

*“A **Knowledgeable** and **Compassionate** partner”*



Quality Measurement Falls, a Global Approach

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Agenda

Quality Measurement: Falls

- QM Basics, a Review
- Technically speaking... Falls (QM Manual), Falls (MDS Manual)
- Specifics: Falls with major injury
- Specifics: Prevalence of Falls
- 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
- List of Current Publicly Reported Quality Measures (See handout)

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] <i>or</i> A0310B = [01] <i>or</i> 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.

Quality Measure Definitions: MDS

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code <input type="checkbox"/>	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)

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
	<input type="checkbox"/> 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
	<input type="checkbox"/> 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
	<input type="checkbox"/> C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

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.

Quality Measure Definitions: MDS

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

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.

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
<i>Numerator</i> 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]).
<i>Denominator</i> All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions.
<i>Exclusions</i> Resident is excluded if the following is true for <i>all</i> look-back scan assessments: <ol style="list-style-type: none">1. The number of falls with major injury was not coded (J1900C = [-]).
Covariates
Not applicable.

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
<i>Numerator</i> Long-stay residents with one or more look-back assessments that indicate the occurrence of a fall (J1800 = [1]).
<i>Denominator</i> All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions.
<i>Exclusions</i> Resident is excluded if the following is true for all of the look-back scan assessments: <ol style="list-style-type: none">1. The occurrence of falls was not assessed (J1800 = [-]).
Covariates
Not applicable.

QM Management

Resident	Identifier	Date
Section M		
Skin Conditions \$\$ CATs QMs ★ QRP		
M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued \$\$ CATs QMs ★ QRP		
E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device		
Enter Number	1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar CAA: *12, *16, N015.03 ★, S038.02	
Enter Number	2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02	
F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar		
Enter Number	1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury CAA: *12, *16, N015.03 ★, S038.02	
Enter Number	2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02	
G. Unstageable - Deep tissue injury:		
Enter Number	1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers CAA: *12, *16, N015.03 ★, S038.02	
Enter Number	2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02	
M1030. Number of Venous and Arterial Ulcers \$\$		

Care Area Assessment Key / Quality Measures / QRP Key	
Area Assessments Key:	Long Stay QMs (cont.)
AA 1 - Delirium	N024.02 (C) (N) ★ - Percent of residents with a urinary tract infection
AA 2 - Cognitive Loss/Dementia	N025.02 (C) (N) - Percent of low risk residents who lose control of their bowel or bladder (Still on CASPER and NHC, withdrawn from NQF submission)
AA 3 - Visual Function	N026.02 (C) (N) ★ - Percent of residents who have/had a catheter insert and left in their bladder
AA 4 - Communication	N027.02 (C) (N) - Percent of residents who were physically restrained
AA 5 - Activity of Daily Living (ADL) Functional / Rehabilitation Potential	N028.02 (C) (N) ★ - Percent of residents whose need for help with activity of daily living has increased
AA 6 - Urinary Incontinence and Indwelling Catheter	N029.02 (C) (N) - Percent of residents who lose too much weight
AA 7 - Psychosocial Well-Being	N030.02 (C) (N) - Percent of residents who have depressive symptoms (Still on CASPER and NHC, withdrawn from NQF submission)
AA 8 - Mood State	N031.02 (C) (N) ★ - Percent of residents who received an antipsychotic medication
AA 9 - Behavioral Symptoms	N035.02 (C) (N) ★ - Percent of Residents Whose Ability to Move Independently Worsened
AA 10 - Activities	N036.02 (C) (N) - Percent of Residents Who Used Antianxiety or Hypnotic Medication
AA 11 - Falls	Claims (N) ★ - Number of Hospitalizations per 1,000 Long-Stay Resident Days
AA 12 - Nutritional Status	Claims (N) ★ - Number of ED visits per 1,000 Long-Stay Resident Days
AA 13 - Feeding Tubes	
AA 14 - Dehydration/Fluid Maintenance	
AA 15 - Dental Care	
AA 16 - Pressure Ulcer	
AA 17 - Psychotropic Medication Use	
AA 18 - Physical Restraints	
AA 19 - Pain	
AA 20 - Return to Community Referral	
Quality Measures Key:	Additional Survey QMs:
Short Stay QMs:	N032.02 (C) - Prevalence of falls (Long Stay)
003.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine	N033.02 (C) - Prevalence of antianxiety/hypnotic use (Long Stay)
004.03 - Percent of residents who received the seasonal influenza vaccine	N034.02 (C) - Prevalence of behavior symptoms affecting others (Long Stay)
005.03 - Percent of residents who were offered and declined the seasonal influenza vaccine	
006.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine	SNF Quality Reporting Program (SNF QRP) QMs:
007.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)	S001.03 (Q) (N) - Application of Percent of Long-Term Care Hospital Patient with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
011.02 (C) (N) ★ - Percent of residents who newly received an antipsychotic medication	S007.02 (Q) (N) - Drug Regimen Review Conducted with Follow-Up for Identified Issues
017.02 (C) (N) ★ - Percent of Residents Who Made Improvements in function	S013.02 (Q) (N) - Application of Percent of Residents Experiencing One or More Falls with Major Injury
Claims (N) ★ - Percentage of residents who were rehospitalized after a nursing home admission	S022.03 (Q) (N) - SNF Functional Outcome Measure: Change in Self-Care Score for Nursing Facility Residents
Claims (N) ★ - Percentage of residents who have had an outpatient emergency department visit	S023.03 (Q) (N) - SNF Functional Outcome Measure: Change in Mobility Score for Nursing Facility Residents
Long Stay QMs:	S024.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Self-Care Score for Nursing Facility Residents
013.02 (C) (N) ★ - Percent of residents experiencing one or more falls with major injury	S025.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Mobility Score for Nursing Facility Residents
015.03 (C) (N) ★ - Percent of high risk residents with pressure ulcers	S028.02 (C) (Q) (N) ★ - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
016.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine	Claims S004.01 (Q) (N) - Potentially Preventable 30-Day Post-Discharge Readmission Measure - SNF QRP
017.03 - Percent of residents who received the seasonal influenza vaccine	Claims S005.02 (Q) (N) ★ - Discharge to Community - PAC SNF QRP
018.03 - Percent of residents who were offered and declined the seasonal influenza vaccine	Claims S006.01 (Q) (N) - Medicare Spending per Beneficiary - PAC SNF QRP
019.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine	
020.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)	

Emerald/POPM Crisscross/CATs (*) = Single Item Trigger Royal/QMs (Italics) = Associated Exclusions, Underline = Associated Covariates (*) = Single Item Trigger
 Field # = 000, Value/POPM/Other = Associated Exclusions, Underline = Associated Covariates (Underline, PO, 000)

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).

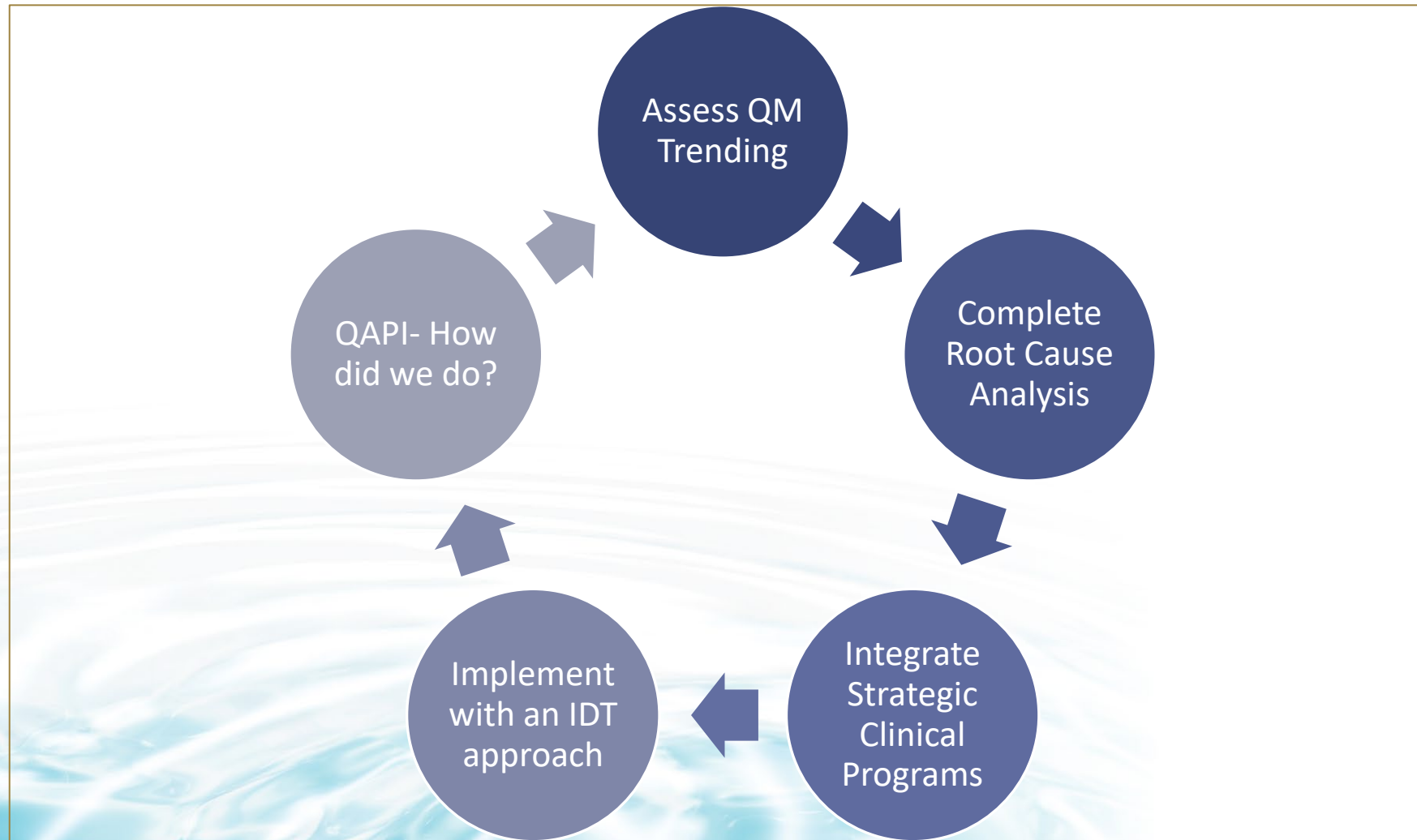
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IDT Engagement

Putting Regulation into Action



Steps for IDT Success



Measure: Prevalence of Falls

Programs: MDS 3.0 QM, Survey Measure, CASPER

Data Source: MDS

Definition: Residents who have had a fall during their episode of care

Numerator: J1800, long stay residents with one or more look-back scan assessments that indicate the occurrence of a fall

Denominator: All long stay residents with one or more look-back scan assessments, except those with exclusions

Exclusions: The occurrence of falls was not assessed (dashed)

Measure: Falls with Major Injury

Programs: SNF QRP, Publicly Reported, CASPER

Data Source: MDS

Definition: Residents with one or more falls with a major injury during a Medicare Type 1 SNF stay

Numerator: J1900C, The number of Medicare Part A Type 1 stays with one or more look-back scan assessments that indicate one or more falls that resulted in major injury

Denominator: The number of Medicare Part A Type 1 stays with one or more assessments that are eligible for a lookback scan (except those with exclusions)

Exclusions: 1. The occurrence of falls was not assessed 2. The resident died during the SNF stay (i.e., Type 2 SNF stays)

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 \(cms.gov\)](https://www.cms.gov/Regulatory-and-Inspection/Inspectional-Activities/2016/07rootcauseanalysis.pdf)

Why do Falls occur?

Decreased vision



Impaired Gait Pattern



Reduced Cognition



Impaired Expressive and Receptive Language



Urinary Incontinence



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.

Stopping Elderly Accidents, Deaths & Injuries
(STEADI)



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

START HERE

1 SCREEN for fall risk yearly, or any time patient presents with an acute fall.

Available Fall Risk Screening Tools:

- **Stay Independent: a 12-question tool** [at risk if score ≥ 4]
 - Important: If score < 4 , ask if patient fell in the past year (If **YES** → patient is at risk)

- **Three key questions** for patients [at risk if **YES** to any question]
 - Feels unsteady when standing or walking?
 - Worries about falling?
 - Has fallen in past year?
 - » If **YES** ask, "How many times?" "Were you injured?"

SCREENED **NOT** AT RISK

PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
 - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

SCREENED **AT** RISK

2 ASSESS patient's modifiable risk factors and fall history.

Common ways to assess fall risk factors are listed below:

Evaluate gait, strength, & balance

Common assessments:

- Timed Up & Go
- 4-Stage Balance Test
- 30-Second Chair Stand

Identify medications that increase fall risk (e.g., Beers Criteria)

Ask about potential home hazards (e.g., throw rugs, slippery tub floor)

Measure orthostatic blood pressure (Lying and standing positions)

Check visual acuity

Common assessment tool:

- Snellen eye test

Assess feet/footwear

Assess vitamin D intake

Identify comorbidities

(e.g., depression, osteoporosis)

3 INTERVENE to reduce identified risk factors using effective strategies.

Reduce identified fall risk

- Discuss patient and provider health goals
 - Develop an individualized patient care plan (see below)
- Below are common interventions used to reduce fall risk:

Poor gait, strength, & balance observed

- Refer for physical therapy
- Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)

Medication(s) likely to increase fall risk

- Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk

Home hazards likely

- Refer to occupational therapist to evaluate home safety

Orthostatic hypotension observed

- Stop, switch, or reduce the dose of medications that increase fall risk
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

Visual impairment observed

- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

Feet/footwear issues identified

- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

Vitamin D deficiency observed or likely

- Recommend daily vitamin D supplement

Comorbidities documented

- Optimize treatment of conditions identified
- Be mindful of medications that increase fall risk

FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)



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?

Find Out More

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QUESTIONS?