Accurate Assessment of Surgical Wounds in Home Health Patients

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Objectives
• Verbalize the ability to determine if a surgical wound exists when documenting in OASIS-C
• Describe wound healing phases related to wounds healing by primary intention and secondary intention
• Discuss the completion of OASIS-C items related to surgical wounds in home health patients

Why is this important?
• Accurate Assessments lead to appropriate interventions for the patient and accurate data collection for OASIS-C—leads to accurate payment and accurate measuring of outcomes
Home Health Compare

- Improvement in Surgical Wounds is a publically reported outcome on the home health compare website
- [http://medicare.gov/homehealthcompare/search.aspx](http://medicare.gov/homehealthcompare/search.aspx)

How often wounds improved or healed after an operation

![Graph showing wound improvement and healing percentages]

Surgical Procedure/Surgical Wound

- The Center for Medicare and Medicaid Services provides guidance to Home Health regarding scoring for OASIS-C
- CMS Q&As – link for OASIS Q&As – will take you to the OASIS Answers Website [http://www.oasisanswers.com/aboutoas_links.htm](http://www.oasisanswers.com/aboutoas_links.htm)
- Can also access the user manual from this site
M1340 Does this patient have a Surgical Wound?

- Integumentary System
  - Skin, hair, nails and sweat glands
- Excludes mucous membranes, cataract surgery of the eye, surgeries via a vaginal approach


Consider the Etiology

- Surgical interventions to treat already existing wounds do not change the classification of the wound as surgical
  - Suture of laceration from trauma
  - Debridement of existing wound
  - Simple I&D of abscess/cyst
  - Skin graft over existing wound
    - Full thickness
    - Partial thickness

Suture of Laceration from Trauma

- Classified as a trauma wound
- Debridement of a traumatic wound to remove debris or a foreign matter

- Traumatic wound requiring surgery to repair an internal organ or other internal structure is a surgical wound
  - Repair of a torn tendon or a ruptured internal organ
Pressure Ulcer with Sharp Debridement remains a pressure ulcer

Incision and Drainage
- Simple Incision and Drainage
- Incision and drainage with removal of tissue or other structures
- Drain placement = surgical wound
  - Wound remains surgical even after drain removal
  - Excision of an abscess or cyst

Skin Grafts
- Skin grafting is a treatment of an existing wound
- Full thickness
- Partial thickness

Donor site is considered a surgical wound
Muscle Flap/Skin Advancement Flap/Rotational Flap

- Creates a surgical wound
- Pressure ulcer that is muscle flapped will be classified as a surgical wound
- If area breaks down again due to pressure – becomes a pressure ulcer

Skin Flap of a Pressure Ulcer becomes a Surgical Wound

Biopsy Sites

- Any wound created by needle puncture only is not a surgical wound
  - Needle biopsy
  - Paracentesis with needle puncture only
  - Cardiac catheterization sites (even if stent placed)
  - Cut-Down procedure
Biopsy Sites

- Excisional biopsy
- Shave biopsy
- Punch biopsy

Vascular Access Devices

- Central line sites
- Implanted vascular access devices
- Arterio-venous shunts

- PICC lines
- Peripheral IV sites

Ostomies

- All ostomies are excluded from consideration as surgical wounds
- Chest Tube sites
- Take down procedure vs. Ostomy closing on own
Sutures
- Sutures and Surgical Wounds
- Peripheral IV sutured in place

ON-Q Pump
ON-Q C-bloc is a continuous peripheral nerve block system that slowly infuses local anesthetic near a nerve for effective pain relief
Considered an implanted infusion device
Surgical wound if inserted separate from wound

What is Not a Surgical Wound?
- VP shunt
- Pacemaker
- Toenail removed
- Callous removed
- Subcutaneous infusion
- Enterocutaneous fistula
What is a Surgical Wound?

- Orthopedic pin sites
- Peritoneal dialysis catheter site
- LVAD cannula exit site

When is a Surgical Wound No Longer Reported on OASIS-C?

- 30 Days After Epithelialization
- Wound is considered a scar and no longer included in “M1340 Does this patient have a surgical wound?”
What is Epithelialization?

OASIS-C

- M1340: Does this patient have a surgical wound?
- M1342: Status of the Most Problematic (Observable) Surgical Wound:
  - Outcome Based Quality Improvement
  - Outcome Based Quality Monitoring
  - Home Health Prospective Payment System
  - Risk Adjustment

Phases of Wound Healing

- Hemostasis
- Inflammation
- Proliferation
- Maturation
Hemostasis
• Clotting cascade begins
  • Fibrinogen
  • Clot formation
  • Fibrinolysis
  • Inflammation

Inflammation
• WBCs enter the wound
• Redness, swelling, warmth, and discomfort

Proliferation
• Granulation tissue
• New blood supply develops
• Epithelialization
Epithelialization
- Healthy Wound Edges
- Moist wound environment

Closed Wound Edges
- Epibole
- Calloused
- Hyperkeratonic

Maturation
- Day 7 up to 1 year
- Contraction
- Increased tensile strength
### Primary Intention
- Primary Intention
- Surgically closed
- Completely approximated
- Less tissue loss
- Do not granulate

### Secondary Intention
- Open surgical wounds
- Wound edges are open
  - Requires granulation tissue
- Intentional and dehisced

### Approximated Incisions
- Heal by Primary Intention
- Any dehiscence of separation results in healing by Secondary Intention
Terminology
- Avascular Tissue
- Eschar
- Slough
- Dead Space
- Granulation Tissue
- Hyperkeratotic
- Closed Wound Edges

M1342 Status of the Most Problematic Surgical Wound
- Newly Epithelialized
- Fully Granulating
- Early/Partial Granulation
- Not Healing

WOCN Guidance on OASIS-C Items: Newly Epithelialized
- Wound Bed completely covered with new epithelium
- No exudate
- No avascular tissue
- No signs or symptoms of infection

**Fully Granulating**
- Wound bed filled with granulation tissue to the level of the surrounding skin
- No dead space
- No avascular tissue
- No signs or symptoms of infection

**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 are open

**Not Healing**
- Wound with $\geq 25\%$ avascular tissue (eschar and/or slough) OR
- Signs/symptoms of infection OR
- Clean but nongranulating wound bed OR
- Closed/hyperkeratotic wound edges OR
- Persistent failure to improve despite appropriate comprehensive wound management
Primary Intention vs. Secondary Intention

- Do not granulate
- Newly Epithelialized
- Not healing

- Granulation tissue
- Newly Epithelialized
- Fully Granulating
- Early/Partial Granulation
- Not Healing

Sutures / Staples

- Not considered part of the surgical wound when determining the healing status
- Include status of sites in comprehensive assessment documentation

Include status of sites in comprehensive assessment documentation
10 Days Post-Op

Scabs

- Presence of a scab is not automatically non-healing
  - Determine first if the wound is healing by Primary Intention or Secondary Intention
  - Primary Intention healing with scab = Not healing
  - Secondary Intention = Consider all 4 healing status choices

Implanted Port - Accessed

- "Some sites, because they are being held open by a line or needle, cannot fully granulate and may remain 'non-healing' while the line or needle is in place"
Approximated Incision Separates in Several Areas

- If the wound is not completely epithelialized for 30 days – openings are considered part of the original surgical wound
- Assess all areas following WOCN Guideline
- If one area is not healing, report the status as "Not Healing" for M1342 Healing Status of the Most Problematic Surgical Wound

Improvement in Surgical Wounds

- Assessment Accuracy
  - Dehiscence
  - Infection
  - Delayed wound healing
  - Systemic Factors
- Education
  - Prevention of Complications

Dehiscence

- Day 7
- Drainage
- Signs or symptoms of infection
- Mechanical stress
Infection
- Increased mortality
- Longer hospitalizations
- Higher healthcare costs
- Drainage > 48 hours

Systemic Factors
- Circulatory Disorders
- Diabetes
- Malnutrition

Patient Education
- Prevent Dehiscence
  - Splint incisions
  - Prevent strain
  - Monitor for and report signs of complications
- Prevent Infection
  - Educate patients
  - Hand hygiene
  - Wound care
  - Promote Healing
References


References Continued