

Compliance Matters

Fall Prevention

Provision of Care, Treatment and Services (PC)

PC.01.02.08: The Hospital Assesses and Manages the Patient's Risk for Falls

Over 800,000 people are hospitalized annually for a fall related injury. The average hospital cost for a fall with injury is less than \$300,000 and that figure generally increases depending on the patient's age. Fall injuries are noted by the Centers for Disease Control (CDC) as one of the 20 most expensive medical conditions.

Nurses are crucial contributors in the fall reduction initiative. A timely fall assessment helps to identify modifiable risk factors which may be related to a biological issue such as muscle weakness, chronic disease, or medication management. It could be related to behavioral risk factors such as engaging in dare devil stunts, inactivity or illicit drug use; or there can be environmental risks like stairs with no railing, poor lighting and obstructed walkways. Typically, two or more predisposing risk factors interact to cause a fall (such as gait disturbance & poor vision) (Rubenstein and Josephson 2006). Although falls may seem more prevalent amongst older adults, it is important to remember that any patient at any age could be at risk due to physiological changes caused by a medical condition, or procedure. A timely screening coupled with the implementation of evidenced based interventions are paramount to minimizing risk.

A persistent Joint Commission patient safety goal has been reducing falls with injury, however falls with serious injury continue to reign amongst the top 10 sentinel events reported to The Joint Commission's Sentinel Event database. According to the CDC statistics, if the current fall/death rate continues at this progression, we can anticipate seven deaths per hour from falls by year 2030.



Common contributory factors included but are not limited to:

- Inadequate assessments
- Failure to follow established safety practices
- Environmental defects

Aside from prompt screening and the development of individualized care plans (with patient specific interventions), we must be sure to respond quickly to call bells, educate the patient and their loved ones on the dangers of falls, and closely monitor our patients at risk for falls.

Unfortunately, not all falls can be prevented, however serious falls, injuries and death can be avoided.

References

Centers for Disease Control and Prevention, (<http://www.cdc.gov/>) National Center for Injury Prevention and Control, (<http://www.cdc.gov/injury/>), Division of Unintentional Injury Prevention.

Rubenstein and Josephson. *Falls and their prevention in Elderly. People: What does the Evidence Show?* Medical Clinics of North America (2006) 807-824.

National Center for Injury Prevention and Control. *Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs.* 2nd ed.

Atlanta, GA: Centers for Disease Control and Prevention, 2015.

Sentinel Alert Event: The Joint Commission Issue 55, September 2015.

Recent Joint Commission Resources Mock Survey

Joint Commission Resources (JCR), an affiliate of The Joint Commission, provides consultation to healthcare organizations in preparation for an actual Joint Commission survey for accreditation. JCR visited John Dempsey Hospital on June 12 and 13, 2018 to assist us in detecting areas of potential findings in our upcoming survey for accreditation that will occur by November 2018. Many of our organizational strengths were recognized and included engaged staff at all levels, leadership commitment to quality and patient safety, and medical staff involvement in behavioral health.

The key focus was to help us be aware of areas that are at risk for non-compliance by The Joint Commission (TJC). No organization is without risk and our primary objective is to eliminate or minimize any actual or potential risk by being compliant with the regulatory standards set by TJC and other healthcare regulatory agencies. TJC has communicated to healthcare institutions that the areas of dialysis, suicide prevention, high-level disinfection and sterilization will be part of their focus. As an academic healthcare institution

committed to providing excellence in care we are constantly aware of the need to maintain a safe and clean environment to eliminate or reduce any harm to our patients, staff and visitors.

We are all working diligently in the process of improving our compliance in the areas that were identified as an established or potential concern by the JCR. We will continue to strive for widespread compliance by looking for any and all improvements we can achieve. We are fully committed to complying with all standards to safeguard all our patients and to help our survey be successful.



2019 Physician Fee Schedule Proposed Rule

On July 12, 2018, CMS released the 2019 [Proposed Physician Fee Schedule Rule](#) which regulates policies and payment rates for services provided by physicians and other clinicians such as physician assistants, nurse practitioners, and physical therapists. Some highlights from the proposed rule are noted below;

- Eliminating the functional status reporting requirements for outpatient therapy
- Lowering the physician supervision threshold for services performed by radiology assistants from personal to direct supervision
- Expanding coverage for telehealth services to include prolonged preventative services, interpreting patient submitted photos, and virtual visits
- Simplifying documentation requirements for office Evaluation and Management (E&M) services by allowing practitioners to:
 - document office E&M services using medical decision making or time in lieu of the 1995 or 1997 documentation guidelines
 - use time as the basis for selecting an E&M level regardless of whether counseling or care coordination dominated the visit
 - document what has changed since the last visit as the basis for the history and exam
 - review and verify medical record documentation that was entered by ancillary staff rather than having to re-enter the information
- Collapsing E&M levels two through five into one payment estimated at \$135.00 for new patients and \$95.00 for established patients

CMS is accepting public comments on the proposed rule until September 10, 2018 with the final rule to be issued in the late fall. If you have questions on the proposed rule, contact Kim Bailot, Associate Finance Compliance Officer at 860.679.4746.

