

eCQM Title	Hospital Harm – Falls with Major Injury		
eCQM Identifier (Measure Authoring Tool)	1017	eCQM Version Number	0.0.018
NQF Number	Not Applicable	GUID	e7b2323f-934a-4e2f-abb1-3391011dc5b0
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	IMPAQ International		
Endorsed By	None		
Description	<p>This ratio measure assesses the number of in-hospital falls with major injury among the total qualifying inpatient hospital days for patients ages 18 years and older.</p> <p>Major injuries include fractures, closed head injuries, internal bleeding, and death.</p>		
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Measure Scoring	Ratio		
Measure Type	Outcome		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>Inpatient falls are among the most common incidents reported in hospitals and can increase length of stay and patient costs. Due to the potential for serious harm associated with patient falls, "patient death or serious injury associated with a fall while being cared for in a health care setting" is considered a Serious Reportable Event by the NQF. (National Quality Forum. Serious Reportable Events. http://www.qualityforum.org/topics/sres/serious_reportable_events.aspx. Accessed July 24, 2019.)</p>		

	<p>Falls (including unplanned or unintended descents to the floor) can result in patient injury ranging from minor abrasion or bruising to death as a result of injuries sustained from a fall. The focus of this outcome electronic clinical quality measure (eCQM), however, is in-hospital falls with major injury. While even minor injuries (e.g., bruising, pain, minor wounds) resulting from in-hospital falls are indicative of significant patient harm, this measure assesses falls with major injury (e.g., fractures, closed head injuries, internal bleeding), as EHR-based documentation of these injuries is more consistent and reliable across hospital systems than documentation of less severe injuries. By focusing on falls with major injury, the goal of this hospital harm eCQM is to raise awareness of fall rates and, ultimately, to improve patient safety by preventing falls with injury in all hospital patients. The purpose of measuring the rate of falls with major injury events is to improve hospitals' practices for monitoring patients at high risk for falls with injury and, in so doing, to reduce the frequency of patient falls with injury.</p>
Clinical Recommendation Statement	<p>Certain protocols and prevention measures to reduce patient falls with injury include using fall risk assessment tools to gauge individual patient risk, implementing fall prevention protocols directed at individual patient risk factors, and implementing environmental rounds to assess and correct environmental fall hazards. Recommended clinical guidelines and practices to reduce falls and injuries from falls in hospitals support many prevention activities including implementing multifactorial interventions and tailoring interventions to individual patient's conditions and needs (RNAO, ACS NSQIP/AGS, NICE).⁹⁻¹¹ The scientific evidence and effectiveness on how certain falls prevention protocols impact falls with injury outcomes, however, is limited.^{7,8} The intent and desired outcome for this eCQM is to work with existing falls prevention processes to track falls with injury, and aim to reduce rates of inpatient falls resulting in major injury.</p>
Improvement Notation	<p>A lower measure score indicates higher quality.</p>
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'AHRQ. Patient Safety Primer: Falls. AHRQ PSNet. https://psnet.ahrq.gov/primers/primer/40/Falls. Published 2019. Accessed July 24, 2019.'</p>
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'Morello RT, Barker AL, Watts JJ, et al. The extra resource burden of in-hospital falls: A cost of falls study. Med J Aust. 2015;203(9):367.e1-367.e8. doi:10.5694/mja15.00296'</p>
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'Currie L. Fall and Injury Prevention. In: Hughes RG E, ed. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville: Agency for Healthcare Research and Quality; 2008:195-250.'</p>
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'Staggs VS, Mion LC, Shorr RI. Consistent differences in medical unit fall rates: Implications for research and practice. J Am Geriatr Soc. 2015;63(5):983-987. doi:10.1111/jgs.13387'</p>
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'Bysshe T, Yue Gao M, Krysta Heaney-Huls M, et al. Draft Final Report Estimating the Additional Hospital Inpatient Cost and Mortality Associated with Selected Hospital Acquired Conditions.; 2017. www.ahrq.gov.'</p>

Reference	Reference Type: CITATION Reference Text: 'Efforts To Improve Patient Safety Result in 1.3 Million Fewer Patient Harms. Rockville, MD; 2015. https://www.ahrq.gov/hai/pfp/interimhacrate2013.html .'
Reference	Reference Type: CITATION Reference Text: 'Dykes PC, Diane Carroll DnsL, Ann Hurley B, et al. Fall Prevention in Acute Care Hospitals A Randomized Trial. Vol 304.; 2010. https://jamanetwork.com/ .'
Reference	Reference Type: CITATION Reference Text: 'Gu Y-Y, Balcaen K, Ni Y, Ampe J, Goffin J. Review on prevention of falls in hospital settings. Chinese Nurs Res. 2016;3:7-10. doi:10.1016/j.cnre.2015.11.002'
Reference	Reference Type: CITATION Reference Text: 'RNAO. Preventing Falls and Reducing Injury from Falls. 4th edition. Toronto, ON; 2017.'
Reference	Reference Type: CITATION Reference Text: 'NICE. Falls in Older People: Assessing Risk and Prevention. London, UK; 2013.'
Reference	Reference Type: CITATION Reference Text: 'ACS National Surgical Quality Improvement Program (NSQIP)/American Geriatrics Society (AGS). Optimal Perioperative Management of the Geriatric Patient: Best Practices Guideline from ACS NSQIP/AGS.; 2016. https://www.facs.org/-/media/files/quality-programs/geriatric/acs-nsqip-geriatric-2016-guidelines.ashx?la=en . Accessed July 9, 2019.'
Reference	Reference Type: CITATION Reference Text: 'National Quality Forum. Serious Reportable Events. http://www.qualityforum.org/topics/sres/serious_reportable_events.aspx . Accessed July 24, 2019.'
Reference	Reference Type: CITATION Reference Text: 'Cameron ID, Dyer SM, Panagoda CE, et al. Interventions for preventing falls in older people in care facilities and hospitals. Cochrane Database Syst Rev. 2018;(9). doi:10.1002/14651858.CD005465.pub4'
Reference	Reference Type: CITATION Reference Text: 'Aizen E, Lutsyk G, Wainer L, Carmeli S. Effectiveness of individualized fall prevention program in geriatric rehabilitation hospital setting: a cluster randomized trial. Aging Clin Exp Res. 2015;27(5):681-688. doi:10.1007/s40520-015-0330-7'
Reference	Reference Type: CITATION Reference Text: 'Barker AL, Morello RT, Wolfe R, et al. 6-PACK programme to decrease fall injuries in acute hospitals: Cluster randomised controlled trial. BMJ. 2016;352:h6781. doi:10.1136/bmj.h6781'

Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'Hill AM, McPhail SM, Waldron N, et al. Fall rates in hospital rehabilitation units after individualised patient and staff education programmes: A pragmatic, stepped-wedge, cluster-randomised controlled trial. Lancet. 2015;385:2592-2599. doi:10.1016/S0140-6736(14)61945-0'</p>
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'Saving Lives and Saving Money: Hospital-Acquired Conditions Update. Rockville, MD; 2016. https://www.ahrq.gov/hai/pfp/2014-final.html.'</p>
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'Agency for Healthcare Research and Quality. About the National Quality Strategy. https://www.ahrq.gov/workingforquality/about/index.html. Published 2017. Accessed July 23, 2020.'</p>
Definition	<p>A fall is defined as: A sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person, or on an object (e.g., a trash can).</p> <p>A fall with major injury is defined as: A fall resulting in a diagnosis of major injury during the inpatient hospitalization. The major injury prevalence period must start 24 hours or less on or after the fall relevant date/time.</p> <p>Examples of falls with major injury include fractures, closed head injuries, internal bleeding, and death.</p> <p>Inpatient hospitalizations: Includes time in the emergency department or observation when these encounters are within an hour of the inpatient admission.</p>
Guidance	<p>For each inpatient hospitalization, eligible encounters include those where the patient is 18 years of age or older at the start of the encounter.</p> <p>There are two Measure Observations:</p> <p>1) associated with the Denominator: The total number of eligible days across all encounters which match the initial population/denominator criteria.</p> <p>Hospital days are measured in 24-hour periods starting from the time of arrival at the hospital (including time in the Emergency Department and or Observation.)</p> <p>2) associated with the Numerator: The total number of falls with major injury across all encounters.</p> <p>Reported as the number of falls with injury per 1000 patient days.</p> <p>To express the rate of inpatient falls with major injury per 1,000 patient days, the following calculation is applied post-production during implementation: (Total number of falls with major injury / Total number of eligible hospital days) x 1000 = rate</p> <p>Example: 1 eligible patient fall over 120 eligible days $(1/120) \times 1000 = 8.33$</p> <p>This eQm is an episode-based measure. An episode is defined as each inpatient hospitalization or encounter that ends during the measurement period.</p> <p>This version of the eQm uses QDM version 5.5. Please refer to the eCQI resource center (https://ecqi.healthit.gov/qdm) for more information on the QDM.</p>

Transmission Format	TBD
Initial Population	<p>Inpatient hospitalizations where the patient is 18 years of age or older at the start of the encounter.</p> <p>The inpatient hospitalization includes time spent in the emergency department or in observation status when the patients are ultimately admitted to inpatient status.</p>
Denominator	Equals initial population
Denominator Exclusions	None
Measure Observations	<p>There are two Measure Observations:</p> <p>1) associated with the Denominator: The total number of eligible days across all encounters which match the initial population/denominator criteria.</p> <p>Hospital days are measured in 24-hour periods starting from the time of arrival at the hospital (including time in the Emergency Department and or Observation.)</p> <p>2) associated with the Numerator: The total number of falls with major injury across all encounters.</p> <p>The measure result is the total number of qualifying falls across all encounters divided by the total number of eligible days across all encounters.</p> <p>To express the rate of inpatient falls with major injury per 1,000 patient days, the following calculation is applied post-production during implementation: (Total number of falls with major injury / Total number of eligible hospital days) x 1000 = rate</p>
Numerator	Inpatient hospitalizations where the patient has a fall that results in major injury or death.
Numerator Exclusions	None
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and gender