

## **OASIS Alert**

## Integumentary Items: Keep Pressure Ulcers in a Row for M1308

Column 2 asks whether the ulcer was present -- don't let a change in stage trip you up.

OASIS item M1308 counts on you to report the unhealed pressure ulcers you see at the time of assessment, but it also asks that you look back at their history. Make sure you know your way around this two-columned question or you could negatively impact your outcomes and miss out on up to five case mix points.

OASIS item M1308 -- Current number of unhealed (non-epithelialized) pressure ulcers at each stage consists of two columns.

Column 1, completed at start of care, resumption of care, follow up, and discharge, asks you to report the number of unhealed pressure ulcers at each stage (or those that are unstageable) at the time of the current assessment.

But column 2, completed at follow up and discharge, asks you to record the number of pressure ulcers listed in Column 1 that were present on the most recent start of care or resumption of care.

Why? The purpose of M1308 is to track whether an ulcer developed during a quality episode. So make sure you document and report all wounds and observations carefully and thoroughly, **Fazzi Associates, HCS-O** points out in its OASIS-C Best Practices Manual. Your wound descriptions will affect your outcomes -- and eventually your bottom line.

## **Report the Right Ulcers**

You'll notice that stage I pressure ulcers are not counted in M1308. This item looks only at unhealed stage II or higher pressure ulcers. This item also breaks out different types of unstageable ulcers depending on the reason they are unstageable.

Tricky: M1308 asks you to report the number of unhealed (non-epithelialized) pressure ulcers. Don't let this trip you up when your patient has closed Stage III and Stage IV pressure ulcers. Stage III and Stage IV pressure ulcers may close, but they never heal, so they should always be included when completing this item.

And you should report each stage III and stage IV pressure ulcer at its worst stage, even if it's closed, or was closed and is now re-opened.

## Tally up the Ulcers

When completing column 1, enter the number of unhealed stage II or higher pressure ulcers your patient currently has in the appropriate box. Enter a "0" in the box if your patient does not currently have a pressure ulcer at that stage.

For recertification, major change, and discharge assessments, when you enter a number in column 1 to indicate that your patient has an unhealed pressure ulcer at a specific stage, you'll need to determine the number of those ulcers that were also present at SOC or the most recent ROC. The ulcers may have changed stages since SOC or ROC, but if they were present, you'll need to enter the appropriate number in column 2 next to the box in column 1.

For example: Your patient has one unhealed stage III pressure ulcer at SOC. For this patient, you would enter a "1" in row B, column 1, said **Rhonda Will, RN, BS, COS-C, HCS-D** with **Fazzi Associates** during her session at the **National Association for Home Care and Hospice**'s 30th annual meeting in Oct. 2011.

At recert, this patient's stage III ulcer has progressed to a stage IV pressure ulcer. For the recert OASIS, you would report a "1" in row C, column 1 and a "1" in row C, column 2. Yes, the pressure ulcer was a different stage at SOC, but column 2



doesn't ask about the stage, just about whether the ulcer was present, Will pointed out.

Tip: Be sure to double-check that the SOC/ROC data is actually from the most recent assessment -- just in case, Fazzi recomends.

Resources: Access Fazzi Associates' best practices guidance at <a href="www.fazzi.com/oasis/OASIS-C\_Best\_Practice\_Manual.pdf">www.fazzi.com/oasis/OASIS-C\_Best\_Practice\_Manual.pdf</a>.

