Falls: Screening for Future Fall Risk

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<th>eCQM Identifier</th>
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<td>National Committee for Quality Assurance</td>
<td>National Committee for Quality Assurance</td>
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<td>National Committee for Quality Assurance</td>
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Endorsed By: None

Description:
Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period

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As the leading cause of both fatal and nonfatal injuries for older adults, falls are one of the most common and significant health issues facing people aged 65 years or older (Schneider, Shubert and Harmon, 2010). Moreover, the rate of falls increases with age (Dykes et al., 2010). Older adults are five times more likely to be hospitalized for fall-related injuries than any other cause-related injury. It is estimated that one in every three adults over 65 will fall each year (Centers for Disease Control and Prevention 2015). In those over age 80, the rate of falls increases to fifty percent (Doherty et al., 2009). Falls are also associated with substantial cost and resource use, approaching $30,000 per fall hospitalization Woolcott et al., 2011). Identifying at-risk patients is the most important part of management, as applying preventive measures in this vulnerable population can have a profound effect on public health (al-Aama, 2011). Family physicians have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk (al-Aama, 2011).

All older persons who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls. (AGS/BGS/AAOS, 2010)

Improvement Notation
A higher score indicates better quality

Reference Type: CITATION


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All older persons who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls. (AGS/BGS/AAOS, 2010)

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Definition

Screening for Future Fall Risk: Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.

Fall: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.

This eCQM is a patient-based measure.

Guidance

This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (https://ecqi.healthit.gov/qdm) for more information on the QDM.

Transmission Format

TBD

Initial Population

Patients aged 65 years and older with a visit during the measurement period

Denominator

Equals Initial Population

Denominator Exclusions

Exclude patients who are in hospice care for any part of the measurement period.

Numerator

Patients who were screened for future fall risk at least once within the measurement period

Numerator Exclusions

Not Applicable

Denominator Exceptions

None

Supplemental Data Elements

For every patient evaluated by this measure also identify payer, race, ethnicity and sex

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Population Criteria

- Initial Population
  - exists ( ["Patient Characteristic Birthdate": "Birth date"] BirthDate where Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) >= 65 )
  - and exists "Qualifying Encounter"

- Denominator
  - "Initial Population"

- Denominator Exclusions
  - Hospice."Has Hospice"

- Numerator
  - exists ( ["Assessment, Performed": "Falls Screening"] FallsScreen where Global."NormalizeInterval" ( FallsScreen.relevantDatetime, FallsScreen.relevantPeriod ) during "Measurement Period" )

- Numerator Exclusions
  - None

- Denominator Exceptions
  - None

- Stratification
  - None

Definitions

- Denominator
  - "Initial Population"

- Denominator Exclusions
  - Hospice."Has Hospice"
Hospice.Has Hospice

exists ( ["Encounter, Performed": "Encounter Inpatient"] DischargeHospice
  where DischargeHospice.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
  or DischargeHospice.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)"
)
and DischargeHospice.relevantPeriod ends during "Measurement Period"

or exists ( ["Intervention, Order": "Hospice care ambulatory"] HospiceOrder
  where HospiceOrder.authorDatetime during "Measurement Period"
)

or exists ( ["Intervention, Performed": "Hospice care ambulatory"] HospicePerformed
  where Global."NormalizeInterval" ( HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod ) overlaps "Measurement Period"
)

Initial Population

exists ( ["Patient Characteristic Birthdate": "Birth date"] BirthDate
  where Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) >= 65
)
and exists "Qualifying Encounter"

Numerator

exists ( ["Assessment, Performed": "Falls Screening"] FallsScreen
  where Global."NormalizeInterval" ( FallsScreen.relevantDatetime, FallsScreen.relevantPeriod ) during "Measurement Period"
)

Qualifying Encounter

( ["Encounter, Performed": "Office Visit"]
  union ["Encounter, Performed": "Annual Wellness Visit"]
  union ["Encounter, Performed": "Preventive Care Services - Established Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Preventive Care Services-Initial Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Home Healthcare Services"]
  union ["Encounter, Performed": "Ophthalmological Services"]
  union ["Encounter, Performed": "Preventive Care Services-Individual Counseling"]
  union ["Encounter, Performed": "Discharge Services - Nursing Facility"]
  union ["Encounter, Performed": "Nursing Facility Visit"]
  union ["Encounter, Performed": "Care Services in Long-Term Residential Facility"]
  union ["Encounter, Performed": "Audiology Visit"]
  union ["Encounter, Performed": "Telephone Visits"]
  union ["Encounter, Performed": "Online Assessments"] ) ValidEncounter

where ValidEncounter.relevantPeriod during "Measurement Period"

SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

SDE Payer

["Patient Characteristic Payer": "Payer"]

SDE Race

["Patient Characteristic Race": "Race"]

SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Functions

Global.CalendarAgeInYearsAt(BirthDateTime DateTime, AsOf DateTime)

years between ToDate(BirthDateTime)and ToDate(AsOf)

Global.NormalizeInterval(pointInTime DateTime, period Interval<DateTime>)

if pointInTime is not null then Interval[pointInTime, pointInTime]
else if period is not null then period
else null as Interval<DateTime>

Global.ToDate(Value DateTime)

DateTime(year from Value, month from Value, day from Value, 0, 0, 0, timezoneoffset from Value)

Terminology

- code "Birth date" ("LOINC Code (21112-8)"
- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)"
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)"
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Audiology Visit" (2.16.840.1.113883.3.464.1003.101.12.1066)
- valueset "Care Services in Long-Term Residential Facility" (2.16.840.1.113883.3.464.1003.101.12.1014)
- valueset "Discharge Services - Nursing Facility" (2.16.840.1.113883.3.464.1003.101.12.1013)
- valueset "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)"
- valueset "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)"
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Falls Screening" (2.16.840.1.113883.3.464.1003.118.12.1028)
- valueset "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice care ambulatory" (2.16.840.1.113762.1.4.1108.15)
- valueset "Nursing Facility Visit" (2.16.840.1.113883.3.464.1003.101.12.1012)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Online Assessments" (2.16.840.1.113883.3.464.1003.101.12.1089)
- valueset "Ophthalmological Services" (2.16.840.1.113883.3.526.3.1285)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
valueSet "Preventive Care Services - Established Office Visit, 18 and Up" (2.16.840.1.113883.3.646.1003.101.12.1025)
valueSet "Preventive Care Services-Individual Counseling" (2.16.840.1.113883.3.646.1003.101.12.1026)
valueSet "Preventive Care Services-Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.646.1003.101.12.1023)
valueSet "Race" (2.16.840.1.114222.4.11.836)
valueSet "Telephone Visits" (2.16.840.1.113883.3.646.1003.101.12.1080)

**Data Criteria (QDM Data Elements)**

- "Assessment, Performed: Falls Screening" using "Falls Screening (2.16.840.1.113883.3.646.1003.118.12.1028)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Care Services in Long-Term Residential Facility" using "Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.646.1003.101.12.1014)"
- "Encounter, Performed: Discharge Services - Nursing Facility" using "Discharge Services - Nursing Facility (2.16.840.1.113883.3.646.1003.101.12.1013)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.646.1003.101.12.1016)"
- "Encounter, Performed: Nursing Facility Visit" using "Nursing Facility Visit (2.16.840.1.113883.3.646.1003.101.12.1012)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.646.1003.101.12.1001)"
- "Encounter, Performed: Online Assessments" using "Online Assessments (2.16.840.1.113883.3.646.1003.101.12.1089)"
- "Encounter, Performed: Ophthalmological Services" using "Ophthalmological Services (2.16.840.1.113883.3.526.3.1285)"
- "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up" using "Preventive Care Services - Established Office Visit, 18 and Up (2.16.840.1.113883.3.646.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services-Individual Counseling" using "Preventive Care Services-Individual Counseling (2.16.840.1.113883.3.646.1003.101.12.1026)"
- "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up" using "Preventive Care Services-Initial Office Visit, 18 and Up (2.16.840.1.113883.3.646.1003.101.12.1023)"
- "Encounter, Performed: Telephone Visits" using "Telephone Visits (2.16.840.1.113883.3.646.1003.101.12.1080)"
- "Intervention, Order: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Intervention, Performed: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Patient Characteristic Birthdate: Birth date" using "Birth date (LOINC Code 21112-8)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

**Supplemental Data Elements**

- **SDE Ethnicity**
  - "Patient Characteristic Ethnicity": "Ethnicity"
- **SDE Payer**
  - "Patient Characteristic Payer": "Payer"
- **SDE Race**
  - "Patient Characteristic Race": "Race"
- **SDE Sex**
  - "Patient Characteristic Sex": "ONC Administrative Sex"

**Risk Adjustment Variables**

None

| Measure Set | None |