GOING MOBILE

Wound Care Plus, LLC brings advanced wound care, and cutting-edge technology, directly to the bedside.

Partners in healing: Amanda Ohrt and Martha R. Kelso.

On a wintry day in 2010, Martha R. Kelso loaded a borrowed cast saw into her car and embarked on an anxiety-filled drive across Kansas City, Missouri.

Hours earlier, Kelso—a registered nurse serving as clinical manager of the city's Advanced Wound Center—had been reviewing a non-activity report listing patients who hadn't returned to the clinic in over a month and required follow-up. Among the people on the list was an elderly woman with dementia who lived in a nursing home and had come in with a diabetic foot wound for the first and only time a little over a month prior.

"Her wound needed perfect offloading, and the way to achieve that is usually through total-contact casting, which is what we did," recalls Kelso.

However, a total contact cast must be changed at least every week, and the patient had not returned since her initial visit. Knowing the woman was at serious risk of infection or gangrene, Kelso phoned the nursing home immediately. "Nobody there realized how serious it was," she says. "They thought she was just in a normal cast that needed to stay on for four to six weeks. This type of wound healing modality is not commonly used in the Post-Acute Care setting, so staff in Post-Acute Care wouldn't normally have experience with them."

When Kelso asked that the patient be brought back to the clinic immediately, she was told it wasn't possible. The patient required Medicaid transport, which would take 48 to 72 hours to set up, and, due to her dementia, she also needed a family member to accompany her, which required some organizing.

Believing time was of the essence, Kelso did the only other thing she could think of: she went next door to the orthopedic clinic, grabbed a cast saw, and sped to the nursing home, bracing herself for what she would find once the cast was removed.

"Miraculously, the wound had healed under the cast," she says. "But if the staff had accidentally gotten it wet in the shower, or if the patient had urinated on herself, maybe spilled something on it, this would have been a much different story, most likely ending in amputation."

While Kelso was deeply relieved by the outcome, she also felt frustrated by the situation and knew there had to be a better way to treat the wounds of patients who couldn't easily get to a hospital or clinic. "I thought to myself, 'This is ludicrous. We shouldn't be trying to transport these people with wounds when there's ice and snow on the ground, and it's hard to travel. We should be going to them.'"

Martha R. Kelso, CEO

> We are the advanced wound care provider coming to the patient's bedside," says Kelso. "We do the assessment, the evaluation, management and diagnosis of the wound."

DELIVERING WOUND CARE AT THE POINT-OF-CARE

Today, Kelso is the founder, owner, and Chief Executive Officer of Wound Care Plus, LLC, one of the largest mobile wound care providers in the United States. Launched in 2016 and headquartered in Blue Springs, Missouri, Wound Care Plus, LLC comprises skilled and caring practitioners who bring consistent, cutting-edge diagnostic and wound healing modalities to people with wounds at their bedside.

"We're currently active in 22 states," says Kelso. "And we touch many sites of care each day, including skilled nursing facilities/nursing homes, assisted living, group homes, long-term acute care hospitals—anywhere there are wounds, we go to them."

Wound Care Plus, LLC is a natural progression for Kelso, who began her healthcare career as a nurse aide at a long-term care facility in her hometown of Marysville, Kansas when she was just 15 years old. She later pursued a nursing degree, worked inpatient at a hospital for a few years, and then transitioned to managing nursing homes before settling in wound care full-time. This specialized background has equipped Kelso—and her team—with a deeply compassionate awareness of the challenges that Post-Acute Care facilities face regularly, including the often-daunting task of treating chronic wounds. Kelso is always searching for new modalities and healing strategies that transport easily to the bedside, which she likes to call "trunk-to-bed" technology.

"Wound care isn't comprehensively taught in nursing school, which means that, quite often, the staff in Post-Acute Care spaces may be receiving on-the-job training for wound healing and wound management," says Amanda Ohrt, who serves as Senior Vice President of Clinical Affairs at Wound Care Plus, LLC. "Additionally, the bedside nurse's scope of practice is limited, so when advanced wound specialists come in and provide that service instead of sending the person with a wound out, that can make a real difference."

Mobile wound care also helps ease the complications that often arise when organizing patient transport to brick-and-mortar wound care centers or clinics. Transporting someone to these appointments can often be an all-day event and typically requires someone to accompany them. The transportation responsibility ends at the front door to the drop-off point. The patient usually must go through patient registration and may need to ride an elevator and get down the hall to get to the wound center. If they have cognitive impairment or walkers/wheelchairs as a primary method of transport, this presents real challenges.

"We are the advanced wound care center coming to the patient's bedside," says Kelso. "We do the assessment, the evaluation and management, point-of-care diagnostics, wound procedures, and other wound healing modalities. We do everything an advanced wound care center does, and then some, because we also use diagnostic technology that many centers haven't adopted yet—like SnapshotNIR."

A TRIAL RUN

Created by Kent Imaging, SnapshotNIR is a portable, non-invasive assessment tool that uses near-infrared light (NIR) to provide real-time visualization of tissue perfusion and oxygenation in and around a wound site. The device, which operates much like a digital camera, captures infrared images that allow practitioners to assess, document, and track tissue viability and wound healing.

"I first came across the Snapshot device on the sales floor while attending the Symposium on Advanced Wound Care (SAWC)," says Kelso, adding that she tends not to get overly excited about new technology because "there's either no reimbursement or the equipment is 75 pounds and not feasible for hefting in and out of vehicles, which doesn't pass the trunk-to-bed test."

However, after seeing a demo of Snapshot and learning more about how the NIR technology works, Kelso suspected the device would be a valuable tool in the mobile setting. She agreed to an evaluation period in which one of her providers would use the technology for 30 days to see if it made a difference in delivering care.

She quickly discovered that it did.

"During the trial period, we used Snapshot on about 120 patients, and it became quite clear that it's one of those technologies that shifts how you think about wound care, and those don't come along every day," says Kelso. "I've been doing advanced wound care for 20+ years, and I've been in health care for 30+. SnapshotNIR changed my perception—and the provider's perception—about lower extremity perfusion, and therefore wound etiology, in our elderly population."

Before using Snapshot, Kelso had an inherent belief that most elderly patients with lower extremity wounds have significant arterial vascular disease. This made the prospect of treating a chronic wound with sharp debridement unappealing, as debriding a lower extremity wound with poor vascular blood flow can worsen the wound significantly.

"But Snapshot proved how I was trained, and therefore my beliefs on lower extremity wound perfusion, were wrong," Kelso says. The images the device captured allowed a visual representation of oxygenation and perfusion below the surface of a wound, revealing that some patients did, indeed, have sufficient circulation for sharp debridement. "The device showed us that we could debride more often and should debride more often. It also helped us perform good quality debridements, ensuring we were getting down to adequate perfusion."

Kelso found that Snapshot was also decreasing the need for outside consultations. "We were able to reduce the number of referrals that we were sending out to vascular surgeons to under one percent because suddenly we had objective data from a non-invasive machine that could help us get proof in the pudding, so to speak, on a wound's oxygenation and more," she says.

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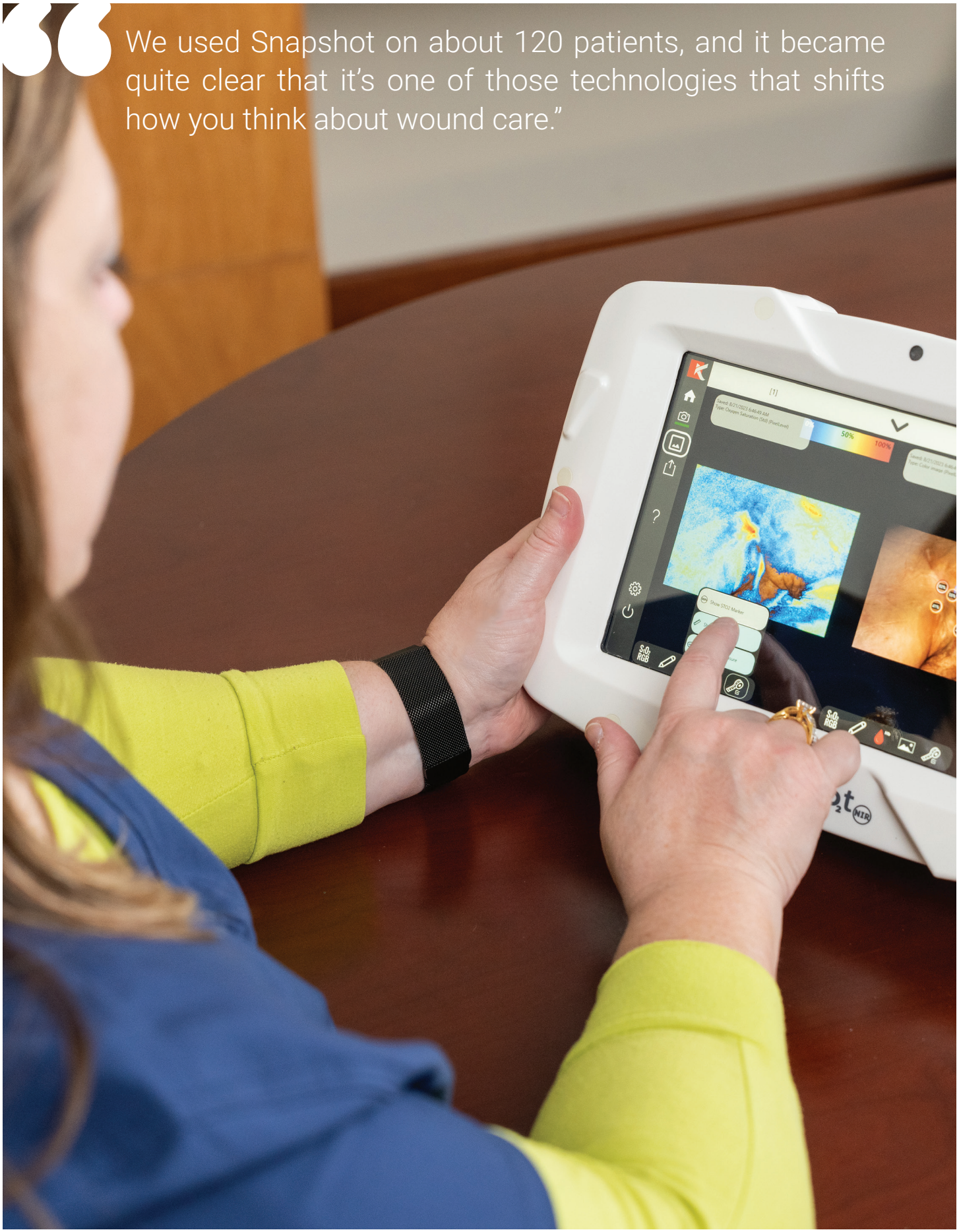
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Wound Care Specialist, Mindy Vesperman FNP-C, loads SnapshotNIR into a Wound Care Plus 'Green Machine'.

As the evaluation with Snapshot came to a close, Kelso knew for certain the device would be the perfect "trunk-to-bed" tool for her staff. But there was a problem. "We couldn't move forward with purchasing because, at the time, there was no reimbursement for the device within the Post-Acute Care sector," she says.

Serendipitously, around the same time the evaluation of SnapshotNIR by Wound Care Plus came to an end, senior medical directors at some of the Medicare Administrative Contractors (MACs) reached out, wanting to hear more about near-infrared spectroscopy (NIR) and its benefits. Kelso was asked to present her findings from the evaluation. The pressing question was how near-infrared affected the advanced wound specialists' decision on treatment plans through point-of-care diagnostics.

"I spent an entire weekend combing through our database to see what the outcomes of those 120 patients were, and then I presented that data directly to the senior medical directors of the MAC," Kelso says. "And soon after that, the MAC decided to cover the technology in Post-Acute Care sites of care, and we were able to purchase the devices for our staff."

BUILDING CONFIDENCE

Today, Wound Care Plus, LLC owns 20 SnapshotNIR devices, all of which are used on a daily basis.

"Snapshot has made things easier for our providers," says Amanda Ohrt. "Before having the device, we'd often have to order tests and wait, sometimes for a week or two, before we could start treatment on a wound. But now we can scan a wound with SnapshotNIR and see right away if it has good oxygenation or good tissue perfusion, and that makes a huge difference in ensuring we have the right treatment plan."

The Wound Care Plus, LLC team has also seen a notable uptick in patients adhering to their treatment plans. That's because most of the providers have made a point of showing patients the Snapshot images of their wounds. The providers will explain what the different colors in the images mean (red demonstrates the highest levels of oxygenation, while blue is a sign of insufficient oxygenation), then discuss how a chosen treatment plan will help change those blue parts of a SnapshotNIR image to red.

That kind of education, in combination with patients being able to see what's on the Snapshot image, has made a tremendous difference in compliance among individuals who tended to be non-compliant in the past," says Ohrt. "They're encouraged because they're able to see the change in blood flow as they heal."

Indeed, adding Snapshot to their mobile tool kit has allowed the specialists at Wound Care Plus to treat healable wounds with earlier interventions and heal them faster.

"There's a saying out there: You can't treat what you can't see," says Kelso. "But SnapshotNIR lets us look below the skin's surface, beyond what we can see with the naked eye. It changes the game." ■

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300 - 1210 8St SW, Calgary, AB CANADA T2R 1L3
1-403-455-7610 | TF: 1-833-SEE-KENT (1-833-733-5368)
info@kentimaging.com **kentimaging.com**

Follow us on social media: