OASIS-C Integument Assessment: Not for Wimps! Part II: Stasis Ulcers and Surgical Wounds

May 24, 2012

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Instructions and Handouts for:
OASIS-C Integument Assessment: Not for Wimps!
Part II: Stasis Ulcers and Surgical Wounds

Eastern
Standard Time
1:00 PM to 2:30 PM

Central
Standard Time
12:00 PM to 1:30 PM

Mountain
Standard Times
11:00 AM to 12:30 PM

Pacific
Standard Time
10:00 AM to 11:30 AM

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1. When asked, enter Passcode 5870986#

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3. At this time you will be entered into the call and in “listen mode.”

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5. There will be a Q & A period toward the end of the session. Questions will be answered in the order in which they are received. To ask a question, press *1. You will have the opportunity to ask your question and then be returned to “listen mode.” Do not press *1 prior to this time.

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OASIS-C Integument Assessment: Not for Wimps!
Part II – Stasis Ulcers and Surgical Wounds

May 24, 2012
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Purpose

- The purpose of this activity is to enable the learner to accurately define and use wound healing principles and terminology related to stasis ulcers and surgical wounds when documenting assessment findings for stasis ulcers and surgical wounds.

Objectives

- Define stasis ulcers and surgical wounds according to WOCN (Wound Ostomy Continence Nursing Society) Guidance on Integumentary Items and CMS OASIS-C conventions.

- Define the healing status of stasis ulcers and surgical wounds according to WOCN Guidance on Integumentary Items and CMS OASIS-C conventions.
Skin Assessment

- Observe the skin at every assessment time point:
  - Temperature
  - Color
  - Moisture
  - Turgor
  - Integrity
- Determine wound type and etiology.
- Who gets “credit” for this wound?

Wound Assessments

A anatomic location  
S size, shape, stage  
S sinus tract, tunneling, fistulas, undermining  
E exudate  
S sepsis  
S surrounding skin  
M maceration  
E edges, epithelialization  
N necrotic tissue  
T tissue bed  
S status

OASIS Alerts!

Integument items are:
- Based on what you see (tissue, structure, condition, etc.)
- Matched to the NPUAP Pressure Ulcer Stages and WOCN OASIS-C Wound Guidance Document
- Modified by CMS guidance to report findings in OASIS data items
  - Q87.1
Wound Healing

- Partial thickness tissue loss
  - Involves epidermis and into but not through the dermis
  - Superficial; presents as shallow crater, abrasion or blister
  - Heals by epithelialization
    - Regeneration of epidermis across a wound surface

Wound Healing

- Full thickness tissue loss
  - Penetrates through the fat (subcutaneous tissue) and may involve muscle, tendon, or bone
  - Deep crater; may tunnel
  - Heals by granulation, contraction and epithelialization
OASIS Alert!

- Status of the wound needs to correspond to the visual assessment of the clinician on the day of the assessment.

- Wound Status
  - Not Healing
  - Early/partial Granulation
  - Fully Granulating
  - Newly epithelialized

  Wound Guidance Document  www.wocn.org

WOCN Definitions
Degree of Healing

- Not healing
  - Wound with \( \geq 25\% \) avascular tissue (eschar and/or slough) OR
  - Signs/symptoms of infection OR
  - Clean but non-granulating wound bed OR
  - Closed/hyperkeratotic wound edges OR
  - Persistent failure to improve despite appropriate comprehensive wound management

- Early/partial granulation
  - \( \geq 25\% \) of the wound bed is covered with granulation tissue
  - \(< 25\% \) of the wound bed is covered with avascular tissue (eschar and/or slough)
  - No signs or symptoms of infection
  - Wound edges open

WOCN Definitions
Degree of Healing

- Fully granulating
  - Wound bed filled with granulation tissue to the level of the surrounding skin
  - No dead space
  - No avascular tissue (eschar and/or slough)
  - No signs or symptoms of infection
  - Wound edges are open

- Newly epithelialized
  - Wound bed completely covered with new epithelium
  - No exudate
  - No avascular tissue (eschar and/or slough)
  - No signs or symptoms of infection
M1330 Does this patient have a Stasis Ulcer?

- Does this patient have a Stasis Ulcer?
  - 0 - No (Go to M1330)
  - 1 - Yes, patient has BOTH observable and unobservable stasis ulcers
  - 2 - Yes, patient has observable stasis ulcers ONLY
  - 3 - Yes, patient has unobservable stasis ulcers ONLY (brown but not observable due to non-removable dressing [Go to M550])

“Observable” stasis ulcers can be visualized.

OASIS Alert!

- Stasis ulcers are:
  - Caused by inadequate venous circulation
  - Usually of the lower extremity
  - May be associated with stasis dermatitis
    - OASIS-C Guidance Manual
  - Refer to WOCN “Quick Assessment of Leg Ulcers”
    - www.wocn.org

OASIS Alerts!

- Stasis ulcers do not include arterial lesions or arterial ulcers
- A healed stasis ulcer is not reported on OASIS
  - OASIS-C Guidance Manual
OASIS Alerts!

- When a mixture of venous and arterial ulcers are present, report only the ones with venous disease as the etiology in M1330.
  - Q100.1
- An ulcer diagnosed by a physician as a “diabetic ulcer” is not a pressure ulcer or stasis ulcer.
  - Q89

Upon skin inspection, the clinician finds an Unna boot. The patient says it’s for a stasis ulcer and the referral from the physician confirms the same. There is also an order not to remove/change the dressing for five days. The other leg also has a stasis ulcer with beefy red granulation tissue filling 75% of the wound bed.

(M1330) Does this patient have a Stasis Ulcer?

- 0 - No
- 1 - Yes, patient has BOTH observable and unobservable stasis ulcers
- 2 - Yes, patient has observable stasis ulcers ONLY
- 3 - Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing [e.g. Unna Boot])

Upon skin inspection, the clinician finds an Unna boot. The patient says it’s for a stasis ulcer and the referral from the physician confirms the same. There is also an order not to remove/change the dressing for five days. The other leg also has a stasis ulcer with beefy red granulation tissue filling 75% of the wound bed.

(M1332) Current Number of (Observable) Stasis Ulcer(s):

- 1 - One
- 2 - Two
- 3 - Three
- 4 - Four or more
**M1334 Status Most Problematic (Observable) Stasis Ulcer**

(M1334) Status of Most Problematic (Observable) Stasis Ulcer:
- 0 - Newly epithelialized [Do not use! Not a response option!]
- 1 - Fully granulating
- 2 - Early partial granulation
- 3 - Not healing

*Most problematic* is a clinical judgment.

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**OASIS Alerts!**

- Once completely epithelialized (newly epithelialized), the stasis ulcer is considered healed.
- A healed stasis ulcer is not reported as a current stasis ulcer on OASIS.
  - OASIS-C Guidance Manual

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**M1340 Have a Surgical Wound?**

(M1340) Does this patient have a Surgical Wound?
- 0 - No [Go to M1350]
- 1 - Yes, patient has at least one (observable) surgical wound
- 2 - Surgical wound known but not observable due to non-removable dressing [Go to M1350]

*Observable* surgical wounds can be visualized.

*Not observable*, covered by a dressing or cast/device, per physician order.
OASIS Alerts!

- Report current surgical wounds
  - Unhealed wound resulting from a surgical procedure

- Scar
  - Surgical wound that has been re-epithelialized (epidermal resurfacing across the entire wound surface) for approximately 30 days or more without dehiscence or signs of infection
    - How will you know when the 30 days begins?

M1340 Have a Surgical Wound?

(M1340) Do this patient have a Surgical Wound?

- 0 - No [Go to M1360]
- 1 - Yes, patient has at least one (observable) surgical wound
- 2 - Surgical wound known but not observable due to non-removable dressing [Go to M1320]

Include:
- Surgical site primarily closed with staples, sutures, chemical bonding agents, etc.
- Wound/incision
- I&D or other wound with a drain placement, e.g. paracentesis, stab wound, except if an "ostomy"
- Orthopedic pin sites
- Muscle flap, skin advancement flap, or rotational flap to surgically replace a pressure ulcer

M1340 Have a Surgical Wound?

Include:
- A "take down" of a previous ostomy
- Central line sites
- Medi-port and port-a-cath sites and other sites for implanted infusion devices (e.g. On-Q pump/Q ball, etc.), venous access devices, AV shunt, and peritoneal dialysis catheter exit site regardless of functionality or frequency of accessing or not
- Shave, punch or excisional biopsy to remove or diagnose skin lesions
- Implanted pacemaker site until healed and a scar
**M1340 Have a Surgical Wound?**

**Include:**
- Incision site to implant VP shunt until healed
- Arthrocentesis site; surgical procedure via arthroscopy
- Left Ventricular Assist Device/HeartMate exit site
- Donor site from a skin graft to a burn or pressure ulcer
- Repair of a traumatic injury
- Excisions of a mass, abscess, mesh, other appliances or structures, etc. beyond a simple I & D
- "Cut down" in order to perform procedure per femoral sheath

**Exclude:**
- PICC line and Peripheral IV
- Pressure ulcer treated with surgical debridement or sutured closed
- Debridement of an existing wound (traumatic, skin graft, etc.)
- Old surgical wound with scar or keloid formation
- Ostomies even with drains (e.g. thoracostomy/chest tube, gastrostomy, cystostomy, urostomy, tracheostomy, ileostomy, etc.)
- Cardiac catheterization and/or stent placement via a femoral puncture with a needle

**Exclude:**
- Needle aspiration of fluid without drain placement
- Enterocutaneous fistula
- Simple incision and drainage of an abscess
- Retention suture utilizing a button
- Callus removal
- Staple sites
- Simple excision or removal of toenail
M1340 Have a Surgical Wound?

Exclude:
• Cataract surgery of the eye
• Surgery to the mucosal membranes
• Gynecological surgery via a vaginal approach
• Bowel ostomy or gastrostomy closing on its own
• Suturing of a traumatic laceration
• External device infusing medication via needle

OASIS Alerts!

• A pressure ulcer closed with a muscle flap that is not completely healed and breaks down due to pressure is a non-healing surgical wound.
  • Q 94

• Implanted venous access and infusion devices remain surgical wounds as long as they are in place
  • Q 105.1 and 105.3

OASIS Alerts!

• Presence of sutures does not automatically equate to a surgical wound.
  • Q 105.2

• An I&D with a drain placement is considered a surgical wound for OASIS purposes but is not coded as aftercare as it is not considered a surgery for coding purposes.
  • Q 105.5.1
Surgical Wounds

- Frequently heal by Primary Intention
  - Wound edges are directly next to one another
  - Little tissue loss, no granulation occurs
  - Wound closure is performed with sutures, staples, or adhesive
- May heal by Secondary Intention
  - Has area(s) of partial or complete wound separation or dehiscence
  - Wound is allowed to granulate

OASIS Alerts!

- If there is any separation of the incision, then healing will be by secondary intention for data collection purposes.
  - OASIS-C Guidance Manual
- Surgical wounds healing by primary intention do not granulate and can only be "not healing" until "newly epithelialized" for data collection.
  - Q 112.5.2

M1342 Status of Most Problematic (Observable) Surgical Wound

(M1342) Status of Most Problematic (Observable) Surgical Wound:

- 0 - Newly epithelialized  Covered with new epithelial tissue < 30 days
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing
OASIS Alerts!
- Presence of staples, in and of themselves, does not meet the WOCN criteria for non-healing. A surgical wound with staples in place would only be considered not healing if it meets the WOCN Guidance on OASIS Skin and Wound Status MO Items’ definition of not healing.
  - Q 112.4

- Openings in the skin, adjacent to the incision line, caused by the removal of a staple or suture are not considered part of the wound when determining the status of the surgical wound.
  - Q 112.4.1

OASIS Alerts!
- With an implanted venous access device, there may or may not be a perceptible wound with good access technique and current needle technology. Determine the healing status based on the visualization of the site.
  - Q 112.6

- Some sites, being held open by a needle or line cannot fully granulate and may remain “non-healing” while the needle or line is in place.
  - Q 112.6.1

The patient had a hip replacement 4 weeks ago. One week ago the therapist noted that the surgical wound completely re-epithelialized without S/S of a complication. On this DC visit, the wound is described as well approximated, completely re-epithelialized with no scabbing or S/S of infection.

(M1342) Status of Most Problematic (Observable) Surgical Wound:
- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing
Primary or Secondary Intention? Newly Epithelialized or Not Healing?

Wound Types and Possible Status of Healing for OASIS Items

<table>
<thead>
<tr>
<th></th>
<th>Not healing</th>
<th>Early/Partial Granulation</th>
<th>Fully Granulating</th>
<th>Newly Epithelialized</th>
<th>Scar/Healed and not reported on OASIS</th>
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<tbody>
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<td>Stage 1 PU</td>
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<td>Stage 4 PU</td>
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<td>Closed Stage 3 and 4 PU</td>
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<td>Stasis ulcer</td>
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<td>Surgical Wound</td>
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<td>Surgical Wound</td>
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<td>Secondary Intention</td>
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M1350 Have a Skin Lesion or Open Wound Receiving Intervention

(M1350) Does the patient have a Skin Lesion or Open Wound, excluding bowel ostomy, other than those described above that is receiving intervention by the home health agency?

- 0 - No
- 1 - Yes

Lesion is a broad term for pathologically altered tissue; all alterations of skin integrity; see list in Q 112.7

Include:
- Other wound types (burns, diabetic ulcers, cellulitis, abscesses, wounds caused by trauma, etc.) receiving clinical intervention
- Non-bowel ostomies receiving clinical intervention per the POC/485 (e.g., cleansing, dressing changes, etc.) from the home health agency
M1350 Have a Skin Lesion or Open Wound Receiving Intervention

Exclude:
- Tattoos, piercings unless assessment/intervention part of planned care
- Cataract surgery
- Surgery to mucosal membranes
- Gynecologic surgery via vaginal approach
- Wounds identified in previous OASIS items

Types of Skin Lesions

- Many different types of skin lesions exist. These may be classified as:
  - primary lesions (arising from previously normal skin), such as vesicles, pustules, wheals, or as
  - secondary lesions (resulting from changes in primary lesions), such as crusts, ulcers, or scars.
- Other classifications describe lesions as:
  - changes in color or texture (e.g., maceration, scale, lichenification),
  - changes in shape of the skin surface (e.g., cyst, nodule, edema),
  - breaks in skin surfaces (e.g., abrasion, excoriation, fissure, incision), or as
  - vascular lesions (e.g., petechiae, ecchymosis).

OASIS Alerts!

- When receiving clinical intervention M1350 may include:
  - Gastrostomy closing on its own
  - Non-bowel ostomies: cystostomy, urostomy, thoracostomy/pleural tube site, tracheostomy, gastrostomy, new PEG or suprapubic catheter site, jejunostomy for enteral nutrition
  - Callus removal
  - Wound that is cemented and not the result of a surgery
  - Bruising and edema related to staple insertion sites requiring interventions separate from surgical wound interventions
  - PICC line and peripheral IV sites
OASIS Alerts!

- When a mixture of venous and arterial ulcers are present, report the ones with an etiology of arterial disease receiving intervention in M1350.
  - Q 100.1
- An ulcer diagnosed by a physician as a "diabetic ulcer" is not a pressure ulcer or stasis ulcer
  - Q 89

OASIS Alerts!

- M1350 could be answered "yes" at discharge when on the day of assessment, interventions for a wound that was not described in a previous OASIS wound item required home health intervention on the day of assessment.
  - Q 112.12
- This is true even if the intervention was not provided that day (e.g. burn requiring assessment or dressing changes) and the PT did not perform the assessment or change the dressing on the day of discharge.
  - Q 112.13

Session Survey

Please take a moment to complete a brief survey on today's session:

www.research.net/s/6MKNMZZ

Following completion of the survey you will be able to download a Certificate of Attendance.

Thank you for attending the presentation.
Resources

- Wound Ostomy Continence Nurses
  - www.wocn.org


- OASIS C Guidance Manual

- CMS OASIS Q and A
  - https://www.qtscom/hhdownload.html

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