



Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training



*Section J:
Health Conditions (Falls)*

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Section J: Objectives

- Define Section J: Health Conditions (Falls).
- Explain new items for LTCH CARE Data Set v3.00.
- Explain the intent of Section J.
- Discuss coding instructions and needed information for items.
- Accurately code scenario(s).

Section J: New Items

NEW:

- Section J is new.
 - All items in this section are new.
 - J1800. Any Falls Since Admission.
 - J1900. Number of Falls Since Admission (and injury caused by falls).

Section J: Intent

These items are intended to code any falls since admission in addition to any injury caused by falls.

Section J: J1800.

Any Falls Since Admission

J1800. Any Falls Since Admission	
Enter Code <input type="checkbox"/>	<p>Has the patient had any falls since admission?</p> <p>0. No → Skip to O0250. Influenza Vaccine</p> <p>1. Yes → Continue to J1900. Number of Falls Since Admission</p>

Applies to Planned Discharge, Unplanned Discharge, and Expired Assessments.

Section J: J1800. Item Rationale

- Falls are leading cause of morbidity and mortality among LTCH patients.
- Fear of falling can limit an individual's activity and negatively impact quality of life.

Section J: Definition

FALL: Unintentional change in position coming to rest on the ground, floor, or onto the next lower service (e.g., onto a bed, chair, or bedside mat).

The fall may be witnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground.

Section J: Definition (cont.)

Falls are not a result of an overwhelming force (e.g., a patient pushes another patient).

An intercepted fall occurs when the patient would have fallen if he or she had not caught him/herself or had not been intercepted by another person—this is still considered a fall.

Section J: J1800.

Any Falls Since Admission

STEPS FOR ASSESSMENT:

- Review LTCH medical record:
 - Physician notes
 - Nursing notes
 - Therapy notes
 - Nursing Assistant notes
 - Incident reports
 - Fall logs

Section J: J1800

J1800. Any Falls Since Admission	
Enter Code <input type="checkbox"/>	Has the patient had any falls since admission? 0. No → Skip to O0250. Influenza Vaccine 1. Yes → Continue to J1900. Number of Falls Since Admission

CODING INSTRUCTIONS:

- Complete only if:
 - Planned Discharge Assessment (A0250=10)
 - Unplanned Discharge Assessment (A0250=11)
 - Expired Assessment (A0250=12)
- **Code 0. No**, if patient has not had any fall since admission.
 - Proceed to next section.
- **Code 1. Yes.**
 - Continue to J1900.

Section J: J1800 Coding Scenario

An incident report describes an event in which Mr. S. was walking down the hall and appeared to slip on a wet spot on the floor. He lost his balance and bumped into the wall, but was able to grab onto the handrail and steady himself.

How would you code J1800?

What is your rationale?

Section J: J1800 Coding Scenario

CODING: J1800 would be coded **1. Yes.**

RATIONALE: An intercepted fall is considered a fall.

Section J: J1900.

Number of Falls Since Admission

J1900. Number of Falls Since Admission		
CODING: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/>	B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/>	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Applies to Planned Discharge, Unplanned Discharge, and Expired Assessments.

Section J: J1900.

Number of Falls Since Admission

STEPS FOR ASSESSMENT

- Review LTCH medical record:
 - Physician notes
 - Nursing notes
 - Therapy notes
 - Nursing Assistant notes
 - Incident reports
 - Fall logs

Section J: J1900

J1900. Number of Falls Since Admission	
CODING: 0. None 1. One 2. Two or more	<div>↓ Enter Codes in Boxes</div> <div> <input type="checkbox"/> <div> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall </div> </div>
	<div> <input type="checkbox"/> <div> B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain </div> </div>
	<div> <input type="checkbox"/> <div> C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma </div> </div>

CODING INSTRUCTIONS:

- Complete only if:
 - Planned Discharge Assessment (A0250=10)
 - Unplanned Discharge Assessment (A0250=11)
 - Expired Assessment (A0250=12)
- Determine the number of falls that occurred since admission and code the level of fall-related injury for each. Code each fall only once. ***If the patient has multiple injuries in a single fall, code the fall for the highest level of injury.***

Section J: 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.

Section J: J1900A

J1900. Number of Falls Since Admission		
CODING: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/>	B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/>	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

CODING INSTRUCTIONS FOR J1900A. NO INJURY

- **Code 0. None**, if the patient had no injurious fall since admission.
- **Code 1. One**, if the patient had one non-injurious fall since admission.
- **Code 2. Two or more**, if the patient had two or more non-injurious falls since admission.

Section J: Definition

INJURY (EXCEPT MAJOR): Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.

Section J: J1900B

J1900. Number of Falls Since Admission	
CODING: 0. None 1. One 2. Two or more	<div>↓ Enter Codes in Boxes</div> <div> <input type="checkbox"/> <div> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall </div> </div>
	<div> <input type="checkbox"/> <div> B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain </div> </div>
	<div> <input type="checkbox"/> <div> C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma </div> </div>

CODING INSTRUCTIONS FOR J1900B. INJURY (EXCEPT MAJOR)

- **Code 0. None**, if the patient had no injurious fall (except major) since admission.
- **Code 1. One**, if the patient had one injurious fall (except major) since admission.
- **Code 2. Two or more**, if the patient had two or more injurious falls (except major) since admission.

Section J: Definition

MAJOR INJURY: Includes bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.

Section J: J1900C

J1900. Number of Falls Since Admission		
CODING: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/>	B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/>	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

CODING INSTRUCTIONS FOR J1900C. MAJOR INJURY

- **Code 0. None**, if the patient had no major injurious fall since admission.
- **Code 1. One**, if the patient had one major injurious fall since admission.
- **Code 2. Two or more**, if the patient had two or more major injurious falls since admission.

Section J: J1900A Coding Scenario

A nursing note states that Mrs. K slipped out of her wheelchair onto the floor during a transfer from the bed to the wheelchair. Before being assisted back into her bed, an assessment was completed that indicated no injury.

How would you code J1900A?

What is your rationale?

Section J: J1900A Coding Scenario

CODING: J1900A would be coded **1**.

RATIONALE: Slipping onto the floor is a fall. No injury was noted.

Section J: J1900B Coding Scenario

A nurse's note describes a patient who climbed over his bedrail and fell to the floor. On examination, he had a cut over his left eye and some swelling on his arm. He was sent to the emergency room, where x-rays revealed no injury and neurological checks revealed no changes in mental status. Patient returned to the LTCH within 24 hours.

How would you code J1900B?

What is your rationale?

Section J: J1900B Coding Scenario

CODING: J1900B would be coded **1**.

RATIONALE: Lacerations and swelling without fracture are classified as injury (except major).

Section J: J1900C Coding Scenario

A patient fell, lacerated her head, and was sent to the emergency room, where a head CT scan revealed a subdural hematoma. Patient received treatment and returned to the LTCH after 2 days.

How would you code J1900C?

What is your rationale?

Section J: J1900C Coding Scenario

CODING: J1900C would be coded **1**.

RATIONALE: Subdural hematoma is a major injury, and it occurred as a result of a fall.

Section J: Summary

- All of Section J is new.
- Section J captures any falls and injuries from falls since admission.
- Applies to the following assessments:
 - Planned Discharge
 - Unplanned Discharge
 - Expired

Section J: Action Plan

- Educate staff about new Section J.
- Review and update your falls prevention and reduction strategies; policies and procedures.
- Consider which processes/procedures may need to change in preparation for the implementation.
- Ensure accurate collection and documentation of falls since admission.
- Practice coding a variety of scenarios with staff.