QI Weekly

Screening for Future Fall Risk

- Each year, more than **one in four older adults aged 65 and older will fall**.

  > One out of five falls causes a serious injury such as broken bones or a head injury

- Among older Americans, falls are the leading cause of fatal and nonfatal injuries.

  > This represents **29 million falls, 3 million ED visits, 800,000 hospitalizations, and 28,000 deaths** annually

- In 2015, the total medical costs for falls totaled more than **$50 billion**. Medicare and Medicaid assumed 75% of these costs.

Service Needed :

- Documentation in the medical record that **all patients 65 and older** have been screened **annually** for future risk of falls

Note: Screenings can be completed by phone but MUST be documented in the medical record

Exclusions: Patients who were assessed to be non-ambulatory during the measurement year (e.g. patients who are wheelchair bound)

> If wheelchair bound (Z99.3), add the ICD-10 to the active problem list

Auditors will look for documentation of:

"no falls"

"one or more falls with no injury"

"one or more falls with injury"

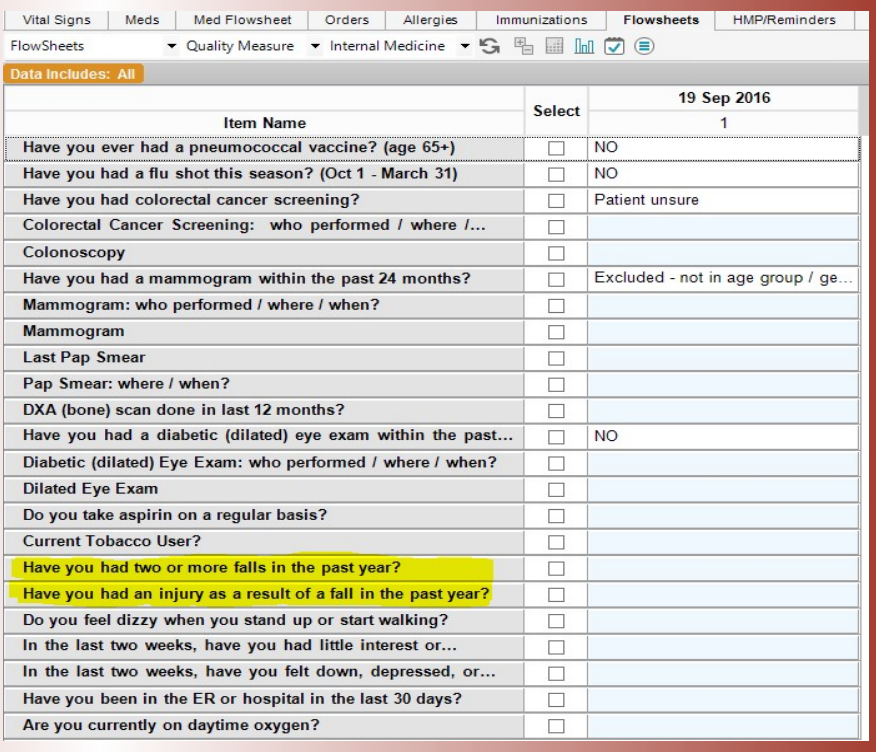
How to document in Allscripts:

- Quality Assessment Form in flowsheet (usually done by your nurse)

OR

- Annual Medicare Wellness Assessment Form in note

IF the Quality Assessment form is not done, it needs to be documented in the note.



Item Name	Select	19 Sep 2016 1
Have you ever had a pneumococcal vaccine? (age 65+)	☐	NO
Have you had a flu shot this season? (Oct 1 - March 31)	☐	NO
Have you had colorectal cancer screening?	☐	Patient unsure
Colorectal Cancer Screening: who performed / where /...	☐	
Colonoscopy	☐	
Have you had a mammogram within the past 24 months?	☐	Excluded - not in age group / ge...
Mammogram: who performed / where / when?	☐	
Mammogram	☐	
Last Pap Smear	☐	
Pap Smear: where / when?	☐	
DXA (bone) scan done in last 12 months?	☐	
Have you had a diabetic (dilated) eye exam within the past...	☐	NO
Diabetic (dilated) Eye Exam: who performed / where / when?	☐	
Dilated Eye Exam	☐	
Do you take aspirin on a regular basis?	☐	
Current Tobacco User?	☐	
Have you had two or more falls in the past year?	☐	
Have you had an injury as a result of a fall in the past year?	☐	
Do you feel dizzy when you stand up or start walking?	☐	
In the last two weeks, have you had little interest or...	☐	
In the last two weeks, have you felt down, depressed, or...	☐	
Have you been in the ER or hospital in the last 30 days?	☐	
Are you currently on daytime oxygen?	☐	

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