

## OASIS Alert

### Wound Care: 2 QUESTIONS BOOST YOUR WOUND CODING ACCURACY

#### Make better use of valuable treatment time with this advice.

Making the wrong assumptions about a patient's wound could determine whether or not it heals -- and wasting any treatment time could be fatal.

Most clinicians would look at a wound on the side of a bed-confined patient's thigh as a pressure wound, but that simple assumption could set the tone for improper -- and wasted -- treatment, said **Beth Hawkins Bradley** with **Care On Call LLC** in Blythewood, S.C. at the **Eli**-sponsored audioconference, "Making Wound Care Work with OASIS C."

Bradley suggested you ask the following questions to make the correct diagnosis for a patient's wound so that you can provide effective treatment:

#### Question 1: What caused this wound to begin with?

If a patient's wound is located on a body area that is typically associated with pressure wounds -- such as patients' sides or backs -- it's easy to assume that's the cause of the wound.

**Better:** Rather than jumping to that conclusion, "research the patient's history and ask questions that could bring the wound's origin to light," Bradley recommended. She offered this real-life scenario:

A clinician assessed a wound that was located on a patient's right hip as a pressure ulcer and created a treatment plan for it. During the course of treatment, the wound developed a necrotic center after having been 100-percent granular.

**Bradley's approach:** Rather than carrying on the pressure-wound treatment, Bradley asked the patient if he had an idea of what caused the wound to start with.

The patient then shared that he didn't know because he never lies on his side. That piece of information led Bradley to investigate the patient's history because "you can't have a pressure ulcer without pressure," she says.

"It turned out that the patient had a five-year history of lymphoma" and the wound was actually caused by the lymphoma rather than by pressure. Knowing that, the agency was able to create a better treatment plan for the patient.

#### Question 2: What factors are preventing the wound from healing?

Even if you've accurately diagnosed a wound, you may still find that healing comes to a standstill at some point during the treatment plan. Assumption comes into play here as well: "Many clinicians assume everything's going to plan without regularly checking the parameters," she states.

For instance, you may be correctly checking and dressing a patient's wound, but if she doesn't stay hydrated or understand why it's so important that she alter her body's position, her wound won't be able to heal, Bradley points out.

**Your job:** "You have to be a private investigator and stop being afraid of snooping around a little," she encourages. Make sure you find out whether your patient is following the guidance you've given her when you're not around, that she knows how her nutrition affects wound care and why she should care, and that you know all the variables that might affect the wound's healing.

**Bottom line:** Your agency's reputation and your patient's health care costs hinge on your ability to effectively treat wounds. Asking these two questions should get you started on the right track, Bradley says.

