

## OASIS Alert

### Integumentary Items: Follow Three Tips to Boost Integumentary Item Accuracy

**Update: A traumatic wound can't become a venous stasis ulcer.**

When you answer the OASIS integumentary items incorrectly, your reimbursement isn't the only thing that will suffer. Make sure you're not putting your patient's quality of life -- and your agency's outcome scores -- at risk by giving your approach to these items a brush-up.

Know the full impact of wound items

First and foremost, the OASIS integumentary items are important because they help paint a clear picture of the client, says **Pat Jump, MA, BSN, RN, COS-C**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. "Often times a client with a number of integumentary issues is less able to continue activities of daily living that he or she may otherwise perform without issues."

The integumentary items also play an important role in reimbursement and may dramatically affect various outcome scores, Jump says.

1. Become familiar with wound and healing definitions.

One of the biggest problems clinicians have with completing the OASIS wound items is not knowing how to classify wounds and stage pressure ulcers, Jump says.

The OASIS-C guidance manual does a good job of including WOCN and **National Pressure Ulcer Advisory Panel (NPUAP)** information, says **Karen Vance, OTR**, supervising consultant with **BKD** in Colorado Springs, Colo.

But Vance still sees errors related to not reviewing or understanding the definitions.

**Problem:** Some agencies don't give clinicians time to learn things like the wound definitions ahead of time, Vance points out. "It's not the best orientation for someone without a lot of home health experience to have to train on the run. A clinician who learns the OASIS by doing and doesn't use the guidance manual shoots herself in the foot," she says.

**Solution:** Every clinician should have specific integumentary training from a wound specialist and should carry with them the **Wound Ostomy Continence Nurses Society (WOCN)** Guidance on OASIS-C Integumentary Items, Jump says.

2. Stay current with OASIS Q&As

Each quarter, the **Centers for Medicare & Medicaid Services** release a new list of OASIS Q&As. It's important to stay up-to-date with these responses because they can change the way you are expected to respond to the OASIS items.

**Case in point:** CMS recently issued a Q&A that eliminates the need for M1300 ☐ Pressure Ulcer Assessment and M1302 ☐ Does this patient have a Risk of Developing Pressure Ulcers? to directly correlate with one another, Jump points out.

Now, when you utilize multiple assessment strategies, such as the Braden, and/or Norton and an evaluation of clinical factors, you should answer M1300 "2 ☐ Yes, using a standardized tool, e.g., Braden, Norton, other" provided you used a standardized, validated assessment tool like the Braden or Norton, regardless of whether you also used a non-standardized tool or clinical evaluation, CMS says.

And if you did both a standardized pressure ulcer assessment and an evaluation of clinical factors, you would answer M1302 "1  Yes" if either the clinical evaluation or the standardized tool is positive for risk.

CMS also recently clarified that even when venous insufficiency impacts traumatic wounds, surgical wounds or other types of wounds, the traumatic or surgical wound doesn't become a venous stasis ulcer for purposes of answering M1330  Does this patient have a Stasis Ulcer?, Jump says.

### 3. Ask the doctor

When you suspect that your patient has a wound such a stasis ulcer, but the history and physical doesn't back up your suspicions, call the physician, Vance says. When the documentation shows that your patient likely has a stasis ulcer, call the physician to be sure so you can code for the wound accurately, be certain the patient receives the care he needs, and make sure your agency gets credit for the care you provide.