

## 2023 Medicaid Quality Incentive Measure

<b>Measure 8</b>	<b>Ryan Robertson</b>
<b>Contact Person</b>	<b>Ryan Robertson</b>
<b>Measure Name:</b>	Behavioral Health Fall Prevention and Harm Reduction
<b>Measure eligibility:</b>	Psychiatric hospitals and hospitals with an inpatient behavioral health unit
<b>Why?</b>	Many psychiatric organizations have yet to implement NDNQI-endorsed definitions for falls, so this measure provides the opportunity to support this transition. For 2023, medical facilities will not be submitting falls data for MQI purposes but are encouraged to continue to report the data for long-term benchmarking.
<b>Clinical Rationale:</b>	<p>The NDNQI defines a patient fall as an unplanned descent to the floor that may or may not result in injury. Falls are consistently listed as one of The Joint Commission’s “Top 10” Sentinel Events reported to the database, with patient falls being the single largest reported harm in 2021. For 2023, this MQI measure is going to focus specifically on behavioral health settings as those areas are still working to implement NDNQI recommendations.</p> <p>Addition of Intentional Falls-An intentional fall event occurs when patient age 5 or older falls on purpose or falsely claims to have fallen. Patients may fall intentionally or falsely claim to have fallen for various reasons, including seeking attention or obtaining pain medication. It is important to add this type of fall as it is recommended by the NDNQI endorsed by the National Quality Forum.</p> <p><b>Selected References:</b></p> <ol style="list-style-type: none"> <li>1. The Joint Commission (2022, March). Sentinel Event data released for 2021. <i>Joint Commission Online</i>. <a href="#">Sentinel Event data released for 2021   The Joint Commission</a></li> <li>2. NDNQI. (2020, January). Guidelines for Data Collection and Submission On Patient Falls Indicator. <a href="#">Patient Falls Indicator (nursingquality.org)</a></li> <li>3. Quigley, P. (2019, June). Building Clinical Capacity and Competency: Fall and Fall Injury Prevention. Medbridge. <a href="#">Building Clinical Capacity and Competency: Fall and Fall Injury Prevention - MedBridge (medbridgeeducation.com)</a></li> <li>4. <a href="#">WSHA Fall prevention support for member hospitals. (September 3, 2021)</a></li> </ol>
<b>Definition:</b>	Definitions for falls can be found here: <a href="#">Patient Falls Indicator (nursingquality.org)</a>
<b>Included Populations:</b>	All patients admitted to inpatient behavioral health units and patients at freestanding psychiatric facilities.
<b>Exclusions:</b>	No exclusions.
<b>Fields to be reported:</b>	<p>Total number of each of the 7 identified categories in any licensed care area within the facility during the calendar month.</p> <ul style="list-style-type: none"> <li>• All Falls – total number of all facility falls, with or without injury (whether assisted by a staff member or not)</li> <li>• Post Fall Huddle Completion</li> <li>• Type of fall</li> <li>• New For BH is the intentional falls types for the 2023-2024 year.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Age of patient</li> <li>• Repeat Fall</li> <li>• Gender of patient</li> <li>• Location of fall</li> </ul>										
<b>Data Collection period:</b>	July 1, 2023 - December 31, 2023										
<b>Reporting deadline:</b>	30 days after the close of the performance period or by January 31, 2024.										
<b>Audits and validation: Do not change</b>	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.										
<b>Submission Frequency:</b>	Monthly (every month for the six months of the performance period from July 1, 2023, to December 31, 2023).										
<b>Data collection system:</b>	Washington State Hospital Association Quality Benchmarking System, QBS.										
<b>Data Scoring:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Thresholds</th> <th style="text-align: center;">All Falls</th> <th style="text-align: center;">Post Fall Huddle Completion documented with each fall</th> <th style="text-align: center;">Fields 3 through 5 are to be reported with each fall (see above)</th> <th style="text-align: center;">Fields 6 and 7 are to be reported with each fall (see above)</th> </tr> </thead> <tbody> <tr> <td><b>Point Awards 2023</b></td> <td style="text-align: center;">2 points</td> <td style="text-align: center;">60-79% = 1pt ≥80% = 2pts</td> <td style="text-align: center;">60-79% = 1pt ≥80% = 3pts</td> <td style="text-align: center;">60-79% = 1pt ≥80% = 3pts</td> </tr> </tbody> </table>	Thresholds	All Falls	Post Fall Huddle Completion documented with each fall	Fields 3 through 5 are to be reported with each fall (see above)	Fields 6 and 7 are to be reported with each fall (see above)	<b>Point Awards 2023</b>	2 points	60-79% = 1pt ≥80% = 2pts	60-79% = 1pt ≥80% = 3pts	60-79% = 1pt ≥80% = 3pts
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