

Skin Integrity Initiative: Tools and Methodology

ODP Announcement 21-073

AUDIENCE:

All Interested Parties

PURPOSE:

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

The goals of this pressure injury initiative are twofold: to raise awareness about pressure injury occurrences 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:

On average, 2.5 million Americans are diagnosed with a pressure injury each year and 60,000 Americans die from complications related to pressure injuries. Pressure injuries are largely preventable, and the Office of Developmental Programs (ODP) has identified

the need to provide resources and education to caregivers and individuals to promote healing of existing pressure injuries and to prevent injuries in the future.

Through collaborative work of the statewide Health Care Quality Units (HCQCs) and ODP during the initial pressure injury outreach pilot, an information collection tool was developed to assist with incorporating findings of the outreach.

In addition, ODP has taken the following steps in laying the groundwork for the pressure injury initiative.

- Emphasized the importance of appropriate treatment and prevention through the Governor's 11/19/2020 Pressure Injury Prevention Day proclamation and the upcoming proclamation for November 2021
- Updated the Health Alert on pressure injuries
- Developed guidance on documenting pressure injuries in Enterprise Incident Management (EIM) incidents

DISCUSSION:

Methodology of ODP's Skin Integrity Initiative

Data Source

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

ODP extracts data from PROMISE™ claims on a quarterly basis (January, April, July, October) for the prior 6-month timeframe. Each quarterly data set sent to the HCQUs will cover a time period of 180 days to ensure that no individual claims are missed, as providers have 180 days to submit claims.

Two separate data files are provided:

- The first data file will include the following:
 - Demographic information
 - Name
 - Master Client Index number (MCI #)
 - Residential information
 - Provider contact information
 - SC contact information
- The second data file is a reference file with detailed claim information:
 - Date of treatment
 - Location(s) of pressure injury
 - Stage of pressure injury(ies)
 - Number of pressure injuries
 - Treatment provider

Additional data extracts will identify new individuals as well as previously identified individuals who have had a change in status.

Dissemination of PROMISE™ Claims

ODP will disseminate the data files to specific HCQU designated staff.

HCQU Name	Phone number
Advocacy Alliance (Eastern)	610-435-2700
Advocacy Alliance (Northeast)	570-558-3206
Advocacy Alliance (South Central)	717-835-2281
Geisinger	570-271-5935
KEPRO	888-321-5861
Philadelphia Coordinated Health Care PMHCC, Inc.	215-546-0300

Milestones (Northwestern)	814-728-9400
Milestones (Western)	724-284-5114

Process

Record Review

HCQUs review pertinent information for each individual identified in the data files provided by ODP. Sources may include the individual’s Home and Community Services Information System (HCSIS) information, 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

HCQU collaborates with ODP, Administrative Entities (AEs), SCs, or providers 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

The HCQU will develop an outreach plan. Method of outreach used by the HCQU will vary based on the needs of the individual, family or provider, recommendations from the SC, and is at the discretion of the HCQU. The HCQU may contact the individual via email, phone, virtual face to face (Facetime, Zoom, Skype, Microsoft Teams, etc.), or in

person face to face. The HCQU's outreach may be with the individual, provider's nurse, Direct Support Professional (DSP), other team member or a specific family member.

If 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 also contacts ODP regional staff to ensure health and safety.

If during the process of the record review or outreach 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, 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 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 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 ODP
- Individual risk factors for pressure injuries
- Wound care provider information
- HRST information (if applicable)

HCQUs will collaborate with the individuals, their families, caregivers, providers, and 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 Special Needs Units 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.

Documentation of Outreach

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.

The HCQU will enter DNA (Data Not Available) for any question that cannot be answered.

Collaboration and Follow Up After Outreach

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.

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 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 Individual Support Plan (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 injures 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.

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

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 assure appropriate steps are taken by all partners in implementing the Skin Integrity Initiative.

ODP Data Analysis

As this initiative progresses and data collection is underway, ODP will routinely analyze the information collected and apply findings to improve the Skin Integrity Initiative process. 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 ODP Regional Offices.

- Central Regional Office - 717-772-6507
- Northeast Regional Office - 570-963-4749
- Southeast Regional Office - 215-560-2245
- Western Regional Office - 412-565-5144