

SERENAGROUP NEWSLETTER

Building the Nation's Leading Wound Care Team

Righting the Ship: Antimicrobial Stewardship in the Wound Clinic

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THOMAS SERENA, MD, CEO

SerenaGroup® and its affiliates have conducted several clinical trials in the last couple of years that shed light on the problem of bacteria in chronic wounds. In a large multicenter study 82% of chronic wounds harbored levels of bacteria that inhibit wound healing. The 20 investigators who participated in the study were only able to identify crucial bacterial loads 15% of the time. We concluded that the signs and symptoms of bacterial burden in chronic wounds were insensitive and unreliable. In general practice clinicians rely on signs and symptoms as well as cultures. A second major publication demonstrated that swab cultures have an accuracy of less than 20% in chronic wounds. Therefore, our current methods for detecting bacteria in wounds are inaccurate.

A third publication examined prescribing patterns for antimicrobials and antibiotics in the wound clinic. We found that antimicrobial and antibiotic prescribing was random and haphazard: patients with uninfected wounds frequently received antibiotics and topical antimicrobials and patients with infected wounds often received no treatment. We concluded that antimicrobial stewardship was essential to improve clinical outcomes and reduce bacterial resistance.

In 2020 Joint Commission mandated that outpatient centers prescribing antibiotics have an antimicrobial stewardship program (ASP). SerenaGroup® is the first to offer an ASP to its wound centers. The ASP focuses on the use of fluorescence imaging to improve the detection of bacteria. We are preparing for our first publication of SerenaGroup® stewardship data.

I appreciate the efforts of Nancy Trafelet and our dedicated program managers that are making this essential program a reality.



If the plan is not working, CHANGE IT



MATT SCHWEYER, CCO



The specialty of wound care is under the Medicare microscope. We can expect further audits; however, CMS has taken a different approach this time. Instead of focusing on individual CPT code(s) they plan to examine all the procedures performed in the wound clinic. This has wide ranging implications for our specialty.

First, there is an emphasis on prior treatment: before the patient is seen in the wound clinic. The medical record must reflect any conventional wound care delivered by prior providers.

Recently, a hospital underwent a target Probe and Educate (TPR) audit. As part of the audit there was an Additional Documentation Request (ADR). The information was provided to the Medicare Administrative Contractor (MAC) in the allotted timeframe. Based on prior audit experience the packet and submission appeared to address all the auditor's concerns. However, in the auditor subsequently requested additional materials not in the ADR. Specifically, the following was requested:

- The start of care plan as an initial reference point showing the initial wound evaluation documentation and the treatment plan.

- Documentation of wound healing showing a summary of previous visit notes and the wound's healing progress (size, color, grade, etc.).
- If the wound is non-healing all the treatment plans documenting the provider changing the treatment plan. If no treatment plans changes are documented, then then medically necessary is not supported.

Fortunately, there is a workable solution. The auditor's first two requests are standard of care and are not a challenge. The third request needs our attention. If a wound has failed to heal by 30-40% in four weeks, the chance that it will be healed at 12 weeks is less than 10%. The providers must have a plan of care for ulcers that have not achieved 30%-40% closure.

Periodic reassessment, every thirty days, by SerenaGroup® will address this concern and improve patient care. At the 30-day visit, all the elements of care are reviewed. The goals, and plans of care are addressed, modified, and changed as required by the healing progress. If the wound is not progressing the plan of care must be changed and updated. If the patient is receiving standard of care, advanced modalities should be considered.

This has been a goal of SerenaGroup® since its inception. The Practice of Wound Care Guidelines address this concept in detail.



The Bottom Line on Standardized Processes

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Christine Lindsay, RN
Program Director



When there is an absence of a coordinated approach to wound management, clinical practices are diverse, inconsistent, and antiquated. This is a costly burden for the patient and the entire healthcare system, leading to overuse of ineffective resources, underuse of evidence-based modalities, and treatment errors, which, in turn lead to unnecessary hospitalizations and poorer patient outcomes. Inappropriate treatments result in delayed healing, increased infections, unnecessary pain, and reduced quality of life. A lack of formal processes and inadequate or outdated wound care knowledge and skills are linked to increased costs due to inappropriate treatment plans, misuse of products, inappropriate dressing change frequencies, overuse of antibiotic therapy and extended clinical times. The implementation of standardized processes improves patient outcomes and decreases costs for the healthcare system.

The treatment of chronic wounds has evolved over the past 15 years. It is no longer about observation and dressing changes. Wound care professionals now use advanced technology and sophisticated products that are evidence based and proven by research. We must now appreciate the

need for a coordinated, consistent, multidisciplinary, team-based approach to the management of chronic wounds and the multitude of complex, contributory factors. When a wound fails to progress sufficiently after 4 weeks of standard care, the multidisciplinary team must reassess the underlying pathology and need for advanced intervention. Is the patient nutritionally compromised? Is there adequate blood flow to heal? Is the patient properly offloaded? Can primary care reduce steroid dosages? Have we minimized the bioburden? Has there been adequate debridement and beveling of wound edges to reduce epibole? Is the plan of care appropriate and evidence based?? Unfortunately, due to high volumes, increased demands, overwhelming provider obligations, a lack of an intuitive EMR, and weekly changes in staffing dynamics, a patient's true progression status is often unnoticed.

Deviations or inconsistencies in standards of care practices result in higher costs, poorer outcomes, increased hospitalizations and/or amputations. A study at North Mississippi Medical Center confirmed that standardized use of products and wound care processes improved healing rates by 40% and decreased annual supply expenses by \$300,000, with reduced waste and enhanced productivity. Optimized wound care delivery through standardization of practices, has proven to be effective in reducing the economic burden of managing chronic ulcers. In the absence of structured processes, team members revert to antiquated and inconsistent habits.



2022 SerenaGroup Educational Courses

40hr Intro to HBO
 July 7-10 | Monroeville PA
 July 21-24 | Houston TX
 August 18-21 | West Palm Beach FL

Tri-Certification
 October 14-15 | Kansas City KS
 November 18-19 | TBD

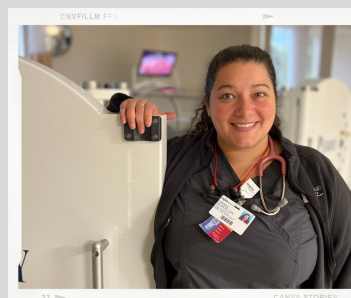
Leaders in Wound Care
 September 16-18 | New Orleans LA

SerenaGroup Leadership Meeting
 October 5-8 | New Orleans LA

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

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.

SerenaGroup Blue Star Winner



Cheryl Heaton
HBO Tech

"Cheryl is dedicated to patient care and has recently increased her availability to ensure patients receive their HBO care as they continue on the path to healing."

SerenaGroup

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