

OASIS Alert

Assessment : CLEAR UP M1308 CONFUSION AT DISCHARGE WITH A 2-STEP APPROACH

WOCN's new guidance is crucial for your OASIS C success.

With 12 questions just on pressure ulcers, it's no wonder wound items are causing major problems in the OASIS C rollout, and M1308 is high on the trouble list.

M1308 asks for the current number of unhealed [non-epithelialized] pressure ulcers at each stage and applies to Stage 2, Stage 3, Stage 4 and unstageable ulcers. The unstageable ulcers are broken out in the answer by reason for being unstageable. Stage 1 pressure ulcers are not counted in this question.

Don't miss: Stage 2 pressure ulcers that completely epithelialize are considered healed and are not referenced in either column in this item, experts warn.

"Most agencies' clinicians are struggling with the pressure ulcer items, particularly M1308," reports **Pam Warmack** with **Clinic Connections** in Ruston, La. "They can't seem to grasp how to complete the two columns defining when an ulcer has been present at SOC or ROC," she says.

M1308 answers will show up in the outcome measure "Increase in number of pressure ulcers" that will be on the OASIS C version of Home Health Compare, advised **Angela Richards**, with the **Centers for Medicare & Medicaid Services'** contractor **University of Colorado at Denver**, speaking in a CMS-sponsored call on Dec. 9, 2009. This outcome is considered a "Potentially Avoidable Event" -- CMS's new name for adverse events.

Your strategy: Take the time to walk clinicians through M1308, especially in the discharge assessment, experts advise. This item will show whether a pressure ulcer "developed on your watch," explained **Elizabeth Madigan**, with CMS contractor **Case Western Reserve**, speaking at the **National Association for Home Care & Hospice's** 28th annual meeting in Los Angeles in October.

Use This 2-Step Approach

Item M1308 contains two columns the clinician needs to complete during the discharge assessment. Instruct the clinician to consider each column separately, explained Richards, speaking at an OASIS C session at the NAHC conference.

Step 1: The first column asks the clinician to record the current number of unhealed Stage 2, Stage 3, Stage 4, and unstageable pressure ulcers. This column is completed at start of care (SOC), resumption of care (ROC), followup (FU), and discharge (DC).

Heads up: To be sure your clinicians have a common understanding of the meaning of the terms used in the OASIS C wound questions, consult the **Wound Ostomy Continence Nurses Society** "Guidance on OASIS C Integumentary Items." This eight-page document -- released in December 2009 -- provides expert guidelines for the classifications of wounds in the OASIS C assessment, and includes illustrations. It is available at www.wocn.org/pdfs/GuidanceOASIS-C.pdf.

Step 2: At FU and DC, if a pressure ulcer is recorded in column one, the clinician also needs to complete column two. Column two asks the clinician to mark which stage the pressure ulcer in column one was identified as on SOC/ROC.

Example: If the clinician marks one Stage 3 pressure ulcer in column one at discharge, she will need to look back to find out the stage of that pressure ulcer at SOC/ROC. If it was Stage 2 on admission, she should mark "1" in the Stage 2 section of column two. If no pressure ulcers were identified at SOC/ROC, she won't mark any in column two.

"This may seem confusing at first, but it will be clear once you go through it with a few examples," Richards said.