

OASIS Alert

Reader Question: When Is A Surgical Wound Non-healing?

Follow these guidelines from a wound care expert to find out.

Q: We have many patients who receive home care after a total knee replacement. If the wound is clean and dry but still has staples holding it together, how do we answer M0488? Is it a non-healing wound? We can observe the wound, and it appears to be healing as expected, but until the staples are removed and the patient can bend the knee without the wound separating, we don't feel comfortable saying it is granulating, either partially or fully. How can we answer M0488 consistently?

A: Since M0488 adds points to the case mix clinical severity domain if you answer "2" or "3," your answers to this question may be subject to greater scrutiny by your fiscal intermediary. Providing clinicians with guidelines to follow will help keep the answers consistent throughout your agency. Wound care specialist **Dorothy Doughty** from **Emory University** in Atlanta suggests these guidelines:

1. If the incision line is completely epithelialized AND there is a palpable healing ridge along the staple line AND there is no evidence of infection, classify the wound as fully granulating/healing - "1" on M0488. It is very unlikely to dehisce after staple removal if there is a well-defined healing ridge and the incision is fully epithelialized.
2. If the incision is well-approximated but NOT completely epithelialized AND/OR the healing ridge is palpable but poorly defined BUT there are no signs of infection, classify the wound as early/partial granulation - "2" on M0488.
3. If there is incisional separation or ANY sign of infection or ANY necrosis or NO palpable healing ridge, classify the wound as non-healing - "3" on M0488.