



483.24 Quality of Life/483.25 Quality of Care



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Welcome. This is the Quality of Care and Quality of Life section of the training. This section addresses changes to guidance for some tags in the Quality of Life and Quality of Care regulatory sections.

Overview

- F675 Quality of Life
- F686 Pressure Ulcers
- F687 Foot Care
- F689 Accidents/Supervision
- F690 Bowel/Bladder Incontinence, Catheter, UTI
- F694 Parenteral/IV Fluids
- F695 Respiratory/Tracheostomy Care and Suctioning
- F697 Pain Management
- F700 Bedrails

Today we will provide you with an overview of changes and updates for the following Quality of Life and Quality of Care tags:

F675 Quality of Life

F686 Pressure Ulcers

F687 Foot Care

F689 Accidents/Supervision

F690 Bowel/Bladder Incontinence, Catheter, UTI

F694 Parenteral/IV Fluids

F695 Respiratory/Tracheostomy Care and Suctioning

F697 Pain Management and

F700 Bedrails

F675 - Quality of Life

- Technical corrections to address grammar and update references;
- Removed language suggesting automatic citation of F675 at Immediate Jeopardy (IJ) level;
- Added language to direct surveyors to consider impact to resident(s) affected, and to refer to Appendix Q for any concerns which may rise to IJ.

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At F675 Quality of Life, there were technical corrections made to address grammar and update references. The language suggesting automatic citation of F675 at the Immediate Jeopardy (IJ) level was removed and language was added to direct surveyors to carefully consider the impact to the resident or residents affected by a pervasive disregard for quality of life, and refer to Appendix Q for any concerns which may rise to the level of immediate jeopardy.

F686 – Pressure Ulcers/F687 – Foot Care

- No Phase 3 regulations related to F686 and F687
- Changed guidance to reflect that pressure ulcer risk assessments should occur quarterly (rather than monthly) or whenever there is a change in condition
- Added new language on following proper infection prevention practices for foot care equipment
- Added a reference to the infection prevention and control tag related to foot care.

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Now we'll look at changes to Quality of Care guidance.

There are no Phase 3 regulations for pressure ulcers and foot care.

The guidance at F686 was changed to reflect that pressure ulcer risk assessments should occur: upon admission, weekly for the first four weeks, and then **quarterly** (rather than monthly), or whenever there is a change in condition. This change reflects the current accepted standard of practice.

New language has been added to the guidance at F687 to address the importance of following proper infection prevention and control practices for foot care equipment, with a reference in F687 related to the infection prevention and control tag.

F689 – Accidents/Supervision

New guidance on electronic cigarettes (e-cigs):

- Added guidance in response to increased use of the devices and questions received from nursing home stakeholders.
- Guidance identifies risks associated with e-cigs:
 - Health effects for the user and others nearby
 - Nicotine overdose by ingestion or skin contact
 - Explosion or fire caused by device battery.

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In the Accidents and Supervision tag at F689, new guidance has been added regarding electronic cigarettes, or e-cigarettes. This guidance was in response to increased use of e-cigarettes and questions about them from nursing home stakeholders.

The new guidance identifies risks which are associated with using electronic cigarettes such as the health effects to the user and second-hand aerosol exposure to others in the vicinity of the user, potential nicotine overdose by ingestion or skin contact, and explosion or fire caused by the battery.

F689 – Accidents/Supervision

- Facilities must oversee the use of these devices and include them in smoking policies.
- Policies should address
 - Unique characteristics and risks of e-cigarettes
 - How use will be supervised.
 - Handling of batteries and refill cartridges.
- Surveyors should consider how facilities:
 - Provide for resident safety;
 - Balance safety with resident right to use the device; and
 - Protect residents who do not want to be exposed to second-hand aerosol.
- Updated references related to bedrails

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CMS expects facilities to oversee the use of these devices and to address them in their smoking policies. The policies should cover the unique characteristics and risks of e-cigarettes, how staff will supervise residents who use e-cigarettes and how to handle the batteries and refill cartridges.

When evaluating the use of e-cigarettes in nursing homes, surveyors should consider how facilities ensure resident safety while still honoring the resident's right to use the device according to facility policy and how the facility protects residents who do not want to be exposed to the e-cigarette second-hand aerosol.

F689 – Accidents/Supervision

- New guidance has been added to address safety for residents with substance use disorder.
- Care planning interventions should address risk for a resident leaving to satisfy an addiction to alcohol or illegal or prescription drugs.
- Facilities are responsible for identifying and assessing a resident's risk for leaving and developing interventions to address the risk.
- A resident who leaves the facility with facility knowledge of the departure, despite facility efforts to explain the risks of leaving earlier than planned, would likely be against medical advice.
- A resident who leaves the facility without staff knowledge of the departure would be considered an elopement.

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Additionally at F689, new guidance has been added to address safety for residents with substance use disorder.

Residents with substance use disorder may be at increased risk for leaving the facility to satisfy an addiction to alcohol or illegal or prescription drugs. Care planning interventions should address this risk. Facilities are responsible for knowing if a resident leaves the building.

A resident who leaves the facility with facility knowledge of the departure, despite facility efforts to explain the risks of leaving earlier than planned, would likely be an Against Medical Advice (AMA) discharge. Documentation in the medical record should show that facility staff attempted to provide other options to the resident and informed the resident of potential risks of leaving AMA. Documentation should also identify the time the facility became aware of the resident leaving the facility.

A resident who leaves the facility without staff knowledge of the departure would be considered an elopement.

F689 – Accidents/Supervision

For residents with a history of substance use:

- Facility staff should assess residents for the risk for illicit substance use in the facility and have knowledge of signs and symptoms of possible substance use.
- Facility staff should be prepared to address emergencies related to substance use by maintaining knowledge of administering opioid reversal agents like naloxone, initiating CPR as appropriate, and contacting emergency medical services as soon as possible.
- Surveyors should be aware that the occurrence of an overdose does not necessarily mean that noncompliance exists. If evidence shows a facility took steps to increase its monitoring of a resident, and despite this effort, the resident overdosed between checks, then noncompliance with 483.25(d) may not be present.

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Facilities should assess whether residents have a risk for using illicit substances in the facility and staff should have knowledge of signs and symptoms of possible substance use. Facilities should be prepared to address emergencies related to substance use by maintaining knowledge of administering opioid reversal agents like naloxone, initiating CPR as appropriate, and contacting emergency medical services as soon as possible.

Surveyors should be aware that the occurrence of an overdose does not necessarily mean that noncompliance exists. If evidence shows a facility took steps to increase its monitoring of a resident for whom substance use is suspected, and despite this effort, the resident overdosed between monitoring checks, then noncompliance may not be present.

F690 – Bowel/Bladder Incontinence, Catheter, UTI

- No Phase 3 regulations
- This regulatory tag is specific to bowel incontinence, not bowel management
- Clarified that any issues related to bowel management, such as constipation or impaction should be referred to F684
- Technical correction – corrects the Urinary Tract Infection parameter to 10 to the fifth power rather than 105

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There are no Phase 3 regulations for Bowel and Bladder Incontinence Care at F690. The guidance now clarifies that the regulatory language for this tag is specific to bowel incontinence, not bowel management. Any issues related to bowel management, such as constipation or impaction should be referred to F684.

There was also a technical correction made in the section on criteria for initiating antibiotics for a Urinary Tract Infection. For criteria number 1, the number 105 was changed to 10 to the fifth power.

F694 – Parenteral/IV Fluids

- Added guidance on frequency of assessment of an IV catheter including factors which affect the frequency such as:
 - Ability of resident to report symptoms
 - Type of infusion—is it an irritant or vesicant?
 - Location of IV; and
 - Facility policy.
- New language on infection control practices when accessing or using IV .
- Clarified the need to document continued need for IV catheter.

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For the guidance on Parenteral and Intravenous or IV fluids at F694, new guidance has been added related to the frequency of assessment. An exact assessment timeframe is not specified but the guidance provides factors which could affect how the frequency of assessment is determined such as:

--the resident's ability to report symptoms such as pain or redness

--the type of infusion a resident is receiving—is it an irritant or vesicant?

--the location of the IV—is it placed in an area of flexion such as the antecubital space where it is more likely to dislodge?

New language was added on proper infection control practices when accessing or using a resident's IV.

Lastly, the guidance clarifies that facilities should document the reason for keeping a resident's IV when it is no longer being used for IV fluid or medication.

F695 – Respiratory/Tracheostomy Care and Suctioning

- No Phase 3 regulations, only guidance clarification.
- Clarified that mechanical ventilation guidance only applies to facilities who choose to offer this service.

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There were no new regulations in this section, however, we clarified that the guidance related to mechanical ventilation only applies to facilities who choose to offer this service.

F697 – Pain Management

- Added language regarding use of opioids within the current opioid crisis and to align with the efforts of other government agencies.
- Recommend use of CDC resources on use of opioids for chronic pain.
- Facilities should assess residents for history of past addiction and related treatment and employ strategies to address pain for residents with history of opioid use disorder.
- Guidance describes side effects of opioids and addresses prevention of opioid overdoses by administering naloxone.

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The pain management guidance at F697 has been updated to address opioid use which meets the pain needs of residents within the context of the nation's current opioid crisis. The guidance recommends use of the Centers for Disease Control and Prevention website for resources on use of opioids in treating chronic pain.

Facilities should assess residents for history of past addiction or opioid use disorder and related treatment in order to implement strategies to adequately address the resident's pain which may include continuation of medication assisted treatment, if appropriate, non-opioid pain medications, and non-pharmacological approaches. Medication-assisted treatment is defined in the guidance as the use of medications, in combination with counseling and behavioral therapies, to treat substance use disorder. Lastly the guidance describes the side effects of opioids and addresses the prevention of opioid overdoses by administering naloxone.

F700 - Bedrails

- The guidance for bedrails has been clarified to include the “use” of bedrails in addition to installation.
- Added links to resources and guidance related to appropriate alternatives to bedrails
- Clarified that there is no requirement that bedrails be removed or disabled when not in use
- Added guidance that if bedrails are determined to be inappropriate for a resident, if left on the bed in the down position, raising the rail would be considered noncompliance

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The guidance has been clarified to include the “use” of bedrails in addition to installation. Additionally, as a result of many inquiries, F700 now contains links to resources and guidance related to appropriate alternatives to bedrails such as roll guards, foam bumpers, lowering the bed and using concave mattresses to reduce rolling off the bed.

The guidance also states that alternatives must be appropriate for the intended use of the bedrail, and made an allowance for when no alternative exists. In such cases, the medical record must include: Purpose of bedrail and notation that no appropriate alternative exists; an assessment of the resident and the bedrail for entrapment risk; and an assessment of the risks versus benefits which must be reviewed with the resident and resident representative with informed consent given.

Clarification was added that there is no requirement that bedrails be removed or disabled when not in use. The guidance emphasizes that facilities must have a process for determining whether beds (and their rails) are appropriate for the residents residing in them. This includes determining if the rail can be moved to the down position, and if it can, does that pose any type of risk to the resident such as tripping or entrapment?

Also included is guidance which states that if bedrails are determined to be inappropriate for a resident, but are left on the bed in the down position, raising the rail even episodically to provide care may be considered noncompliance. Any use of bedrails must meet the requirements to: assess the resident, obtain consent, evaluate appropriateness and routinely provide maintenance of the bed and bed rail.

Thank You

If you have questions about this training please send them to:

DNH_TriageTeam@cms.hhs.gov



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If you have questions about this training please send them to the DNH Triage mailbox at:
DNH_TriageTeam@cms.hhs.gov

Thank you for your continued efforts towards our shared goal in providing quality care to America's nursing home residents.