Quality Measure Tip Sheet: Falls with Major Injuries – Long Stay

Quality Measure Overview

Numerator:
• This measure is a **look-back scans** measure. If the resident had one or more falls with a major injury on one or more of the look-back scan assessments, it will trigger the measure.
• Measure triggers if the event/condition occurred any time during a **one-year period**.

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

Exclusions:
• The occurrence of a fall was not assessed.
• The assessment indicates a fall occurred and the number of falls with major injury was not assessed.


MDS Coding Requirements

In the Minimum Data Set (MDS):
• Include fall history on admission/entry or re-entry
• Include number of falls since admission/entry, re-entry or prior assessment (Omnibus Reconciliation Act [OBRA] or scheduled Medicare prospective payment system [PPS] assessment), whichever is more recent.
• Indicate major injuries for:
  – Bone fractures
  – Joint dislocations
  – Closed head injuries with altered consciousness
  – Subdural hemotoma

Ask These Questions…

• Was the MDS coded per **Resident Assessment Instrument** (RAI) requirements?
• Was a fall risk assessment completed on admission, quarterly and with changes to identify appropriate risk?
  – On admission, discover whether the resident is right- or left-dominant and on which side of the bed he/she gets in and out.
  – Is the resident taking antipsychotic medications, which can increase fall risk?
  – Is the resident on four or more medications, which can also increase fall risk?
• Was a process in place (based on fall risk factors) to initiate preventive devices or therapies?
• Were preventive devices communicated to direct-care staff members?
• Are interventions monitored for placement and function?
• Do nurses demonstrate competence for assessing fall risk?
• Is a mobility/safety device preventative maintenance program in place?
• Are gait belts accessible for transfers?
• Are the direct-care staff members proficient in transfers and mobility functions?
• Are fall precautions taken if the resident is on anticoagulants, antidepressants, antiepileptics, antihypertensives, antiparkinson agents, benzodiazepines, diuretics, nonsteroidal anti-inflammatory agents, psychotropics, vasodilators, laxatives, glycemic medications, tranquillizers or hypnotics/sedatives?
• Are vision issues addressed and appropriate and clean vision aids in place?
• Is appropriate footwear used?
• Is the resident appropriately positioned and repositioned, as appropriate?
• Are pain and comfort issues addressed?
• Are rest and mobility periods provided?
• Are activity programs individualized for the resident to meet his/her needs and/or preferences?
• Is continence managed?

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