



An Acelity Company

ACTIVE INCISION
MANAGEMENT:
**A PLAN FOR
PROTECTING YOUR
SURGICAL RESULTS,
YOUR PATIENTS AND
YOUR HOSPITAL.**



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Acelity™

How active hands-on involvement in managing the incision healing process helps to protect your surgical results, your patients and your hospital

As surgical incisional techniques have evolved to more minimally invasive procedures that reduce the risk of complication associated with open procedures, so have products for the management of closed surgical incisions.

Advanced therapies for closed incisions

- Topically applied growth factors¹
- Cultured skin²
- Negative Pressure Wound Therapy (NPWT)³⁻⁷
- Advanced wound dressings

Defining Active Incision Management

Active Incision Management (AIM) is an evidence-based approach for matching incision care, including advanced therapy products, to each patient's unique situation. Since categorization and grading vary by patient, there are many ways to approach incision care. From pre-operative planning through post-operative follow-up, AIM is designed to empower you to move your surgical patients on the path to incision management with a goal of fewer post-operative issues.

"According to the updated compendium (Joint Commission), a vital element of preventing HAIs is for surgeons and health care professionals to be accountable, as accountability provides the necessary transitional link between science and implementation."⁸

– *Bulletin of the American College of Surgeons, December 1, 2014*

A convergence of factors now empowers you to actively plan, manage, and monitor incision healing across the entire care spectrum – pre-operative, peri-operative, and post-operative.

- Methods for identifying patients at increased risk of complications
- Updated evidence-based practical recommendations for preventing surgical site infections
- Advances in wound dressing and closure technologies that can improve incision healing
- Improved post-operative guidelines and surveillance methodology

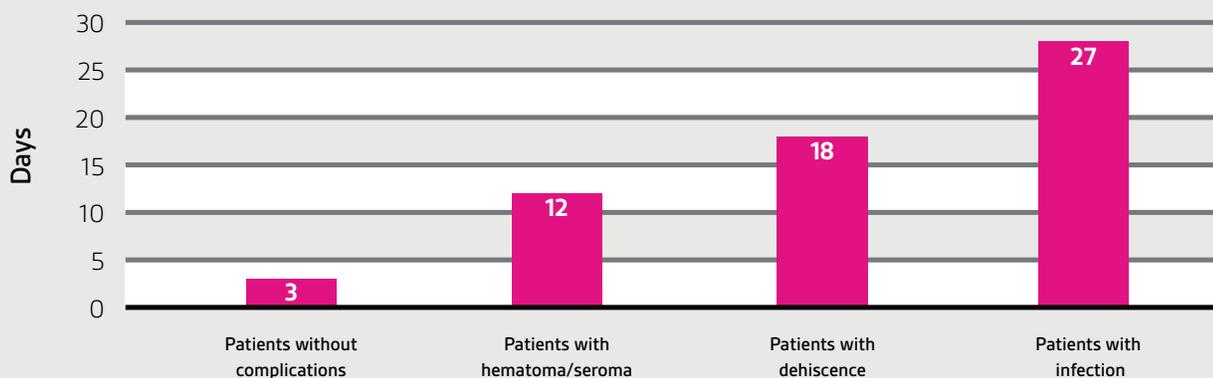
Careful incision management that reduces complications is important for patient satisfaction

AIM is imperative to help reduce the human and economic costs of SSIs

Complications with incision healing lead to serious patient consequences

- There are 8 million people at risk for Surgical Site Infection (SSI) in the U.S.⁹
- SSIs account for 21.8% of all U.S. healthcare-associated infections¹⁰
- Of the top 5 Healthcare Acquired Infections (HAIs), SSIs account for 33.7% of the \$9.8 Billion cost to the U.S. healthcare system*⁹

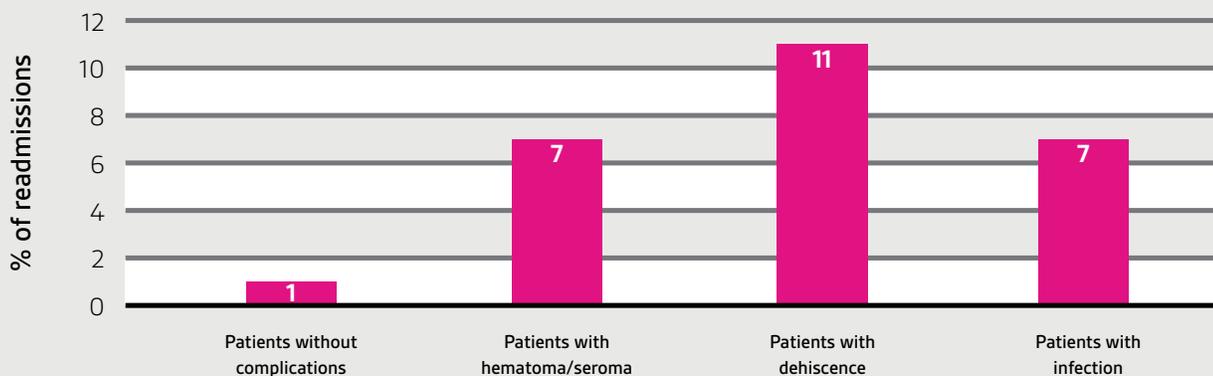
Patients with complications have longer hospital length of stay (LOS)¹¹



Average LOS for patients with open reduction fracture of tibia and fibula

Hospital average LOS is based on a national average of all patients with ICD9 79.36-open reduction of fracture of tibia and fibula. Patients without a complication are compared to patients with a co-occurring complication.¹¹

Patients with complications have higher readmission rates¹²



Percentage of patients with open reduction fracture of tibia and fibula requiring readmission

Hospital readmissions rate is based on a national average of all patients with ICD9 79.36-open reduction of fracture of tibia and fibula. Patients without a complication are compared to patients with a co-occurring complication.¹²

*Top five HAIs are central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia (VAP), Clostridium difficile infection (C diff), Surgical Site Infections (SSI) and catheter-associated urinary tract infection (CAUTI).

Complications can result in increased costs

\$3.3
BILLION

Impact of SSIs to
U.S. healthcare
system⁹

9.6
DAYS

Increased average
length of hospital
stay to an extra
9.58 days¹³

39K
COSTS

SSIs added \$38,656
in length of hospital
stay costs¹³

Institutional rates of HAIs, including SSIs, can materially impact reimbursement¹⁴

- Hospitals will not be reimbursed for hospital-acquired conditions including 3 SSIs: mediastinitis following coronary artery bypass (CABG), SSIs following certain orthopedic procedures, and SSIs following bariatric surgery for obesity¹⁵
- Under the Value Based Purchasing (VAP) program, hospitals in the lower 50% in terms of patient satisfaction scores and some clinical measures face lower DRG payments¹⁴
- Under a Hospital Readmission Penalty Program, hospitals face separate penalties up to 3% on total Medicare reimbursement across all payments if readmission rate exceeds allowable threshold¹⁴

With greater control and responsibility for incision healing, defining the course of action is critical to helping you achieve your surgical results in a way that it benefits your patients and your hospital.

- Performance Measures – measurements intended to ensure and enhance compliance with best practices
- Patient Surveillance and Monitoring – methods and measures for detecting SSIs, dehiscence, and other complications beginning in first 24 to 48 hours post-surgery and extending to 30 days and beyond

Integrate AIM into your protocol

Match incision therapy and care to confidently put each patient on the best path to efficient and effective incision management.

Key aspects of the surgeon-directed approach include:¹²

- Patient Grading System – PGS enables matching incision closure methods and wound dressing to each individual patient's risk of potential complication (Figure 1).
- The proposed patient grading assessment system (Figure 2) may help identify patients with closed surgical wounds that may be at risk for complications.

Figure 1

Surgical Approach to Therapy Selection.¹²

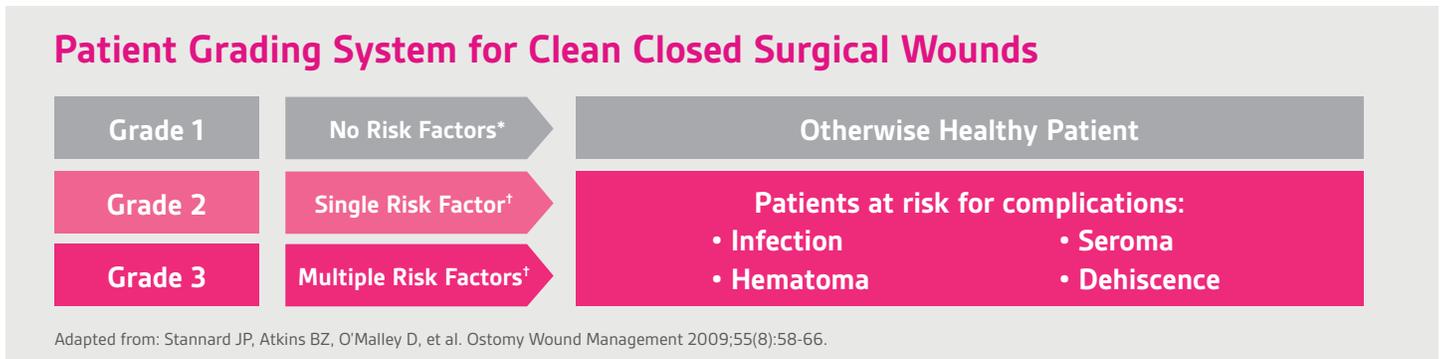
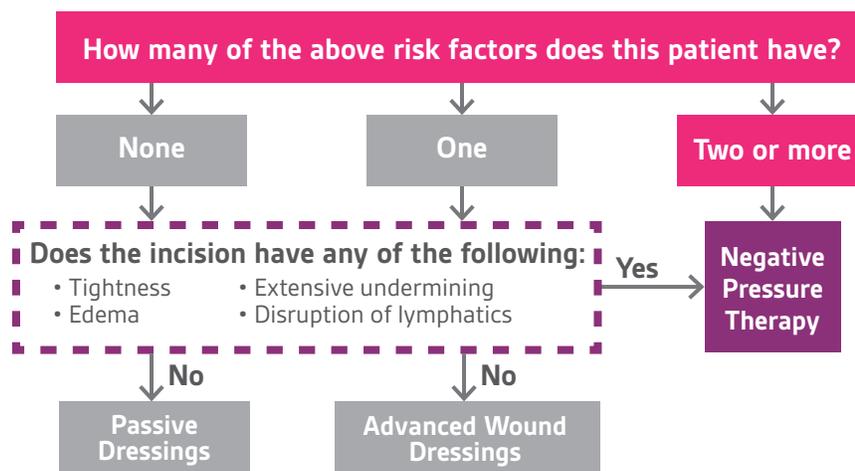


Figure 2

Pre-Operative, Peri-Operative and Post-Operative SSI Reduction Measures.^{13,16,17}



*No pre-existing medical conditions † Known Risk Factors: diabetes, obesity, smoker, hypertension, steroid use, radiation, peripheral arterial disease, etc.

Acelity: Your Partner in Active Incision Management

Acelity provides a unique set of surgical dressings and incision management products designed to protect surgeons' work and help improve outcomes.

References

1. Wu L, Mustoe TA. Effect of ischemia on growth factor enhancement of incisional wound healing. *Surgery* 1995;117(5):570-6.
2. Veves A, Falanga V, Armstrong DG, et al. Apligraf Diabetic Foot Ulcer Study. Graftskin, a human skin equivalent, is effective in the management of noninfected neuropathic diabetic foot ulcers: a prospective randomized multicenter clinical trial. *Diabetes Care* 2001 February; 24(2):290-5.
3. Stannard JP, Robinson JT, Anderson ER, et al. Negative pressure wound therapy to treat hematomas and surgical incisions following high-energy trauma. *J Trauma* 2006;60(6):1301-6.
4. Stannard JP, Volgas DA, McGwin G, et al. Incisional negative pressure wound therapy after high-risk lower extremity fractures. *J Orthop Trauma* 2012;26(1):37-42.
5. Atkins BZ, Wooten MK, Kistler J, et al. Does negative pressure wound therapy have a role in preventing poststernotomy wound complications? *Surgical Infections* 2009;16(2):140-6.
6. Armstrong DG, Lavery LA, Diabetic Foot Study Consortium. Negative pressure wound therapy after partial diabetic foot amputation: a multicentre, randomised controlled trial. *Lancet* 2005; 366(9498):1704-10.
7. Blume PA, Walters J, Payne W, et al. Comparison of negative pressure wound therapy using vacuum-assisted closure with advanced moist wound therapy in the treatment of diabetic foot ulcers: a multicenter randomized controlled trial. *Diabetes Care* 2008;31(4):631-6
8. American College of Surgeons "Updated compendium offers strategies to prevent health-care associated infections, The Joint Commission" ACS Bulletin, December 1, 2014 <http://bulletin.facs.org/2014/12/updated-compendium-offers-strategies-to-prevent-health-care-associated-infections/0>
9. Zimlichman E, Henderson D, Tamir, et al. Health Care-Associated Infections A Meta-analysis of Costs and Financial Impact on the US Health Care System. *JAMA Intern ed.* 2013;173(22):2039-46.
10. Magill SS, Edwards JR, Bamberg W, et al. Multistate Point-Prevalence Survey of Health Care-Associated Infections. *N Engl JMed*: 2014;370:1198-208.
11. Hospital Acquired Conditions (HACs) in Acute Inpatient Prospective Payment System (IPPS) Hospitals. May 2010. <http://www.cms.gov/HospitalAcqCond/downloads/HACFactSheet.pdf>. Accessed June 20, 2011.
12. Stannard JP, Atkins BZ, O'Malley D, et al. Use of negative pressure therapy on closed surgical incisions: A case series. *Ostomy Wound Management* 2009;55(8):58-66.
13. Zimlichman E, Henderson D, Tamir O, et al. Health care-associated infections: a meta-analysis of costs and financial impact on the US health care system. *JAMA Intern Med.* 2013;173(22):2039-2046.
14. U.S. Senate. Health Care Reform, 21 April 2009. <http://www.finance.senate.gov/hearings/hearing/?id=d85e499a-01ed-23b6-7c6e-a200e6bee498>. Accessed September 15, 2016.
15. US Department of Health and Human Services. Hospital-Acquired Conditions and Present on Admission Indicator Reporting Provision. ICN 901046. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/wPOAFactSheet>. Published September 2014. Accessed June 10, 2015.
16. Abbas SM, Hill AG. Smoking is a major risk factor for wound dehiscence after midline abdominal incision; case-control study. *ANZ J Surg.* 2009;79:247-250.
17. KCI data on file.

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