

MDS Alert

What Do You Think?: CMS Rep Answers Caller's Questions About Group Therapy

In an Aug. 23 training session, CMS' **Penny Gershman** answered a caller's questions about group therapy, as follows:

Question: " ... [S]ince 15 minutes [of therapy] is a minimal for a day, if a group of four people is less 15 minutes, let's say it ends up being a 30 minute group, then the minutes that will go towards the PPS calculation will be less than 15 minutes. Does that still count for the day?"

Answer: "It counts for the day because you are coding it as 30 minutes on the MDS," said Gershman. "It's just that the grouper will then allocate the ... minutes," she added. (Previously in the training, Gershman noted that "all group time reported on the MDS will be divided by four when determining each resident's appropriate RUG classification.")

The caller went on to refer to an example Gershman gave earlier about a resident who became ill after participating in group therapy for 10 minutes. "I would assume," the caller said, that "you would still put the 10 minutes in as group time provided they could have had some other treatment during the day as well."

"Yes, that's correct," Gershman confirmed.

Question: What are some recommended methods for treating a biofilm that you can see on a wound?

Answer: Jenny Hurlow, RN, **GNP, WOCN**, a wound care expert in Memphis, Tenn., says that based on her experience, "removing wound biofilm requires a sharp disruption. I use a disposable curette to gently cut away the film with minimal trauma to the underlying tissue. Then I use a non-cytotoxic antiseptic wound cleanser to kill the newly exposed planktonic bacteria," she adds. "That means the bacteria are not in the film anymore and are hanging out by themselves and thus more susceptible to antimicrobial action. Frequently, however, the biofilm will reform within two to three days.

So I regularly use a noncytotoxic antiseptic cleanser and will sharply disrupt any visible wound bed biofilm."

S. Bird, MD, CWS, agrees that "the most efficient way to remove biofilm is by sharp debridement. This will provide immediate results. Often the biofilm may re-accumulate; therefore repeat procedures may be needed," adds Bird, chief medical officer for Vohra Wound Physicians in Miramar, Fla. He notes that "manufacturers of enzymatic debriding agents will tout the benefits of using these agents to reduce the microscopic biofilm or prevent the re-accumulation of such. A combination of sharp debridement followed by enzymatic application may be one method of removing and preventing the re-accumulation. Whatever method is used, management of the biofilm is crucial in providing optimal wound care and preventing complications..."