
-		9. Claustrophobia		1 History of Emphysema and COPD			

\*Please note that some commercial insurance companies have extended indications and criteria for HBOT which may not be included in the above CMS guidelines. Case managers will discuss these on a case-by-case basis with the attending physician during work up for HBOT based on the coverage guidelines of the patient policy.

Hyperbaric Evaluation Physician Notes- if a decision to n below	ot treat is decided please provide reasoning and rationale
Date/Time	Physician Signature
SerenaGroup Chief Quality Officer	SerenaGroup Medical Director



NOTE TO CUNICIANS: Once this form is completed, it needs to be scanned into the Hospital EMR, Intellicure, or Wound Expert, whichever is appropriate

# Sample of HBO Tracking Form

	Current Physician	Insurance	Waiting for	Checklist	Action Plan/Additional Comments:
DFU	Smith	Medicare/AARP	Vascular assessment scheduled for Tuesday	Started	Dr. Smith will discuss HBO with patient on Wednesday's appointment
CRO	Johnson	Aetna	Patient refuses HBO consult and tx	Completed	Will continue to monitor patient and continue encouraging HBO
DFU	Garcia	United Healthcare	Only a Wagner Grade 2	Not Started	Will continue to monitor patient's progress and will discuss with Dr. Garcia if digital imaging is warranted.
	DFU CRO	DFU Smith CRO Johnson	DFU Smith Medicare/AARP  CRO Johnson Aetna	DFU Smith Medicare/AARP Vascular assessment scheduled for Tuesday  CRO Johnson Aetna Patient refuses HBO consult and tx	DFU Smith Medicare/AARP Vascular assessment scheduled for Tuesday Started CRO Johnson Aetna Patient refuses HBO consult and tx Completed

What 's going to work best for you as a team?

- Excel spreadsheet in a shared folder on the computer or printed in a central location?
- Everyone contributing or one person managing the list?







You should not start an HBOT checklist until the patient is diagnosed with a Wagner Grade 3.

True or False?



FALSE! Start checklists on all diabetic ulcer patients or anyone you think could potentially qualify, now or in the future?



Name 3 instances when you	ou should be suspicious of chronic
refractory osteomyelitis.	
,	
	<del></del>



Instances when you should be suspicious of chronic refractory osteomyelitis include

- when there is a deep ulcer of any kind
- when the patient has a history of other ulcers in the same area
- when the patient has a surgical history such as a fracture with hardware or joint replacement
- when the patient has exposed bone
- when the patient has been unresponsive to treatment or is worsening
- when the ulcer is in an area where the bone is close to the surface such as the malleolus,
   tibia, or skull
- when the ulcer is at the site of a previous amputation



TRUE or FALSE?

Radiation necrosis can only be detected if there is a soft tissue ulceration.



#### FALSE!

Although rare in the wound care setting, a patient could have radionecrosis of the bone. These will usually be direct referrals to HBOT.



TRUE or FALSE?

Failed grafts only qualify for HBOT after 30 days of standard wound therapy.



#### FALSE!

Failed grafts are more of an acute condition and require HBOT immediately. These patients should start treatment in less than 30 days, most ideally 7-10 days, post-surgically. Insurances may dictate their own timelines to meet medical necessity.



Missed patients can lead to \_\_\_\_\_\_



Missed patients can lead to further complications, including infection and amputation.



Required documentation for a Wagner Grade 3 to receive HBOT includes \_\_\_\_\_\_.

- A. vascular assessment
- B. optimization of glucose
- C. offloading
- D. all of the above



Required documentation for a Wagner Grade 3 to receive HBOT includes \_\_\_\_\_\_.

- A. vascular assessment
- B. optimization of glucose
- C. offloading
- D. all of the above

Documentation of one or more of the following qualifies the ulcer for HBOT.

- Osteitis
- Osteomyelitis
- Tendonitis
- Cellulitis of abscess
- Pyarthrosis
- Wet or dry gangrene

True or False?



True!

	Diabetic Ulcer Wagner III						
	Need	Documentation of one or more: Osteitis,					
		Osteomyelitis, Tendonitis, Cellulitis of abscess,					
		Pyarthrosis					
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					
		·					



#### **Next Month's Presenter**

DATE: 3/15/2022

PRESENTING: Deborah

**TOPIC: Barotrauma** 





### SerenaGroup HBOT Monthly Show Rate

Centers	Program Director	HBO Show Rate
Cleveland Clinic Akron	Nick	
ACMH	Erika	100%
Berkshire	Sean	94%
CHI Health CUMC Bergan	Joe	100%
CHI Health Mercy	Joe	100%
Deborah	Megan	
Fairview	Jamie	100%
Henry Ford	Eliece	100%
Jackson	Dean	85%
St. Mary's	Katie	100%
St. Joseph Med Ctr	Christine	100%
Via Christi	Nancy	100%
MH The Woodlands	Andrea	92%
Inspira Health – Elmer	Ally	100%



# SerenaGroup Upcoming HBOT Educational Courses

#### LIST DATES AND LOCATIONS

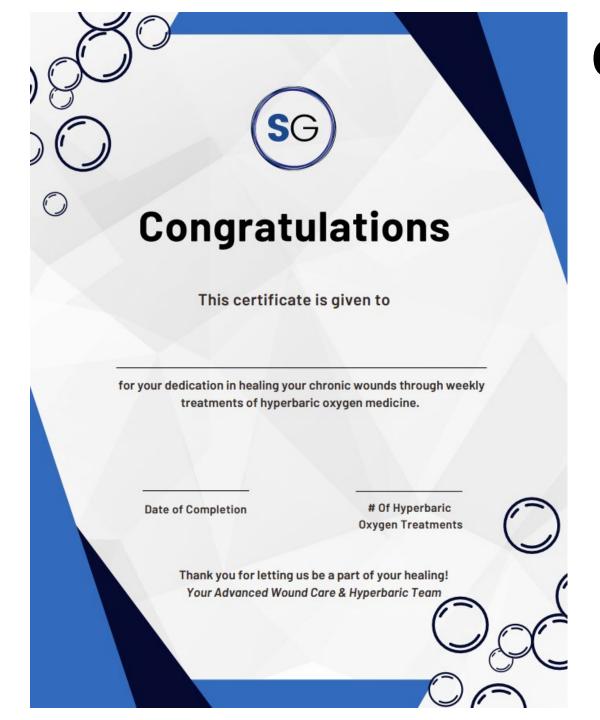
 Nothing scheduled at this time





WHAT'S NEW TO THE SERENAGROUP **HYPERBARIC EDUCATION DEPARTMENT?** 





## **Certificate of Completion**

Available on the member's portal Titled "Hyperbaric Patient Completion Certification" under Hyperbaric Oxygen Therapy > HBOT Resources.



This <u>needs</u> to be printed, filled out, and hung in or right outside your chamber room. This should also be distributed to emergency personnel. Security, maintenance, Fire Dept, Etc.

Available on the member's portal Titled "Hyperbaric Chamber Room Emergency Call Tree" under Hyperbaric Oxygen Therapy > HBOT Resources.

# HYPERBARIC OXYGEN CHAMBER ROOM EMERGENCY CALL TREE

Name

Phone

#### Local Hospital Emergency Contact

Hyperbaric Oxygen Services Managed by SerenaGroup Inc.



Ally George SerenaGroup HBO Educator 609-202-6152 Matt Schweyer SerenaGroup National Safety Director 888-960-1343 ext. 1007









#### **Smoke Hood Purchasing Options**

http://www.ase-safety.com/oc/index.php?route=product/product&path=59&product\_id=30

Product Code: ASE30 Fire Escape Smoke Hood Soft Travel Case

Price: \$74.95 Shelf Life: 6 years

https://www.marvgolden.com/ase-30-safe-escape-smoke-hood-soft-case.html

Model #: ASE30-Soft

SKU: CYH1003 Price: \$69.95

Shelf Life: 5 years

http://www.safeescape.com/HSII7/ASE30.html

Code: ASE30 Price: \$69.50 Shelf Life: 5 years

https://elmridgeprotection.com/shop/ievac-smoke-hood-fire-escape-mask/?gclid=EAlalQobChMl2rD7prTw9QIVVMqzCh085wtYEAQYASABEglxRPD\_BwE

Product: iEvac® Smoke Hood / Fire Escape Mask

SKU: EBP-900 Price: \$187.99 Shelf Life: 5 years

### Ordering Smoke Hoods

Available on the member's portal Titled "Hyperbaric Smoke Hood Ordering" under Hyperbaric Oxygen Therapy > HBOT Resources.

Your program director may be the one who orders this, but it is the responsibility of the tech/Safety Director to ensure these are not expired.



#### WEEKLY CHAMBER CHECKLIST

Please use a separate checklist for each chamber. Initial each line as completed.

MONTH	1	2	3	4	5
Week:					
Chamber #					
Clean gurneys with approved disinfectant					
Deep clean chamber interior and exterior, including muffler					
Inspect acrylic for cracks, nicks, discoloration, scratches, or crazing					
Inspect chamber door latching mechanism for ease of operation and positive latching					
Inspect door cam, clean if necessary and lightly lubricate with halocarbon grease					
Close and lock chamber and turn switch to On					
Pressurize the chamber to approximately 2.5 ATA and set the ventilation control to minimum					
Adjust the ventilation control to maximum. Indicator moves freely when the control is adjusted. Significant pressure is not lost					
Turn the system <b>Off</b> and emergency vent the chamber to 0.5 PSI					
Note time to decompression (less than 2 minutes, unless chamber was installed prior to 2002, then decompress in under 3 minutes)					
Ensure locking pin disengages after emergency vent by opening chamber door					
Smoke hoods located in center, check expiration dates					

# Weekly Checklist Has Been REVISED!



#### **Daily Chamber Checklist (Perry-Pneumatic)**

Please use a separate checklist for each chamber. Initial each line as completed.	MON	TUE	WED	THU	FRI
Week Of:					
Initials of person completing checklist					
Chamber #					
Oxygen supply pressure reading @ alarm panel & chamber console (50-90 psi)					
Air supply pressure reading @ cylinder gauge: (60 psi) if using demand valve, if using free flow system cylinder gauge set at 25 psi					
Chamber covers completely removed and stored in a professional manner					
Chamber grounds are connected and without damage					
Chamber supply/vent hoses without obvious leaks, kinks, or damage					
Inspect chamber hull for scratches and/or crazing					
Inspect both the green oxygen supply and red exhaust bypass indicators to ensure that the lenses are in place and undamaged					
Turn the communication switch to the on-position green light should be on					
Turn on entertainment					
Switch communications panel to <b>Test</b> , ensure system works properly					
Inspect chamber door gasket for damage					
Inspect chamber controls for damage or loose knobs					
Inspect chamber interior and exterior for cleanliness					
Air <u>break</u> cylinder pressure level checked (change below 500psi)					
Air <u>break</u> equipment ready & disinfected (Demand System ONLY)					
SHUTDOWN CHECKLIST:					
Turn Oxygen and Air supply to chamber off					
Flip System ON/OFF switch to OFF. Confirm that indicator eye is NOT showing green					
Turn off entertainment					
Turn the communication switch to the OFF, on position (green) should go out					
Clean chamber interior/exterior and cover					

#### Person Completing: Initials Person Completing: Initials

# Daily Checklist Has Been REVISED!



# **Round Table!**



#### Serena Group HBOT Contact Information

Matt Schweyer, Chief Compliance Officer | VP Head of Compliance, Reimbursement & Safety | National Safety Director

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• C. 214-315-5109

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