

Anonymized Micro-Merit Review (Sample Case)

Summary:

The patient, an older adult with advanced dementia and a history of seizure disorder following a previous cerebrovascular event, was admitted to a long-term care facility several years prior. He required assistance and supervision with activities of daily living but was generally stable—walking, talking, and functioning at his baseline—until an acute hospitalization early this year for a witnessed seizure with subsequent hemodynamic instability. Following that hospitalization, the patient demonstrated a marked and rapid decline, becoming bedbound and progressively debilitated until his death later in the year. Subsequent acute-care admissions for septic shock revealed multiple pressure-related skin injuries on arrival. He later developed osteomyelitis involving the hip and pelvic region associated with deep pressure ulcers.

Clinical Impression:

Available documentation supports a trajectory consistent with a neurodegenerative decline due to underlying progressive dementia, seizure disorder, and sequelae of cerebrovascular injury. Notably, there is no evidence of significant skin breakdown prior to the acute hospitalization that marked the beginning of his rapid functional deterioration. Once the patient became bedbound and systemically fragile, he experienced swift development and progression of pressure-related ulcers. A key observation is the lack of wound improvement during subsequent hospitalizations (including ICU-level care), despite the higher staffing ratios and more intensive medical oversight one would expect.

Clinical Question Raised:

The pattern of rapid decline in conjunction with non-healing, rapidly worsening ulcers—despite care transitions into higher-acuity environments—raises the possibility that these wounds may represent end-of-life skin failure, including Kennedy Terminal Ulcers (KTUs) or SCALE (Skin Changes at Life's End). Thus far, the chart does not contain documentation explicitly identifying SCALE or Kennedy lesions. However, the clinical presentation — profound systemic decline, sudden immobility, hemodynamic instability, and non-responsive wounds — is consistent with end-of-life skin failure, a condition widely considered not preventable, even with optimal wound-prevention protocols.

Merit Snapshot:

Merit Level: Undetermined leaning toward low (pending full record review)

Primary Consideration: Clinical picture supports end-of-life skin failure rather than preventable pressure injury.

Potential Breach Indicators: None identified at the micro-review level; full documentation review needed.

Causation: Findings suggest wounds are more likely related to terminal decline rather than substandard care.

Next Steps:

- Review complete wound-care documentation.
- Examine labs, perfusion indicators, and hemodynamic trends.

- Assess documentation of prognosis or end-of-life skin failure recognition.
- Evaluate any palliative or hospice involvement.