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SERENAGROUP NEWSLETTER

Building the Nation's Leading Wound Care Team

ProgenaCare Global ™



THOMAS SERENA, MD, CEO

ProgenaCare Global[™] has launched its CaringAccess™ Patient Assistance Program to provide ProgenaMatrix®, a first of its kind human keratin matrix, at no cost to uninsured and underinsured patients in need. The program is intended to help patients, including Medicare and Medicaid patients, who could benefit from a skin substitute product like ProgenaMatrix but are unable to obtain coverage or to afford the deductibles, copayments and other costs associated with this type of treatment.

"Millions of patients suffer from chronic wounds each year," said Howard Walthall, ProgenaCare's CEO. "Unfortunately access to health care remains a significant challenge for this patient population. Too many patients do not have insurance coverage, or have coverage which is not adequate to allow them to afford the advanced wound products they need. ProgenaCare is committed to doing everything we can to help address this widespread and growing problem."



In order to ensure that the CaringAccess program has real impact, ProgenaCare has committed one third of its annual production of ProgenaMatrix to the care of patients with limited means. The CaringAccess program is accepting applications now. Please visit www.caringaccess.com for more information and to apply.



MENTAL HEALTH OF THE WOUND CARE PATIENT

Ally George, Director



Day in and day out we provide care to patients in hopes of healing wounds, but what about the wounds we cannot see; the anxiety the patient is experiencing or the depression resulting from a chronic wound? The psychological impact of body changes can be significant, as well as the social and emotional aspects of wound healing. Social isolation because of decreased mobility, diminished functional ability, contending with chronic illness, and pain cause a decrease in quality of life, low self-esteem, compromised self-image, and depression. Wound care and hyperbaric visits can cause severe anxiety as patients try to understand their new obstacles of managing their wound.

At visits, healthcare providers discuss the hope of combating amputation, infection, and other associated risks that can lead to death. Many patients complain about malodorous wounds and as a wound care team member you can smell them from the waiting room, but did you ever consider the embarrassment and anxiety that the patient feels?

It is well-studied that poor mental health correlates directly to slow wound healing, but as a wound expert we should be maximizing efforts to improve all aspects of the patient's health.

Resilient individuals have the power to adjust, resist stress, and potentially thrive in the face of adversity.

Resilience can be impeded by a lack of understanding about their wound, new physical limitations, and psychosocial consequences. There are many ways to improve the patient's mental health, consider using some of the below ideas and always share your ideas with others!

- Build rapport and trust
- Ask the patient about their obstacles
- Be clear and concise with wound management, risks, and goals
- Provide educational handouts that can be reviewed at home with their support system
- Speak directly to the patient's face in terms they understand
- Show the patient their wound progress and pictures
- Use the Teach Back method (teach them and have them repeat the information or procedure back to you so you know they fully understand)
- Before discharging the patient, give them a chance to ask questions
- Provide contact information in the event the patient has questions or problems
- Celebrate big and little wins with the patient



QUALITY CARE - WHAT IS THE BASELINE?

Matt Schweyer, CCO



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 <u>Vascular testing thirty days prior to coming to</u> 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.



2022 SerenaGroup Educational Courses

40hr Intro to HBO Courses

Jan 19-22, 2023 | Monroeville PA

Mar 23-26, 2023 | West Palm Beach FL

Aug 17-20, 2023 | West Palm Beach FL

Nov 9-12, 2023 | West Palm Beach FL

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.



Sereng Group Building the Nation's Leading Wound Care Team

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