

MDS Alert

Survey Management: Physician Dx Helps Facility Successfully Challenge IJ Citation for Pressure Ulcers

Make sure to include physicians in your wound-care efforts.

Having your physicians involved in wound care can pay off for patient care and your survey record.

Case in point: Nurse attorney **Barbara Miltenberger** relays how one facility successfully challenged an immediate jeopardy citation for a patient's pressure ulcers because the physician had diagnosed and documented that the patient had cachexia.

"By definition, cachexia is a condition where the body cannot absorb nutrients anymore, even though the person is receiving them," says Miltenberger, with Husch Blackwell LLP in Jefferson City, Mo. And she has found that once people develop cachexia, they can develop significant skin breakdown.

Key: "You want physicians to not only examine a patient's wounds but also, if true, document that they are unavoidable due to the patient's condition," Miltenberger stresses. Yet "oftentimes it's fairly clear from physician notes that they aren't following a wound," she observes. For example, "they will write, 'patient sitting up in chair,' and not mention the wound."

Real-world practice: National Vohra Wound Physician Group doctors perform weekly grand rounds with the entire facility team involved in a resident's wound care, including the patient, says **S. Bird, MD, CWS**, chief medical officer for the group in Charlottesville, Va. "This helps get everyone on the same page," he says. The wound-care physicians then document their observations and recommendations in electronic medical records maintained by the group, he adds. The nursing facility staff can review that information by logging onto the EMRs.

Also: Nurse practitioners or physician extenders can help document wounds and risk factors, says Miltenberger. She recommends that all facilities have one on staff who routinely visits residents.