"A ***Knowledgeable*** and ***Compassionate*** partner"

The Alliance Training Center

BROAD RIVER REHAB

Quality Measurement

Falls, a Global Approach

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ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after October 21, 2022

Objectives

Following the presentation the participant will be able to:

1. Describe what a fall is under MDS rules.
2. Identify what type of falls are used to calculate the Fall Quality Measure.
3. List 2 reasons falls occur.
4. Explain CDC's STEADI initiative.

Agenda

Quality Measurement: Falls

- QM Basics, a Review
- Technically speaking… Falls
- Specifics: Falls
- Specifics: Falls with major injury
- How does this apply to my residents?
- An interdisciplinary approach
- Q&A

Quality Measurement: a history lesson

- Quality Indicators… Anyone… Anyone?
- Current LTC Quality Reporting
  - CASPER QM Reports
  - Quality Measures
  - Care Compare
  - 5-Star Rating
  - Skilled Nursing Facility Value Based Purchasing (SNF VBP)
  - Skilled Nursing Facility Quality Reporting Program (SNF QRP)
  - Meaningful Measures
  - SPADES
  - MDS 3.0
- List of Current Publicly Reported Quality Measures (See handout)

Quality Measure Data Accuracy

Quality Measure reports and data are dependent on accurate coding in the MDS database

Falls data is frequently miscoded and consequently reports may be misleading or inaccurate

Team members must have complete and accurate information on the definitions and coding instructions from the RAI Manual pages J-27 to J-35

Front line documentation in the medical record and other reports must be the source of MDS coding

Quality Measure Definitions: MDS

FALL

Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home. Falls are not a result of an overwhelming external force (e.g., a resident pushes another resident).

An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person – this is still considered a fall.

CMS understands that challenging a resident's balance and training him/her to recover from a loss of balance is an intentional therapeutic intervention and does not consider anticipated losses of balance that occur during supervised therapeutic interventions as intercepted falls.

Coding Instructions for Falls Coding

Item J1800 – Any falls since admission entry/re-entry or prior assessment

Team must know if a fall was documented in the record or reports using the CMS definitions and examples in the RAI Manual

This is a yes or no answer which then leads to the outcome of the event code

Purpose of this code is to indicate outcome of the fall – which then can trigger the database for the Q.M.

Number of Falls Since Admission, Entry/Re-Entry, or Prior Assessment – J1900

Definition of injury related to a fall – RAI Manual page J-32

Definition of injury (except major) – RAI Manual page J-32

Definition of major injury – RAI Manual page J-32

Quality Measure Definitions: MDS

INJURY RELATED TO A FALL

Any documented injury that occurred as a result of, or was recognized within a short period of time (e.g., hours to a few days) after the fall and attributed to the fall.

INJURY (EXCEPT MAJOR)

Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain.

MAJOR INJURY

Includes bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.

Quality Measure Definitions: MDS

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent		
Coding: 0. **None** 1. **One** 2. **Two or more**	↓ **Enter Codes in Boxes**	
	☐	**A. No injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	☐	**B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	☐	**C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Steps for the Assessment J1900

Very comprehensive record review – lookback period

Review facility records, incident reports, and medical record (physician nursing, therapy and nursing assistant notes) for falls and level of injury

Ask the resident and family about falls in the lookback period – resident and family reports of falls should be captured here, whether or not these incidents are documented in the medical record

Review follow-up medical information – emergency room reports, x-ray, MRI, or scan results

Quality Measure Definitions: MDS

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

Steps for Assessment

1. If this is the first assessment (A0310E = 1), review the medical record for the time period from the admission date to the ARD.

2. If this is not the first assessment (A0310E = 0), the review period is from the day after the ARD of the last MDS assessment to the ARD of the current assessment.

3. Review all available sources for any fall since the last assessment, no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment. All relevant records received from acute and post-acute facilities where the resident was admitted during the look-back period should be reviewed for evidence of one or more falls.

4. Review nursing home incident reports and medical record (physician, nursing, therapy, and nursing assistant notes) for falls and level of injury.

5. Ask the resident, staff, and family about falls during the look-back period. Resident and family reports of falls should be captured here, whether or not these incidents are documented in the medical record.

6. Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment.

Important Coding Tip – J1900 – RAI Manual page J-34

If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to the *Quality Improvement and Evaluation System* (QIES) *Assessment Submission and processing* (ASAP) *system*, the assessment must be modified to update the level of injury that occurred with that fall.

Quality Measure Definitions

- **Long stay:** An episode with CDIF greater than or equal to 101 days as of the end of the target period. Long stays may include one or more interruptions, indicated by Interrupted Stay (A0310G1 = [1]).
- **Episode:** A period of time spanning one or more stays. An episode begins with an admission (defined below) and ends with either (a) a discharge, or (b) the end of the target period, whichever comes first. An episode starts with:
  - An admission entry (A0310F = [01] and A1700 = [1]).
- **The end of an episode** is the earliest of the following
  - A discharge assessment with return not anticipated (A0310F = [10]), or
  - A discharge assessment with return anticipated (A0310F = [11]) but the resident did not return within 30 days of discharge, or
  - A death in facility tracking record (A0310F = [12]), or
  - The end of the target period.

Quality Measure Definitions

- **Target date:** The event date for an MDS record, defined as follows:
  - For an entry record (A0310F = [01]), the target date is equal to the entry date (A1600).
  - For a discharge record (A0310F = [10, 11]) or death-in-facility record (A0310F = [12]), the target date is equal to the discharge date (A2000).
  - For all other records, the target date is equal to the Assessment Reference Date (ARD, A2300).

Quality Measure Definitions

ASSESSMENT SELECTED	PROPERTY	SELECTION SPECIFICATIONS
Look-back Scan	Selection period	Scan all qualifying RFAs within the current episode that have target dates no more than 275 days prior to the target assessment.
	Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] *or* A0310B = [01] *or* A0310F = [10, 11]
	Selection logic	Include the target assessment and all qualifying earlier assessments in the scan. Include an earlier assessment in the scan, if it meets all of the following conditions: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, (c) its target date is on or before the target date for the target assessment, and (d) its target date is no more than 275 days prior to the target date of the target assessment. The target assessment and qualifying earlier assessments are scanned to determine whether certain events or conditions occurred during the look-back period. These events and conditions are specified in the definitions of measures that utilize the look-back scan.
	Rationale	Some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed. The purpose of the look-back scan is to determine whether such events or conditions occurred during the look-back period. These measures trigger if the event or condition of interest occurred any time during a one year period. A 275-day time period is used to include up to three quarterly OBRA assessments. The earliest of these assessments would have a look-back period of up to 93 days, which would cover a total of about one year. All qualifying RFAs with target dates in this time period are examined to determine whether the event or condition of interest occurred at any time during the time interval.

QM Specifics

Table 2-12
Percent of Residents Experiencing One or More Falls with Major Injury (LS)[16]
(CMS ID: N013.02) (NQF: 0674)

Measure Description
This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period.
Measure Specifications
Numerator Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]). ***Denominator*** All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions. *Exclusions* Resident is excluded if the following is true for *all* look-back scan assessments: 1. The number of falls with major injury was not coded (J1900C = [-]).
Covariates
Not applicable.

[23] This measure is used in the Five-Star Quality Rating System.

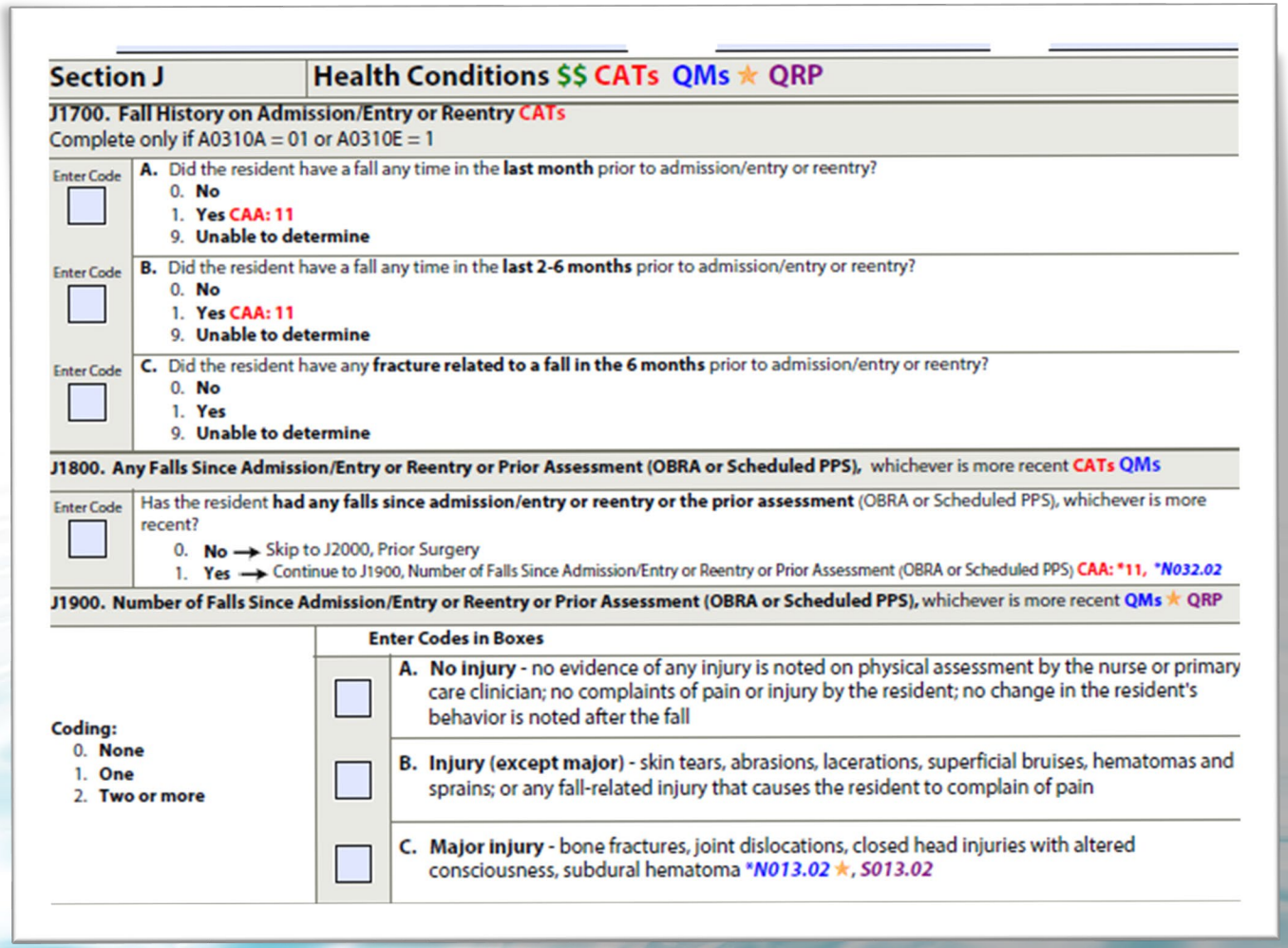
QM Specifics

Table 2-30
Prevalence of Falls (LS)[22]
(CMS ID: N032.02) (NQF#: None)

Measure Description
This measure reports the percentage of long-stay residents who have had a fall during their episode of care.
Measure Specifications
Numerator Long-stay residents with one or more look-back assessments that indicate the occurrence of a fall (J1800 = [1]). ***Denominator*** All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions. *Exclusions* Resident is excluded if the following is true for all of the look-back scan assessments: 1. The occurrence of falls was not assessed (J1800 = [-]).
Covariates
Not applicable.

[29] This measure is not reported on NHC and is only available on the CASPER QM reports

QM Management



Section J | **Health Conditions $$ CATs QMs ★ QRP**

J1700. Fall History on Admission/Entry or Reentry CATs
Complete only if A0310A = 01 or A0310E = 1

Enter Code ☐

A. Did the resident have a fall any time in the **last month** prior to admission/entry or reentry?
0. **No**
1. **Yes CAA: 11**
9. **Unable to determine**

Enter Code ☐

B. Did the resident have a fall any time in the **last 2-6 months** prior to admission/entry or reentry?
0. **No**
1. **Yes CAA: 11**
9. **Unable to determine**

Enter Code ☐

C. Did the resident have any **fracture related to a fall in the 6 months** prior to admission/entry or reentry?
0. **No**
1. **Yes**
9. **Unable to determine**

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent **CATs QMs**

Enter Code ☐

Has the resident **had any falls since admission/entry or reentry or the prior assessment** (OBRA or Scheduled PPS), whichever is more recent?
0. **No** → Skip to J2000, Prior Surgery
1. **Yes** → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) **CAA: *11, *N032.02**

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent **QMs ★ QRP**

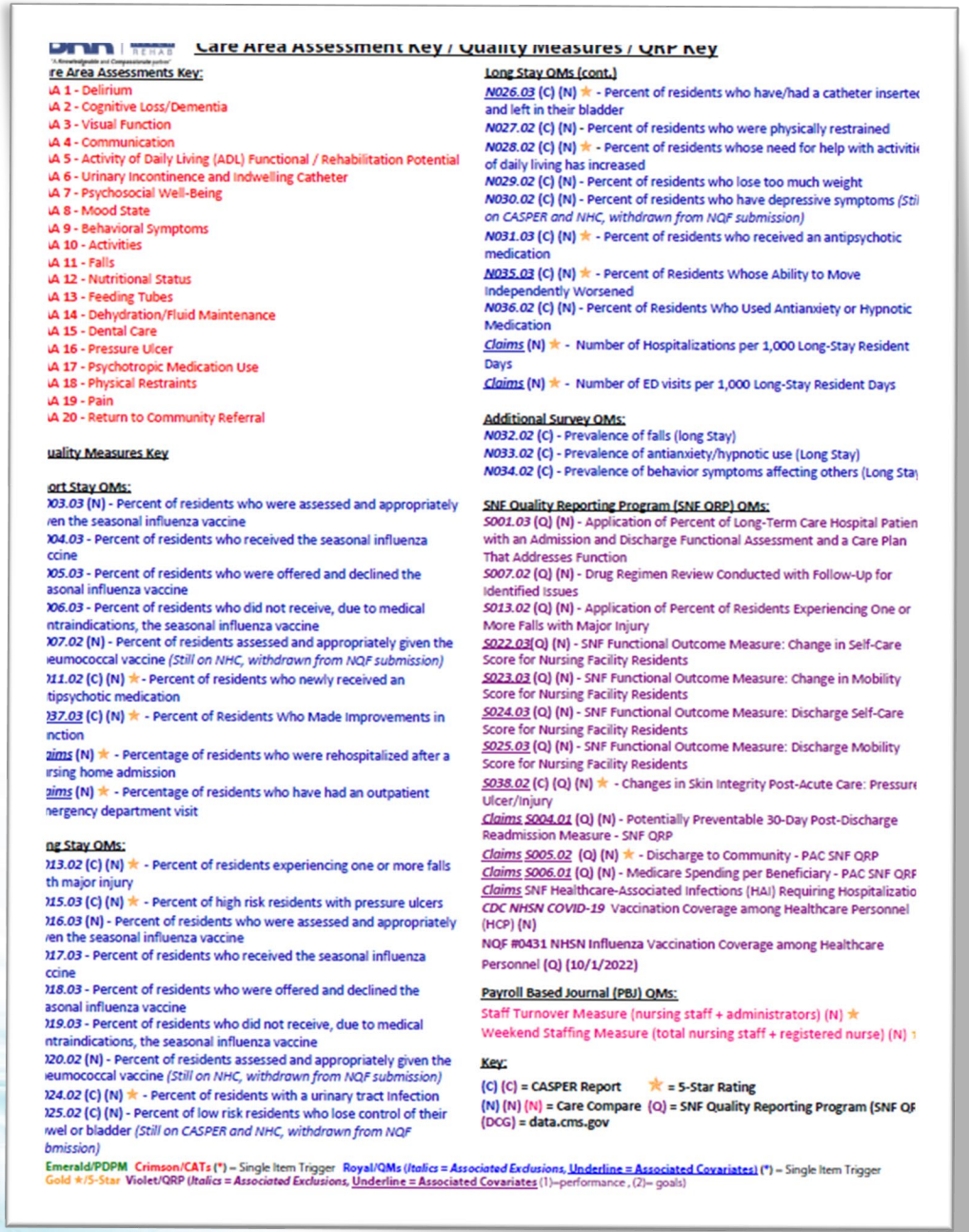
Coding:
0. **None**
1. **One**
2. **Two or more**

Enter Codes in Boxes

☐ **A. No injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall

☐ **B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain

☐ **C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma ***N013.02 ★, S013.02**



Care Area Assessment Key / Quality Measures / QRP Key

re Area Assessments Key:
- A 1 - Delirium
- A 2 - Cognitive Loss/Dementia
- A 3 - Visual Function
- A 4 - Communication
- A 5 - Activity of Daily Living (ADL) Functional / Rehabilitation Potential
- A 6 - Urinary Incontinence and Indwelling Catheter
- A 7 - Psychosocial Well-Being
- A 8 - Mood State
- A 9 - Behavioral Symptoms
- A 10 - Activities
- A 11 - Falls
- A 12 - Nutritional Status
- A 13 - Feeding Tubes
- A 14 - Dehydration/Fluid Maintenance
- A 15 - Dental Care
- A 16 - Pressure Ulcer
- A 17 - Psychotropic Medication Use
- A 18 - Physical Restraints
- A 19 - Pain
- A 20 - Return to Community Referral

uality Measures Key

ort Stay QMs:
- *03.03* (N) - Percent of residents who were assessed and appropriately ven the seasonal influenza vaccine
- *04.03* - Percent of residents who received the seasonal influenza ccine
- *05.03* - Percent of residents who were offered and declined the asonal influenza vaccine
- *06.03* - Percent of residents who did not receive, due to medical ntraindications, the seasonal influenza vaccine
- *07.02* (N) - Percent of residents assessed and appropriately given the eumococcal vaccine *(Still on NHC, withdrawn from NQF submission)*
- *11.02* (C) (N) ★ - Percent of residents who newly received an tipsychotic medication
- *37.03* (C) (N) ★ - Percent of Residents Who Made Improvements in nction
- *aims* (N) ★ - Percentage of residents who were rehospitalized after a rsing home admission
- *aims* (N) ★ - Percentage of residents who have had an outpatient ergency department visit

ng Stay QMs:
- *13.02* (C) (N) ★ - Percent of residents experiencing one or more falls th major injury
- *15.03* (C) (N) ★ - Percent of high risk residents with pressure ulcers
- *16.03* (N) - Percent of residents who were assessed and appropriately ven the seasonal influenza vaccine
- *17.03* - Percent of residents who received the seasonal influenza ccine
- *18.03* - Percent of residents who were offered and declined the asonal influenza vaccine
- *19.03* - Percent of residents who did not receive, due to medical ntraindications, the seasonal influenza vaccine
- *20.02* (N) - Percent of residents assessed and appropriately given the eumococcal vaccine *(Still on NHC, withdrawn from NQF submission)*
- *24.02* (C) (N) ★ - Percent of residents with a urinary tract infection
- *25.02* (C) (N) - Percent of low risk residents who lose control of their wel or bladder *(Still on CASPER and NHC, withdrawn from NQF bmission)*

Long Stay QMs (cont.)
- *N026.03* (C) (N) ★ - Percent of residents who have/had a catheter inserte and left in their bladder
- *N027.02* (C) (N) - Percent of residents who were physically restrained
- *N028.02* (C) (N) ★ - Percent of residents whose need for help with activiti of daily living has increased
- *N029.02* (C) (N) - Percent of residents who lose too much weight
- *N030.02* (C) (N) - Percent of residents who have depressive symptoms *(Sti on CASPER and NHC, withdrawn from NQF submission)*
- *N031.03* (C) (N) ★ - Percent of residents who received an antipsychotic medication
- *N035.03* (C) (N) ★ - Percent of Residents Whose Ability to Move Independently Worsened
- *N036.02* (C) (N) - Percent of Residents Who Used Antianxiety or Hypnotic Medication
- *Claims* (N) ★ - Number of Hospitalizations per 1,000 Long-Stay Resident Days
- *Claims* (N) ★ - Number of ED visits per 1,000 Long-Stay Resident Days

Additional Survey QMs:
- *N032.02* (C) - Prevalence of falls (long Stay)
- *N033.02* (C) - Prevalence of antianxiety/hypnotic use (Long Stay)
- *N034.02* (C) - Prevalence of behavior symptoms affecting others (Long Sta

SNF Quality Reporting Program (SNF QRP) QMs:
- *S001.03* (Q) (N) - Application of Percent of Long-Term Care Hospital Patien with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- *S007.02* (Q) (N) - Drug Regimen Review Conducted with Follow-Up for Identified Issues
- *S013.02* (Q) (N) - Application of Percent of Residents Experiencing One or More Falls with Major Injury
- *S022.03*(Q) (N) - SNF Functional Outcome Measure: Change in Self-Care Score for Nursing Facility Residents
- *S023.03* (Q) (N) - SNF Functional Outcome Measure: Change in Mobility Score for Nursing Facility Residents
- *S024.03* (Q) (N) - SNF Functional Outcome Measure: Discharge Self-Care Score for Nursing Facility Residents
- *S025.03* (Q) (N) - SNF Functional Outcome Measure: Discharge Mobility Score for Nursing Facility Residents
- *S038.02* (C) (Q) (N) ★ - Changes in Skin Integrity Post-Acute Care: Pressur Ulcer/Injury
- *Claims S004.01* (Q) (N) - Potentially Preventable 30-Day Post-Discharge Readmission Measure - SNF QRP
- *Claims S005.02* (Q) (N) ★ - Discharge to Community - PAC SNF QRP
- *Claims S006.01* (Q) (N) - Medicare Spending per Beneficiary - PAC SNF QRF
- *Claims* SNF Healthcare-Associated Infections (HAI) Requiring Hospitalizatio
- *CDC NHSN COVID-19* Vaccination Coverage among Healthcare Personnel (HCP) (N)
- NQF #0431 NHSN Influenza Vaccination Coverage among Healthcare Personnel (Q) (10/1/2022)

Payroll Based Journal (PBJ) QMs:
- Staff Turnover Measure (nursing staff + administrators) (N) ★
- Weekend Staffing Measure (total nursing staff + registered nurse) (N)

Key:
(C) (C) = CASPER Report ★ = 5-Star Rating
(N) (N) (N) = Care Compare (Q) = SNF Quality Reporting Program (SNF QR (DCG) = data.cms.gov

Emerald/PDPM Crimson/CATs (*) – Single Item Trigger Royal/QMs *(Italics = Associated Exclusions,* Underline = Associated Covariates) (*) – Single Item Trigger
Gold ★/5-Star Violet/QRP *(Italics = Associated Exclusions,* Underline = Associated Covariates (1)–performance , (2)– goals)

QM Management

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L) ★	N015.03	C	2	48	4.2%	4.2%	9.9%	9.1%	23
Phys restraints (L)	N027.02	C	0	68	0.0%	0.0%	0.2%	0.2%	0
Falls (L)	N032.02	C	34	68	50.0%	50.0%	45.8%	46.3%	58
Falls w/Maj Injury (L) ★	N013.02	C	4	68	5.9%	5.9%	3.5%	3.6%	**81 ***
Antipsych Med (S) ★	N011.02	C	0	15	0.0%	0.0%	2.2%	2.2%	0
Antipsych Med (L) ★	N031.03	C	16	63	25.4%	25.4%	14.9%	14.4%	**89 ***
Antianxiety/Hypnotic Prev (L)	N033.02	C	1	21	4.8%	4.8%	8.1%	6.3%	51
Antianxiety/Hypnotic % (L)	N036.02	C	20	64	31.3%	31.3%	31.7%	19.7%	**86 ***
Behav Sx affect Others (L)	N034.02	C	10	57	17.5%	17.5%	20.1%	20.6%	51
Depress Sx (L)	N030.02	C	5	54	9.3%	9.3%	9.0%	7.5%	**78 ***
UTI (L) ★	N024.02	C	3	56	5.4%	5.4%	3.9%	2.8%	**83 ***
Cath Insert/Left Bladder (L) ★	N026.03	C	1	54	1.9%	1.6%	2.0%	2.1%	54
Lo-Risk Lose B/B Con (L)	N025.02	C	8	16	50.0%	50.0%	51.6%	47.3%	58
Excess Wt Loss (L)	N029.02	C	4	52	7.7%	7.7%	11.0%	8.5%	51
Incr ADL Help (L) ★	N028.02	C	9	64	14.1%	14.1%	20.3%	17.2%	40
Move Indep Worsens (L) ★	N035.03	C	8	30	26.7%	31.0%	36.0%	27.2%	63
Improvement in Function (S) ★	N037.03	C	8	18	44.4%	49.1%	70.3%	70.8%	**11 ***

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury[1] SNF QRP ★	S038.02	5	41	12.2%	10.7%	2.9%

[1] The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (01/01/2020 - 12/31/2020).

IDT Engagement

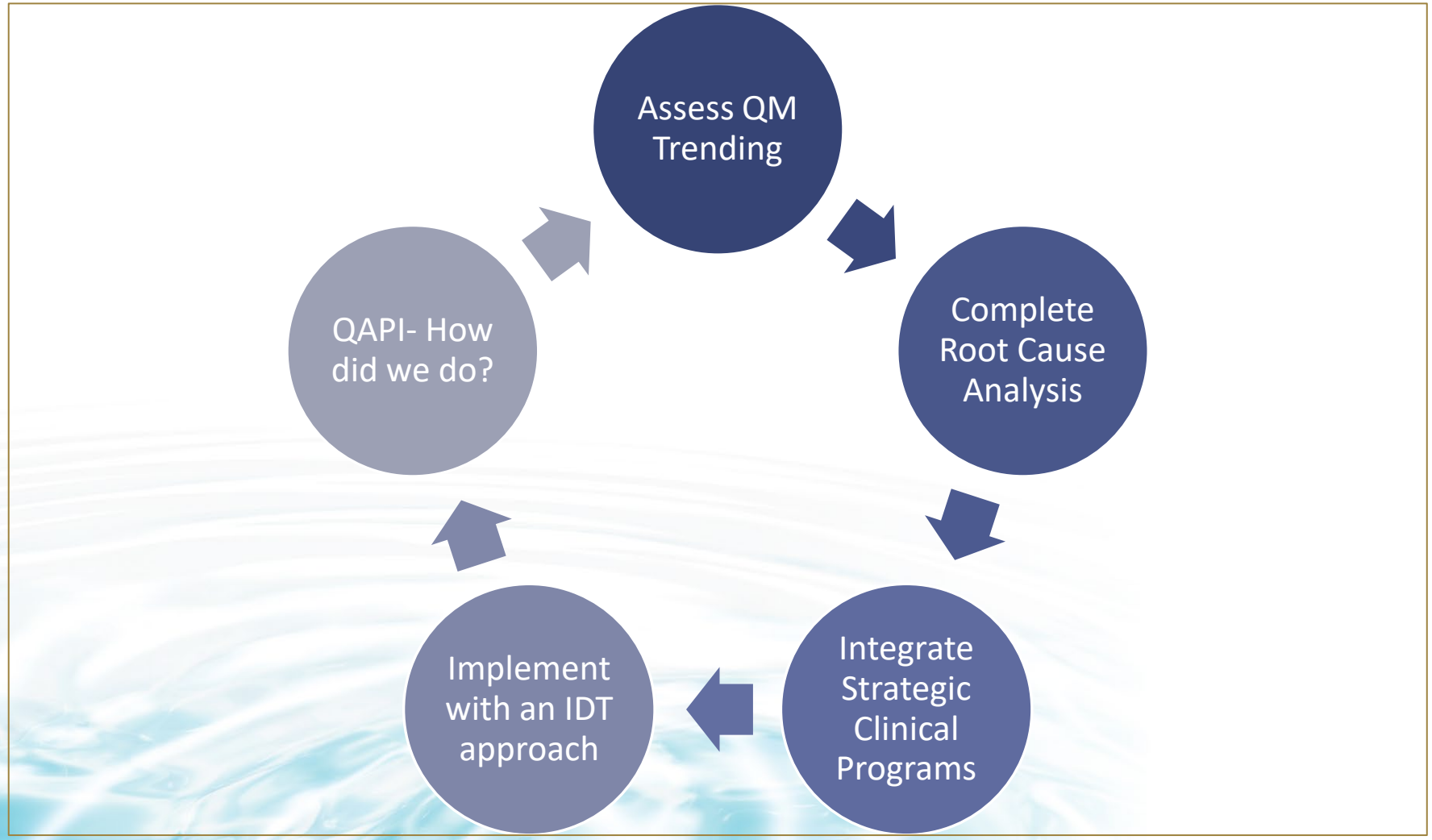
Putting Regulation into Action

IDT

Things to consider:

- Who comprises your IDT?
  - Is therapy a part of the team?
- When are falls discussed?
  - Special meeting ?
  - Morning Stand-up?
  - Other?
- Is therapy considered as an intervention?
  - Is a screening requested from therapy?
  - Is a referral for evaluation obtained from the physician?

Steps for IDT Success



Identify Root Cause

- All incidents have a direct cause.
- This is the occurrence or condition that directly produced the incident.
- Root causes are underlying faulty process or system issues that lead to the harmful event.
- Often there are several root causes for an event.
- Contributing factors are not root causes. The team needs to examine the contributing factors to find the root causes.
- This can be done by digging deeper – asking repeated “why” questions of the contributing factors. This is called the “five why’s” technique, which is illustrated below.
- Source: Guidance for Performing Root Cause Analysis (RCA) with PIPs (cms.gov)

Why do Falls Occur?

- Decreased vision
- Impaired Gait Pattern
- Reduced Cognition
- Impaired Expressive and Receptive Language
- Urinary Incontinence
- Dehydration, Malnutrition, Generalized Weakness

CDC: Stopping Elderly Accidents, Deaths & Injuries (STEADI)

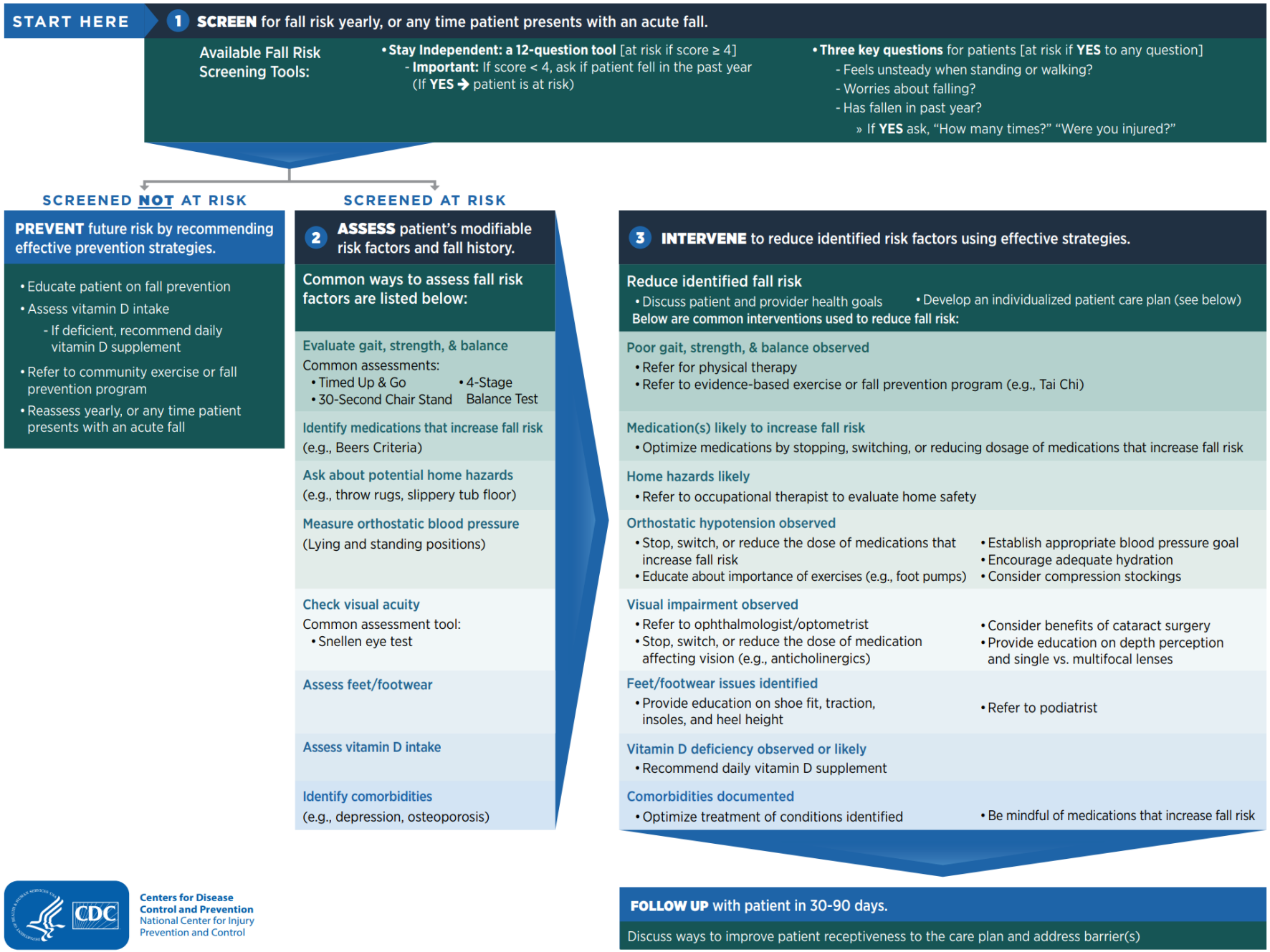
Every second of every day, an older adult falls.

Many of these falls cause injuries, loss of independence, and in some cases, death.

Falls can be prevented.

As a family caregiver, you can help.

STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

CDC STEADI

The CDC's STEADI initiative offers a coordinated approach to implementing the American and British Geriatrics Societies' clinical practice guideline for fall prevention. STEADI consists of three core elements:

Screen, **Assess**, and **Intervene** to reduce fall risk by giving older adults tailored interventions

Standardized Testing

30- Second Chair Stand Test

- Assesses leg strength and endurance

4-Stage Balance Test

- Assesses balance

Timed Up and Go (TUG) Test

- Assesses mobility

Orthostatic Blood Pressure

- Used to assess postural hypotention

Questions to consider for corrective action

- When developing corrective actions consider questions such as:
  - What safeguards are needed to prevent this root cause from happening again?
  - What contributing factors might trigger this root cause to reoccur?
  - How can we prevent this from happening?
  - How could we change the way we do things to make sure that this root cause never happens?
  - If an event like this happened again, how could we stop the accident trajectory (quickly catch and correct the problem) before a resident was harmed?
  - If a resident were harmed by this root cause, how could we minimize the effect of the failure on the resident?

QUESTIONS?

Find Out More

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Broad River Rehab Reflections are the third Thursday of each month. **October 20th**: Item by Item Review of the Revisions to MDS 3.0v1.18.11

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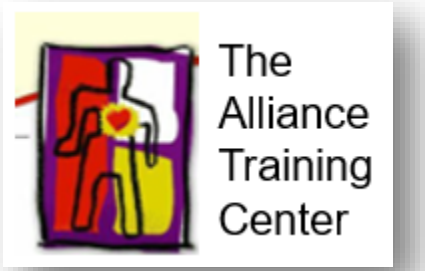

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