



## Skin Integrity Initiative: Tools and Methodology

### ODP Announcement 21-073 Revised

#### AUDIENCE:

All Interested Parties

#### PURPOSE:

The Office of Developmental Programs (ODP) continues promoting awareness of pressure injuries as part of ongoing efforts to assure participant health and safety. Pressure injuries (also referred to as pressure ulcers, pressure wounds, bed sores, or decubiti) are associated with significant health complications and even death. ODP is working in conjunction with the state's Health Care Quality Units (HCQUs) and Support Coordinators (SCs) to implement the Skin Integrity Initiative.

The goals of this pressure injury initiative are to raise awareness about pressure injury occurrences, to assist in the identification of resources, and to identify appropriate preventive measures that will reduce associated health risks and death. Details are provided below on the implementation, data collection and reporting methods that will be used going forward in this initiative.

#### BACKGROUND:

It is estimated that 1 to 3 million people in the United States are affected by pressure injuries each year and 60,000 Americans die from complications related to pressure injuries. Pressure injuries are largely preventable, and ODP has identified the need to provide resources and education to individuals and caregivers to promote healing of existing pressure injuries and to prevent injuries in the future.

## DISCUSSION:

### Methodology of ODP's Skin Integrity Initiative

ODP utilizes Medicaid claims to identify individuals who received medical treatment for a pressure injury in an emergency room setting or while hospitalized. Raw data is collected from **medical** providers' claims for payment with the International Classification of Diseases, Tenth Revision (ICD-10) L89 diagnostic code for pressure injuries.

Risk stratification was used to categorize individuals into three different tiers based on the perceived risk level for the likelihood of experiencing adverse outcomes related to pressure injuries. The risk stratification was developed by ODP to structure the outreach process by identifying factors that increase the level of risk. Risk scores were decided using weighted metrics which included but are not limited to:

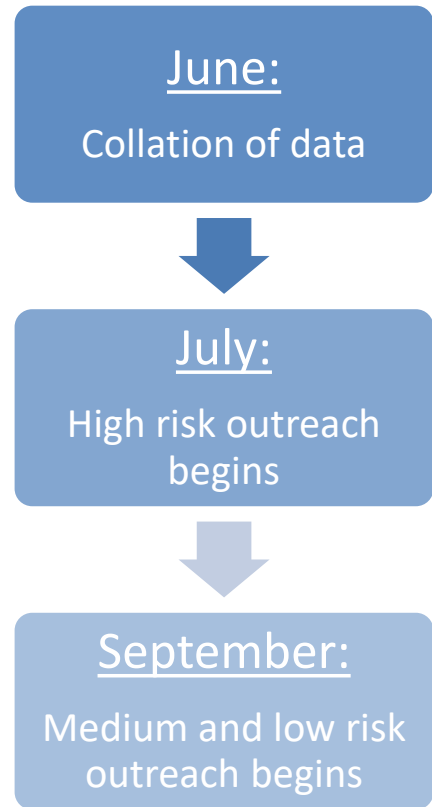
- Injury stages
- Age group
- Ambulation
- Repeated Emergency Room visits
- Hospital Admissions/Readmissions
- **Potentially fatal conditions indicative of unmanaged wounds, such as sepsis and osteomyelitis**
- **Comorbid conditions that increase risk, such as incontinence, dementia, and diabetes**

**Each cycle, ODP's medical team will determine the threshold of risk scores that place individuals into three tiers: High risk, medium risk, and lowest risk. These tiers ensure that those identified as being most at risk receive the level of outreach and support needed to keep them safe from adverse events and death.**

## Collation and Dissemination of Individual Data

As of Cycle 5, the Skin Integrity Initiative will be syncing with state fiscal year for its cycles. ODP will disseminate the initial data files detailing the individuals identified to have pressure injuries to specific HCQU designated staff, Support Coordination Organizations (SCOs) and AEs in June of each year. HCQU outreach will begin at the start of each fiscal year on July 1.

To ensure that those who are at highest risk are prioritized, only data pertaining to individuals in the highest risk tier will be disseminated to HCQUs in June with an intended outreach start of **July 1**. Data pertaining to the individuals in the medium and low risk tiers will be disseminated to HCQUs on **September 1**. Should a HCQU complete their high-risk tier outreach prior to September 1, ODP will release that HCQU's medium and low risk tier at the HCQU's request for them to begin outreach early.



## Outreach Process

### Record Review

The HCQUs review pertinent information for individuals identified in the data file provided by ODP. **Other** sources may include the individual's Home and Community Services Information System (HCSIS) details, the individual's Supports Intensity Scale (SIS), the Individual Support Plan (ISP), any incidents filed in the electronic reporting system, and the Health Risk Screening Tool (HRST) if applicable. **The HCQU should verify the Supports Coordinator contact information is correct as part of the ISP record review.**

## Collaboration

**Collaboration should occur between the HCQUs, SCs, providers, AEs, and ODP** to assist in establishing contact information needed to plan and complete the outreach to individuals, families, or caregivers as needed throughout the pressure injury outreach activities. Any information sharing needs to comply with Health Insurance Portability and Accountability Act (HIPAA) regulations.

## Outreach

Outreach to individuals will differ based on the three tiers.

### **Tier 1 Outreach (High Risk, outreach begins 7/1)**

The HCQU and the SCs will collaborate to develop an outreach plan, **including a combined face to face in-person visit with both the SC and the HCQU staff present**. This in-person visit may be with the individual, provider's nurse, Direct Support Professional (DSP), other team member, or a specific family member. **The educational packet including information and tools related to pressure injury care and prevention should be provided during the in-person outreach visit.**

### **Tier 2 Outreach (Medium Risk, outreach begins 9/1)**

Method of outreach used by the HCQU with individuals in Tier 2 may vary based on the needs of the individual, family, or provide; recommendations from the SC, and is at the discretion of the HCQU.

**The HCQU may contact the individual in-person, via email, phone, or virtually (Facetime, Zoom, Skype, Microsoft Teams, etc.).** The HCQU's outreach may be with the individual, provider's nurse, Direct Support Professional (DSP), other team member, or a specific family member. **The educational packet including information and tools related to pressure injury care and prevention should be mailed to the individual or appropriate support.**

**If during the outreach with both Tier 1 and Tier 2, the HCQU feels as though an individual is at imminent risk, it is crucial that the HCQU conveys this to the provider or caregiver immediately**

**and contacts the ODP regional staff as well to ensure health and safety.**

If during the process of the record review or outreach for Tier 1 and Tier 2, the HCQU discovers that an individual identified in the sample is deceased, the HCQU should not conduct further outreach and should communicate the passing to the ODP regional office.

If during the process of outreach for Tier 1 and Tier 2, the HCQU discovers another individual has pressure injuries, the HCQU will refer this individual to the ODP regional nurse and/or the ODP regional Incident Manager/Risk Manager.

The HCQU should limit their outreach attempts to the individual to 3 attempts. Documentation of these attempts will be completed in the information collection tool.

The information sought during the Tier 1 and Tier 2 outreach includes *but is not limited to*:

- Care the individual is receiving for their existing pressure injuries to heal.
- Care being provided to prevent additional pressure injuries.
  - Individual demographics
  - Date the HCQU initiated outreach
  - Method of outreach
  - Skin assessment information
  - Status of each pressure injury (Healing, healed, unchanged, worsened)
  - Number of additional pressure injuries not identified in the data file provided by the ODP.
  - Individual risk factors for pressure injuries

- Wound care provider information
- HRST information (if applicable)

For Tier 1 and Tier 2, the HCQUs will collaborate with the individuals, their families, caregivers, providers, and the SC to identify risk factors and develop appropriate risk mitigation strategies as well as make recommendations to create a well-rounded system of support that promotes healing and prevents recurrence of pressure injuries.

Examples of possible recommendations include, but are not limited to:

- Following up with a health care provider regarding possible wound clinic visits.
- Leveraging the physical health Managed Care Organizations (MCO) and/or insurance Enhanced Member Support Unit nursing case managers.
- Offering educational resources to the caregivers as needed.
- Pursuing additional supports and services such as adaptive equipment, technology, nutritional consultation, and nursing care.

### **Tier 3 Outreach (Lowest Risk, outreach begins 9/1)**

The HCQU outreach for individuals in Tier 3 will be limited to mailing the individual or provider the developed educational packet with accompanying letter of explanation.

For all individuals identified in the skin initiative data, SCs should include questions related to the HCQU outreach, educational packet, and treatment and prevention plans during their scheduled monitoring visit with the individual to ensure the individual's needs related to skin care are being met.

## **Documentation of Outreach**

### **Tier 1 and Tier 2**

Upon the conclusion of the HCQU's information gathering, outreach, and collaboration as noted above, the HCQU enters the outreach details and any feedback from the AE, SC or provider into the information collection tool developed by ODP.

### **Tier 3**

Upon sending out the educational packet and accompanying letter, the HCQU will enter data detailing the outreach and any feedback from the AE, SC, or provider into the modified Tier 3 information collection tool developed by ODP.

## **Collaboration and Follow Up After Outreach for Tier 1 and Tier 2**

Collaboration and communication between the HCQU and the individual's support team is critical to promoting the healing of current pressure injuries, avoiding the development of additional pressure injuries, and promoting the overall health and safety of the individual.

Regardless of individual's tier or level of risk, the individual's support team will collaborate and coordinate their roles to develop a well-rounded system of support that promotes healing and prevents recurrence of pressure injuries.

The individual's support team will ensure that the resources, education, supports, or services that are identified in this process are addressed.

Individual's family, caregivers, or providers will follow up with the individual's health care practitioner to discuss recommendations and obtain the appropriate care and supports.

Providers will implement recommendations for the individual as appropriate. This may include but is

not limited to:

- Training and Technical Assistance (TA) for individual's DSPs, and team,
- Training and TA for provider staff to raise awareness about importance of pressure injury prevention and treatment,
- Recommendation for follow up by health care practitioner for possible wound care clinic referral,
- Other clinical consultations or evaluations.

Providers will also ensure the HRST is updated as appropriate to reflect the change in condition, in the treatment plan, and in the supports being provided.

The SC will update the ISP to include the outreach results, HRST updates, changes in treatment, preventative activities, and monitoring requirement for current pressure injuries, to prevent the development of additional pressure injuries and to ensure the individuals overall health and safety.

**Following the conclusion of the HCQU outreach, additional SC monitoring for the individual may be necessary to assure healing and prevention. A Supports Coordinator (SC) can increase monitoring frequency for any individual involved in the Skin Integrity Initiative based on the individual's needs and bill accordingly. They will want to ensure the need for increased visits are documented in the ISP and conveyed to the AE.**

**The SCs are also empowered to make referrals to the HCQU's via their AEs and the ODP regional office for individuals not identified as part of this process.** SCs will work with the individual's team as needed to ensure all health needs are being addressed.

The SCs are encouraged to view the webinar, "Part 3: Skin Integrity and Elimination Assistance," in the [Medically Complex Conditions Training Series on the MyODP website](#)

The AEs will facilitate communication among all parties; help resolve identified issues, and



coordinate additional referrals with HCQUs for individuals identified outside of this process.

The ODP Regional Office nurse and Incident Manager/Risk Manager function both as resources for the HCQUs and as facilitators to ensure appropriate steps are taken by all partners in implementing the Skin Integrity Initiative.

### **ODP Data Analysis**

ODP will routinely analyze the information collected and apply findings to improve the Skin Integrity Initiative process, including the use of risk stratification for outreach. Incidence and prevalence of pressure injuries will be monitored and reported to ODP executive staff, ODP IM/RM, HCQUs, and stakeholders.

### **CONTACT:**

Questions or support in the interpretation and application of these guidelines may be directed to the ODP Regional Offices. HCQUs may be contacted at the numbers below.

#### **ODP Regional Office**

#### **Phone:**

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|-------------|--------------|
| ○ Central   | 717-772-6507 |
| ○ Northeast | 570-963-4749 |
| ○ Southeast | 215-560-2245 |
| ○ West      | 412-565-5144 |

**HCQU**

**Phone**

- |  |              |
|--|--------------|
| ○ Advocacy Alliance (Eastern)          | 610-435-2700 |
| ○ Advocacy Alliance (Northeast)        | 570-558-3206 |
| ○ Advocacy Alliance (Central)          | 717-835-2270 |
| ○ Geisinger                            | 570-271-5935 |
| ○ Acentra                              | 888-321-5861 |
| ○ Philadelphia Coordinated Health Care | 215-546-0300 |
| ○ Milestones (Northwestern)            | 814-728-9400 |
| ○ Milestones (Western)                 | 724-283-0990 |