

Improve Falls Scores to Stand Out As National Figure Shows No Change

by: [Megan Herr](#)

Agencies should pay close attention to their fall interventions as recent Care Compare data showed improvement on quality measures except for the measure regarding falls.

The score released in the October 2023 update for “Percent of residents experiencing one or more falls with major injury” remained at 0.9%. A lack of movement on this measure nationally indicates an opportunity for agencies to stand out if they can move the needle with their agency’s outcomes.

The most recent results were based on data from January 2022 to December 2022.

Keep in mind that this measure is specific to falls with major injury and does not capture all falls that may have occurred, experts note.

Regardless, it’s important to remember that this is a publicly reported measure, notes Apryl Swafford, QA manager with SimiTree Healthcare Consulting in Hamden, Conn.

And the data shared with the public is only as good as the data provided by agencies.

“If we are under or over reporting falls, the information supplied to the public via the Care Compare website is not valid and people can’t make a proper, informed decision as to the quality of care provided,” Swafford explains.

It’s also important to the agency so that they know where they stand as far as fall percentages, fall documentation and fall reporting, she adds.

The lack of improvement

There could be multiple factors leading to a lack of improvement in preventing falls, Swafford says.

“We are seeing a greater number of our baby boomers becoming patients while we, as an industry, continue to struggle with staffing shortages,” she explains. “These two factors combined can potentially lead to decreases in visit frequencies, thus less ‘eyes on the patient’ time along with rushed visits trying to get everything done.”

This could result in patients not getting adequate fall prevention education and not following through to ensure compliance with such measures, Swafford adds.

There also may be some social determinants of health at play such as unsafe home conditions, lack of caregivers, etc. without proper involvement of a social worker, Swafford says.

“You need to factor that in when putting together your patient-specific plans of care and involve the proper disciplines,” Swafford says.

Determine fall risk areas in the home

A 2015 study published in the American Journal of Lifestyle Medicine showed that 82.6% of falls occur within the home, with greater than 25% happening in the bedroom alone.

“We often stress safety when going up and down the stairs or in the bathroom where there may be wet surfaces but I’m not sure we think as much about the bedroom as a high-risk area for falls,” Swafford notes. “However, it makes sense when you think about someone just waking up or trying to get their bearings.”

Or the times when patients have to get up in the night to go to the bathroom.

“The dark, combined with trying to wake up just enough to get to the bathroom, can definitely increase the risk for falls occurring in the bedroom,” Swafford says. “And you can double that risk if we’re talking about a cluttered home or a home with one or more pets underfoot.”

Reporting falls on the OASIS

When reporting falls, there are two main OASIS items that are completed at discharge, transfer and/or death at home.

Those are J1800, which asks if the patient has had any falls in the quality episode and J1900, where the clinician has to quantify the number of falls along with the level of injury or lack thereof.

An OIG report released in September detailed a study of 39,900 charts from July 2020 to June 2021 which showed that 55% of falls with serious injuries were not reported by home health agencies. ([HHL 9/25/23](#))

“This was a shocking number to me,” Swafford says. “It tells me that there is a great need not only for education on these items but greater agency oversight on fall reporting and OASIS completion.”

Swafford says she would encourage agencies to have a policy/formal process for fall reporting.

“I would also think agencies would need someone who follows up on these incident reports and reviews each chart and OASIS for appropriate documentation,” she adds.

Fall intervention tips

Here are some interventions that can help agencies with improving their results on falls:

Customize the care plan. Tailor the education to the patient’s need, environment and health literacy level, Swafford says. “No matter how good an agency’s fall prevention program looks on paper, if it’s not customizable to meet the patient at their level of understanding and address their specific needs, then it’s not worth using,” she adds.

Involve the necessary disciplines. Ensure that the appropriate disciplines are involved in the care of the patient, Swafford advises. Determine if they have issues when performing ADLs, such as bathing or toileting. That could warrant not only physical therapy but occupational therapy as well. Or do they have unsafe floor coverings? Maybe your social worker has some community resources that can provide improvements, Swafford adds. Fall prevention is not just a “therapy” issue, adds Cindy Krafft, co-owner and founder of K&K Solutions of Fernandina Beach, Fla. “It requires an interdisciplinary approach as falls rarely are related to only one issue.”

Implement the “teach-back” method for education. Another thing that can power a successful fall prevention program is ensuring that everyone is assessing for falls at every visit and that each discipline is following the “teach back” method for falls education, Swafford says. “Maybe your physical therapist is in charge of providing education to the patient/family on fall precautions measures,” she says. “The other disciplines can then follow up on that education and have the patient “teach back” what they learned and even demonstrate, if applicable.” We don’t treat patients in a vacuum so it’s all our jobs to make sure they are getting, and understanding, the necessary education to prevent falls, Swafford adds.

Use tools to help determine risk. Use a variety of standardized and validated fall risk assessment tools to determine the patient specific issues that can and should be addressed to reduce risk, Krafft says. A few examples of these tools are Timed up and Go (TUG), MAHC- 10 and Gait Velocity. “There are many options beyond just what is typically provided in the EMR,” Krafft adds.

Foster an environment of honest self-reporting by patients and caregivers. Many do not report falls to the clinician over concerns that they will have to go to a skilled nursing facility (SNF) or not be able to stay in their current living situation, Krafft says. “Be up front with the patient and caregiver as to why we are concerned about falls and that we want to build a plan to reduce risk going forward.”

