

OASIS Alert

Adverse Events: FOCUS ON WOUND ASSESSMENT TO DECREASE ADVERSE EVENTS

Flawed OASIS questions mean normal healing can make your agency look bad.

Inaccurate OASIS scoring can lead to survey problems. To fix this, go back to the basics.

How your agency performs in wound care affects your quality measures, your survey results and eventually your reports on Home Health Compare (see OASIS Alert, Vol. 6, No. 3).

In addition, 45 percent of chronic wound care patients are hospitalized at some point during their episode, says wound care consultant **Patti Johnston** with Woodlands, TX-based **Healthcare Quality Solutions**. This gives affected agencies poor results in the acute care hospitalization quality measure, she says.

Of the 13 adverse events the **Centers for Medicare & Medicaid Services** has identified, three are wound-related and one is at the highest level. Emergent care for wound infections and deteriorating wound status is a Tier 1 adverse event. If your agency experiences this event, CMS requires surveyors to spend extra time on this with focused review and an automatic home visit - either to the patient involved or to a similar patient.

To avoid wound-related adverse events, focus on wound care competency, Johnston suggests. Quality wound care includes the OASIS assessment, the intervention, the supplies and time used, and the consistency of the care from clinician to clinician, she stresses. But without accurate assessment, a wound may appear to be deteriorating when it is not.

To Score, Know the Terms

Inaccurate OASIS scoring of wounds is a significant problem, says Fort Myers, FL-based PT **Sparkle Sparks**, senior clinical consultant with **Fazzi Associates**. To accurately assess wounds, you need to know how to define the stages of healing, experts agree (see Eli's OASIS Alert, Vol.6, No. 5, pp. 42-43.)

Follow the definitions in the Laguna Beach, CA-based **Wound, Ostomy and Continence Nurses Society's** "Guidance on OASIS Skin and Wound Status M0 Items," CMS instructs. These definitions include:

Fully Granulating: Wound bed filled with granulation tissue to the level of the surrounding skin or new epithelium; no dead space, no avascular tissue; no signs or symptoms of infection; wound edges are open.

Early/Partial Granulation: >25 percent of the wound bed is covered with granulation tissue; there is minimal avascular tissue (i.e., <25 percent of the wound bed is covered with avascular tissue); may have dead space; no signs or symptoms of infection; wound edges open.

Non-healing: Wound with >25 percent avascular tissue OR signs/symptoms of infection OR clean but non-granulating wound bed OR closed/hyperkeratotic wound edges OR persistent failure to improve despite appropriate comprehensive wound management.

What to do: Your goal is to show improvement and OASIS questions make this harder. Even as the wound keeps healing, if you start the episode at "fully granulating," the responses don't let you indicate the progress to "healed."

If you don't understand the difference between "fully granulated" and "early/partial granulation," you may be making it

harder to reach your goal. Be sure you understand how to judge wound healing before you answer the OASIS questions on wounds, Johnston advises.

Note: The WOCN document is at www.cms.hhs.gov/oasis/42304ho3.pdf.