

**What's New in F-314 and F-315**

Courtney H. Lyder, N.D.  
UVa Medical Center Professor of Nursing  
Professor of Internal Medicine & Geriatrics  
Chairman, Department of Acute & Specialty Care  
University of Virginia

---

---

---

---

---

---

---

---

**OK, Back to the Basics!**



---

---

---

---

---

---

---

---

**What are F-Tags?**

- F-Tags
  - Federal regulations that govern long term care facilities (LTCF)
  - LTCFs are 2<sup>nd</sup> 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.

---

---

---

---

---

---

---

---

### Stop Lyder and Explain Scope and Severity!



---

---

---

---

---

---

---

---

### 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

---

---

---

---

---

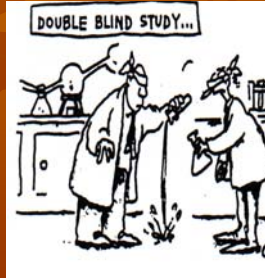
---

---

---

## 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](http://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 avoided
  - 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

---

---

---

---

---

---

---

---

## Pressure Ulcer Management Cont'd

- 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

---

---

---

---

---

---

---

---

## Scope and Severity

- 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](http://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/mict 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](http://www.amda.com)
- [www.medqic.org](http://www.medqic.org)
- [www.apic.org](http://www.apic.org)
- [www.cdc.gov](http://www.cdc.gov)
- [www.afud.org](http://www.afud.org)
- [www.americangeriatrics.org](http://www.americangeriatrics.org)

---

---

---

---

---

---

---

---

## New Tags

- F309
- F325
- F323

---

---

---

---

---

---

---

---



---

---

---

---

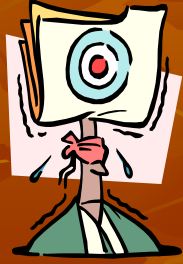
---

---

---

---

## Question and Answers



---

---

---

---

---

---

---

---