



# 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

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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

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*

*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

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**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	
<b>CODING:</b> 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
	<input type="checkbox"/> <b>A. No injury:</b> 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>B. Injury (except major):</b> 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"/> <b>C. Major injury:</b> 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	
<b>CODING:</b> 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
	<input type="checkbox"/> <b>A. No injury:</b> 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>B. Injury (except major):</b> 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"/> <b>C. Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

## 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

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**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		
<b>CODING:</b> 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	<b>A. No injury:</b> 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>B. Injury (except major):</b> 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"/>	<b>C. Major injury:</b> 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	
<b>CODING:</b> 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
	<input type="checkbox"/> <b>A. No injury:</b> 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>B. Injury (except major):</b> 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"/> <b>C. Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

## 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

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

# Section J: J1900C

J1900. Number of Falls Since Admission		
<b>CODING:</b> 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	<b>A. No injury:</b> 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>B. Injury (except major):</b> 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"/>	<b>C. Major injury:</b> 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

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**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

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**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

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**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.