

# Quality Measure (QM) Tip Sheet: Falls with Major Injury [Long-Stay]

## Quality Measure Overview

This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period. This measure is a look-back scans measure. If the resident had one or more falls with a major injury on one or more of the look-back scan assessments, it will trigger the measure.

- Measure triggers if the event/condition occurred any time during a one-year period or look back period.
- The look-back scan starts with the current MDS target date and looks back 275 days. The current MDS includes the quarterly time frame of approx. 93 days and so that added to the 275 additional look-back period can equal approximately one year.
- This measure is used in the Five Star Quality Rating System: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>

## Exclusions:

- The occurrence of fall was not assessed.
- The assessment indicates that a fall occurred and that the number of falls with major injury was not assessed.

## MDS Coding Requirements

In the Minimum Data Set (MDS), refer to section J: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>:

- Determine the number of falls that occurred since admission/entry or reentry or prior assessment (OBRA or scheduled Prospective Payment System [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.

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code <input type="checkbox"/>	Has the resident <b>had any falls since admission/entry or reentry or the prior assessment</b> (OBRA or Scheduled PPS), whichever is more recent? 0. <b>No</b> → Skip to J2000, Prior Surgery 1. <b>Yes</b> → Continue to 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	
Coding: 0. <b>None</b> 1. <b>One</b> 2. <b>Two or more</b>	↓ 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 resident; no change in the resident'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 resident 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 resident had no major injurious fall since admission/entry or reentry or prior assessment (OBRA or scheduled PPS)
  - Code 1, one: if the resident has 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)

- The injuries referenced in item C. Major Injury are the ONLY injuries that should be reflected as major injuries for this measure:
  - Bone fractures
  - Joint dislocations
  - Closed head injuries with altered consciousness
  - Subdural hematoma

**Consider These Questions:**

- ✓ Was the MDS coded as per the *Resident Assessment Instrument* requirements?
- ✓ Was a fall risk assessment completed on admission, quarterly and with significant changes to identify appropriate risk?
- ✓ Was a process in place (based on fall risks) to initiate individualized preventive interventions?
- ✓ Were preventive interventions communicated to direct-care staff members?
- ✓ Are interventions monitored for placement and function?
- ✓ Are gait belts accessible for transfers?
- ✓ Do the nurses demonstrate competence for assessing fall risk?
- ✓ Are the direct-care staff members proficient in transfers and mobility functions?
- ✓ Are fall precautions implemented if the resident is on anticoagulants, antidepressants, antiepileptics, antihypertensives, anti-parkinson agents, benzodiazepines, diuretics, nonsteroidal anti-inflammatory agents, psychotropics, vasodilators, laxatives, glycemic medications, tranquilizers, or hypnotics/sedatives?
- ✓ Are vision and hearing issues addressed?
- ✓ Is appropriate footwear used?
- ✓ Is the resident appropriately positioned?
- ✓ Are pain and comfort issues addressed?
- ✓ Are rest periods provided?
- ✓ Are activity programs individualized for the resident to meet his or her needs/preferences?
- ✓ Is continence managed?

Please refer to the current MDS 3.0 Quality Measures User’s Manual (v. 14.0) for additional details:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

**For guidance on quality measures and support in making improvements, reach out to Great Plains Quality Innovation Network Quality Improvement Advisors:**

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