Residents Experiencing One or More Falls with Major Injury Quality Measure

David L. Johnson, NHA RAC-CT
IPRO
Senior Quality Improvement Specialist
Outline of Presentation...

• Review of the “Falls with Major Injury” QM
  • Who is in the numerator? (“triggers”)
  • Who is in the denominator?

• Coding Guidelines from the RAI Manual

• IPRO Monthly Falls Tracking Tool

• Next Steps
What is your QAPI Process?

Consider the following…

- What data sources do you use to analyze your “triggers” for the “Falls with Major Injury” quality measure?
- Who is involved in the “data review”?
  - Does your appropriate staff have access to “real time” falls data?
  - Does your facility track and trend the falls with any formalized tool?
- Does your appropriate staff understand the specifications for the “Falls with Major Injury” quality measure?
Primary Sources on Information...

for this presentation are...

- CMS’s RAI Version 3.0 Manual
- MDS 3.0 Quality Measures User’s Manual
- IPRO Monthly Falls Tracking Form

This material was prepared by the Atlantic Quality Innovation Network/IPRO, the Medicare Quality Innovation Network Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-AQINNY-TskC.2-15-28
Consider both sides of the equation...

The QM is calculated from a “pool” of residents....

- **Numerator**
  - Those LS residents with one or more look-back scans that indicate one or more falls that resulted in major injury (J1900C=[1,2]) (also known as “triggers”)

- **Denominator**
  - All long-stay residents with one or more look-back scans except those with exclusions.

\[
\text{Numerator} / \text{Denominator} * 100 = \text{Quality Measure \%}
\]
What exactly is a “look-back” scan?

<table>
<thead>
<tr>
<th>ASSESSMENT SELECTED</th>
<th>PROPERTY</th>
<th>SELECTION SPECIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look-back Scan</td>
<td>Selection period</td>
<td>Scan all assessments within the current episode that have target dates no more than 275 days prior to the target assessment.</td>
</tr>
<tr>
<td></td>
<td>Qualifying RFAs</td>
<td>A0310A = [01, 02, 03, 04, 05, 06] or A0310B = [01, 02, 03, 04, 05, 06] or A0310F = [10, 11]</td>
</tr>
<tr>
<td></td>
<td>Selection logic</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Rationale</td>
<td>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 assessments 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.</td>
</tr>
</tbody>
</table>

Include an earlier assessment if it is contained within the resident’s episode... It has a “qualifying RFA”... and it has a target date no more than 275 days prior to the target date of the target assessment.

Basically, this QM looks back “1 year”.

Quality Improvement Organizations
Sharing Knowledge, Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Atlantic Quality Innovation Network
NY, DC, SC
IPRO
Serving New York State

6
Denominator…

Includes all long stay residents with a selected targeted assessment, except those with exclusions.

- **Exclusions**
  - A resident is excluded if one of the following is true for **ALL** of the look-back scan assessments:
    - The occurrence of falls was not assessed ($J1800 = [-]$) OR
    - The assessment indicates that a fall occurred ($J1800 = [1]$) AND the number of falls with major injury was not assessed ($J1900C = [1]$).
Item J1800 on the MDS 3.0 ...

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

Planning for Care

- Identification of residents who are at high risk of falling is a top priority for care planning. A previous fall is the most important predictor of risk for future falls.
- Falls may be an indicator of functional decline and development of other serious conditions such as delirium, adverse drug reactions, dehydration, and infections.
- External fall risk factors include medication side effects, use of appliances and restraints, and environmental conditions.
- A fall should stimulate evaluation of the resident’s need for rehabilitation, ambulation aids, modification of the physical environment, or additional monitoring (e.g., toileting, to avoid incontinence).

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 in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment.
4. Review nursing home incident reports, fall logs and the medical record (physician, nursing, therapy, and nursing assistant notes).
5. Ask the resident 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.

Coding Instructions

- **Code 0, not:** if the resident has not had any fall since the last assessment. Skip to Swallowing Disorder item (K0100).
- **Code 1, yes:** if the resident has fallen since the last assessment. Continue to Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) item (J1900), whichever is more recent.

Item J1800 must be answered on all assessments or the resident will be excluded from the quality measure.

If item J1800 is coded as [1] indicating the resident has fallen since last assessment, item J1900 MUST be answered or the resident will be excluded from the quality measure.
Definitions in the RAI Manual...

DEFINITION
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.

DEFINITION
FRACTURE RELATED TO A FALL
Any documented bone fracture (in a problem list from a medical record, an x-ray report, or by history of the resident or caregiver) that occurred as a direct result of a fall or was recognized and later attributed to the fall. Do not include fractures caused by trauma related to car crashes or pedestrian versus car accidents or impact of another person or object against the resident.

DEFINITIONS
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.

These two definitions are applicable to the “Falls with Major Injury” Quality Measure.
RAI Manual Coding Instructions...

Coding Instructions for J1900

*Determine the number of falls that occurred since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS) and code the level of fall-related injury for each. Code each fall only once. If the resident has multiple injuries in a single fall, code the fall for the highest level of injury.*
### RAI Manual Coding Instructions...

<table>
<thead>
<tr>
<th>Coding Instructions for J1900A, No Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code 0, none:</strong> if the resident had no injurious fall since the admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
<tr>
<td><strong>Code 1, one:</strong> if the resident had one non-injurious fall since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
<tr>
<td><strong>Code 2, two or more:</strong> if the resident had two or more non-injurious falls since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coding Instructions for J1900B, Injury (Except Major)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code 0, none:</strong> if the resident had no injurious fall (except major) since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
<tr>
<td><strong>Code 1, one:</strong> if the resident had one injurious fall (except major) since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
<tr>
<td><strong>Code 2, two or more:</strong> if the resident had two or more injurious falls (except major) since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coding Instructions for J1900C, Major Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code 0, none:</strong> if the resident had no major injurious fall since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
<tr>
<td><strong>Code 1, one:</strong> if the resident had one major injurious fall since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
<tr>
<td><strong>Code 2, two or more:</strong> if the resident had two or more major injurious falls since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).</td>
</tr>
</tbody>
</table>

---

A code of either “1” or “2” on item J1900C will result in a “trigger” or inclusion in the numerator for the “Falls with Major Injury Quality Measure.”
Item J1900 on the MDS 3.0 ...

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

- **Numerator** - Those LS residents with one or more look-back scans that indicate one or more falls that resulted in major injury ($J1900C=[1,2]$) *(also known as “triggers”)*.
Monthly Falls Tracking Form...

- Simple Excel tool available for download at no cost
- Analyzes all entered data by a multitude of factors
- Allows the user to “define” causative factors that they would like to track and trend
- Summarizes all entered data and instantly creates clear graphs of all factors
- Offers a facility-wide statistical summary and appropriate graphs
- Instantly calculates and creates separate statistical summaries and accompanying graphs for as many as 15 user-defined “locations” (units, floors, hallways, etc.)
Falls Statistical Trending Form...

- Simple Excel format and data entry
- Available for download and use at no cost
- Trends every aspect of the Monthly Falls Tracking Form over a 12 month period
- Instant graphs for quick visual analysis and trend identification
- Ability to trend fall statistics over a 12 month period for up to 15 user-defined “locations” by using separate files.
Both the Monthly Falls Tracking and the Falls Statistical Trending Forms are available under the “Restraint Clinical Tools & Resources” link within the “Clinical Topics” dropdown.
Process Focus on “Falls Management” …

- The regular and systematic review of all falls that occur with your residents.
- The ability to appropriately drill down and analyze your data
- The timeliness of actions to initiate change in your process
- The ability to consistently monitor the impact of those changes
- The communication and education of those changes to appropriate staff, residents and family members.
Next Steps in “Falls Management” …

- Consistent use of a standardized tracking process to collect and analyze all important aspects of every fall

- Establishment of a “falls committee” that is both multidisciplinary and “multi-level” to include staff beyond a supervisory level

- The identification and monitoring of all residents “at risk” for falling

- Importance of timely analysis of the data… not waiting to review on a quarterly basis

- Investigate any trends as shown in your data analysis
  - Identify causes and/or contributing factors for falls
  - Identify interventions (treatment, personal support, or environmental modifications) that could address and/or prevent the likelihood of a future fall
The Role of Consistent Assignment...

• Consistent assignment is a key step in giving 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.

• Think about the value and role of consistent assignment in your plan to minimize possible contributing factors or causes of resident falls in your facility.

• For more information on consistent assignment – www.nursinghomes.ipro.org
For more information

Pauline Kinney, RN, MA, LNHA, RAC-CT
Director, Healthcare Quality Improvement
Tel: (516) 209-5402
pauline.kinney@area-i.hcqis.org

Maureen Valvo, RN, BSN, RAC-CT
Sr. Quality Improvement Specialist
Tel: (516) 209-5308
maureen.valvo@area-i.hcqis.org

David L. Johnson, NHA, RAC-CT
Sr. Quality Improvement Specialist
Tel: (518) 320-3516
daavid.johnson@area-i.hcqis.org

Dan Yuricic, MA
Sr. Quality Improvement Specialist
Tel: (516) 209-5458
danny.yuricic@area-i.hcqis.org

IPRO CORPORATE HEADQUARTERS
1979 Marcus Avenue
Lake Success, NY 11042-1002

IPRO REGIONAL OFFICE
20 Corporate Woods Boulevard
Albany, NY 12211-2370

www.atlanticquality.org