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OASIS Alert

Wound Care: There's No Excuse For Ignorance About Wound Care Basics

Do you know as much as your surveyor does?

Do you puzzle over when a wound is non-healing, how you count the wounds if an incision heals incompletely, when a pressure ulcer is "non-observable" or other crucial OASIS answers? If so, you're not alone.

Wound assessment continues to be an area of concerns, issues and questions for home health agencies, experts agree. And since the answers to the wound section of OASIS can make a huge difference in how much money an agency receives for a 60-day episode, it's essential that you gain some clarity.

Concern: If you define a surgical wound as non-healing (M0488, Box 3) rather than early/partial granulation (M0488, Box 2), you've just added over $200 to the episode payment.

If your decision is correct, your agency receives what it deserves for that patient's care; if you're wrong, the episode may be downcoded. The agency may even come under scrutiny if this happens repeatedly.

Issue: Just one Stage 3 pressure ulcer (M0460, Box 3) can add $600 to an episode payment, while two of them (M0450c) add almost $1,500. And that's true even if they are almost or even completely healed -- an OASIS quirk that bewilders many clinicians.

Question: When a gastrostomy is closed, is it a surgical wound? No, if it's allowed to close on its own; yes, if it's closed in a surgical "take-down" procedure, the **Centers for Medicare & Medicaid Services** explains in a series of OASIS questions and answers. You may not know this, but your surveyor will.

In response to repeated inquiries, confusion and errors in OASIS answers to wound care questions, CMS gathered experts for an Internet and satellite training session, "The State of Science in Wound Care Management," which aired April 23. The information-packed program provided an informative presentation, complete with audience Q&As and slide illustrations of different wounds.

Experts offered background material on the current state of science in wound management, instructions for accurately coding OASIS wound items (M0440 through M0488) plus resources to help clinicians observe and document wounds more accurately and consistently. The program was "mandatory for Regional Office and State Agency HHA survey staff and their supervisors, and State and RO OASIS Educational Coordinators," CMS indicated in its announcement.

Questions showed the audience especially appreciated the detailed information on wound observation and treatment from wound care specialist **Dorothy Doughty** of **Emory University** in Atlanta. From detailed information on the action of epithelial cells in a wound to the pros and cons of different wound therapies, Doughty addressed practical issues agencies need to know (see "3 Steps To Better Wound Healing").

Agency questions ranged from how to use silver nitrate to improve wound healing to how to avoid losing money when providing care to patients with complicated wounds.

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One problem: On admission, the agency loses reimbursement points because the clinician can't stage a wound obscured by necrotic tissue.

Try this: To prevent this scenario, communicate with each referral source and try to be sure wounds are debrided, if necessary, before the patient is transferred to home care, Doughty suggested.

The next step: Watch the CMS broadcast. Even agencies that tuned in on April 23 will probably find it necessary to watch the presentation more than once to absorb all the material. HHAs can view the archived Internet broadcast for up to one year at http://cms.internetstreaming.com. Pre- and post-tests with continuing education units are offered, notes the **Texas Medical Foundation**, Texas' quality improvement organization.

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