



Happy Valentines Day,

There is a **new and improved** SCR web site. We out grew our old editor program and Dawn has upgraded us to Microsoft Expressions. She is still working on it since we had so much information to transfer so the Scrap book is still being worked on. Check it out at <http://www.scrwocn.org/> . You will notice that the Chat site is gone. Since it was not frequently used the council agreed to discontinue it but if you need to contact us for anything go to the officer's page and at the top right hand corner there is a "contact us" icon.

The ballot for the approval of the revised Bylaws is being sent out by email so please fill it out and submit it. Dawn has created the ballot and I am sending it to all active members. I will then send Dawn the same list of active members so she can check off the names as the ballots are returned to her website. She is acting as the "disinterested party" and will tally the votes and report the outcome. Please return the votes by February 29<sup>th</sup>.

I know that many of you are on the Wound Forum but in case you are not I wanted to pass this on to everyone. There was a question asking who set the 24 hour rule for determining if a pressure ulcer is nosocomial. Lee Ann Krapfl, RN, CWOCN Chair, WOCN Public Policy Committee replied...

*At this point, the "time" rule for a pressure ulcer present on admission has not been firmly established by CMS. In September, we were told that a 48 hr. window following admission would be used (this has not been stated in writing,) but there seems to be some uncertainty about this right now. When coders review a chart, they do not consider "hours", but rather look at occurrences according to "days." For example, 1st hospital day, 2nd hospital day, etc... So we were operating under the direction that the pressure must be documented by the end of the second hospital day to be coded as present on admission.*

*As you may be aware, there is likely going to be an expansion of the ICD-9 pressure ulcer codes in order to capture staging. Since we still do not know exactly how many new codes there will be, or what they will be defined as, this might end up influencing the "present on admission" criteria, especially deep tissue injury.*

*At a recent listening session, a CMS official essentially invalidated the "48 hr. rule" and stated that the chart must be looked at in it's entirety to determine whether a pressure ulcer was present on admission. I realize that this certainly muddies the situation for those of us who are trying to capture pressure ulcer data for our facilities, and help our coders establish proper reimbursement.*

*Another issue that has yet to be completely established is when the "clock" actually starts. The CDC rules state that if the pressure ulcer begins in the emergency room, or outpatient setting and the patient is later admitted, then the pressure ulcer would in fact be "present on admission." The message that we are getting from CMS is that admission begins at the time the patient consents for treatment. Given the fact that patients can spend up to 23 hours on an ED cart before actual admission, this is a pretty big window of disparity between these two regulatory agencies that has yet to be resolved, in my opinion.*

*So to totally confuse you, the answer is "we do not know." A facility can certainly establish its own standard for data collection, though. And I think that 24 hrs from admission is a reasonable window of time to establish for your facility.*

***Jill Conwill - President SCR***