

OASIS Alert

Item Focus: Heed These Expert Tips to Master Complex Pressure Ulcer Reporting

Agency-wide consistency is the key for accurate pressure ulcer reporting.

The OASIS pressure ulcer items are some of the most confusing to answer. That's dangerous, because answering these items incorrectly can jeopardize both reimbursement and outcomes reporting. Make sure you're prepared to respond correctly with this expert advice for each of the pressure ulcer OASIS items.

M1300 -- Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?

M1300 identifies whether your agency's clinician assessed the patient's risk of developing pressure ulcers.

You should almost never select response 0 -- No assessment conducted for this item, says **Tracie Jones, BSN, RN, CWOCN, WCC, COS-C** with **At Home Healthcare** in Tyler, Texas.

Choosing 1 -- Yes, based on an evaluation of clinical factors, e.g. mobility, incontinence, nutrition, etc. without use of standardized tool means you didn't use a standardized assessment tool. The problem with this response is that one clinician's "clinical factors" may not be the same as another's, Jones warned the audience during her presentation "Master the OASIS-C Pressure Ulcer Items & Maximize Outcomes Through The Use of Evidence-Based Treatment Protocols" during the **National Association for Home Care and Hospice**'s annual meeting in October 2012. "Consistency is important" when answering the pressure ulcer items, she says.

In response 2 -- Yes, using a standardized tool, e.g. Braden, Norton, other, "e.g." means that you can use either of the listed tools or any other standardized tool. Braden and Norton aren't the only standardized tools for assessing pressure ulcer risk. But the tool you choose must be standardized throughout your agency, Jones cautioned.

M1302 Does this patient have a risk of developing pressure ulcers?

This item identifies whether your patient is at risk for developing pressure ulcers.

You'll use the scoring system of your agency's preferred validated and standardized pressure ulcer assessment tool or the evaluation of clinical factors to determine your patient's risk for this item, explains Northampton, Mass.-based **Fazzi Associates** in its OASIS-C Best Practices Manual. Your response options are 0 -- No or 1 -- Yes.

For example: A score of 18 or less on the Braden Risk Assessment is significant for "at risk" individuals, Jones says.

It's important to know your agency's policy for assessment of risk of developing pressure ulcers as well as the scoring parameters used in your agency's preferred standardized tool, Fazzi says. You should also know your agency's defined parameters for evaluating clinical factors to identify levels of risk so that you're in sync with other clinicians.

Use your judgement: Be prepared to evaluate the implications when any software you use indicates there is a potential for risk, Fazzi says.

Good documentation habits are also important in tracking pressure ulcer risk. You should record the results of your assessment in a standardized location of medical record determined by your agency policy, Fazzi says. This makes for easy reference at the transfer to inpatient facility or discharge not to inpatient facility assessment time points.

M1306 -- Does this patient have at least one Unhealed Pressure Ulcer at Stage II or Higher or designated as "unstageable"?

This item indicates whether your patient has an unstageable or unhealed Stage II or higher pressure ulcer.

The manner in which Stage II pressure ulcers heal is different than that of Stage III and IV pressure ulcers, Jones said.

Stage II pressure ulcers heal through the process of regeneration of the epidermis across the wound surface, also known as epithelialization. Remember, you won't report closed Stage II pressure ulcers on the OASIS -- you'll only identify open Stage II pressure ulcers.

On the other hand, Stage III and IV pressure ulcers heal through contraction, granulation, and epithelialization, Jones says. These pressure ulcers never fully healed but are considered closed once they are fully granulated and epithelial tissue covers the wound surface.

You'll answer M1306 with response 0 -- No when your patient has no pressure ulcers, has only a Stage I pressure ulcer, or has only a former Stage II pressure ulcer that is now closed, Jones said.

List response 1 -- Yes when your patient has an open Stage II pressure ulcer or an open or closed Stage II, IV, deep tissue injury, or an unstageable pressure ulcer.

M1307 -- The oldest non-epithelialized Stage II Pressure Ulcer that is present at discharge.

This item identifies three things, Jones said:

- The oldest, not fully epithelialized Stage II pressure ulcer present at the time of discharge;
- The length of time this ulcer remained unhealed while the patient received care from your home health agency; and
- Patients who develop Stage II pressure ulcers while under the care of your agency

M1307 refers only to non-epithelialized Stage II pressure ulcers. In other words, open Stage II pressure ulcers, Jones says

You'll select "NA" when the patient has no Stage II pressure ulcers at the time of discharge or if all Stage II pressure ulcers are fully epithelialized (closed), Jones says.

You'll select response 1 -- Was present at the most recent SOC/ROC assessment when the oldest open Stage II pressure ulcer was already present when the most recent SOC/ROC was completed.

You'll select response 2 -- Developed since the most recent SOC/ROC assessment when the oldest open Stage II pressure ulcer was identified since the most recent SOC/ROC. You'll also need to report the date you first identified the pressure ulcer if it developed on your watch, Jones said.

Exception to the rule: When answering M1307, remember that a pressure ulcer closed with a muscle flap goes away, Jones said. It's not appropriate to report such a wound as a Stage II pressure ulcer. Instead, you'll no longer count your patient's repaired pressure ulcer as a current pressure ulcer, despite the fact that it was a Stage III or IV pressure ulcer.

However, if your patient experiences a new breakdown of the muscle flap, that wound will count as a new pressure ulcer, Jones said.

Note: For valuable advice on answering more of the OASIS pressure ulcer items, see part two of this article in next month's OASIS Alert.