

Biography:

- Graduated from Philadelphia College of Osteopathic Medicine in 1980, completed a rotating internship at Parkview Hospital in Philadelphia and a residency in Emergency Medicine at Los Angeles County-USC Medical Center in 1983.
- Fellow of the American Academy of Emergency Medicine, Founding Fellow of the American College of Hyperbaric Medicine, and a Fellow of the College of Certified Wound Specialists.
- Board certified in Emergency Medicine, Hyperbaric Medicine and a Certified Wound Specialist. He is a consultant to the Diver's Alert Network and former medical advisor for hyperbaric medicine to Florida Medicare.
- Consultant for Johnson & Johnson Wound Care and is a member of the faculty of International ATMO, the oldest provider of hyperbaric education in the US.

Spotlight: Dr. Thomas Bozzuto

What led you to the wound care industry?

My initial exposure was with hyperbaric medicine. I did my residency at Los Angeles-County-USC Medical School in emergency medicine. The Emergency Medicine Program was responsible for staffing the hyperbaric chamber on Catalina Island for diving accidents. After I finished my residency and practiced emergency medicine for a few years, I was recruited to start a hyperbaric and wound care program in Florida, so my practice of wound care grew out of my hyperbaric interest. I like being on the cutting edge (pun intended).



Dr. Thomas Bozzuto
Medical Director, Phoebe Putney Wound
Care and Hyperbaric Center in Albany, GA

What types of advanced therapies are you currently using and why?

We are using many types of advanced dressings, including cadexomer iodine, silver dressings, ORC/collagen, therapies like ultrasonic debridement, compression dressings and hyperbaric oxygen therapy, as well as other modalities. Before medical school, I was in a Master's Degree Program in Cell Physiology, so I am very interested in the cellular and biochemical aspects of wound healing.

In your current position, what are your goals or initiatives?

One of my biggest goals is to increase the awareness in the general public and the medical community of not only how indolent chronic wounds are, but how quickly they can turn disastrous, and that in a patient with systemic medical problems, there is no such thing as a "simple" wound. Getting a patient to an advanced wound care program early offers them the best chance of success. A Wall Street Journal article in February 2005 quoted a study that showed that patients have an average delay of 12 weeks from time of discovery of a wound, to referral for definitive therapy. That's a long time, and leaves a lot of chances for things to go wrong.

Another goal, of course, is to use best practices to enhance the wound healing for each individual patient. So I guess you could say the goals range

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Implementing Electronic Documentation

Many hospitals across the country have joined the ranks of those going digital and if you aren't already, you soon may find yourself a part of the movement toward electronic charting. While no one claims the road will be completely smooth, there are some things you can do in preparation for the journey to avoid some of the potholes and level out the peaks and valleys a bit. Here are some tips:

Going paperless (or even paper-lite) is not the same as putting your current paper forms on the computer, then typing or clicking instead of using a pen and paper to capture vital information. Computer screens can only hold so much data and computer programs all have some constraints on what they can do. You will almost certainly need to modify how you do things in order to effectively document electronically. But, hey, here's your chance to re-work those things that never went that well before anyhow. Be creative. Envision a more perfect reality and ban, "We've always done it that way," from everyone's vocabulary.



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SOFTWARE FOR WOUND MANAGEMENT

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Customer support is now available from 8 AM-8 PM eastern time Monday through Friday. Send feedback or call 800-411-6281 and select option "2" for customer support.

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What's News?

Here We Grow Again!

Net Health Systems is pleased to announce the addition of Deborah Dale to our Client Services team. Debby comes to us with several years of technical education experience teaching at a post-secondary level. She joins the Client Services team, expanding our current service hours to 8:00PM EST.

Kyle Smith has also joined our Development Team as a Software Engineer. Kyle brings over four years of software programming experience specializing in web-based applications. Kyle's role will help enhance WoundExpert and bring our service to a new level of excellence.

Out and About

Net Health Systems will be attending the 19th Annual Symposium on Advanced Wound Care, at the San Antonio Convention Center from April 30-May 3, 2006. Please visit us at booths 135-137.

Implementing Electronic Documentation (from pg 1)

People like to have the tools they need to do their job close at hand. Think seriously about what hardware you need and where to position it (or how to mobilize it) to meet your staff and physicians' needs. You'll be hard pressed to find anyone willing to write their notes on a paper form or scratch paper and then later sit down and enter it all into the computer. Even if you did find someone like that, they'd kill your staffing budget!

Not everyone will think going digital is the greatest thing since sliced bread. The less input they had into the decision to make this trip and how to pack, the less likely they'll come along peaceably. Some will be uncomfortable using a computer; some will worry that they'll appear awkward and unprofessional; and others will think patients won't like them tapping on the computer in the exam room. You will need to get comfortable with the program before using it in the exam room. Some may need basic computer training classes.

People are more likely to accept change if they have some input into the content and process. As you work on customizing screens and protocols, get as many clinicians, physicians, and clerical staff involved in determining the final product as possible. If nothing else, they'll all learn what the program can and cannot do. Don't forget that

customization itself takes time and effort up-front to save time and effort later.

Work with a few champions, both clinicians and physicians. Their enthusiasm and support will win over the curmudgeons who don't want to leave home.

Include rest stops. Don't try and implement every aspect of the program the day after training. Based on your staff's abilities, start with a few key screens or functions and add others later. For example, let them enter wounds and wound assessments first, then add admission and discharge screens, then full patient assessments and protocols and care plans. Save physician documentation till the staff are up and running, then ease into progress notes, orders and superbills.

Follow your map! Make sure everyone knows there's no going back to paper and participation is mandatory. It's fine to offer whatever support and training is needed but don't let anyone think that refusal to use the system will be acceptable. Implementation goals are serious expectations.

Finally, if you get lost, it's ok to ask for directions, so call Customer Support as needed.

Dr. Bozzuto (from pg 1)

from the individual patient to the global medical community.

What tools do you use to stay educated?

I lecture a lot in wound care and hyperbaric medicine and have presented in seminars in North, Central and South America as well as Europe. I like to read so I scan the literature often. I also like to travel. My favorite type of CME is where I get to go out of town. Part of the education is speaking with colleagues from different parts of the country and the world and getting perspectives that you can't get from just reading or from CME on a disc or video. I also like to speak to vendors. Although each individual company might have a vested interest in getting their product used, a lot of times they are the first ones to get a practitioner information on different products/procedures. Then I look for comparative literature with similar modalities.

Submit your article ideas, interview requests, or comments to feedback@woundexpert.com. If we use your submission, you will receive one of our coveted WoundExpert coffee mugs!