

OASIS Alert

Wound Care: STOP, LOOK AND LISTEN TO ENSURE SURGICAL WOUND STAGING ACCURACY

Staging a closed surgical wound is a hands-on process.

If you can't define stages of wound healing, you can't answer M0488 correctly.

"A staggering number of clinicians" can't accurately define which stage of healing a wound exhibits, reports wound care consultant **Patti Johnston** with Woodlands, TX-based **Healthcare Quality Solutions**. That's a big problem, given that your episode reimbursement depends on staging surgical wounds accurately.

At the request of the **Centers for Medicare & Medicaid Services**, the Laguna Beach, CA-based **Wound, Ostomy and Continence Nurses Society** (WOCN) put together an OASIS Guidance Document for wound care. This document both describes the healing at each stage for acute and chronic surgical wounds and defines the terms used.

Study this document to be sure you are accurately evaluating the wound status, Johnston told listener in an **OASIS Answers Inc.** April 21 teleconference, "Best Practices for Improvement in Surgical Wounds," sponsored by the quality improvement organization **Quality Insights of Pennsylvania**.

Example: A non-healing surgical wound that originally was an approximated incision will have "incisional separation OR incisional necrosis OR signs or symptoms of infection OR no palpable healing ridge," the WOCN guidance explains.

Strategy: To help you add the skills you need to improve both patient care and reimbursement, Johnston suggests these important points to observe and document:

1. **Look.** If the wound edges are rolled, the wound won't close unless "you jumpstart the process," such as scraping the edges with a silver nitrate stick.

Try this: For a surgical wound that is non-healing because there is incisional separation, check the wound edges. To progress to early/partial granulation requires the incision be well-approximated. Rolled wound edges won't let the healing move to the next level.

Also note the color of the wound bed and surrounding tissue. Learn what granulation tissue looks like. Is there exudate? Is there edema?

2. **Feel.** If the surgical wound is closed, you can't determine the stage of healing unless you palpate the incision to determine whether there is a healing ridge and how extensive it is. The healing ridge (collagen deposit) "feels like a piece of cardboard stuck into the wound," Johnston says. If you feel that completely down the incision, it is fully granulated, she explains. You should be able to feel this ridge between day four and nine of the healing process with a surgical wound, she adds.
3. **Smell.** Observe the amount and type of any odor. Odor indicates presence or absence of infection, which helps you determine the stage of the healing process, WOCN guidelines say.
4. **Listen.** Determine if the patient experiences pain from the wound or the treatment and address this. Increased pain accompanied by deterioration of the wound surface or warmth, edema or purulent drainage can indicate infection, says wound expert **Dorothy Doughty** with Atlanta-based **Emory University**, speaking in a CMS Webcast on wound care.

Editor's Note: The WOCN document is at www.cms.hhs.gov/oasis/42304ho3.pdf. Go to www.cms.hhs.gov/oasis/42304ho1.pdf for Doughty's CMS presentation, which includes a detailed description of how wounds heal.