

SKIN-EQUITY◊

 A prevention philosophy from **smith&nephew**

Your guide to F-Tag compliance

We can help

SKIN-EQUITY[◇] **Knowledge. Prevention. Results.**

F-Tag 314

F 314 483.25 (c)

Pressure Sores (Ulcers)

Based on the comprehensive assessment of a resident, the facility must ensure that

A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable;¹

and

A resident who has a pressure ulcer receives care and services to promote healing and prevent additional ulcers.¹

F-Tag 315

483.25(d)(1)

A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;

and

483.25(d)(2)

A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.²

Requirements and statements

F-Tag 314 – F-Tag 315

Facilities should ensure that policies and procedures are consistent with current standards of practices.¹

To demonstrate compliance for residents with pressure ulcers, the facility must show the pressure ulcer was unavoidable by documenting all of the following actions:

- Evaluate the resident's clinical condition and pressure ulcer factors;
- Define and implement interventions that are consistent with resident needs, goals, and recognized standards of practice;
- Monitor and evaluate the impact of interventions;
- Revise the approaches as appropriate.¹

“The intent of F314 is that the facility provides care and services to promote the **prevention** of all types of wounds, promote the **healing** of all types of wounds (including infection) and **prevent** additional wounds from occurring.”¹

Irritation or maceration resulting from prolonged exposure to urine and feces may hasten skin breakdown, and moisture may make skin more susceptible to damage from friction and shear during repositioning.¹

Urinary incontinence is not normal!²

50% of the nursing home population experience some degree of urinary incontinence.²

Urinary incontinence may be associated with changes in skin integrity, skin irritation or breakdown, urinary tract infections.²

One key to prevention is to keep the perineal skin clean and dry. Research has shown that a soap and water regimen alone may be less effective in prevention compared with moisture barriers and no-rinse incontinence cleansers. Because frequent washing with soap and water can dry the skin, the use of a perineal rinse may be indicated. Moisturizers help preserve the moisture in the skin by either sealing in existing moisture or adding moisture to the skin.²

Persistent exposure of perineal skin to urine and/or feces can irritate the epidermis and can cause severe dermatitis or skin erosion...²

Skin knows the difference.

F-Tags 314 and 315 focus on risk factors and clinical objectives related to the prevention and treatment of pressure ulcers and urinary incontinence.

Risk factors referenced in F-Tag 314 and 315 include:

Decreased immobility, cognitive impairment, medications, co-morbid conditions, healed ulcers, refusal of treatment, impaired circulation, nutritional status, exposure of skin to urine and feces, moisture.

F-Tag 314 and 315: Clinical objectives that can increase compliance include:

Seal out wetness, seal in moisture, keep perineal area clean and dry, maintain skin integrity (skin acid mantle, pH), prevent/reduce maceration, manage moisture, manage friction and shear, reduce prolonged exposure of skin to urine and feces.

PRODUCT



BENEFIT

Reduced exposure to incontinence urine and feces
 Reduce risk of skin breakdown, dermatitis, or skin erosion
 Keep perineal area clean and dry
 Maintain skin health and integrity (acid mantle, pH)



Reduced exposure to incontinence urine and feces
 Reduce risk of skin breakdown, dermatitis, or skin erosion
 Reduce potential for maceration
 Manage friction
 Seal out wetness
 Seal in moisture
 Prevent maceration



Seal in moisture
 Maintain skin health and integrity (acid mantle, pH)
 Reduce risk of skin breakdown
 Manage friction



Reduce risk of skin breakdown, dermatitis, or skin erosion
 Keep perineal area clean and dry (Extra Thick)
 Maintain skin health and integrity (acid mantle, pH)
 Manage friction
 Manage moisture
 Reduce maceration



Manage friction
 Reduce risk of skin tears
 Reduce potential for maceration
 Reduce risk for skin stripping

SKIN-EQUITY[◇]

Knowledge. Prevention. Results.

Your guide to compliance... A total solution

Research by the Centers for Medicare/Medicaid Services (CMS) and the Office of the Inspector general (OIG) supports the direct link between continuing education and the quality of care, and staff retention.³ Surveyors will interview nursing assistants to determine whether they know what, when and to whom to report changes in skin condition.¹

Knowledge – leads to improved morale, consistent care and reduced staff turn over

Smith & Nephew Medical Education includes:

PST[◇] Practice Success Through – Knowledge. Prevention. Results.

Preventive skin assessment and documentation for nurse assistants

GWA Global Wound Academy (GWA[◇]) – on-line education

OPTIONS[◇] Education – CEU accredited programs for licensed practitioners

Clinical Resource Specialists

Prevention – the foundation for compliance

High quality products that manage skin integrity and incontinence

Prevention protocol and algorithms for assessment and intervention

Technical product service and support

Results

Improved F-tag compliance

Decreased staff turn over and improved staff morale

Measurable results: improved financial, emotional and clinical outcomes

Lower treatment costs

Sustainable results for pennies a day

Knowledge. Prevention. Results.

Reference

1. CMS Manual System, Pub. 100-07 State Operations Provider Certification, appendix PP, F-Tag 314 Current Guidance to Surveyors.
2. CMS Manual System, appendix PP, F-Tag 315, State Operations Manual, Surveyor Guidance for Incontinence and Catheterization.
3. Stross D. CNA education: research proves what we already knew! *CNA Today*. 2004:3:4-8. Available from: CNA Today, Joplin MO.

Wound Management

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