

## MDS Alert

### Quality Indicators: If Your Fall QIs Are High--Or Low--Take These Steps

**To solve a problem, you need to know if you have one.**

Before you panic about a high fall QI or pat yourself on the back for a low one, make sure you have the "rest of the story." Otherwise, you'll lose opportunities to intervene before that next resident gets hurt--or your facility takes a survey tumble.

"The fall QI may be low because the facility isn't counting falls that meet the RAI manual definition or they aren't aware of all of the falls occurring in the building," says **Lisa Marcincavage, RN**, the MDS coordinator for **Little Flower Manor** in Wilkes-Barre, PA.

**Solutions:** Review the RAI manual definition of a fall with staff. In addition, "QA committees can correlate documents, such as incidents reports, to their fall quality indicators" to see if they are capturing all falls, suggests Marcincavage.

#### **A Fall Doesn't Have to Be a Fall to Count**

Code a fall if the resident loses his balance and would have fallen if staff hadn't intervened, advises **Diane Brown, CEO** of **Brown LTC Consultants** in Needham, MA.

**Example:** You're walking someone after surgery or who's unstable on his feet--and the person's knees buckle. So you lower the person safely to the floor. "Count that as a fall" in coding the MDS, counsels Brown. "The staff needs to care plan that issue to prevent the person from falling when the staff aren't right there to prevent it.

"If the person lost his balance and grabbed the wall, avoiding a fall, then you wouldn't count that," Brown adds. But the interdisciplinary team might want to assess why the resident almost fell--and include fall-prevention interventions in the care plan.

What if you find a resident on the floor? "Assume that he fell," counsels Brown--"unless your investigation into the situation uncovers evidence to the contrary."

Also code a fall anytime a resident "rolls from a low mattress to a mat on the floor," advises **Karen Merk, RN**, clinical consultant with **Briggs Corp.** in Des Moines, IA. And count "as a fall an instance where a resident slides out of the wheelchair onto the floor," advises Merk.

**Clinical gem:** A resident who has gained newfound independence in rehab therapy may be at higher risk for falling until he figures out the limits of what he can do, says Brown. For example, he might get up alone at night to go to the bathroom, lose his balance and fall. "The care plan in that case might direct staff to instruct the cognitively intact resident to call for assistance at night," she says. The staff person can stand by to see how the person does and intervene, if needed.