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Hi, this is Dave Johnson from IPRO. I am a Senior Quality Improvement Specialist and have been with IPRO, in the upstate Albany office, since 2002. I am an Administrator by background since 1976 and am certified to teach the MDS 3.0.

My goal in this session is to briefly explain the falls with major injury quality measure as it relates to your “long stay” residents.

For those of you who may not know, there are many quality measures that are calculated from the MDS submissions from your buildings. Those quality measures are posted regularly by CMS on the nursing home compare website, available to the public. The same quality measures are also used by the department of public health in preparation of your facility’s annual certification survey.

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As an outline for this presentation, I will be reviewing the details of the falls with major injury quality measure. I will speak to both the numerator (commonly known as your triggers) ,the denominator and any exclusions.

I will discuss the specific coding guidelines as outlined in the RAI Manual.

I will describe a resource that is available to you, at no cost.... specifically the Monthly Falls Tracking Tool

And I will end with some next steps to impact your falls with major injury quality measure and your efforts in falls management.

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Just for consideration as you view this presentation... here are some simple questions...

What is your QAPI process specific to falls management?

What sources of data do you use to analyze those residents “triggering” for falls with major injury?

Who is responsible for analyzing your data?

Does your appropriate staff have access to “real time” falls data?

Do you even have a formal process to track and trend the falls in your facility?

And most importantly, do you and your staff clearly understand the specifications for the Falls with Major Injury quality measure?

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The primary resources for this presentation are both the RAI Manual for the MDS 3.0, the specification manual for the quality measures and the IPRO Monthly Falls Tracking Tool. I will both quote sections of these resources and provide occasional screen prints from the resources themselves to show the actual verbiage. I am showing you what the resources actually say... without applying any “spin” to the language.

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The quality measure is calculated as a percentage with both a numerator and denominator... a simple division to arrive at a percentage that will be reported.

As shown on this slide, the numerator is comprised of those LS residents with one or more look-back scans that indicate one or more falls with major injury. The “numerator” is commonly referred to as your “triggers” ... in this case, for falls with major injury.

The denominator is defined as “all long stay residents with one or more look-back scans except those with exclusions. I will briefly describe the exclusion criteria shortly in this presentation.

Back to the math... Simply... Numerator divided by Denominator * 100 equals the reported percentage usually taken to the first decimal point.

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Before I go any further, I want to explain exactly what a “look-back” scan is... This information is a screen print directly from the QM specification manual explaining the specifications, the logic and the rationale for the look-back scan. Simply, a look-back scan is any qualifying RFA, or reason for assessment, to

include any OBRA assessment, any PPS 5,14,30,60 or 90 day assessment and any discharge assessment indicating either return anticipated or not anticipated. The assessments must be contained the resident's current episode and the target date of any assessment cannot be more than 275 days prior to the current target assessment date. Basically, the look-back period is 1 year... actually 368 days.

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The denominator includes all long stay residents with a selected target assessment... except those with exclusions.

The exclusions include any resident where all of the lookback scans were not assessed for the occurrence of falls OR all of the assessments indicate that a fall occurred but the number of falls with major injury was not assessed.

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Item J1800 is the item on the MDS that simply asks if the resident had any fall since their last assessment or since admission if this is their first assessment. A code of 0 for "no" will have you skip to section K... while a code of 1 for yes will instruct you to proceed to item J1900. Remember that you must answer J1800 on every assessment or the resident may be excluded from the entire quality measure.

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This slide contains some screen print definitions directly from the RAI Manual. Both the major injury definition and the fracture related to fall are definitions applicable to the falls with major injury quality measure. Note that the fracture related to fall does not include fractures caused by trauma related to car crashes, pedestrian versus car crashes or impact of another person or object against the resident. The RAI Manual is very specific that "Falls are not a result of an overwhelming external force (e.g., a resident pushes another resident)".

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Item J1900 is the item on the MDS 3.0 that captures the level of injury, if any, for any fall coded in item J1800. If the resident sustained multiple injuries in a single fall, you are instructed to code the highest level of injury for that fall.

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The coding instructions for Item 1900 are very specific with the categorization of all falls since last assessment by level of injury... from no injury, to any injuries except major... to major injury as defined on the MDS. In this section, any code of 1 or 2 in section J1900C will result in the resident triggering for the Falls with Major Injury Quality Measure. The 275 day look-back scan “clock” starts at that ARD date trigger point.

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Again, on J1900C, any code of 1 or 2 will result in a trigger and the major injuries are detailed for the item to include bone fracture, joint dislocation, closed head injury with altered consciousness and subdural hematoma.

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I mentioned at the start of this presentation that I was going to cover a monthly falls tracking form that we offer. The tool is in a simple Excel format that is available at no cost. Any data entered on the tracking tool is analyzed by a number of factors collected at the time of any fall. There is an area on the tracking form for the user to define specific causal factors that they would like to track and all information is instantaneously summarized and graphed in a clearly understandable format. The tool offers a facility-wide data summary and graphical representation as well as the opportunity for the user to define specific areas, or locations, for analysis... whether those may be units, floors, hallways, etc. The tool instantly carves up your facility wide data by locations you specify... up to 15 separate locations. Each identified location will also have its own statistical summary and accompanying graphs.

This monthly falls tracking form is meant to be used monthly and identified, or named, as such... for example, the current month and year being tracked. A new form is started each month. Some users have chosen to use one form for an entire quarter since that is how they have been reporting their statistics. I

caution against that practice because any functioning successful quality improvement program relies on the review and analysis of real-time data. Waiting for a full quarter to lapse, in my view, is not an acceptable practice.

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In response to requests to trend falls data cover a series of months, we offer a falls statistical trending tool that follows the format of the data summaries collected within the monthly falls tracking form. Once again, the form is in a simple Excel format at not cost to you and it will trend your entered data over a 12 month period. Once again, graphs for all factors are instantly created and displayed for analysis, printing and sharing. A separate trending tool may be maintained for each designated location if you want that level of detail.

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This is a screen print of our website at www.nursinghomes.ipro.org. By hovering on the “Clinical Topics” banner, a dropdown will reveal several topics including “Restraint Clinical Tools and Resources”. That is where you will find the tools for simple download and use.

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So just as a simple recap of the main points of this presentation, I pulled together some process focus points for your efforts in the management of falls... You need to have a regular and systematic review of all falls that occur with your residents. You need the ability to drill down and analyze your data that is hopefully tracked with some formalized comprehensive tracking tool. You need to have a team that can act in a timely manner to initiate changes, if necessary, to your process.... Monitor the impact of those changes... and make modifications, if necessary, to trial additional opportunities for change. Any changes need to be spread through communication and education to appropriate staff and if appropriate... residents and family members.

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Some additional next steps specific to falls management...

The consistent use of a standardized tracking process to collect and analyze all important aspects of every fall

The establishment of a Falls Committee to consistently review the collected data. That falls committee should be both multidisciplinary and multi-level... meaning staff beyond a supervisory level. Direct care givers can often times offer suggestions or solutions to help mitigate risks in resident-specific situations.

Consider a system to properly identify and monitor those residents deemed to be at risk for falling. The process should include all staff at all levels to spread the ownership of fall prevention throughout the facility.

Your data collection and analysis should be timely... not waiting for a quarterly review.

Any trend in your data should be investigated to identify causes and contributing factors. Interventions should be identified whether they be specific treatments, personal support or environmental opportunities for modification that could address or prevent the likelihood of a future fall.

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Consider the role of consistent assignment in your efforts to address fall prevention within your resident population.

Consistent assignment is a key step in providing care that is centered on the resident.

Staff who work with the same residents most of the time are more likely to notice slight changes in health, mood, or routine.

As you work to minimize possible contributing factors or causes of resident falls... think about the value that a consistent caregiver may offer.

More information about consistent assignment is available on our website at www.nursinghomes.ipro.org.

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I leave you with this slide that contains the complete contact information for everyone on the IPRO Nursing Home Team.

I know that I have presented a lot of information on the falls with major injury quality measure related to your long stay residents.

I also detailed some data collection tools that are available on our website that I hope you will take advantage of.

Everyone on the team is well versed in the quality measures and the MDS and we are available to assist you with your quality improvement efforts.

If you have any questions about this presentation, please feel free to contact any of us directly.

I thank you for your time and have a great day.