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WHITE PAPER ALERT

CMS ISSUES STRINGENT NEW GUIDELINES FOR PRESSURE ULCER TREATMENT

*Tough new rules for pressure ulcers.
CMS issues surveyor guidelines that increase citation severity!*

CMS released a new guidance to surveyors November 12, 2004, entirely replacing the old text surveyors used to cite facilities for infractions under F-Tag 314, care and treatment of pressure ulcers.

This guidance appears to significantly raise the bar for treatment of pre-existing pressure ulcers, as well as prevention for those residents who don't have them. Facilities should be pro-active and aggressive in educating their staff re: these new guidelines concerning prevention and treatment to be compliant.

What The Guidelines Say

Here are a few of the standout features of the revised guidelines:

- The new rules state residents can develop a pressure ulcer in as little as two hours. (This means facilities can't assume if a resident gets a pressure ulcer on the day of admission, it was the previous caregiver's fault. On the other hand, it is recognition that a resident with a pressure ulcer does not necessarily point to long term "neglect" issues.)
- According to the guidelines, facilities should be conducting a weekly skin assessment for the first four weeks after admission. (Most facilities will have to change their pattern of practice to do this.)

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- The guidelines state that Advance directives do not alleviate the provider from having to care for existing pressure ulcers.

Staff Education

The pressure ulcer guidelines for surveyors are different from previous ones because they go into depth explaining assessment, prevention, and care practices. CMS personnel claim it's as much educational as it is regulatory.

This has both positive and negative consequences. On the one hand, providers, arguably, don't have to leaf through dozens of journals for the latest pressure ulcer prevention and treatment tips. On the other hand, surveyors will likely be very literal in their reading of the guidelines, perhaps without due consideration of the individual patient's condition.

Take the example of a nursing home whose practice is to reposition residents every two hours. The new guidelines appear to say that some residents will need closer attention. If facilities don't make the consequent changes in care plans and practice, they could receive citations where they would not have in the past.

CMS is also addressing the level of detail in documentation it expects from facilities. The guidelines make it clear the surveyor's will require entries beyond a nurses note that says "2x4 cm on left hip," however, exactly what is required remains open for debate.

Strict Citation Rules

Facilities may find themselves, not only subject to more citations under the pressure ulcers tag, but also to more severe citations. Here's a look at each level of citation:

- *Level Four Citation - Immediate Jeopardy.*

Examples of how you attain an immediate jeopardy citation include, if a resident acquires a stage four, avoidable pressure ulcer, or if a resident admitted with a stage four ulcer worsens or shows no sign of healing. You can also be cited at this level if you fail to keep stage three or four ulcers from infection or if you fail to follow multiple areas of pressure ulcer care.

- *Level Three Citation – Actual Harm*

A surveyor can issue an actual harm deficiency if a resident develops an avoidable stage three pressure ulcer, multiple or recurring stage two ulcers, or finds the facility failed to implement a comprehensive care plan to treat a pressure sore.

- *Level Two Citation*

Facilities may receive a level two citation in this area if a resident acquires a stage one or stage two pressure ulcer that surveyors deem avoidable, if a facility doesn't properly address a resident's risk for a pressure ulcer or if staff miss an element in the treatment plan of a resident who has an ulcer.

Level one citations don't apply in the case of this survey tag, according to the guidance.

Although as yet untested, these new survey guidelines are cause for concern. Even for facilities with excellent compliance histories on pressure ulcer care and prevention these new, more detailed, guidelines may well require changes in procedure and documentation to avoid citation. As we often repeat, it becomes more and more imperative to know your surveyor and the proclivities. Guidelines with such specific parameters are rife with the potential for misuse and misapplication. Less than motivated survey teams are now provided with a means to justify a citation without full consideration of the individual resident's medical conditions.

Finally, we are, as always, concerned with the impact of these new detailed survey guidelines in the civil litigation setting. Given the proclivity of California courts to allow CMS Guidelines direct use as evidence of the standard of care we will be facing a most interesting and daunting period in defending pressure ulcer claims.

If you have any questions or desire further information on this, or any other topic, please contact:

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