

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: SKIN OBSERVATION PROTOCOL POLICY 9.13

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Authority: RCW 74.09.520(2)(c)

### **BACKGROUND**

Skin observation protocol is a protocol that uses the CARE algorithm to identify clients who are at high risk of having or developing a pressure injury.

### **PURPOSE**

The purpose of this policy is to establish the procedure for referring and authorization skin observation protocol and timelines for Developmental Disabilities Administration (DDA) field staff when skin observation protocol is triggered in the DDA assessment. The policy also establishes roles and responsibilities of individuals involved in the skin observation protocol referral process.

### **SCOPE**

This policy applies to DDA case resource managers (CRM), nursing care consultants (NCC), DDA-contracted nursing agencies, consulting nurses, nurse delegators, and Area Agencies on Aging (AAA).

### **DEFINITIONS**

**Case resource manager** or **CRM** means the DDA case manager or social service specialist.

**DDA assessment** means an annual DDA assessment, a significant change assessment, or an interim assessment.

**Nursing care consultant** or **NCC** means the registered nurse employed by DDA.

**Registered nurse delegator** or **RND** means the registered nurse contracted with DSHS to provide nurse delegation services.

**POLICY**

- A. If a client triggers in CARE for skin observation protocol, the client must be assessed by an RN or a medical provider (i.e., Doctor, medical doctor, advanced registered nurse practitioner, or physician assistant).
- B. The RN or medical provider must observe the client's skin and document their skin assessment findings.
- C. The skin assessment and finalization of documentation must occur no more than ten days after the CRM refers the client for a skin assessment.
  - 1. The RN or medical provider must return the skin assessment findings to the CRM and the CRM must document the results of the RN or medical provider's assessment in a service episode record (SER); or
  - 2. The AAA RN must record their SOP assessment findings in CARE.
- D. Once referred, if more than ten days pass before a skin observation protocol assessment occurs, the CRM:
  - 1. Must contact the RN or medical provider referred to identify the reason for the delay and document the reason and expected completion date in an SER;
  - 2. Must notify their supervisor of the delay; and
  - 3. May staff the case and reason for delay with the regional NCC for additional guidance.

**PROCEDURES**

- A. During the DDA assessment, the CRM must open the client's person-centered service plan (PCSP) to determine if skin observation protocol has been triggered.
  - 1. If skin observation protocol is listed in the "Triggered Referrals, Critical Indicators" screen, the CRM must refer the client for a skin assessment no more than two business days after the client's DDA assessment.
  - 2. If unable to open the PCSP during the DDA assessment, the CRM must open the PCSP and send the referral no more than two business days after the DDA assessment.

- B. The CRM must notify the client or the client’s legal representative that skin observation protocol was triggered, and an in-person skin assessment is required.
1. The CRM must notify the client or the client’s legal representative that a referral to a nurse is being processed, and a nurse will contact them to schedule a visit.
  2. The client or the client’s legal representative may choose to have the client’s medical provider complete a skin assessment and send documentation to the CRM regarding the status of the client’s skin.
- C. The CRM must mail or email [DSHS 15-376](#), *Skin Observation Protocols*, to the client or the client’s legal representative and include the following informational documents:
1. [Skin Care and Pressure Sores, Part 1](#);
  2. [Skin Care and Pressure Sores, Part 2](#); and
  3. [Skin Care and Pressure Sores, Part 3](#).
- D. When skin observation protocol is triggered, the CRM must:
1. Identify the appropriate referral nurse using the [DDA Skin Observation Protocol Referral Chart](#) and send a referral directly to that nurse.
  2. If a client does not have nursing, an RND, or the AAA is not accepting SOP referrals in the area, search for an RND willing to perform an SOP assessment using the [DSHS-Contracted Nurse Delegator Database](#).
  3. Once a nurse delegator has been identified:
    - a. Confirm the client has a qualifying recipient aid category (RAC).
    - b. Add nurse delegation to the “SOP referral screen” and authorize nurse delegation using service code H2014 U5 at 100 units, for 10 business days, starting with the date the referral was sent.  
  
Note: The authorization may be extended if there are challenges scheduling the skin assessment.
    - c. If the client is in-home, has no authorized services, and does not already have an approved RAC, authorize nurse delegation using service code H2014 U5 with RAC 3930.
    - d. After nurse delegation services have been authorized using RAC 3930, consult a supervisor or payment specialist for an override.

4. If unable to find a nurse delegator, contact the regional NCC for assistance and document outreach attempts in an SER.
- E. Once a referring nurse has been identified, the CRM must send a referral using [DSHS 13-911](#), *Nursing Service Referral*.
- F. After sending a referral, the CRM must:
1. Document on the skin observation protocol referral screen:
    - a. Was the client referred? yes/no (All skin observation protocol triggers require a referral and must be “yes”);
    - b. Did the CRM make an AL TSA or DDA nursing referral? yes/no (For a referral to AAA, answer “yes”. For a referral to another source, answer “no”.)
    - c. Referral date;
    - d. Reason for referral (skin protocol);
    - e. Comments: Enter name of person or agency to whom client was referred for a skin assessment.
  2. Document the referral in an SER.
- G. The referral nurse must:
1. Accept the SOP referral within one business day;
  2. Schedule a skin observation protocol assessment within two business days;
  3. Complete the in-person SOP assessment within two business days;
  4. Complete the forms below and send to the CRM no more than five business days after the assessment:
    - a. [DSHS 13-780](#), *Nursing Services Basic Skin Assessment*; and
    - b. [DSHS 13-783](#), *Pressure Injury Assessment and Documentation* if there is a current pressure injury; and

5. As a mandatory reporter, notify Adult Protective Services (APS) or Child Protective Services (CPS) if there are suspicions of abuse or neglect.
- H. If a nurse has made two attempts within a seven-day period to schedule the skin assessment without success, the CRM or AAA Nurse must make a referral to APS or CPS.
1. The CRM must document all attempts by the nurse to schedule the skin assessment in the client's SER.
  2. If the referral was sent to a AAA, the AAA nurse must document all attempts to schedule the skin assessment in an SER and inform the CRM of the mandatory APS or CPS referral.
  3. The CRM must report to the regional quality assurance manager (QAM) if an APS or CPS referral has been made.
  4. The regional QAM must report to DDA Nursing Services Unit Manager if an APS or CPS referral has been made.
  5. The Nursing Services Unit Manager must collaborate with the CRM, QAM, and CPS or APS on the skin observation protocol referral outcome.

### **EXCEPTION**

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

### **SUPERSESSSION**

DDA Policy 9.13  
Issued June 15, 2018

Approved:     /s/ Shannon Manion      
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: May 1, 2022