Skilled Nursing Facility
Quality Reporting Program Provider Training

Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay) and Associated MDS 3.0 Items

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Objectives

Upon completion of the training, participants will be able to:

- Define the following associated with the quality measure (QM):
    – Numerator
    – Denominator
    – Complete stay
    – Incomplete stay
    – QM calculation algorithm
    – Risk adjustment

Objectives (continued)

Upon completion of the training, participants will be able to:

- Describe the intent of Section J

- Explain the rationale for items J1800 and J1900

- Describe the look-back period for items J1800 and J1900

- Discuss the steps for assessment for items J1800 and J1900

- Accurately code Section J (falls) scenarios

Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)

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Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)

- This QM is intended for use as a cross-setting measure to meet the requirements of the IMPACT Act of 2014 addressing the domain of major falls.

- This QM reports the percentage of resident Medicare Part A stays where one or more falls with major injury (defined as bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) occurred during the SNF stay.

Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
(continued)

Numerator

The number of resident Medicare Part A stays with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C=[1,2])

Denominator

The number of resident Medicare Part A stays with one or more assessments that are eligible for a look-back scan except those with exclusions

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Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
(continued)

- **Medicare Part A Stay:** The period of time between the start of a resident's Medicare Part A covered stay defined by a start date (A2400B) and an end date (A2400C). The stay is identified by a 5-day PPS assessment and an associated discharge (which may be standalone Part A PPS Discharge or a Part A PPS Discharge combined with an OBRA Discharge).

Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
(continued)

- Assessments eligible for inclusion in the look-back scan include OBRA Discharge, PPS 5-, 14-, 30-, 60-, 90-day, SNF PPS Part A Discharge assessment or OBRA Admission, Quarterly, Annual, or Significant Change/Correction assessments.

Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
(continued)

- **SNF Denominator Exclusions:** Resident Medicare Part A stay is excluded if none of the assessments that are included in the look-back scan has a usable response for items indicating the presence of a fall with major injury during the selected time window (i.e., information on falls with major injury is missing [J1900C = (-)] on all assessments used during a resident's stay during the selected time window).

- This measure is not risk adjusted or stratified.

Quality Measure Calculation Algorithm

Step One:

- Calculate the denominator count.

- Identify all resident Part A Medicare stays with a Part A PPS Discharge Assessment (A0310H = 1) with an End Date of Most Recent Medicare Stay (A2400C) within the QM target period.

- Count the number of resident Medicare Part A stays after excluding all stays with no useable falls data on any of the assessments included in the stay.

Quality Measure Calculation Algorithm (continued)

Step Two:

- Calculate the numerator count. In the SNF setting, starting with the set of resident stays identified in Step One, calculate the number of resident Medicare Part A covered stays where the resident experienced one or more falls that resulted in major injury during the stay.

- Assessments may be OBRA Discharge, PPS 5-, 14-, 30-, 60-, 90-day, SNF PPS Part A Discharge assessment or OBRA Admission, Quarterly, Annual or Significant Change assessments.

Quality Measure Calculation Algorithm (continued)

Step Three:

- Calculate the facility's observed score. Divide the facility's numerator count by its denominator count to obtain the facility's observed score; that is, divide the result of Step Two by the result of Step One.

QM Calculation Example

- Nursing Home B had 50 SNF residents with stays in the selected time window with a SNF PPS Part A Discharge assessment (A0310H = 1) during the selected time window. None of these stays were excluded.

- Denominator = 50

QM Calculation Example (continued)

- There were three resident Medicare Part A covered stays where the resident experienced one or more falls that resulted in major injury.

- Numerator = 3

QM Calculation Example (continued)

- Numerator (3) is divided by the denominator (50) resulting in 0.06.

- 0.06 is converted to a percent value by multiplying it by 100 = 6.0%.

- This QM is not risk adjusted.

Select Section J Items

Section J – Intent

- The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life.

- The items include an assessment of pain which uses an interview with the resident or staff if the resident is unable to participate.

- The pain items assess the presence of pain, pain frequency, effect on function, intensity, management and control.

- Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, and falls.

Definition of a Fall

- Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home. Falls are not a result of an overwhelming external force (e.g., a resident pushes another resident).

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Definition of a Fall (continued)

- An intercepted fall occurs when the resident 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.

J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS),

J1800.	**Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS),** whichever is more recent
Enter Code ☐	Has the resident **had any falls since admission/entry or reentry or the prior assessment** (OBRA or Scheduled PPS), whichever is more recent? 0. **No** ➞ Skip to K0100, Swallowing Disorder 1. **Yes** ➞ Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

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J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Item Rationale

- Health-related Quality of Life

  – Falls are a leading cause of morbidity and mortality among nursing home residents.

  – Falls result in serious injury, especially hip fractures.

  – Fear of falling can limit an individual's activity and negatively impact quality of life.

J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Item Rationale (continued)

- Planning for Care

    – Identification of residents who are at high risk of falling is a top priority for care planning. A previous fall is the most important predictor of risk for future falls.

    – Falls may be an indicator of functional decline and development of other serious conditions such as delirium, adverse drug reactions, dehydration, and infections.

J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Item Rationale (continued)

- Planning for Care

  - External risk factors include medication side effects, use of appliances and restraints, and environmental conditions.

  - A fall should stimulate evaluation of the resident's need for rehabilitation, ambulation aids, modification of the physical environment, or additional monitoring (e.g., toileting, to avoid incontinence).

J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Steps for Assessment

1. If this is the first assessment/entry or reentry (A0310E = 1), review the medical record for the time period from the admission date to the Assessment Reference Date (ARD).

2. If this is not the first assessment/entry or reentry (A0310E = 0), the review period is from the day after the ARD of the last MDS assessment to the ARD of the current assessment.

J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Steps for Assessment (continued)

3. Review all available sources for any fall since the last assessment, no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment.

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J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Steps for Assessment (continued)

4. Review nursing home incident reports, fall logs and the medical record (physician, nursing, therapy, and nursing assistant notes).

5. Ask the resident and family about falls during the look-back period. Resident and family reports of falls should be captured here whether or not these incidents are documented in the medical record.

J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Coding Instructions

- **Code 0, no:** if the resident has not had any fall since the last assessment. Skip to Swallowing Disorder item (K0100).

- **Code 1, yes:** if the resident has fallen since the last assessment. Continue to Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) item (J1900), whichever is more recent.

J1800
Polling Scenario

Mrs. S's 30-day PPS assessment was completed with an ARD of June 2. She required a Change of Therapy Other Medicare Required Assessment (COT OMRA). The ARD of that assessment was June 9.
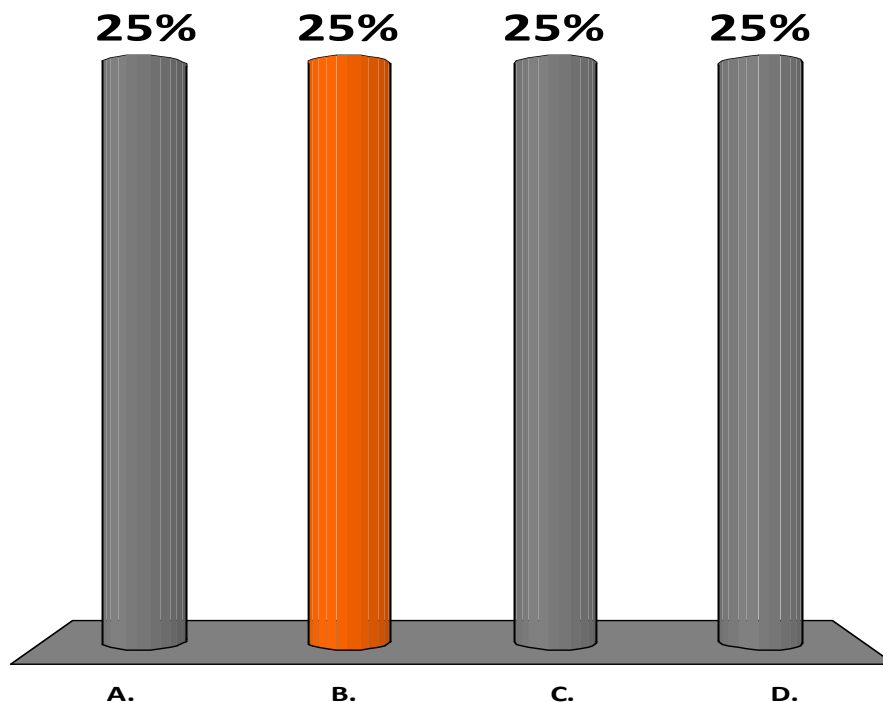
Polling Question: J1800
What is the beginning of the review period for J1800 when completing her next assessment, the 60-day scheduled PPS assessment?

A. June 2

B. June 3

C. June 9

D. June 10

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A. June 2

✓ B. June 3

C. June 9

D. June 10

25%   25%   25%   25%

A.   B.   C.   D.

60

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J1800
Polling Scenario

An incident report describes an event in which Mrs. S was walking down the hall and appeared to slip on a wet spot on the floor. She lost her balance and bumped into the wall, but was able to grab onto the hand rail and steady herself.

A. Code 0, no
B. Code 1, yes

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A. Code 0, no

✓ B. Code 1, yes

50%   50%

A.   B.

60

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J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS),

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

↓ **Enter Codes in Boxes**

Coding:
0. **None**
1. **One**
2. **Two or more**

☐	**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 resident; no change in the resident's behavior is noted after the fall
☐	**B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
☐	**C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

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J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Item Rationale

- Health-related Quality of Life

  – Falls are a leading cause of morbidity and mortality among nursing home residents.

  – Falls result in serious injury, especially hip fractures.

  – Previous falls, especially recurrent falls and falls with injury, are the most important predictor of future falls and injurious falls.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Item Rationale (continued)

- Planning for Care
  - Identification of residents who are at high risk of falling is a top priority for care planning.
  - Falls indicate functional decline and other serious conditions such as delirium, adverse drug reactions, dehydration, and infections.
  - External risk factors include medication side effects, use of appliances and restraints, and environmental conditions.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Item Rationale (continued)

- Planning for Care

  - A fall should stimulate evaluation of the resident's need for rehabilitation or ambulation aids and of the need for monitoring or modification of the physical environment.

  - It is important to ensure the accuracy of the level of injury resulting from a fall. Since injuries can present themselves later than the time of the fall, the assessor may need to look beyond the ARD to obtain accurate information for the complete picture of the fall that occurs in the look back of the MDS.

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.

Definition: Injury (Except Major)

- Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain.

Definition: Major Injury

- Includes bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent

Steps for Assessment

1. If this is the first assessment (A0310E = 1), review the medical record for the time period from the admission date to the ARD.

2. If this is not the first assessment (A0310E = 0), the review period is from the day after the ARD of the last MDS assessment to the ARD of the current assessment.

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J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Steps for Assessment (continued):

3. Review all available sources for any fall since the last assessment, no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment. All relevant records received from acute and post-acute facilities where the resident was admitted during the look-back period should be reviewed for evidence of one or more falls.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Steps for Assessment (continued):

4. Review nursing home incident reports and medical record (physician, nursing, therapy, and nursing assistant notes) for falls and level of injury.

5. Ask the resident, staff, and family about falls during the look-back period. Resident and family reports of falls should be captured here, whether or not these incidents are documented in the medical record.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Steps for Assessment (continued):

6. Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Coding Tip

- If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to QIES ASAP, the assessment must be modified to update the level of injury that occurred with that fall.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Coding Instructions for J1900

- Determine the number of falls that occurred since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS) and code the level of fall-related injury for each.

- Code each fall only once.

- If the resident has multiple injuries in a single fall, code the fall for the highest level of injury.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

A. No injury

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
	↓ **Enter Codes in Boxes**
Coding:	☐ **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 resident; no change in the resident's behavior is noted after the fall

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Coding Instructions for J1900A, No Injury

- **Code 0, none:** if the resident had no injurious fall since the admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

- **Code 1, one:** if the resident had one non-injurious fall since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

- **Code 2, two or more:** if the resident had two or more non-injurious falls since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

B. Injury (except major)

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent		
0. **None** 1. **One** 2. **Two or more**	☐	**B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain

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J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Coding Instructions for J1900B, Injury (Except Major)

- **Code 0, none:** if the resident had no injurious fall (except major) since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

- **Code 1, one:** if the resident had one injurious fall (except major) since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

- **Code 2, two or more:** if the resident had two or more injurious falls (except major) since admission/ entry or reentry or prior assessment (OBRA or Scheduled PPS).

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J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent		
	☐	**C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Whichever Is More Recent (continued)

Coding Instructions for J1900C, Major Injury

- **Code 0, none:** if the resident had no major injurious fall since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

- **Code 1, one:** if the resident had one major injurious fall since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

- **Code 2, two or more:** if the resident had two or more major injurious falls since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).

J1900
Polling Scenario

- Mr. R fell on his right hip in the SNF on the ARD of his Quarterly MDS and complained of mild right hip pain. The initial x-ray of the hip did not show any injury.

- Three days later, Mr. R. complained of increasing pain and had difficulty ambulating, so a follow-up x-ray was done. The follow-up x-ray showed a hairline fracture of the right hip. This injury is attributed to the recent fall that occurred during the look-back period of the Quarterly assessment.

- The MDS was not completed until five days after the ARD.

A. J1900A = 1, J1900B = 0, J1900C = 0

B. J1900A = 0, J1900B = 0, J1900C = 1

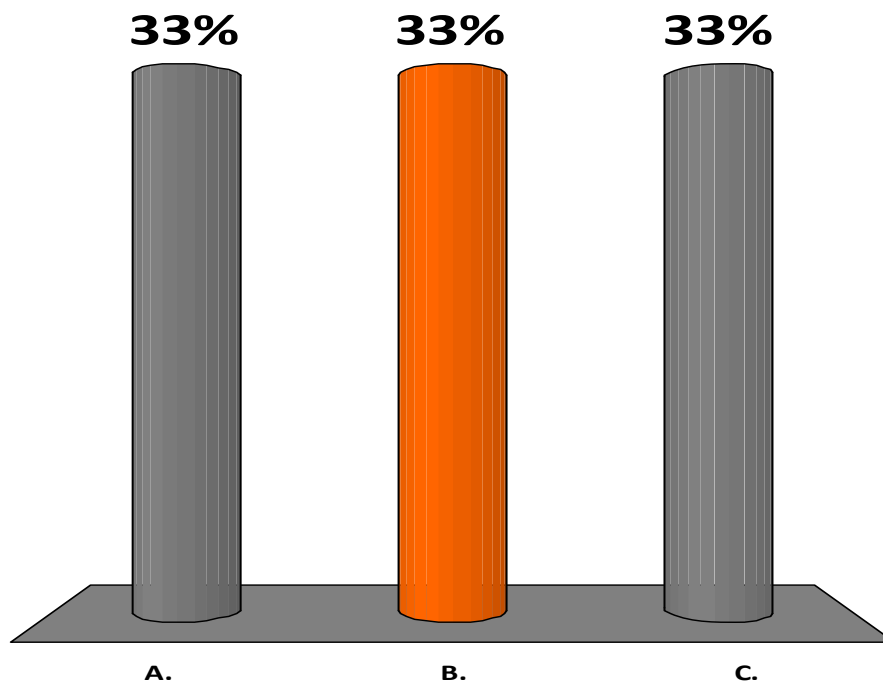C. J1900A = 0, J1900B = 1, J1900C = 0

Polling Question: J1900
When completing Mr. R's MDS, how should J1900 be coded?

A. J1900A = 1,
J1900B = 0,
J1900C = 0

✓ B. J1900A = 0,
J1900B = 0,
J1900C = 1

C. J1900A = 0,
J1900B = 1,
J1900C = 0

33% — A.
33% — B.
33% — C.

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J1900
Polling Scenario

Consider now that the previous scenario was revised such that Mr. R's MDS was completed on the ARD, coded as J1900A = 1, J1900B = 0, J1900C = 0, and submitted to the QIES ASAP system prior to the diagnosis of right hip fracture being made.

Polling Question: J1900
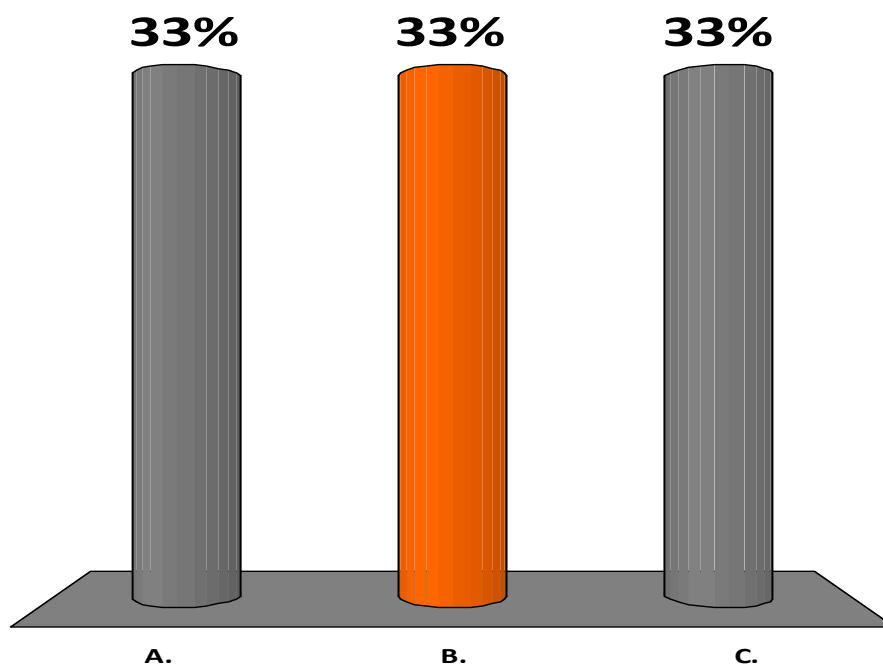## What action should the SNF staff take upon the resident receiving the diagnosis of fractured right hip?

A. No action is needed, the MDS is correct based on the information available when it was completed

B. Modify the MDS in the QIES ASAP system to reflect the fall with major injury

C. Inactivate the MDS in the QIES ASAP system

Polling Question: J1900
What action should the SNF staff take upon the resident receiving the diagnosis of fractured right hip?

A. No action is needed, the MDS is correct based on the information available when it was completed

✓ B. Modify the MDS in the QIES ASAP system to reflect the fall with major injury

C. Inactivate the MDS in the QIES ASAP system

33%   33%   33%

A.   B.   C.

60

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Questions and Answers

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