What’s New in F-314 and F-315

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OK, Back to the Basics!

What are F-Tags?

- F-Tags
  - Federal regulations that govern long term care facilities (LTCF)
  - LTCFs are 2nd most regulated industry in the U.S.!
  - Used by each state department of health and Centers for Medicare and Medicaid Services to survey quality of care provided to residents in long term care facilities.
  - In LTCFs non-compliant – state/fed can impose financial penalty

How Much Could it Cost a Facility if Found to be Noncompliant?

- Civil Money Penalty (CMP) for each instance of a deficiency rather than each day of non-compliance.
- CMP range $1,000 to 10,000
  - not dependent on whether Immediate Jeopardy or Actual Harm has occurred.
- Multiple instances can be identified in the same survey as long as the $10,000 limit is not exceeded.

Deficiency Categorization

- Level 1 – Potential for minimal harm
- Level 2 – Minimal harm occurred
- Level 3 – Harm occurred, but not imminent jeopardy
- Level 4 – Harm, immediate jeopardy

- Dependent on level of deficiency correlates to level of civil money penalty

Stop Lyder and Explain Scope and Severity!
Why Update These F-Tags?
- Interpretative guidance to surveyors
- New Knowledge in certain areas
- Most commonly cited deficiencies
- Decrease variability between states and feds
- Better survey experience

F-314 Overview
- 3 year process
- Multidiscipline
  - Federal, state surveyors
  - Clinicians
  - Representative from AMDA
- 2 public comment periods
- Live broadcast – www.cms.internetstreaming.com

F-314 Intent
- Promote the prevention of pressure ulcer development
- Promote healing of pressure ulcers that are present
- Prevent development of new pressure ulcers

Avoidable vs. Unavoidable
- Avoidable – Pressure ulcer developed and facility failed to do one or more:
  - Evaluate clinical condition &/or risk factors
  - Defined/implemented interventions CONSISTENT with resident needs, goals
  - Recognized standards of practice (AHCPR, AMDA, WOCN, current literature)
  - Monitor and evaluate impact of interventions
  - Revise interventions appropriately

Avoidable vs. Unavoidable Cont’d
- Unavoidable – Resident developed pressure ulcer although facility
  - Evaluated clinical condition and risk factors
  - Defined and implemented interventions consistent with resident’s needs, goals
  - Standards of practice
  - Monitored and evaluated impact of interventions
  - Revised approaches appropriately

Pressure Ulcer Prevention
Pressure Ulcer Prevention

- Comprehensive Assessment
  - Risk factors (immobility, previous ulcers, etc.)
  - Skin assessment
  - Nutrition
  - Hydration
  - Moisture on skin

PUP Interventions

- General Concepts
  - Resident’s choice
  - Resident’s advanced directives
  - DNR (Kennedy ulcer)
- Positioning
  - Bed
  - Chair (Gerichairs)

PUP Interventions Cont’d

- Repositioning
  - Bed
    - 30 degrees maximum
    - Postural alignment
    - Minimum every 2 hours
    - Microshifting should be avoiding
  - Chair
    - Minimum every 1 hour (15 mins if Resident can be taught)
    - Postural alignment
    - *Independent of chair surface

PUP Interventions Cont’d

- Pressure Redistribution
  - Group 1
  - Group 2
  - Group 3
  - Donuts
  - Pillows
  - Sheepskin, heel and elbow protectors

PUP Interventions Cont’d

- Nutrition
  - Under-nutrition
  - Hydration deficits
- Monitoring
  - Daily
  - Weekly (evaluate)

Pressure Ulcer Management

- Differentiate ulcer
  - Pressure ulcer
  - Diabetic/neuropathic ulcer
  - Arterial ulcer
  - Venous stasis ulcer
  - Perineal dermatitis
Pressure Ulcer Management Cont’d

- Ulcer Assessment
  - Daily
  - Potential complication
  - Pain/discomfort
  - Location/staging (not partial/full thickness)
  - Size
  - Exudate amount
  - Pain
  - Wound bed

- Moist wound healing
- Controlling Bioburden
- Pain management
- Debridement
- Dressings
  - Change depending on wound healing
  - Clean technique during dressing changes
  - w/d in association with debridement
- Monitoring (PUSH Tool)
- Adjunctive therapy

Scope and Severity

- Level 1 – Eliminated
- Level 2
  - Stage I
  - Stage 2 receiving appropriate treatment
  - Failure to implement portion of care plan independent of healing

- Level 3
  - Stage III
  - Multiple Stage IIs
  - Facility failure

- Level 4
  - Stage IV (development or non-healing)
  - Stage III (infected)
  - Facility failure

Resources

- [www.cms.internetstreaming.com](http://www.cms.internetstreaming.com)
- [www.amda.com](http://www.amda.com)
- [www.wocn.org](http://www.wocn.org)
- [www.ahrq.gov](http://www.ahrq.gov)
- [www.npuap.org](http://www.npuap.org)

F-315 Intent

- Each resident who is incontinent of urine is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal urinary function as possible;
- An indwelling catheter is not used unless there is valid medical justification;
- An indwelling catheter for which continuing use is not medically justified is discontinued as soon as clinically warranted;
- Services are provided to restore or improve normal bladder function to the extent possible, after the removal of the catheter; and
- A resident, with or without a catheter, receives the appropriate care and services to prevent infections to the extent possible.
F-315

- Facility must evaluate existing strategies for identifying and managing urinary incontinence, catheter use, and UTIs, and ensure that facility policies and procedures are consistent with current standards of practice.

F-315

- General Concepts
  - Resident’s choice
  - Resident’s advanced directives
  - DNR (Kennedy ulcer)
  - Positioning
    - Bed
    - Chair (Gerichairs)

F-315 Urinary Incontinence

- Assessment, assessment, assessment
  - Why is patient incontinent?
    - Meds?
    - Environment?
    - Too much fluid intake?

- Diagnosis Now CRITICAL
  - Urge
  - Stress
  - Mixed
  - Overflow
  - Total

- Qualidigm has validated nursing assessment form!!!
  - www.qualidigm.org

F-315 Urinary Incontinence

- Management
  - Medication therapy
  - Intermittent catheterization
  - External collection devices
  - Indwelling catheter use
    - Appropriate indications for continued use beyond 14 days:
      - PVR over 200ml
      - Can’t manage retention/inct with intermittent catheterization
      - Persistent overflow incontinence, symptomatic infections, and/or renal dysfunction
      - Contaminated Stage III/IV PU
      - Terminal illness

Scope and Severity

- Level I
  - Eliminated

- Level II
  - Medically unjustified use of an indwelling catheter: potential complication
  - Complications associated with inadequate care and services for an indwelling catheter: leaking of urine due to blockage of urine outflow

Scope and Severity

- Level III
  - Medically unjustified use of an indwelling catheter with complications
  - Skin maceration/erosion

- Level IV
  - Complications resulting from utilization of urinary appliance(s) without medical justification
  - Extensive failure in multiple areas of incontinence care and/or catheter management
Resources
- www.amda.com
- www.medqic.org
- www.apic.org
- www.cdc.gov
- www.afud.org

New Tags
- F309
- F325
- F323

Question and Answers