

# Continuum

The Quarterly Journal of LTAC Hospitals and the Spectrum of Post-Acute Care



## THE MMSEA MAZE: CMS IMPLEMENTS THE NEW LTAC HOSPITAL LAW

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Protecting Medicare

▲  
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Electroceutical Therapy in Complex Wound Care

# Integrating Electric

## into “Everyday” Complex Wound Care

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Regency Hospital, Macon, GA

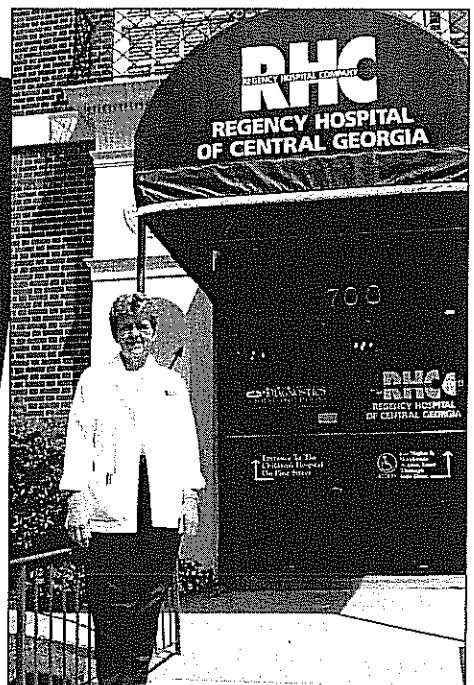
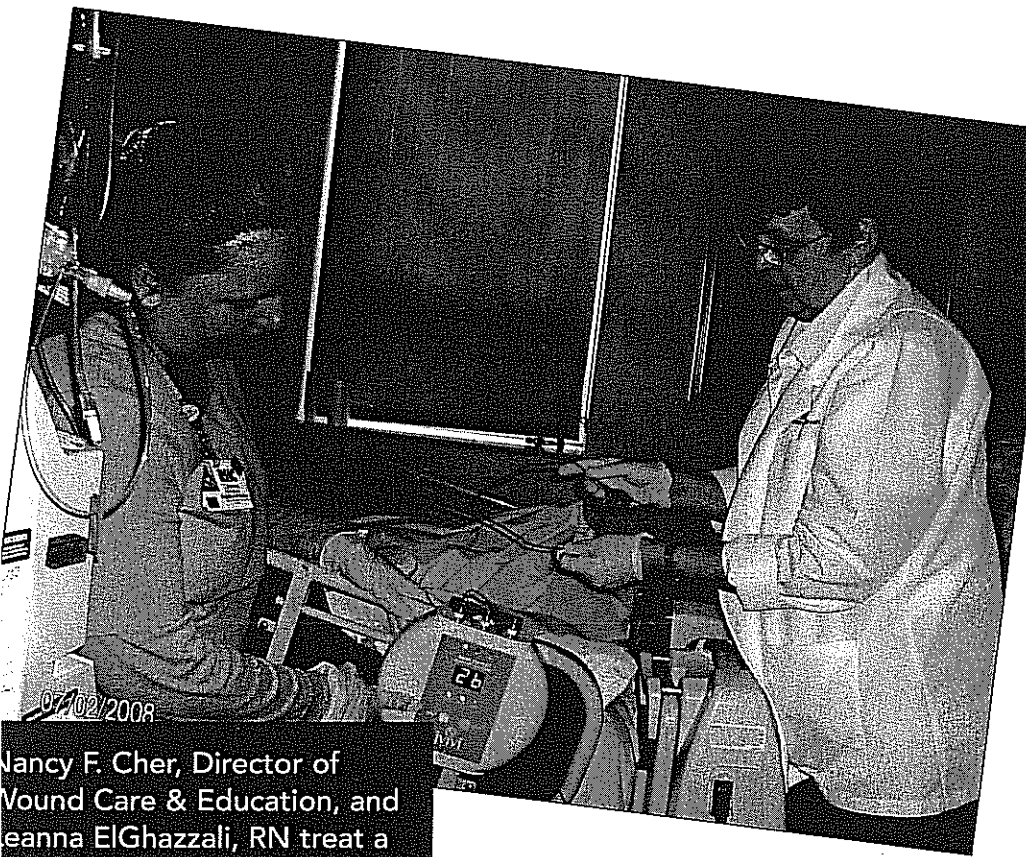
*Article Adapted by Nancy F. Cher from a presentation  
at the April 2008 Symposium on Advanced Wound Care  
(SAWC) in San Diego, CA*



At Regency Hospital of Central Georgia in Macon, Georgia, the wound care team treats patients with a variety of wounds, from dehisced and infected surgical wounds to complex traumatic wounds to persistent chronic wounds, with every type of co-morbidity. Our objective is to provide the most cost-effective care, while obtaining excellent results, often within a limited period of time.

With the recent announcement by the Centers for Medicare and Medicaid Services (CMS) that it would no longer consider hospital-acquired conditions, including “pressure ulcers after admission” for reimbursement, it has become increasingly important for inpatient facilities to seek and access new and comprehensive treatment practices with the ultimate goal of healing patients sufficiently to progress to the next level of care—typically rehabilitation to home.

# ceutical Therapy



Nancy F. Cher, Director of Wound Care & Education, and Leanna ElGhazzali, RN treat a patient with electroceutical therapy at Regency Hospital of Central Georgia.

Three years ago, Regency's wound care program began evaluating the Roma3 Electroceutical Therapy System from Ivivi Technologies, Inc. The electroceutical delivery system consists of a small AC power and signal generator and up to three lightweight circular therapy applicators that can cover an area up to 20 cm in diameter each and of any depth. The therapy was approved by Medicare for use on chronic wounds, and, as the technology is cleared and labeled for use on pain and edema in soft tissue, our program is able to utilize the technology on all patients when indicated and prescribed.

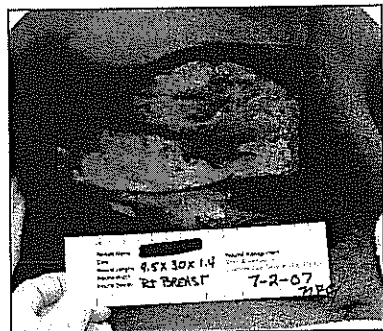
More specifically, electroceutical therapy is designed to improve the endogenous anti-inflammatory processes in the body by inducing specific, well-defined micro-currents into injured or inflamed tissue. The current regimen, every 12 hours for 30 minutes, applied directly to the affected area accelerates the natural electrochemical process that brings about healing. All the components of the anti-inflammatory process—from the reduction of pain and edema, angiogenesis, tissue regeneration and remodeling—are the natural biological steps in resolving wounds. Electroceutical therapy has no direct

effect on the steps per se, but rather is designed to accelerate the known process.

The electroceutical therapy brought about such improvement within our hospital on wounds which did not respond well to other therapies that we launched a program to offer this technology to patients system-wide without incurring additional costs. We now have electroceutical therapy systems throughout our facilities with widespread daily use.

## CASE STUDY

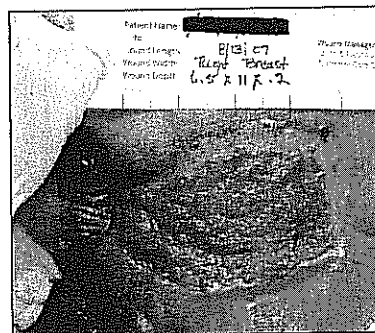
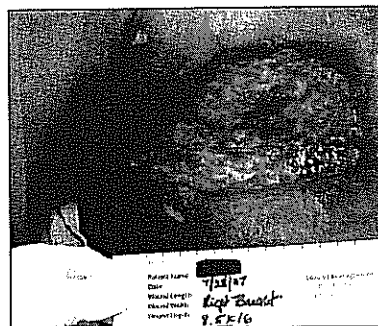
In addition to consistently improving patient outcomes, overall, Regency Hospital in Macon experienced a 60% reduction in wound care costs by implementing the “end of every bed” electroceutical policy. The most important costs savings came from the reduction in our use of negative pressure wound therapy (NPWT), as we have been able to reduce NPWT rentals and have been able to use dressings that could remain in place longer than the 48 hour maximum for NPWT dressings, thus reducing nursing labor as well.



*This 79 year old woman was admitted, 7.02.07, with a large open wound secondary to right mastectomy for papillary carcinoma, without significant co-morbidities. Wound volume was about 400 cm3. She had NPWT in place at admission and that modality was discontinued*

*due to pain. The LTACH goal was sufficient wound progress so that grafting could be accomplished. The initial protocol (in addition to Accuzyme, fluffed gauzes and ABD daily) wound care, was electroceutical therapy every 4 hours for 30 minutes.*

*Wound at 21 days (volume approximately 28 cm3)*



*Wound at discharge, day 42 (volume approximately 14 cm3)*

The reduction in wound volume was approximately 96%. Further, the rapid progression allowed this patient to completely forgo the intended grafting (her preferred outcome), a surgical procedure not without its own challenges. This patient was able to be discharged directly to home and the care of a relative.

As the need for cost-effective, evidence-based medicine continues to increase, the benefits of electroceutical therapy include: improving patient care, reducing staff time, significantly reducing costs associated with wound care; and, meeting Regency Hospital's main objective of “Giving people their lives back” ▲

*Please be advised that the authors have no significant relationships with or financial interests in any commercial companies that pertain to this educational publication.*

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