

OASIS Alert

Assessment: RELY ON THIS GUIDANCE TO CORRECTLY ANSWER M1308

Replace previous information with this final word.

Last fall's confusing wound guidance muddled the waters for everyone -- including OASIS Alert.

Problem: "Clear Up M1308 Confusion At Discharge With A 2-Step Approach" (OASIS Alert, volume 11, number 2) stated that:

"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."

However, we've found that this guidance needs correcting.

"Column 1 is the number of pressure ulcers at each stage (or those that are unstageable) at the time of the current assessment," agrees **Judy Adams**, president and CEO of **Adams Home Care Consulting** in Chapel Hill, N.C.

Column 2, on the other hand, "identifies the starting point of the quality episode and the beginning of the reporting period under consideration for reporting column 2," states **Fazzi Associates** in its OASIS C Best Practices Manual. This is where you'll record the number of pressure ulcers listed in Column 1 that are still present.

Solution: You should use column 1 to document the presence of a pressure ulcer at discharge and column 2 to show whether that same ulcer was also present at the start or resumption of care (SOC/ROC), points out **Jeannie Snyder**, CQI coordinator for **Sacred Heart Home Health Services** in Eugene, Ore. And be sure to double check that the SOC/ROC data is actually from the most recent assessment -- just in case, Fazzi Associates recommend.

Example: You find a stage II pressure ulcer at SOC. By discharge, that ulcer has become a stage III. You should put a "1" for stage III in column 1 and a "1" for stage III in column 2 because that stage III ulcer was present at the start of care "no matter the stage," Snyder says.

Columns 1 and 2 are designed to track how ulcers are healing, so you should focus on accurately noting whether you were able to resolve the wounds the patient brought with her, "even though the stage may have changed," Fazzi clarifies.

Lesson learned: "There were many contradictions in the wound section of the **Centers for Medicare & Medicaid Services'** Guidance manual right up until December 31, 2009," notes Adams. However, you can trust that this article clears up that confusion and follow its recommendations to correctly complete M1308.

As always, make sure you document and report all wounds and observations carefully and thoroughly, Fazzi points out. Your wound descriptions will affect your outcomes -- and eventually your bottom line.

Resources: Access **Fazzi Associates'** best practices guidance at www.fazzi.com/oasis/OASIS-C_Best_Practice_Manual.pdf.