

Telligen

Health Information Technology
Regional Extension Center

Quality Framework: Acute Care Hospital

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HIT Advisor

Healthcare Intelligence

Objectives for today:

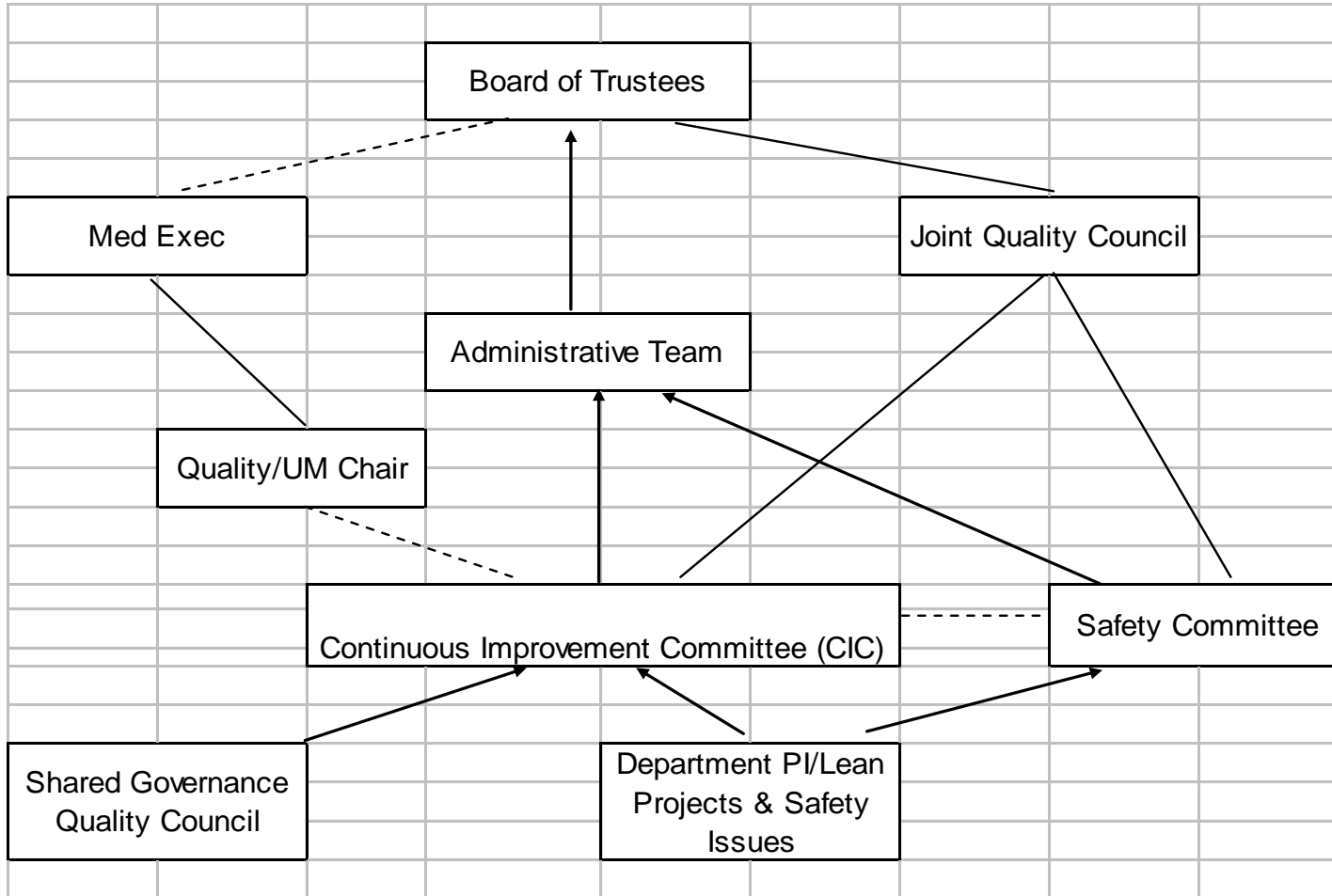
- **Critical Access Hospital quality reporting programs and what's involved**
- Need for quality data for measuring performance
- CART tool and QM reporting for hospitals
- Chart Abstraction- data falls out?
- Current challenges and solutions

1997 - The Joint Commission launches ORYX: The Next Evolution In Accreditation™ to integrate the use of outcomes and other performance measures into the accreditation process. For 1998, the ORYX implementation plan applied to hospitals, long term care organizations and health care networks.

1999 – The first real ORYX data is transmitted to the Joint Commission from hospitals and long term care organizations.

2007 - The Joint Commission adds in November an initial set of seven hospital outpatient measures to the complement of core measure sets that may be used to satisfy ORYX performance measurement requirements.

Sample CAH Quality/Safety Structure



Sample CAH Dashboard

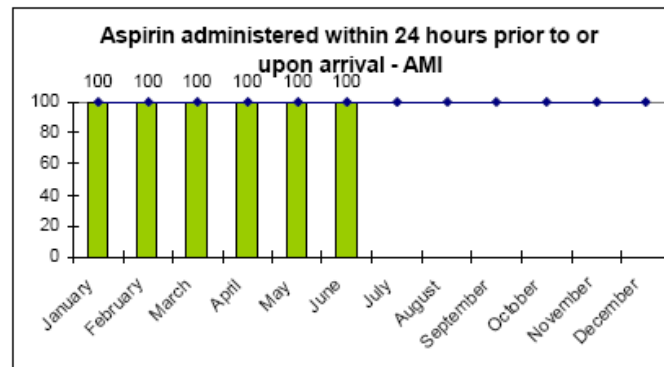
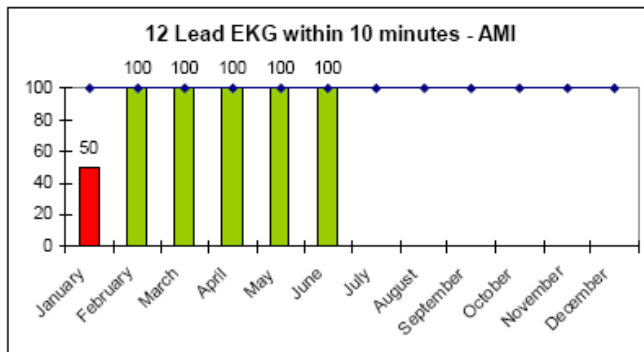
PRHC Strategic Plan Key Indicators - 2008 October, 2008



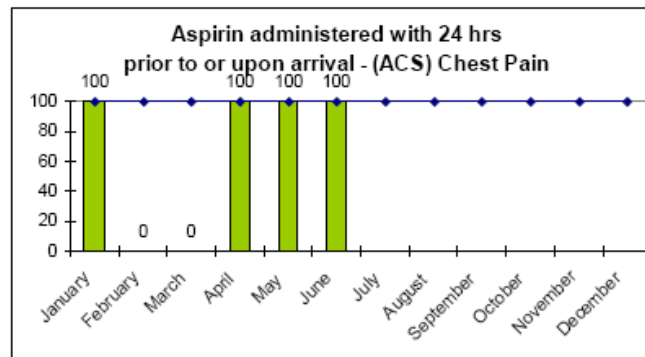
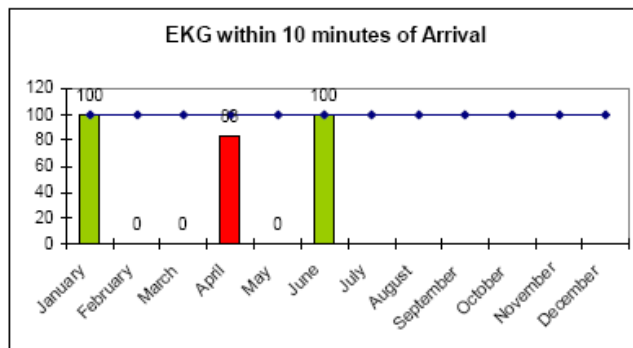
Sample Dept Dashboard

Emergency Department/Urgent Care

(Acute Myocardial Infarction) – Heart Attack*



(Acute Coronary Syndrome) – Chest Pain*



*The above quality indicators are nationally accepted best practices in the care of patients with heart attacks (Acute Myocardial Infarctions) and chest pain (Acute Coronary Syndrome). Two patients had an MI in January. Patient had syncopal episode with dementia. Patient arrived at 1200, EKG was done at 1355. Patient was atypical.

CORE Measure Data

- Hospitals began the current core measures nearly 15 years ago as part of hospital accreditation by the Joint Commission.
- Core measures have been aligned with CMS quality measurement for the Medicare program and adopted by the National Quality Forum consensus process.
- Today the measures are used broadly to benchmark hospital clinical performance and spur improvement.
- In many states, they represent some portion of hospital reporting to regulatory authorities.
- Core measure results are also posted on public Web sites such as Hospital Compare to facilitate comparison shopping by consumers
- Core measures are increasingly linked to reimbursement as part of the Centers for Medicare & Medicaid Services (CMS) Value-Based Purchasing and the pay-for-performance programs of many other payers.

Inpatient (Core) Measures Data

- Section 2.1 - [Acute Myocardial Infarction \(AMI\)](#)
- Section 2.2 - [Heart Failure \(HF\)](#) (Updated 12/14/12)
- Section 2.3 - [Pneumonia \(PN\)](#)
- Section 2.4 - [Surgical Care Improvement Project \(SCIP\)](#) (Updated 12/14/12)
- Section 2.6 - [Children's Asthma Care \(CAC\)](#)
- Section 2.7 - [Venous Thromboembolism \(VTE\)](#) (Updated 10/30/12)
- Section 2.8 - [Stroke \(STK\)](#)
- Section 2.9 - [Global Initial Patient Population \(ED, IMM, TOB, SUB\)](#)
- Section 2.10 - [Emergency Department \(ED\)](#)
- Section 2.11 - Prevention
 - 2.11.1 - [Immunization \(IMM\)](#)
 - 2.11.2 - [Tobacco Treatment \(TOB\)](#)
 - 2.11.3 - [Substance Use \(SUB\)](#)

Outpatient Measures Data

- 1.1 - Outpatient Acute Myocardial Infarction (AMI)
- 1.2 - Chest Pain (CP)
- 1.3 - Emergency Department (ED)-Throughput
- 1.4 - Pain Management
- 1.5 – Stroke
- 1.6 – Surgery
- 1.7 - Imaging Efficiency
- 1.8 - Structural Measures (Updated 2/27/13)

Hospital Compare

<http://www.medicare.gov/hospitalcompare/?AspxAutoDetectCookieSupport=1>



The screenshot shows the Medicare Hospital Compare website in a Windows Internet Explorer browser. The page features the Medicare.gov logo and navigation links such as 'Sign Up / Change Plans', 'Your Medicare Costs', and 'Hospital Compare Home'. A search bar is present with the text 'type search term here'. Below the search bar, there are sections for 'Find a Hospital' with required and optional search criteria, 'Hospital Spotlight' with news about Medicare's Hospital Value-Based Purchasing Program, and 'Additional Information' with links to 'Linking Quality to Payment' and 'Hospital Value-Based'.

Hospital Compare - Measures

- **Timely and Effective Care (Process of Care Measures)**
 - Heart Attack (Acute myocardial infarction (AMI))
 - Heart Failure
 - Pneumonia
 - Surgery (Surgical Care Improvement Project)
 - Emergency Department Care
 - Preventive Care
 - Children's Asthma Care
- **Readmissions, Complications, and Deaths (Outcome of Care Measures)**
 - 30-day death (mortality) rates and 30-day readmission rates
 - Serious complications - AHRQ Patient Safety Indicators (PSIs)
 - Hospital-acquired conditions
 - Healthcare-associated infections
- **Use of Medical Imaging (Outpatient Imaging Efficiency Measures)**
- **Survey of Patients' Hospital Experiences (HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems))**
- **Number of Medicare patients**
- **Spending per hospital patient with Medicare**

Hospital Compare – Inpatient Measures

- Most Critical Access Hospitals (in Iowa) report voluntarily through CART (QualityNet.org) to Hospital Compare regarding Inpatient Quality Measures & HCAHPS pertaining to:
 - Congestive Heart Failure
 - Surgical Care Improvement Project
 - Pneumonia
 - Patient Satisfaction



Hospital Compare - HCAHPS

- In 2009, Hospital Compare began to report on ‘Survey of Patients’ Hospital Experiences’ or HCAHPS.
- CAH participation is voluntary, but must have at least 300 inpatient discharges in a quarter.
- HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics.

- **CMS Adds Hospital Acquired Condition Measures to Hospital Compare Website (UPDATED 4-1-11)**

Hospital Acquired Conditions (HAC) are serious conditions that patients get during an inpatient hospital stay. If hospitals follow proper procedures, patients are less likely to get these conditions. Medicare doesn't pay for any of these conditions, and patients can't be billed for them, if they got them while in the hospital. Medicare will only pay for these conditions if patients already had them when they were admitted to the hospital.

**Right now, HACs are not applicable to CAHs in regards to Medicare reimbursement; however many private payors are not paying for HACs.

Iowa Hospital Association

- Around 2004, the Iowa Hospital Association began a Quality Database for their members.
- In just a few years they had a high percentage of participation (voluntary) from CAH's.
- Quality measures include:
 - Summary Data
 - Med Error Rates
 - Falls (in different practice settings)
 - Acute Myocardial Infarction Measures
 - Acute Coronary Syndrome Measures
 - Obstetrics
 - Hospital Acquired Infections.

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- Chart Abstraction- data falls out?
- Current challenges and solutions

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

Getting started with QualityNet

- System Requirements
- Test Your System
- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet User's Guide, PDF
- QualityNet Reports User's Guide, PDF

Join ListServes

Sign up for Notifications and Discussions.

Known Issues – Hospital Reporting

- Inpatient
 - Hospital Value-Based Purchasing
- Outpatient

QualityNet News[More News »](#)**[FY 2014 IPPS proposed rule posted, open for public comment](#)**

The proposed rule for changes to the hospital Inpatient Prospective Payment Systems (IPPS) for acute care hospitals and Fiscal Year (FY) 2014 rates is on display and open for public comment. To be assured consideration, comments must be received no later than 5 p.m. EDT on June 25, 2013.

Included in the regulation are proposed changes to quality reporting requirements for: the Hospital Inpatient Quality Reporting (IQR) Program; the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program; Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program; the Hospital Value-Based Purchasing (VBP) Program; and Ambulatory Surgical Centers (ASCs).

[Full Article »](#)**Headlines**

- [Hospital Compare Preview Reports now available](#)
- [Inpatient hospitals selected for FY 2015 validation](#)
- [Contact Help Desk regarding OOR pledge changes](#)
- [CMS seeks comment on conversion to ICD-10 specifications for OIE measures](#)
- [Inpatient Psychiatric Facility Quality Reporting webinar set for March 14](#)
- [New programs added to CMS Questions and Answers tool](#)
- [Notice of Participation Form available for Inpatient Psychiatric Facility Quality Reporting](#)
- [Cancer Measures Specifications published](#)
- [Members named to HVBP Monitoring and Evaluation Strategies Technical Expert Panel](#)

About QualityNet

Established by the Centers for Medicare & Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others.

QualityNet is the only CMS-approved website for secure communications and healthcare quality data exchange between: quality improvement organizations (QIOs), hospitals, physician offices,

Know the Security Policy

Before transmitting or receiving healthcare information or data, read the [QualityNet System Security Policy, PDF](#)

Questions & Answers

- Hospitals - Inpatient
- Hospitals - Outpatient
- Ambulatory Surgical Centers
- Inpatient Psychiatric Facilities
- PPS-Exempt Cancer Hospitals

Note: First-time registration required

Downloads

- CART - Inpatient
- CART - Outpatient
- CART Module Designer

Training

- QualityNet Training
- QualityNet Event Center
- Question and Answer Tool Training, WRF
- Transcript, PDF

- Established by the Centers for Medicare & Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others.
- QualityNet is the only CMS-approved website for secure communications (CART) and healthcare quality data exchange between: quality improvement organizations (QIOs), hospitals, physician offices, nursing homes, end stage renal disease (ESRD) networks and facilities, and data vendors.
- **Provides measure specification manuals**

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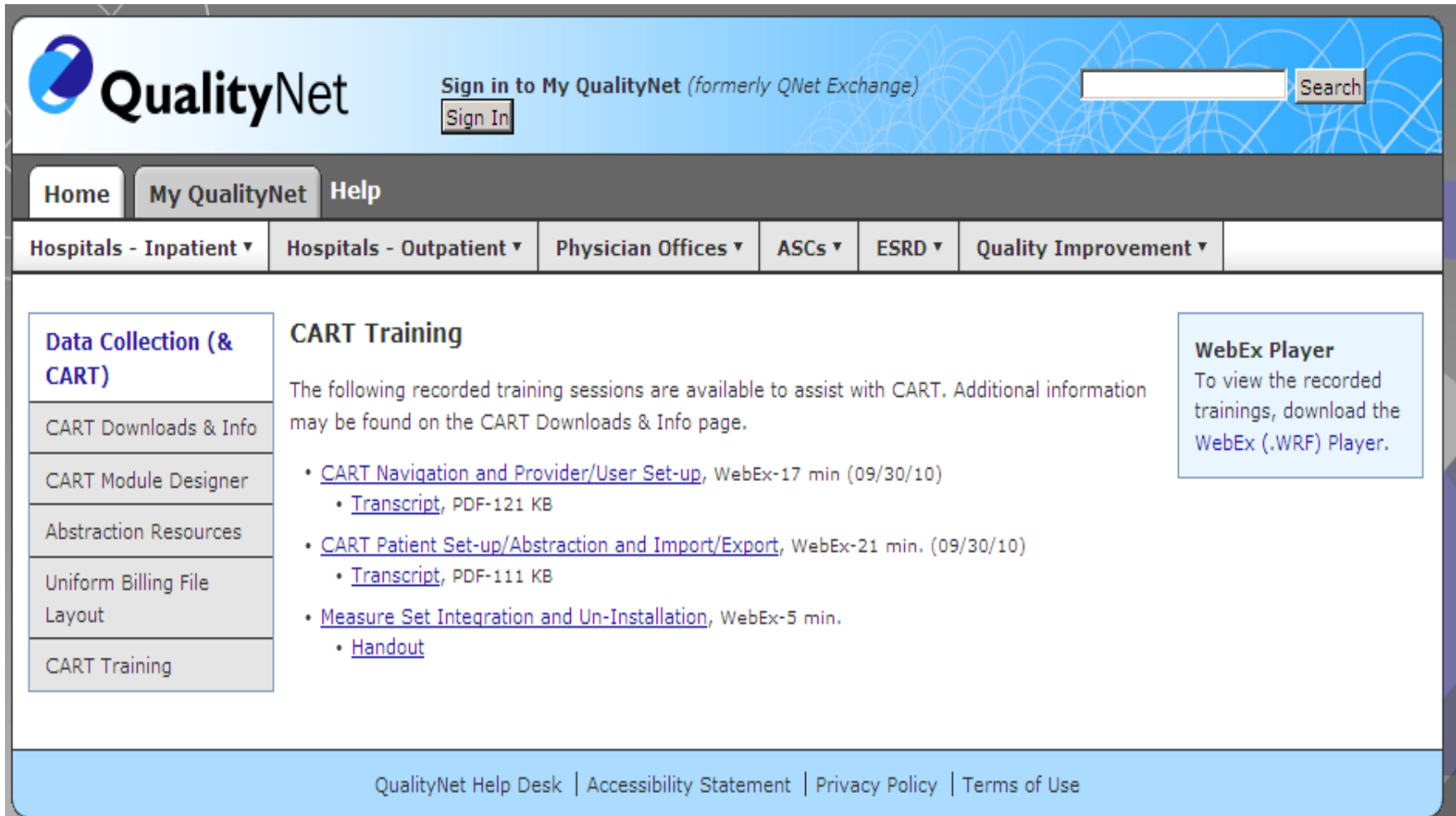
- **CART - CMS Abstraction & Reporting Tool**
 - Application for the collection and analysis of quality improvement data
 - Enables hospitals to evaluate and manage quality improvement efforts
 - Ideal for the data collection and analyses
 - Available at no charge to hospitals or other organizations

- **Available for Following Clinical Areas:**
 - Acute Myocardial Infarction (AMI)
 - Emergency Department (ED)
 - Heart Failure (HF)
 - Immunization (IMM)
 - Pneumonia (PN)
 - Surgical Care Improvement Project (SCIP)
 - Stroke (STK)
 - Venous Thromboembolism (VTE)

- CART is available for use on a stand-alone, Windows-based computer, in a computer network or in environments without computing resources (paper tool).

- Extensive login and password requirements
- Application times out after 10 minutes of inactivity
- Required to set up providers
 - Each hospital site, some health systems may have multiple hospitals
- Required to set up users
 - At least one user must be an administrator
 - Recommended to set up a back-up administrator

CART Training Available



The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a sign-in prompt: "Sign in to My QualityNet (formerly QNet Exchange)" with a "Sign In" button. Further right is a search bar with a "Search" button. Below this is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Underneath are several menu items: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "ESRD", and "Quality Improvement". The main content area features a left sidebar with a "Data Collection (& CART)" section containing links for "CART Downloads & Info", "CART Module Designer", "Abstraction Resources", "Uniform Billing File Layout", and "CART Training". The central content area is titled "CART Training" and contains a paragraph: "The following recorded training sessions are available to assist with CART. Additional information may be found on the CART Downloads & Info page." Below this paragraph is a list of three training sessions, each with a link to a transcript PDF. A right sidebar contains a "WebEx Player" section with the text: "To view the recorded trainings, download the WebEx (.WRF) Player." At the bottom of the page is a footer with links for "QualityNet Help Desk", "Accessibility Statement", "Privacy Policy", and "Terms of Use".

QualityNet Sign in to My QualityNet (formerly QNet Exchange) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices ASCs ESRD Quality Improvement

Data Collection (& CART)

- CART Downloads & Info
- CART Module Designer
- Abstraction Resources
- Uniform Billing File Layout
- CART Training

CART Training

The following recorded training sessions are available to assist with CART. Additional information may be found on the CART Downloads & Info page.

- [CART Navigation and Provider/User Set-up](#), WebEx-17 min (09/30/10)
 - [Transcript](#), PDF-121 KB
- [CART Patient Set-up/Abstraction and Import/Export](#), WebEx-21 min. (09/30/10)
 - [Transcript](#), PDF-111 KB
- [Measure Set Integration and Un-Installation](#), WebEx-5 min.
 - [Handout](#)

WebEx Player
To view the recorded trainings, download the WebEx (.WRF) Player.

QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use

CART Screen Shots

Welcome to the Quality Management System





Provider Information

Provider Summary

Name	Address 1	City	State	Zip	CMS Cert No

Provider Detail * = Required Field

Name*

Address 1*

Address 2

Zip*

City*

State*

CMS Cert No*

National Provider ID

Termination Date

HCOID

User Information

▼ User Summary

User ID	First Name	Last Name	User Type	Provider	Activation Date

▼ User Detail * = Required Field

User ID*

First Name*

Middle Name

Last Name*

User Type*

Reset Password/Unlock The Account

▼ Activation Detail

Activation Date*

Termination Date

▼ Provider Detail

Provider*

- Save Ctrl+S
- Save All Ctrl+Shift+S

- Undo Ctrl+Z
- Redo Ctrl+Y

- Close Provider Ctrl+O
- New Provider Ctrl+N

- Change Archive File Location
- Integrate Module(s)
- Uninstall Module(s)
- Exit

State	Zip	CMS Cert No
IA	11111	123456

Provider Detail * = Required Field

Provider Preferences

Time Period* 04/01/2010 - 09/30/2010 (1.8)

Please select measure set and measures. Please ensure your preferences in CART match your measure designations.
 +Stratified measures are selected and abstracted as one measure.
 A measure outcome will be provided for each stratification.

- AMI-T2 Lipid-Lowering Therapy at Discharge
 - HF
 - HF-1 Discharge Instructions
 - HF-2 Evaluation of LVS Function
 - HF-3 ACEI or ARB for LVSD
 - HF-4 Adult Smoking Cessation Advice/Counsel
 - PN
 - PN-2 Pneumococcal Vaccination
 - PN-3a Blood Cultures Performed Within 24 Ho
 - PN-3b Blood Cultures Performed in the Emerg
 - PN-4 Adult Smoking Cessation Advice/Counsel
 - PN-5 Antibiotic Timing (Median) (The Joint Co
 - PN-5c Initial Antibiotic Received Within 6 Hou
 - PN-6 Initial Antibiotic Selection for Communit
 - PN-6a Initial Antibiotic Selection for Communi
 - PN-6b Initial Antibiotic Selection for Communi
 - PN-7 Influenza Vaccination
 - SCIP
 - +SCIP-Inf-1a Prophylactic Antibiotic Receive
 - +SCIP-Inf-1b Prophylactic Antibiotic Receive
 - +SCIP-Inf-1c Prophylactic Antibiotic Receive
 - +SCIP-Inf-1d Prophylactic Antibiotic Receive
 - +SCIP-Inf-1e Prophylactic Antibiotic Receive
 - +SCIP-Inf-1f Prophylactic Antibiotic Receive
 - +SCIP-Inf-1g Prophylactic Antibiotic Receive



Patient x

Patient Information

Search

Field Name	Condition	Field Value
Patient Identifier	Contains	0200

Patient Summary

First Name	Last Name	Patient Identifier
CCC	xbyxkwy	0200

Abstraction

Add/Edit Abstraction for patient CCC xbyxkwy

Please select measure set(s) and measure(s)

+Stratified measures are selected and abstracted as one measure.
A measure outcome will be provided for each stratification.

- HOP-AMI
 - OP-1 Median Time to Fibrinolysis
 - OP-2 Fibrinolytic Therapy Received within 30 Minutes of ED Arr
 - +OP-3a Median Time to Transfer to Another Facility for Acute
 - +OP-3b Median Time to Transfer to Another Facility for Acute
 - +OP-3c Median Time to Transfer to Another Facility for Acute
 - OP-4 Aspirin at Arrival
 - OP-5 Median Time to ECG

< Back Next > Finish Cancel

1 > >> ↓

Detail * = Required Field

* CCC

* xbyxkwy

Female

01-01-1920

White

ethnicity* No

le* 11111

entifier* 0200

Hospital_1 - 123456

- Add Abstraction
- Add Patient
- Delete Patient

Objectives for today:

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- **Chart Abstraction- data falls out?**
- Current challenges and solutions

Chart Abstraction - data falls out?

- Paper-Based and CART Abstraction Tools are available
- Once the abstractions are complete, they are uploaded through CART to (QualityNet) CMS.
- Random chart validation surveys are conducted
- Hospital must pass chart validation with chart samples or the quality data for the quarter fails

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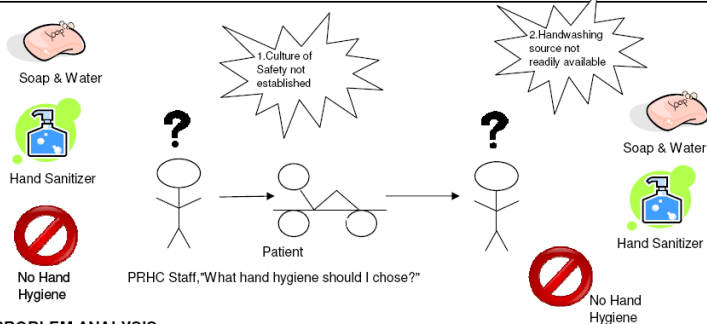
- **What is Lean Health Care?** It's about Adding Value and Recognizing Waste!
- “The relentless pursuit to reduce and eliminate waste.” - **Taiichi Ohno**
- **“Striving for Ideal:**
 - Exactly what the patient needs, DEFECT FREE!
 - One by one, customized to each individual patient
 - On Demand, exactly as requested
 - Immediate response to problems or changes
 - No waste
 - Safe for patients, staff & clinicians: Physically, Emotionally, Professionally”

Lean Health Care – Hand Washing A3 by Quality Council

ISSUE Increased spread of germs due to poor handwashing practices by PRHC personnel.

BACKGROUND Healthcare Associated Infections (HAI) affect nearly 2 million individuals annually in the United States and are responsible for approximately 80,000 deaths each year (IHI). Direct observation of handwashing at PRHC varies by department from 20-100% (Feb, 2008)

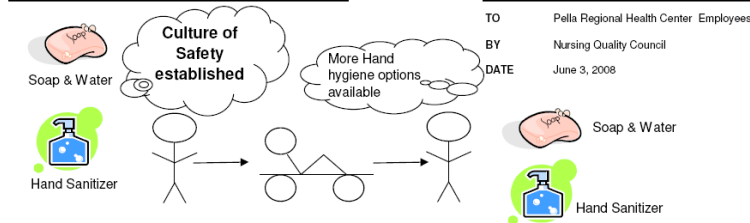
CURRENT CONDITION (Place drawing of process here.)



PROBLEM ANALYSIS

- 1 Culture of Safety not established.
 - Why? Lack of knowledge regarding infection rates at PRHC.
 - Why? Information not available to frontline staff.
 - Why? The need to know has not been established previously.
 - Why? With the advent of Shared Gov. frontline nrsng is taking a more active role with quality issues.
 - Why? The current practice is no longer considered to be the best practice.
 - Why? Patient expectations have demanded increased Quality performance by PRHC.
 - Why? Healthcare costs have increased.
 - Why? Over 2.5 Billion healthcare costs are attributable to MRSA. (APIC)
- 2 Handwashing sources not always readily accessible.
 - Why? Standards have increased the number of times hand hygiene is required.

TARGET CONDITION



TITLE Improving Hand Hygiene
TO Pella Regional Health Center Employees
BY Nursing Quality Council
DATE June 3, 2008

COUNTERMEASURES

1. Handwashing readily available.
2. Education to all Pella Regional Health Center staff.
3. Establish a hand hygiene monitoring system for Pella Regional Health Center.
4. Establish a culture of safety at Pella Regional Health Center.

IMPLEMENTATION PLAN

WHAT	WHO	WHEN	OUTCOME
1. Survey frontline staff input on sanitizer placement.	Quality Council (QC)	6/3/2008	Frontline staff input. Ongoing end
2. Education to ALL PRHC staff	Dept Mgrs, Cheryl & QC	by 1/1/2009	Increased awareness
3. Implement NEW Monitoring Policy	Dept Mgrs, Cheryl & QC	Ongoing	Increased compliance
4. Logo contest, poster pledge, personal contracts	Cheryl & QC	7/13/2008	Increased staff/pt & community
5. Just Culture Training	Sarah C.	Fall '08	awareness

COST

Education Costs
Marketing Costs

COST BENEFIT/WASTE RECOGNITION

Adverse infection prevention (IHI calculator)

TEST

FOLLOW UP

	1. Ongoing monitoring
	2. Press Ganey Survey Question
30 days - August 31, 2008	3. Monitor infection rate
60 days - September 30, 2008	
90 days - October 31, 2008	

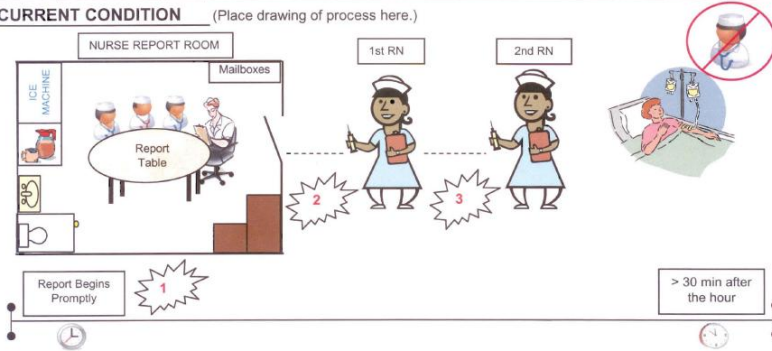
QA/RM-006

Patient Safety Component - National Patient Safety Goals - INFORM

ISSUE Patient care may be delayed due to nurse to nurse report taking longer than 30 minutes at end of shift.

BACKGROUND Nurse to Nurse report is given at end of each shift to pass on pertinent patient information to the oncoming shift - occurs at least 3 times daily. Report between shifts should take 30 minutes; currently takes 20-60 minutes. (2-4 nurses to report to)

CURRENT CONDITION (Place drawing of process here.)



PROBLEM ANALYSIS

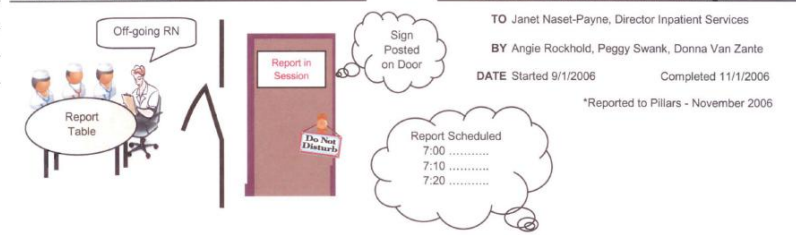
- 1 RN not available to give report**

 - Why? No schedule for report
 - Why? It has never been established - Report time schedule not specified
 - Why? No coverage available for off-going RN to attend report
 - Why? All oncoming staff involved in group report at one time
 - Why? Off-going staff busy finishing up end of shift work
 - Why? Coverage unspecified
- 2 Interruptions from other departments, staff into the report room**

 - Why? Report Room is public/multi-purpose for mailboxes, ice machine, coffee maker, bathroom, breaks.
 - Why? No space available on unit to separate out for multi-purposes.
 - Why? Interruptions during report time have always been allowed.
 - Why? Clear guidelines have not been specified officially or enforced.
- 3 Too much info given by off-going RN and too many questions asked by on-coming RN.**

 - Why? Staff unclear understanding/unaware of hand-off communication policy
 - Why? Competencies done earlier in year; staff may not remember
 - Why? Hand Off communication policy not clearly communicated
 - Why? Questions being asked by on-coming RN focus on IDT issues.
 - Why? Staff unsure about what questions should be asked at report versus IDT rounds.
 - Why? Report question allowance unspecified for report time.

TARGET CONDITION



TITLE Hand-Off Report RN to RN at Shift Changes

TO Janet Naset-Payne, Director Inpatient Services

BY Angie Rockhold, Peggy Swank, Donna Van Zante

DATE Started 9/1/2006 Completed 11/1/2006

*Reported to Pillars - November 2006

COUNTERMEASURES

1. Able to arrange coverage for RNs due to schedule specified for when RN will report to oncoming staff. Off-going staff will be aware of when expected for report and will be available.
2. Clear guidelines established for when report is in session - sign posted on door and enforced by requiring knocking if absolutely necessary to enter room, otherwise no intrusions allowed.
3. New Report - change of shift communication plan re-designed.

IMPLEMENTATION PLAN

WHAT	WHO	WHEN	OUTCOME
1. Schedule Report	Angie - Supervisor	9/15/2006	Predictability for nurses
2. Make sign for door.	Peggy - RN	9/15/2006	Notification to all who
3. Shift change report communication plan re-designed.	Peggy - RN	9/15/2006	
4. Staff education.	Angie, Donna, & Peggy	10/06 Staff Meeting	

COST BENEFIT/WASTE RECOGNITION

Total Estimated Cost Savings (Annual) = \$59,130

RN Time: \$18/hr (avg) x 3 RNs = \$54 x 1 hr = \$54/per shift report
 \$54 x 3/shift reports per day = \$162/day
 \$162/day x 365 days = \$59,130/year (potential cost savings per year)

TEST

Dry run pilot on 9/18/2006
 Go Live all staff on 11/20/2006

FOLLOW UP	DATE
December 20, 2006 - time comparisons since go live	
January 20, 2007	
February 20, 2007	
March 20, 2007	
Quarterly evaluation thereafter, report to PI Coordinator	QA/RM-006

National Patient Safety Goals - Fall Prevention

Health Information Technology
Regional Extension Center

Customized Fall Risk Assessment – (MediTech screen shot from 2009)

The total risk
score is
automatically
calculated as the
nurse documents.

View Fall Risk Assessment	
Fall Risk	
Diagnosis	<input type="radio"/> Category I <input type="radio"/> Category II <input type="radio"/> Category III Category I: Arthritis; Cardiac Arrhythmias Category II: Parkinson's; Anemia; Seizures; CHF; Dehydration; Hypoglycemia; History of Orthostatic Hypotension Category III: Post-op 24 hours; Parkinson's w/tremors; CVA w/paralysis; Visual/auditory; Syncope PATIENTS REQUIRED TO WEAR NON-SLIP STRIPS ON SOLES. PLEASE REMOVE ANY PERSONAL SOCKS THAT DO NOT HAVE NON-SLIP STRIPS ON SOLES.
Call Light Direction	<input type="radio"/> Uses Appropriately <input type="radio"/> Uses 50% of the Time <input type="radio"/> Unable to use/Not using
Cognitive/Judgement	<input type="radio"/> Oriented x 3 <input type="radio"/> Oriented x 2 <input type="radio"/> Oriented x 1 Oriented x 2: Dementia/Cooperative; Needs verbal cues Oriented x 1: Impulsive and/or history of altered mental/neuro status. May require constant supervision.
Fall History	<input type="radio"/> None <input type="radio"/> x 1 in Past Month <input type="radio"/> x 2 or more in Past Month
Locomotion	<input type="radio"/> Pushes Up x 1 Attempt <input type="radio"/> Multi Attempts/Successful <input type="radio"/> Unable to rise w/o Assist Get up and Go test
Transfers	<input type="radio"/> Independent/Modified <input type="radio"/> Supervision/Minimal Assis <input type="radio"/> Mod/Max/Total Assist Independent/Modified Independent: cane, walker.
Patient Care Equipment	<input type="radio"/> 1 Care Item <input type="radio"/> 2 Care Items <input type="radio"/> 3 Care Items Patient Care Equipment: IV, chest tube, NG, foley, etc.
Elimination	<input type="radio"/> 0-1 Risk Factors <input type="radio"/> 2-3 Risk Factors <input type="radio"/> > 4 Risk Factors Risk Factors: urgency, incontinence, laxatives, diuretics, diarrhea
Medications	<input type="radio"/> 0-2 Medications <input type="radio"/> 3-4 Medications <input type="radio"/> 5 or > Medications Narcotics and non-narcotic analgesics; Sedatives/hypnotics/anti-anxiety/sedating anti-histamines; Anti-psychotics; Cardiovascular medications; Anti-epileptics; Anti-parkinson agents; Muscle relaxants; Anti-emetics
Fall Risk Total Score	 (0.0 - 27.0 points)
Fall Risk Level	<input type="radio"/> Minimal Risk <input type="radio"/> Moderate Risk <input type="radio"/> Maximum Risk (Purple) Minimal Risk: 8-10 points Moderate Risk: 11-16 points Maximum Risk (Purple): 17-27 points
Pharmacy Referral	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/> Notify Pharmacy of Fall Risk/Poly Pharmacy
Fall Risk Teaching	
PT/Family Education on Fall Risk/Interventions	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Comment	
Fall Risk Comment	<input type="text"/>

Solution – Be Proactive!

- **Failure Mode Effects Analysis** (FMEA) - is conducted as a facility proactive approach to prevent system failures.
- **Root Cause Analysis** (RCA) - is conducted as a facility reactive approach to ask “Why?” and find the root cause of system failures, in order to prevent the system failures.

Questions?

Thank you!

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