

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SKIN OBSERVATION PROTOCOL POLICY 9.13

Authority: RCW 74.09.520(2)(c)

PURPOSE

To establish the procedure and timelines for Developmental Disabilities Administration (DDA) field staff to refer a client when a Skin Observation Protocol (SOP) assessment is triggered in CARE. The SOP identifies clients who are at risk of skin breakdown over pressure areas.

SCOPE

This policy applies to all DDA staff, and DDA-contracted nursing agencies, consulting nurses, nurse delegators, and Area Agencies on Aging (AAA).

POLICY

All DDA clients who have been triggered in CARE for skin observation protocol must be assessed by a registered nurse. The registered nurse must perform direct observation of the client's skin and document the assessment findings.

PROCEDURES

- A. The Case Resource Manager must:
1. Open the client's person-centered service plan (PCSP) at the on-site visit and review the DDA referral panel to determine if an SOP assessment has been triggered. If the case resource manager is unable to open the PCSP during the on-site visit, he or she must review the PCSP within two business days of the visit.
 2. Refer the client for an SOP assessment, if appropriate, within two business days of the CARE assessment. Use [DSHS 13-911](#), *Nursing Service Referral*. Completed DSHS 13-911 must include:
 - a. ProviderOne number;

- b. Authorization number;
 - c. ADSA number;
 - d. Date of birth;
 - e. Primary diagnosis as noted in the client's CARE assessment;
 - f. The client's most current CARE Assessment, Person-Centered Service Plan, and Positive Behavior Support Plan (PBSP) if one has been developed, and any other completed assessments;
 - g. The client's physical address;
 - h. Referral request as identified in the CARE assessment; and
 - i. Reason for request as identified in the CARE assessment.
4. Identify the appropriate referral nurse using the [DDA Skin Observation Protocol Referral Chart](#). This link is available on the DSHS Intranet SharePoint site only.
 5. Include a copy of the client's CARE plan with the referral if the nurse does not have access to CARE.
 6. When a referral is sent to a delegating nurse for a client who does not currently have nurse delegation services:
 - a. Add nurse delegation services and the appropriate recipient aid category (RAC) code, 3930, to the client's PCSP; and
 - b. Move the assessment to "current" to ensure payment to the referral nurse.
- NOTE: If a referral is sent to the Professional Registry of Nurses (PRN), (6)(a) and (6)(b) do not apply.
7. Document the SOP referral in the client's service episode record (SER).
 8. Notify the client or the client's legal representative that an SOP assessment was triggered, a referral to a nurse is being processed, and a nurse will contact them to schedule a visit. All visits must be in-person.
 9. Mail [DSHS 15-376](#), *Skin Observation Protocol* letter, to the client. Include the following informational documents:
 - a. [Skin Care and Pressure Sores, Part 1](#);

- b. [Skin Care and Pressure Sores, Part 2](#); and
 - c. [Skin Care and Pressure Sores, Part 3](#).
10. Make a referral to Adult Protective Services (APS) or Child Protective Services (CPS) if the nurse has made two attempts within a seven-day period to schedule a visit, but has been unsuccessful.
- a. The CRM must document all attempts by the nurse to schedule the SOP assessment in the client's SER.
 - b. If the referral nurse has access to CARE, he or she must also document all attempts to schedule the SOP assessment in the client's SER.
 - c. The CRM must report to the Regional Quality Assurance Manager that an APS or CPS referral has been made.
 - d. The Regional Quality Assurance Manager must report to the DDA headquarters SOP contact that an APS or CPS referral has been made.
- B. The Referral Nurse must:
- 1. Accept the referral within one business day;
 - 2. Schedule a Skin Observation Protocol assessment within two business days;
 - 3. Return required documentation to the Case Resource Manager within five business days. Required documentation includes:
 - a. [DSHS 13-780](#), *Nursing Services Basic Skin Assessment*; and
 - b. [DSHS 13-783](#), *Pressure Injury Assessment and Documentation*.
 - 4. Make a referral to APS or CPS if the nurse has made two attempts within a seven-day period to schedule a visit, but has been unsuccessful.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

None.

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Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: August 1, 2017