

Quality Measure (QM) Drilldown Quick Reference Tool

Falls/ Falls with Major Injury

The purpose of the QM Drilldown Quick Reference Tool is to guide providers through the examination of factors that have the potential to negatively impact QM performance.

Disclaimer: *The following is not an exhaustive list and should not in any way avert further evaluation if warranted.*

| Things to Consider | Rationale |
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| Check MDS Coding. | <p>Accurate MDS coding plays a vital role in quality monitoring and reimbursement.</p> <ul style="list-style-type: none"> • Utilize facility-level CASPER report to identify patients who trigger the falls measure to narrow the scope of medical record review. |
| Assess all residents for potential fall risk at admission or if a change in condition occurs using a standardized assessment tool such as the Morse Fall Scale . | <p>Most older adults at risk for a fall are those that have:</p> <ul style="list-style-type: none"> • A history of falling • Polypharmacy use • Psychotropic medication use • Weakness/frailty • Neuromuscular weakness • Dementia • Vision problems |
| Conduct comprehensive, systematic assessments of the environment including the resident's room and common areas. | <p>Aspects of an older adult's environment may increase the likelihood of a fall. When conducting a comprehensive environmental assessment, the following should be considered:</p> <ul style="list-style-type: none"> • Lighting to determine adequacy • Potential slip/trip hazards • Reducing clutter • Noise reduction • Calming environment |

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| Utilize visual cues for staff to easily identify residents who are at risk for a fall. | <p>Staff should be able to easily identify a resident that may be at risk for a fall while they are in their room and/or in other areas of the facility. Simple color-coded stickers on resident doors, assistive devices, and/or wheelchairs that are highly visual can cue staff to ensure prompt implementation of prevention strategies.</p> <p><u>Warning:</u> Any coding convention should not contain visible confidential/clinical information specific to a resident.</p> |
| Conduct systematic, intentional rounding on units. | <p>Rounding on each unit should be conducted every two hours to promote the anticipation of residents' needs and provides an opportunity for:</p> <ul style="list-style-type: none"> • Frequent toileting opportunities • Snack/water provisions • Re-positioning • Removal of clutter from the room |
| <p>Create an interdisciplinary falls management team such as:</p> <p>Agency for Health Care Research and Quality Falls Management Program</p> <p>CDC Compendium of Effective Fall Interventions</p> | <p>Fall prevention should be everyone's responsibility. Consider the following representation to form an interdisciplinary team to combat falls:</p> <ul style="list-style-type: none"> • Dietary/Dietitian • Nursing • Education Director • Activities/Recreation • Therapy (if applicable) • Environmental Services • Family members to capture life history and review the environment |
| Create comprehensive educational programming for all staff on fall prevention. | <p>All staff should be provided education on fall prevention upon hire and annually to include:</p> <ul style="list-style-type: none"> • Universal precautions • Risk factor assessment |

| Things to Consider | Rationale |
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| | <ul style="list-style-type: none"> • Care planning • Post-fall assessments such as recreating the scene to identify root cause |