



RIDING ABOVE THE WAVES OF HEALTH CARE REFORM

It is hard to go through a single day without hearing something about the changes in health care. The topic of health care reform runs the gamut. The conversation may be centered around the advantages of the Affordable Care Act, how many more people have insurance and the demand for better outcomes. You may also hear opponents argue for the proposed repeal of the Affordable Care Act. Another conversation may be centered on the development of new technologies, shorter and even shorter hospital stays, or the overall cost of care. The underlying message is that health care reform is driving

change. Reimbursement for services is closely tied to outcomes. The demand for better outcomes is forcing everyone's attention on quality care.

Change of any kind is challenging; as a rule, most people prefer to avoid change. When the change is related to the delivery of health care, the situation takes on a life of its own. Worry about our personal health, the well-being of our families, and our financial security are very real concerns for most Americans. Whether or not health care will be available when it is needed and whether or not it will be affordable

"Any sufficiently advanced technology is indistinguishable from magic."

-Arthur C. Clarke

are very real concerns for most of us.

Change has led and will continue to lead to improvements in technology, innovation, and processes. The hospital industry will continue to

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evolve and patient care will be improved. Research will lead to Evidence Based Practice being the standard as opposed to the goal. Data will be analyzed and patient care models will be developed around what actually works best. By moving from a fee-for-service to a fee-for-outcome payment model, performance in the delivery of care will birth more models that are patient-centered and evidence-based. This paradigm shift is a dramatic change from the traditional paternalistic culture where a physician's judgement was above question.



The demand for improvement in health care outcomes is driven by everyone. Individuals, as well as society, have a real stake. Corporations become players as they look for the best insurance. National and state legislatures all want to have their say about Health Care Reform as well. The Affordable Care Act mandates that hospitals provide efficient care at a lower cost while keeping patients from being readmitted. The goal is optimal health for individuals and society as a whole at the best cost. The focus is firmly placed on quality outcomes.

Maintaining good health is a challenge. Our society is aging and the incidence of chronic, costly diseases is increasing. Diabetes, obesity, hypertension, and a myriad of other chronic diseases seriously impact health. Individual responsibility for one's health is a personal decision. We could all do better. We have the opportunity to optimize our own health with better habits. That decision is ours but the consequences of failing to make the necessary changes are also ours. Malik Joshi,

Senior Vice President and CEO of the American Hospital Association's Health Research and Educational Trust offers, "Health is driven by health care, but is also driven as much by everything that is not health care - all the social factors, economic factors and demographics."

The struggle for health care facilities to stay healthy goes beyond a personal choice and is now driven by finances. Better reimbursement and penalties are driving system-wide improvements. A number of these improvements are tied to skin and wound care. The delivery of acute and chronic wound care improves when the focus is squarely placed on quality. Without question, there are countless wound care options available in both dressings and technologies. The real challenge facing clinicians is understanding how and when a particular treatment option is ideal. Cost and compatibility are very real concerns. Some enzymatic debriders can be inactivated if combined with other dressings. No health care system can afford to stock all of the dressings and technologies available in today's

market. Savvy administrators and clinicians understand the value of stocking dressings that are versatile enough to address a variety of wounds as opposed to maintaining a store-room filled with countless products that may have limited uses. Stocking a wide variety of products that are only occasionally used leaves institutions at risk of clinicians forgetting how and when specific dressings should be used. Another problem is that those well-stocked shelves represent a significant financial investment. Dressings that go unused will eventually expire. When they are discarded, profitability goes with them.

Knowledge and expertise are critically needed to drive quality outcomes. Patients and clinicians are eager for reputable, affordable information about how to manage wounds and products that work seamlessly with a majority of wound types. Education is an important component of any quality improvement plan focused on skin and wound care. Education combined with superior products drive better outcomes and better outcomes equal quality care.

RESEARCH EXPLAINS THE "WHY" BEHIND THE MAGIC

Southwest Technologies proudly brought current research to clinicians at the combined Wound Healing Society and Spring Symposium on Advances in Wound Care (SAWC) on Apr 30-May 5, 2015. Attendees covering the spectrum of disciplines enjoyed the beautiful weather in San Antonio, Texas as well as informative lectures, a bustling exhibit hall, and poster presentations representing the most current innovations and research from around the world.

Motaz Abas, a member of the research team at The Ohio State University, proudly presented the most current research on modified collagen gel, Stimulen®, to an eager audience. Countless clinicians are adding collagen to their arsenal of wound management options and are interested in which collagen may offer the greatest advantages. Although Stimulen® is not the only collagen on the market, this research poster clearly explained the properties that make Stimulen® such a unique and valuable tool for wound care. This latest research was conducted under the direction of Dr. Chandan Sen and built on previous research. This study decisively demonstrates the efficacy and advantages of adding Stimulen® to optimize healing.

By initiating activity at the cellular level, Stimulen® creates a robust inflammatory phase that "kick-starts" healing in stalled, recalcitrant wounds. This inflammatory phase transitions into a proliferative phase after just three to seven days. This replicates normal healing in patients who lack the capacity for normal healing. The research explains the complex cellular interactions of Stimulen® on both pro-inflammatory and anti-inflammatory macrophages. Earlier



Motaz Abas expertly explains the science behind the amazing cellular impact that Stimulen® had in their research

studies validated Stimulen's® ability to increase the length of Rete ridges adding nourishment to healing tissue and increasing tensile strength to the tissue and skin. This most current research showed Stimulen's® ability to heal challenging wounds using an ischemic animal model. A loss of circulation is devastating. Peripheral vascular disease and more specific arterial insufficiency are seen with an increasing incidence with advanced age,

diabetes, and obesity. Through a series of complex interactions, Stimulen® is able to facilitate ideal cellular chemoattraction, differentiation, and activation. The result is angiogenesis and critical blood flow to ischemic wounds

Now that research has explained the science behind the magic, the amazing results that clinicians are reporting are quickly becoming expectations as opposed to exceptions.

Upcoming Global Events

European Tissue Repair
Society Meeting
Oct. 21 - 23, 2015

International Wound &
Biotherapy Conference
Oct. 16 - 18, 2015
Selangor, Maylasia

21st Annual Canadian Assoc.
Wound Care Conference
Oct. 29 - Nov. 1, 2015
Westin Harbour Castle,
Toronto, Ontario

European Wound Management
Association
May 11 - 13, 2016
Breman, Germany

International Wound
Management Conference
June 28, 2016
Salford, UK

REDUCED PAIN AND IMPROVE HEALING FOR PEDIATRIC BURN PATIENTS

A compelling case series translated into a poster presentation shows the benefits Stimulen® offered in managing pediatric burn patients. Wounds on children pose an especially difficult challenge for clinicians. Optimal healing is the goal but, the process of getting to that point is just as important. Fear, pain, communication issues, family concerns all impact how we are going to approach care. In an ongoing case series, Ms. Amaral replaced the earlier standard of care using Silvadene and gauze with Stimulen® and gauze. The result was faster healing, less scarring, fewer complications, and decreased pain with dressing changes. Based on her research, Stimulen® is now the standard of care she uses in Brazil.

A case study on pediatric hand trauma is also available for your review. This case study outlines the care of a young man who sustained a serious injury to his hand that extended to the bone and threatened normal use of his hand. This study and many others are available for you on the website, www.elastogel.com.



Angela Carlos Do Amaral proudly stands with her poster, Enhanced Healing of Pediatric Burn Patients Using a Glycerine-Based Collagen as Jim Ford helps translate.

Upcoming USA Events

MidAtlantic Region - WOCN
Oct. 16 - 17, 2015
Alexandria, VA

North Central Region - WOCN
Oct. 23 - 24, 2015
LaCrosse, WI

New England Region - WOCN
Nov 6 - 7, 2015
Newport, RI

Desert Foot Conference
Nov 18 - 20, 2015
Phoenix, AZ

Wound Healing Institute
March 13 - 15, 2016
Branson, MO

SAWC/WHS
Apr. 13 - 17, 2016
Atlanta, GA

WOCN/CAET
June 4 - 8, 2016
Montreal, Québec, Canada

ASK THE EXPERT COLUMN

The Changing Nature of Outpatient Wounds

Richard Schlanger, MD, PhD, FACS, FACWP
Associate Prof. of Surgery, The Ohio State University

Over the last five years, an epidemic as plagued the state of Ohio as well as the rest of the country. Intravenous and subcutaneous injected narcotics such as cocaine and heroin are creating wounds requiring very large and sometimes devastating debridements. Once the surgeries are performed, the resulting wounds are difficult to care for in the face of noncompliance, hygiene issues, and ongoing drug use.

In the early part of this epidemic, the vast majority of these patients were either uninsured, underinsured or self-pay. This required tremendous creativity on the part of the wound professionals.

The majority of these patients had Hepatitis C as a result of numerous injections of the illicit materials. The presenting issue was severe hypo-proteinemia which was not correctable because of a protein synthesis defect in the liver. Therefore, not only did we have difficulty healing the wounds due to their size and the patient population, but also, due to permanent malnutrition. This would translate in the wound as a loss of native collagen.

The available use of collagen powder would, in fact, help deliver local collagen for protein synthesis in the wound bed and promote healing. Many of these wounds dried out because of the use of normal saline wet to moist (as we all know are really wet to dry) or the use of quarter strength Dakins or acetic acid in the wounds. When possible, we would try to make a slurry of a hydrogel with the collagen powder covered with a moist gauze. The most important part of any of these dressings was having someone at home to help since the vast majority of these patients do not qualify for home health.

Very occasionally were we able to use xenografts. This required the complete cooperation of the patient and we were only able to use this modality in less than 10% of the patients. Using a real skin graft left us with two wounds now to take care of it in a usually uncooperative population.

The results using the slurry of a hydrogel and collagen powder are in some cases a collagen ointment were very effective. We were encouraged by an overall reduction in time to heal of less than four weeks in the vast majority of patients that were able to go into a detoxification program and stop using narcotics.

As of April 1, 2015, the new opiate distribution regulations may help us in determining patients that may need intervention prior to becoming chronic wound patients with recurrent ulcerations in their soft tissue.

It is important to remember that this does not represent necrotizing fasciitis, but a form of soft tissue necrosis due to MRSA or VRE directly injected into the skin (skin popping) or in the peri-vein causing suppurative thrombophlebitis.

southwest technologies inc. Product Spotlight

Elasto-Gel™ WOUND DRESSING

- Bacteriostatic - reduces delayed healing and complications
- Gently absorbs exudate - At 24 hours Elasto-Gel™ will absorb 3 times more than most hydrogels, hydrocolloids and alginates
- Protects - Will not damage periwound tissue or fragile wound beds
- Hydrates - Lends moisture to new granulation tissue
- Comfortable, conformable, cushions and pads
- Easy to use - does not melt into the wound or dry out
- Available in multiple sizes and can be cut to fit to any shape
- Stretchable backing allows maximum flexibility with patient movement
- Cost effective solution
- One of the most versatile dressings on the market
- Ideal as a primary or secondary dressing
- Regulates Temperature

Prevention and Treatment: This dressing is one of the most versatile products on the market today. Although classified as a hydrogel, it is magically able to lend moisture to a dry wound and absorb 3-4 times its own weight moderate to heavy exudate. In addition, this is an ideal dressing for burns and other painful wound etiologies because of its soothing capacity. Appropriate for all wounds with the exception of 3rd degree burns. Added benefits are in prevention and padding of high risk areas.

*For MORE valuable information, visit the website:
www.elastogel.com*



TESTIMONIALS & TRIBUTES

Words can not express how thankful I am for the wound dressing, Elasto-Gel™. As a nurse, I have cared for many skin tears but nothing has ever worked as well as Elasto-Gel™. I suffered a large skin tear that was 6 x 4 inches over my left shin. It was amazing to see it get smaller every day. I am so happy with my results that I have been telling all of the doctors in my area and hope for their patient's sakes that the start using Elasto-Gel™ for ALL of their wounds.

Thank you for this amazing product.

Virginia Benefiel, RN
Mission Clinic
Berryville, AR

Thank you so much for the hot/cold packs for my wrists! May 3rd marks the one year anniversary for all of my broken bones. This last year has been a wild ride. With all of the positive thoughts, prayers, and kind things people have done from me, I know that I will come out on the other side.

Thank you so much for thinking of me! I really appreciate the wrist packs.

Cherie Roatch, Office Manager
American Marking Systems
Lenexa, KS

Gold Dust®: Worth its Weight in Gold!!

After the second time now of utilizing Gold Dust® wound filler (along with the Stimulen® powder) for an impossible patient situation, I am now a believer. And I haven't even made it out of the WOCN certification program yet! WOW!!

My first experience was a large open abdominal incision surrounding a colostomy stoma. The drainage was such a large amount that she could not be discharged from the hospital because of it. A little gold dust and a few days later she was out the door. Two months later, healed and ready to pouch normally! I was impressed.

In comes my second disaster... an ileostomy that was three weeks post-op with poor pouching management. Stoma was retracted approximately three cm below abdominal skin with a surrounding open wound. Red, painful, angry irritant dermatitis plus open draining wounds surrounding the entire stoma circumferentially and extending into the perineal area. Multiple attempts to pouch with multiple pouching systems were to no avail. How did I finally get a pouching system to work? I built a dam with barrier paste and filled it with Gold Dust®. (Among a few other tricks). It stayed in place for three days! Woot! Woot! I am a fan of this stuff!!!

Patty Hurst, BSN, RN
Mountain Home, AR



Southwest Technologies, Inc
(SWT) started in 1981 with
the vision and passion of
"Treating the World Well".

It is with this vision that Dr

Edward I Stout, Ph.D, Owner, Dir. of Research, CEO
brings his background of science in organic/polymer chemistry in developing
innovative products to help those suffering from aches and pains to open wounds. His experience, his past
developments with patents and research spearhead the newly advanced products to be marketed under SWT.

ICD-10 IS FINALLY HERE

After a prolonged implementation period, ICD-10 is now a reality in the United States. The conversion from ICD-9 to ICD-10 is yet another another example of health care reform. The "official" implementation date was October 1, 2015, but the Centers for Medicare and Medicaid Services (CMS) agreed to a one year grace period. During the first year, medical claims will not be denied if the diagnosis is within the correct family of medical codes.

One of the challenges in mastering the conversion to ICD-10 is the almost five-fold increase in diagnosis and procedure codes. There are now 68,000 codes to better capture an accurate diagnosis as well as more detailed billing codes. The length of codes will increase from 3 to 5 digits to 3 to 7 digits. This increase in data will provide important details about disease management and outcomes. This information will easily translate to better tracking that in turn will lend itself to better research. With more research, we will have a basis to build Evidence Based Practice models that will then guide better outcomes.

There are a vast number of resources available to help support you as you integrate ICD-10 into your practice setting. A sampling of resources is listed below:

- CMS "ICD-10 Quick Start Guide" (PDF) (<https://www.cms.gov/Medicare/Coding/ICD10>)
- CMS list of provider resources (<https://cms.gov/medicare/coding/icd10>)
- List of specialty specific code cheat sheets
(<http://www.shimcode.com/2015/09/medical-specialty-specific-icd-10-tips.html>)
- Wound Care Reimbursement Code Converter
(Note: Wound Care Specific Codes) (<http://aurixsystem.com/ICD10/index.php>)
- Tips for building your ICD-10 code cheat sheet
(<http://www.medcialpracticeinsider.com/blog/compliance/technology/business/patient-care/cheat-sheet-basics-icd-10>)
- Code converter that works for all ICD-9 and ICD-10 procedure and diagnosis codes
(<http://www.icd10data.com/Convert>)
- ICD-10 browser to browse and search for all codes
(<http://apps.who.int/classifications/icd10/browse/2015/en>)