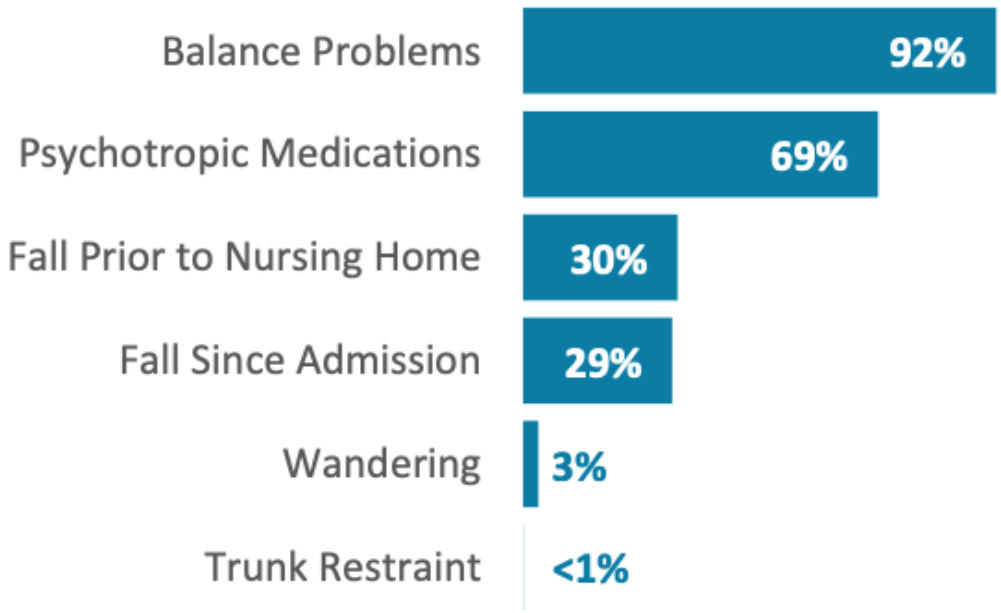
9-22-25 Weekly Clinical Update

On Friday, September 19th McKnights News led with this headline: “Nursing homes fail to report 43% of major falls: Behind OIG’s findings”. The article goes on to say: “The Health and Human Services Office of Inspector General examined a year’s worth of MDS assessments and linked Medicare claims to assess whether falls resulting in major injury and hospitalization were reported in the MDS.

Nearly half of serious falls were not captured in MDS, suggesting that a publicly available falls quality measure “may substantially underestimate how often nursing home residents actually fell,” the OIG said.” And “…some changes are already underway as CMS looks to increase oversight, including an RAI User’s Manual update that takes effect Oct. 1. Instructions for coding major injury falls now says that category includes, but is not limited to, traumatic bone fractures, joint dislocations/ subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries and crush injuries.” “…OIG encouraged providers to better document falls in the MDS but also to act on risk assessments. The MDS assesses six risk factors for falls, and one or more of those factors had been identified for 98% of residents whose falls with major injury and hospitalization were captured in the study.”



Additionally, the article goes on to reference the 2025 National Falls Prevention Action Plan. This plan was developed by the National Council on Aging and includes six key goals.

https://assets.ncoa.org/ffacfe7d-10b6-0083-2632-604077fd4eca/8dd5d7b0-b98f-48f2-a484-989d9e339f4a/2025_National_Falls_Prevention_Action_Plan.pdf "The action plan is a product of a collaborative process guided by NCOA and falls prevention leaders, with input from professionals across many sectors".

The plan includes six goals and priorities to reduce and prevent the number of falls experienced by older Americans including:

1. **Expand public awareness, messaging and advocacy** by funding and creating a sustained, highly coordinated, multi-year, multimedia communications campaign that increases and reframes awareness about falls, builds knowledge about how to prevent falls, and expands demand for evidence-informed interventions.

2. **Broaden funding across sectors** by expanding and coordinating spending at the national, state and local levels on falls prevention awareness, screening, assessment, intervention and management and improve the capacity of health care and community providers to obtain funds from government, health systems, insurers, and philanthropy to achieve their aims.

3. **Scale evidence-based and proven interventions** by increasing the number of evidence-based clinical interventions and community-based prevention programs with sizes and capacities sufficient to meet the needs of people at risk of falls, particularly those in historically underserved communities and those with the greatest social and economic need.

4. **Drive more clinical and community partnerships** by creating the seamless infrastructure needed to support partnerships among clinical providers and community-based, aging network, public health, and other social service providers and systems to prevent and reduce falls.

5. **Generate new technologies and expand access to existing technologies** by engaging a wide range of public and private partners so that products meet the unique needs of older people and are accessible to them no matter who they are or where they live.

6. **Improve data** by increasing the quality and range of information, both quantitative and qualitative, about why older people fall and under what circumstances (the functional, activity, environmental, and personal factors), and whether older people of different economic, racial, and social backgrounds fall for different reasons; and **expand research** via longitudinal (e.g., lasting 10 years) studies with participants who are heterogeneous with respect to age, level of frailty, existing medical conditions, and settings.

So what does this mean for long term care providers? Fall prevention isn't just about avoiding accidents, but rather it is about preserving dignity, independence, and quality of life. AHRQ provides the following "evidence-based best practices" for facilities to use when developing solid processes related to fall prevention, rather than reacting/responding to falls. www.ahrq.gov

- Comprehensive Risk Assessment
    - Conduct within 24 hours of admission, after any fall, with change in condition & quarterly including:
        - Gait, balance & strength
        - Cognitive status & behavioral symptoms
        - Vision & hearing
        - Medication side effects (especially psychotropics, antihypertensive, diuretics
        - Environmental hazards & equipment safety
- Individualized Care Planning
    - Interdisciplinary input: Involve nursing, therapy, pharmacy, and social services.
    - Resident-centered: Include resident and family preferences in planning.
    - Examples of interventions:
        - PT/OT for strength and mobility
        - Medication reviews to deprescribe fall-risk drugs
        - Visual aids and hearing devices
        - Bed/chair alarms only when clinically justified
- Environmental Safety Rounds
    - Daily checks for:
        - Clutter, poor lighting, uneven flooring
        - Properly fitted assistive devices
        - Safe footwear and clothing
    - Proactive monitoring: Staff observe for unsafe behaviors and intervene early
- Post-Fall Investigation & Root Cause Analysis
    - Within 24 hours: Assess physical, cognitive, and environmental contributors
    - Document thoroughly: Use structured templates to guide re-evaluation
    - Revise care plan: Based on findings, not just incident reporting
- Staff Training & Culture of Safety
    - Initial and ongoing education: On fall risks, safe transfers, and de-escalation techniques
    - Gamified learning: Use badges or progress tracking to boost engagement
    - No-blame culture: Encourage reporting and learning from near misses
- Technology & Innovation
    - QR-coded video profiles: Help staff understand resident mobility and preferences
    - Voice-to-text documentation: Capture real-time observations

    - Sensor-based monitoring: For high-risk residents, with alerts integrated into workflows
- Family & Resident Engagement
    - Education sessions: On fall risks and prevention strategies
    - Shared decision-making: Especially for cognitively impaired residents
    - Transparency: Share fall data trends and improvement efforts