



SerenaGroup Newsletter



March 2020

SERENAGROUP MONTHLY UPDATE

ISSUE 25

Advanced Wound Care Centers and COVID-19

Recently, the CMS/ HHS and others have encouraged health care delivery systems to consider reducing, delaying, canceling or closing departments that provide non-emergent care. As your partner in providing advanced wound care, we would like to share our perspective during the COVID19 crises.

SerenaGroup® is strongly encouraging our partner hospitals and clinics to continue wound care services.

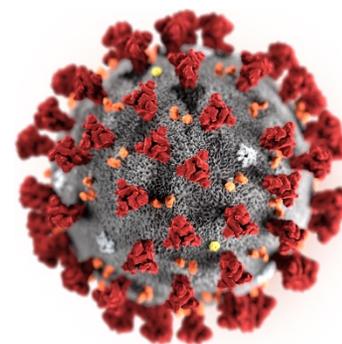


SerenaGroup CEO, Dr. Thomas Serena, stresses that caring for patients suffering from acute and chronic wounds is urgent and essential. This population is at **high risk** for infectious complications related to their wounds. If these chronic wounds are left untreated, the patients will return septic to the emergency room and will require intensive care services including mechanical ventilation.

If the hospitals choose to close the Advanced Wound Care Clinics, it is more likely to exacerbate the problems we all face in dealing with COVID-19.

SerenaGroup recommends that the advanced wound clinic staff take every precaution in caring for patients. This includes:

- Calling all the patients prior to their appointment and ask specific questions surrounding the COVID-19 symptoms.
- Adjust the schedule to prevent patients from waiting together in the waiting room.
- Extensive handwashing and wearing protective clothing.
- Mandatory cleaning of entire clinic





? Is outpatient wound care emergent?

It is urgent and prevents exacerbation of the current crises. Patients return to the advanced wound care center weekly. A robust body of literature has shown that this decreases complications such as amputation, infection, sepsis and death. Changing the dressings, cleansing the wound with antiseptics, debriding and applying an antimicrobial dressing dramatically reduces the risk of infectious complications. When patient do not return to the clinic weekly their risk of infection with septic complications rises sharply. The average wound clinic patient has 10 co-morbidities. An infectious complication in this group of patients rapidly leads to sepsis and admission to the ICU. Closing the wound clinic is likely to increase the utilization of ICU beds and ventilators.

? Are the patients considered stable or maintenance care?

No. Wound care patients have multiple co-morbid conditions (diabetes, lymphedema, infection, congestive heart failure, renal insufficiency, malnutrition and immunosuppression).

Closing or reducing access to care will increase the risk of infectious complications and the need for intensive care.

? Should on-going care be delayed?

This patient population typically has procedures that are time limiting throughout their course of care. They may have a Total Contact Cast (TCC), Multi-layered Compression (MLC), Cultured Tissue Products (CTP), Negative Pressure Wound Therapy (NPWT), all of which need to be removed at least weekly; some more frequently.

? What would happen if the above care was delayed?

The TCC is designed to be replaced weekly. If not replaced, progress of the Diabetic Foot Ulcer cannot be managed and there is the potential that the cast would decrease its ability to protect the off-loaded wound and the friction against the skin may create another wound.

The MLC is designed to reduce edema in the extremity and wick fluid away from the venous leg ulcer. Periodic replacement allows for reducing edema and removing the exudate from the ulcer.

? What about Hyperbaric Oxygen Therapy (HBOT)?

This patient population needs

to receive HBOT daily. HBOT is comparable to Radiation Therapy for the Cancer patients: each day of treatment builds from the previous day's treatment to promote healing. Delaying or cancelling this could have a negative impact on the patient and increase the risk of complications.

? If a provider cannot or will not see patients, is there an opportunity to continue to see patients in a non-disruptive fashion?

Starting January 1, 2020, CMS requires, as the minimum level of supervision, general supervision by an appropriate physician or non-physician practitioner in the provision of all therapeutic services to hospital outpatients, including Critical Access Hospital (CAH) outpatients. "General Supervision" means the definition specified at 42 Code of Federal (CFR) 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. This provision will allow for you center to continue to see patients in a non-disruptive fashion.

? How do we determine if we can see patients under General Supervision as outlined above?

Within the Federal Register, there is language that allows for the Hospital to determine the appropriate level of supervision

for Outpatient Therapeutic Services Departments.

Therefore, you will want to discuss with your hospital liaison prior to implementing "General Supervision" in the Wound Center.

How can we minimize the potential of a COVID-19 positive patient presenting to the Wound Center?

Please refer to your Hospitals Action Plan. However, all patients should be called within 24-48 hours prior to their appointment. On this call, the patient should be screened for cough, fever, or other signs and symptoms of the virus. If the patient/family member answer in the affirmative, in an abundance of caution, discuss canceling the appointment.

How can I as an employee keep myself safe during this time of the COVID-19 outbreak?

As always utilization of Personal Protective Equipment cannot be stressed enough. However, in this time of heightened concern, ensure all employees have or will need to be fitted with an N-95 mask and can demonstrate how and when to utilize the mask.

As an employee of SG, what and how should I proceed in the event, I believe I have symptomatic for COVID-19?

If you present with a fever or notice warning signs for COVID-19, such as difficulty breathing, persistent pain or pressure in chest, inform your supervisor

and seek medical attention immediately.

Is telemedicine an option for the Advanced Wound Care Center?

SerenaGroup is closely monitoring this option as it is rapidly becoming available – but this is a state-by-state option. We will inform each of our centers once it is available and provide the resources to put it in place.

Is Hyperbaric Medicine clean and safe?

Here is the most up to date information that you need to keep yourself and your patients safe throughout the current COVID-19 pandemic. The following is a news release from the UHMS. Please note that the conclusion of experts in the field in HBO is that ***"There are no special recommendations that we are aware of for chamber attendants or for disinfection of the hyperbaric chamber and BIBs in light of the COVID-19 pandemic. The usual disinfection protocols are more than sufficient to kill COVID-19, in the unlikely event that it would be present."***



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Why Continue with Treatment???

Remember why we went into healthcare = to help treat and heal the patients in order to give them the best quality of life possible. For Wound Care Providers and Staff, we need to make sure we educate ourselves on COVID-19 so that we continue to be the experts in the field. Our patients need us, and we need to ensure them a safe and healthy environment so that we can give the best care possible.

SerenaGroup will continue to be a valuable resource in the field as we monitor all national happenings and news releases that are coming out daily.

Please remember to remain calm and keep conversations minimal with patients regarding COVID-19. Ensure them that we are keeping the wound care environment safe for them so that we can continue to focus on healing their wounds.

The patients always have a choice on their healthcare, but we highly recommend that they continue to attend their wound care appointments as a non-healing wound can be harmful to their health.

As their healthcare provider and partner, we will be able to heal their wound and give them the quality of life that they deserve.

Continue to do good work and be the healing hand that our patients need during this national crisis.