OASAC – Presentation of Critical Event Reports of Falls

November 19, 2018

Reporting of Critical Events

- Federal CMS requires states that operate a 1915 (c) Medicaid Waiver to provide assurances, including assuring the health, welfare and safety of Waiver participants.

- IDoA implemented an automated Critical Event Reporting Application (CERA) in July, 2017 as required by CMS.

- States have the flexibility to define the critical events that must be reported, however; all states must have a system for reporting abuse, neglect, exploitation, and unanticipated deaths.

- IDoA included falls in its definition of reportable critical events due to the poor outcomes associated with falls in the elderly population.

Why include falls in the definition of reportable critical event types?

➤According to the U.S. Centers for Disease Control and Prevention:

- One in four Americans aged 65 plus falls each year.

- Every 11 seconds an older adult is treated in an emergency room for a fall, and every 19 minutes an older adult dies from a fall.

➤In 2014, the total cost of all fall injuries was $31 billion.

➤Falls reduce Seniors' ability of living independently.

Fall Related Event Data – 7/12/17 – 10/17/18

- IDoA has received 43,526 reports across all event types, totaling to 50,790 reportable critical incidents (by definition.)

- Of the 50,790 critical incident reports, 23,055 were related to distinct participants.

- Of the 50,790 reports, 4,728 reports were for falls without injury and 3,533 reports were for falls with injury.

- Of the 8,261 reports of falls, 5,424 were related to distinct participants.

- 15% of falls were associated with an Emergency Department (ED) visit

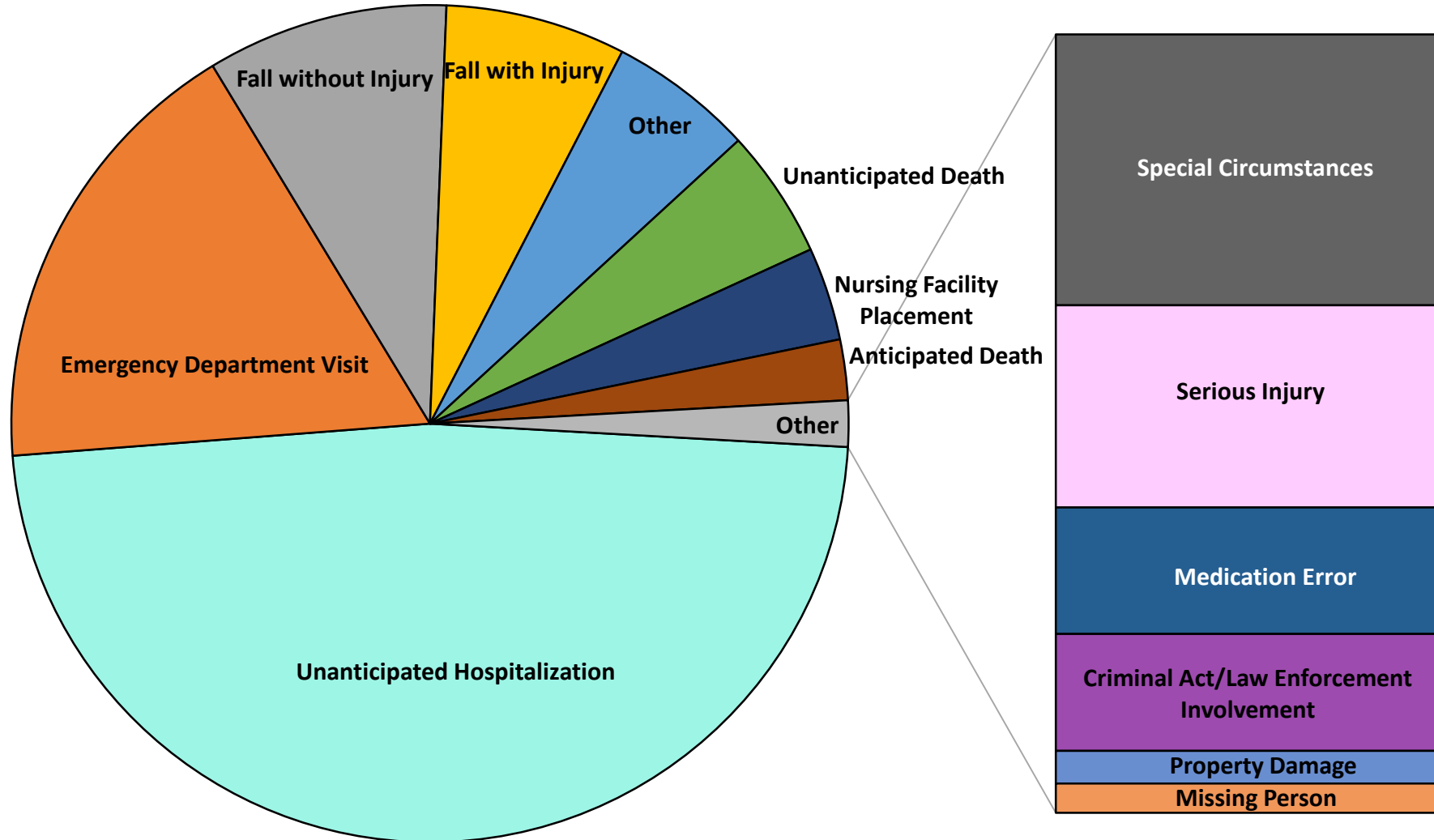- 16% of falls were associated with an Unanticipated Hospitalization (UH)
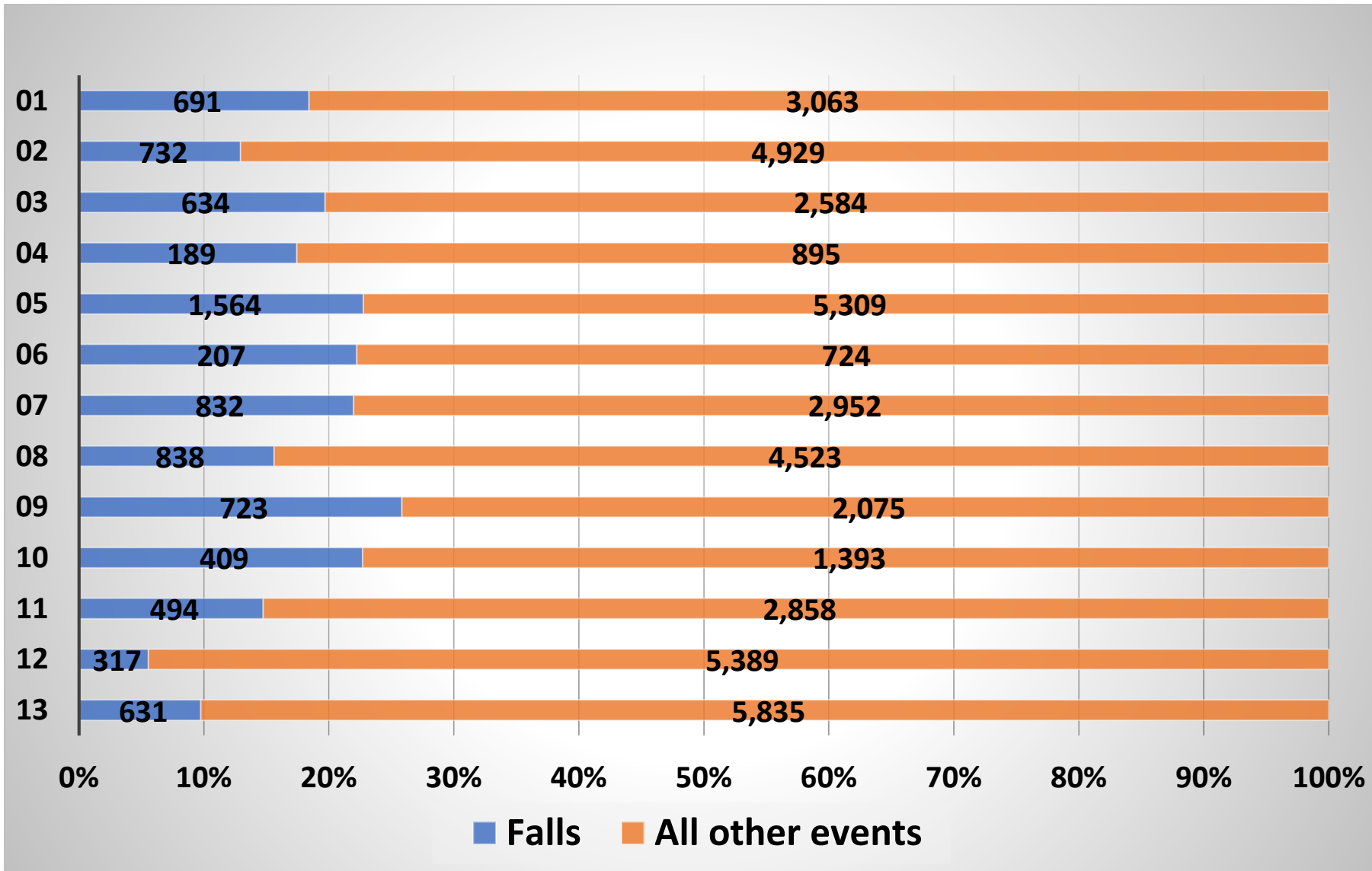
Breakdown of Falls Information
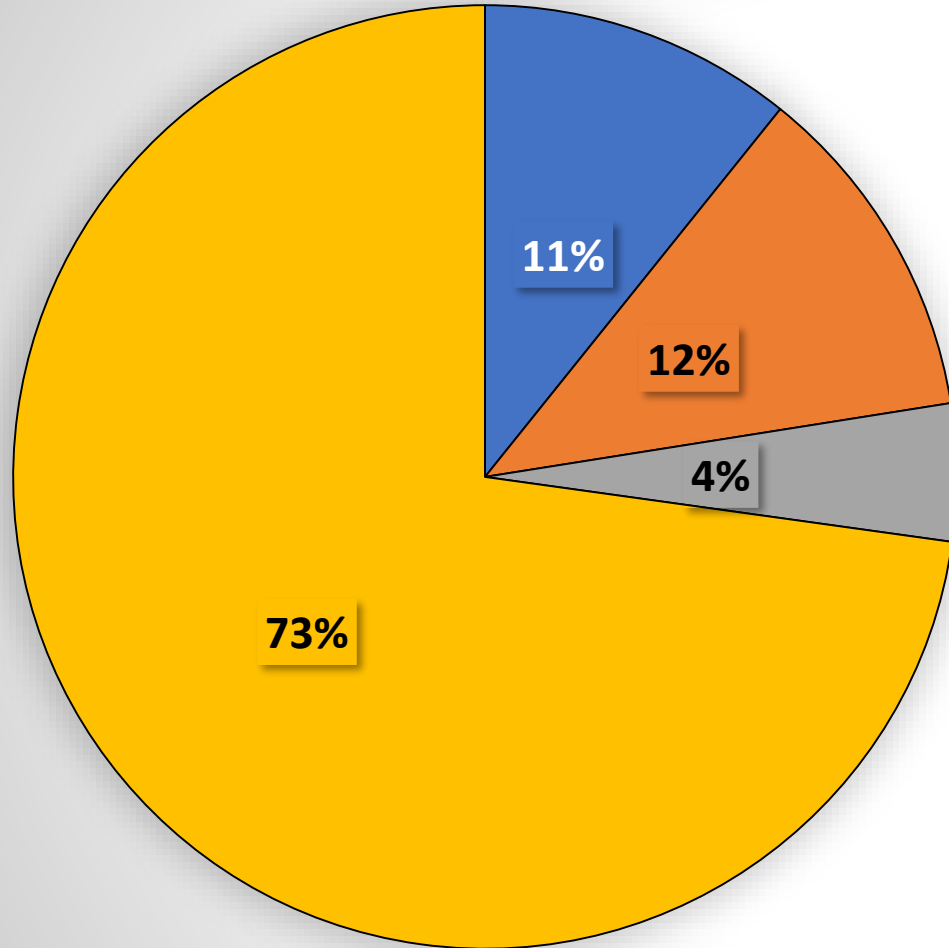
- **Falls with Emergency Department only** — 11%
- **Falls with Unanticipated Hospitalization only** — 12%
- **Falls with both** — 4%
- **Falls with neither** — 73%

Breakdown of Critical Incidents

(Overlap occurs between incident types)

Reported falls by PSA

PSA	Falls	All other events
01	691	3,063
02	732	4,929
03	634	2,584
04	189	895
05	1,564	5,309
06	207	724
07	832	2,952
08	838	4,523
09	723	2,075
10	409	1,393
11	494	2,858
12	317	5,389
13	631	5,835

This chart shows the percentage of falls out of the total event reports.

For example, in PSA 09, 25% of the reports were related to a fall.

# Number of falls per participant 7/12/17 – 10/17/18

- Of the CCP participants who reported a fall...
  - 4,006 or 73.86% experienced one fall
  - 837 or 15.43% experienced two falls
  - 301 or 5.55% experienced three falls
  - 113 or 2.08% experienced four falls
  - 167 or 3.08% experience 5+ falls
- One CCP participant reported as many as 40 falls

Distinct Participants by Number of Falls

- 1 Fall - 4,006
- 2 Falls - 837
- 3 Falls - 301
- 4 Falls - 113
- 5+ Falls - 167

74%
15%
6%
2%
3%
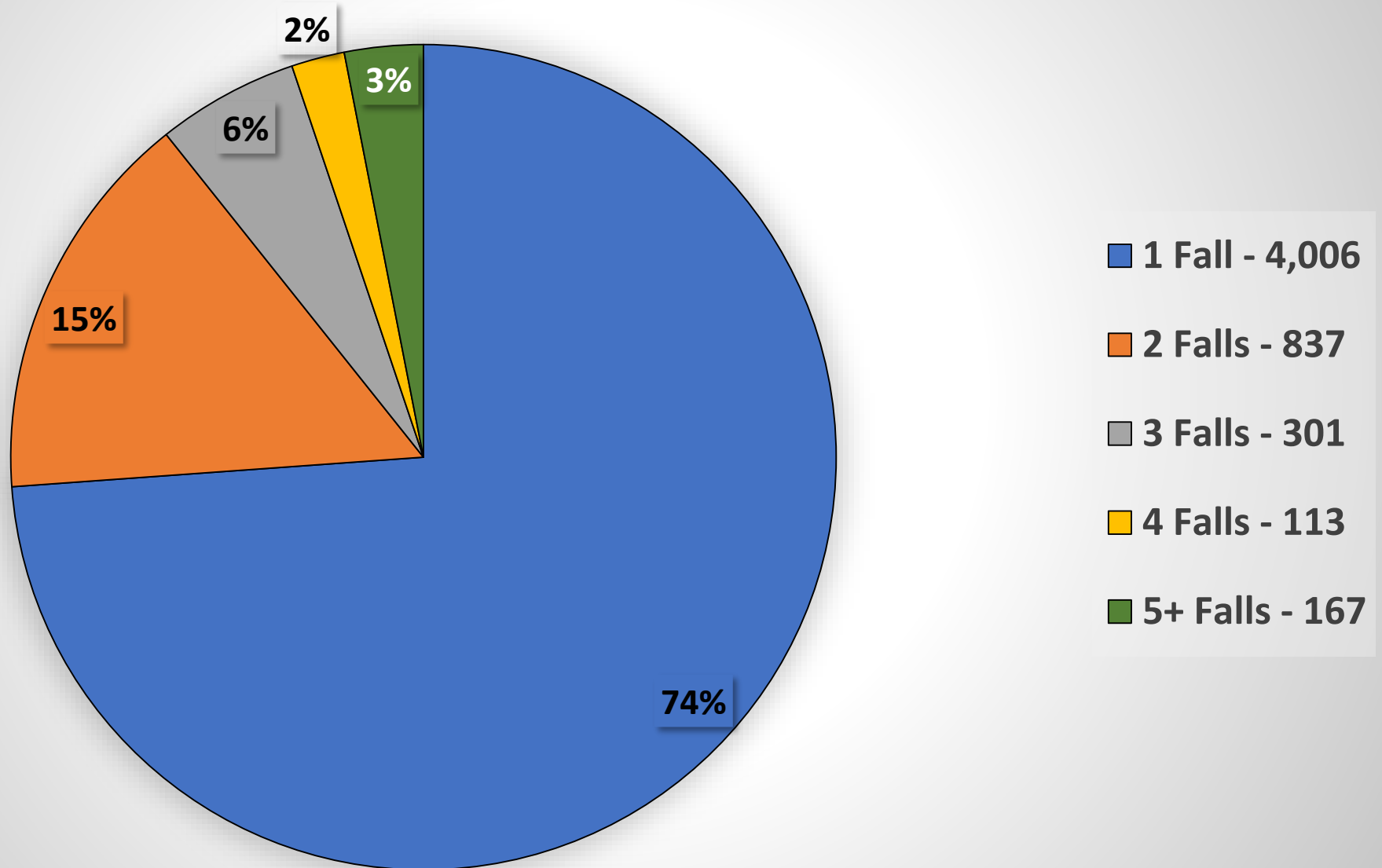
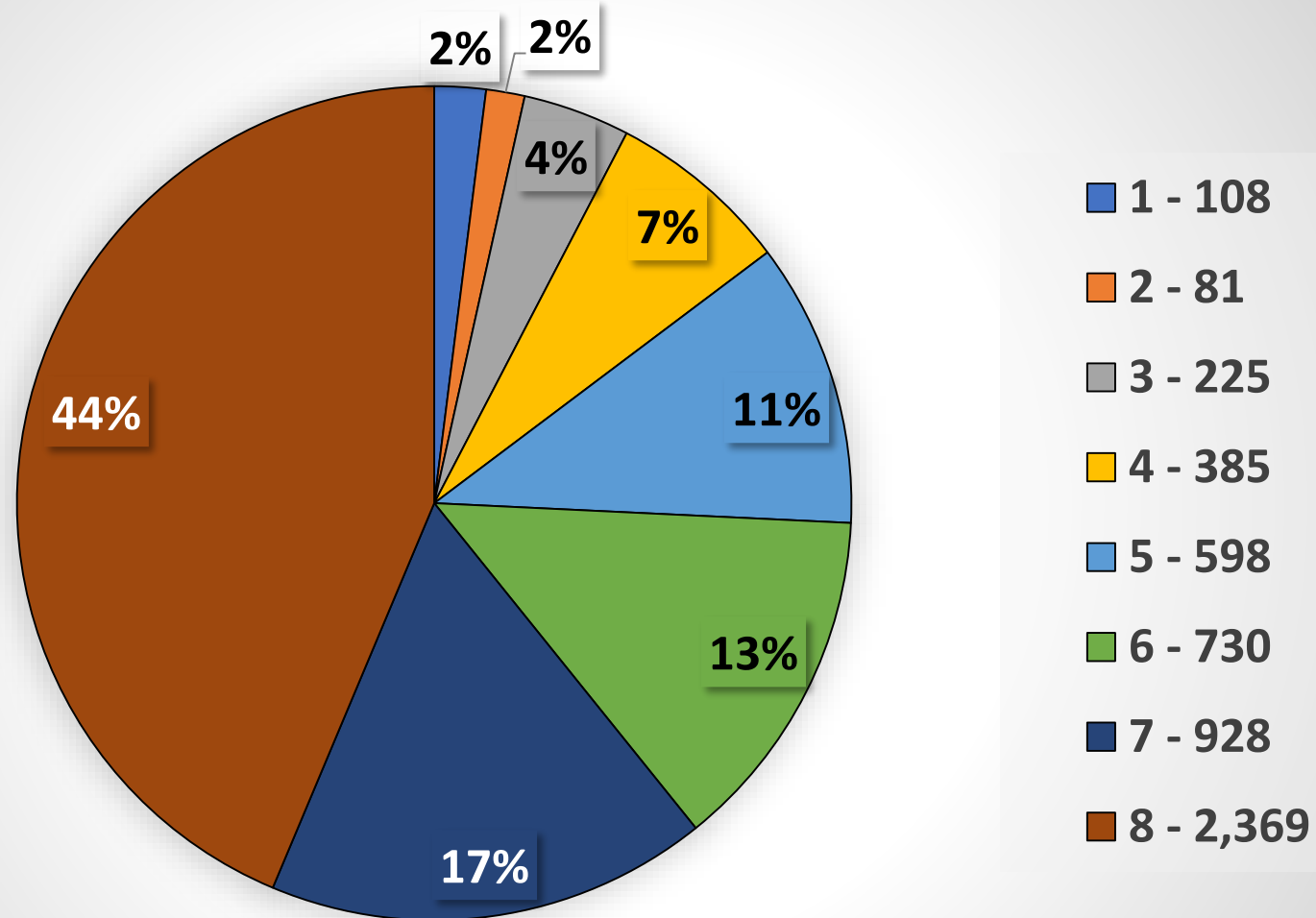# Out of the 5,424 distinct participants with falls
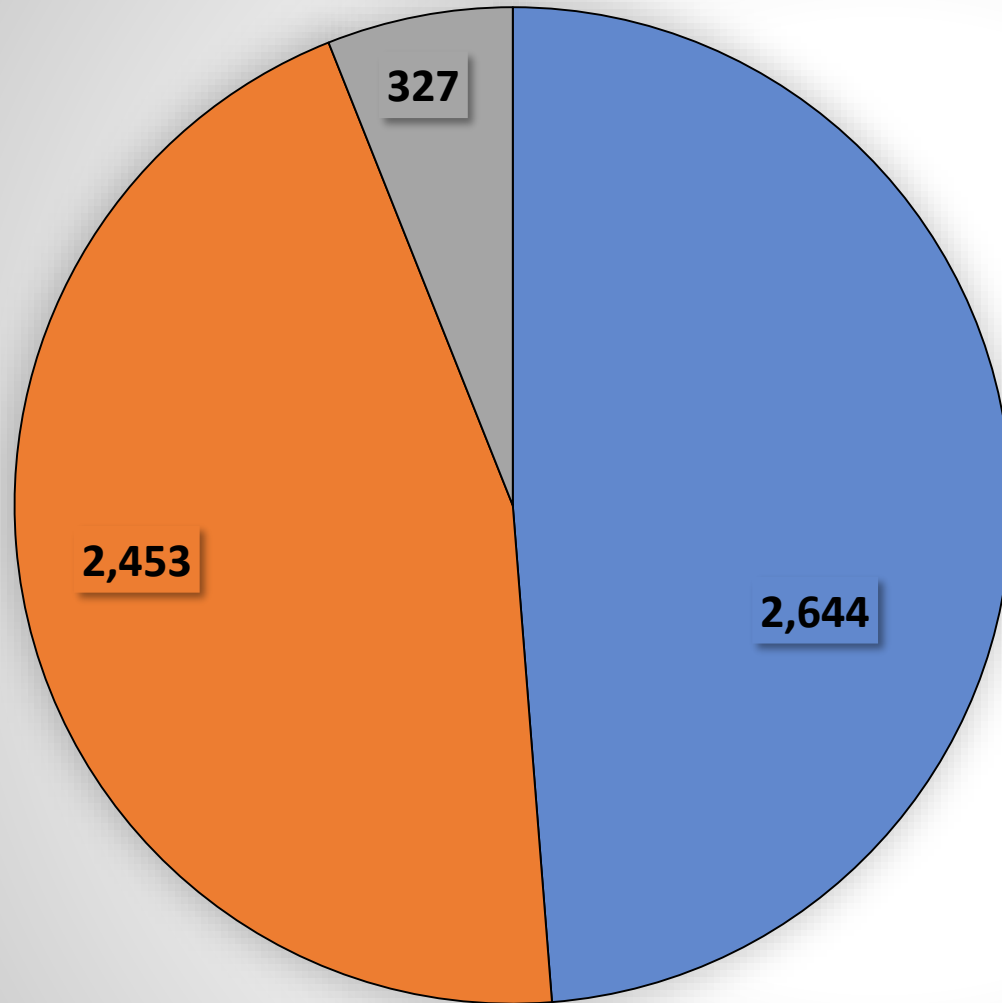
Legend:
- Participant had a fall without injury and later had at least one fall that resulted in an injury — 2,644
- Participant only had falls with no injuries — 2,453
- Participant had a fall with an injury and later had at least one fall that did not result in an injury — 327
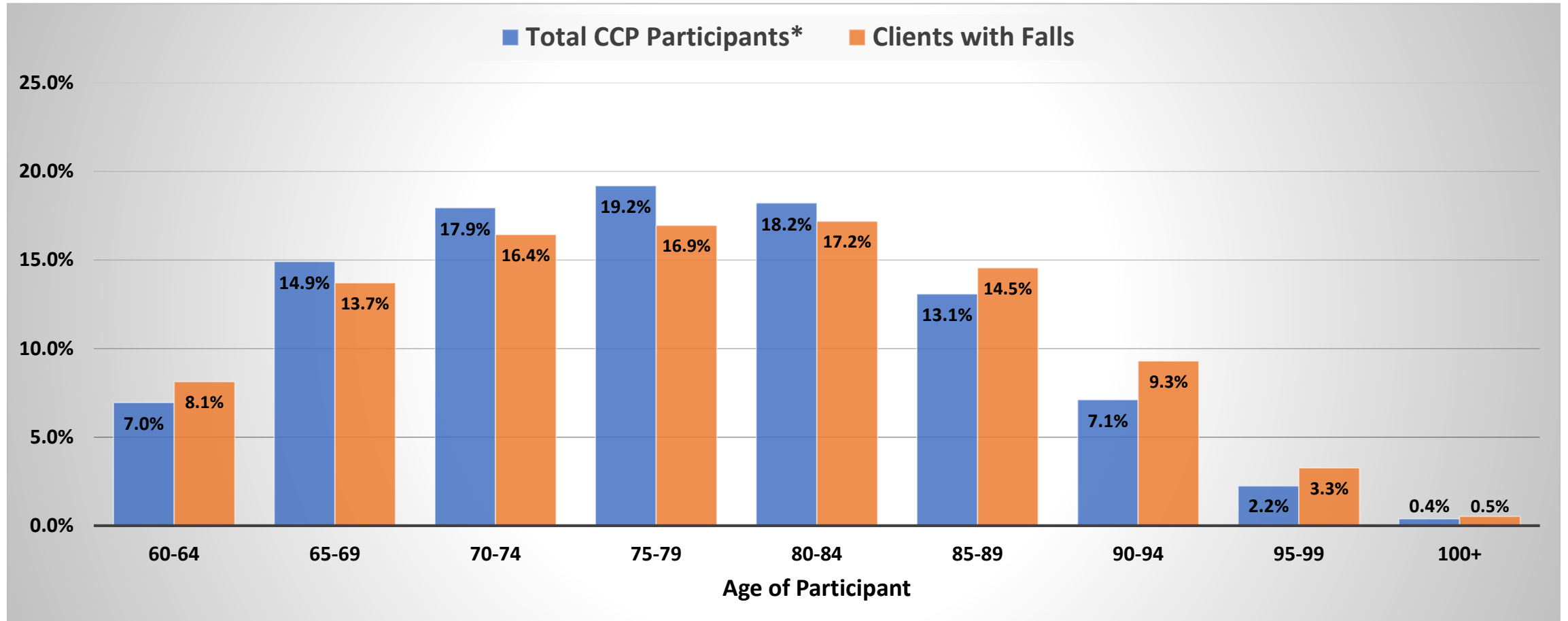
Characteristics of CCP participants that experienced a fall with/without injury

- Top impairments for CCP participants that have experienced a fall:
    1) Arthritis – 4,221
    2) High blood pressure – 3,394
    3) Heart related condition – 2,985
    4) Gastrointestinal 2,525
    5) Respiratory/lung – 2,516
    6) Bladder/Bower issues – 2,176
    7) Hearing impairment – 1,729
    8) Visual impairment – 1,672
    9) Cancer – 1,254
    10) Kidney problems – 1,204
    11) Uses walker/cane – 1,193

Number of impairments for CCP participants that have experienced a fall

Legend:
- 1 - 108
- 2 - 81
- 3 - 225
- 4 - 385
- 5 - 598
- 6 - 730
- 7 - 928
- 8 - 2,369
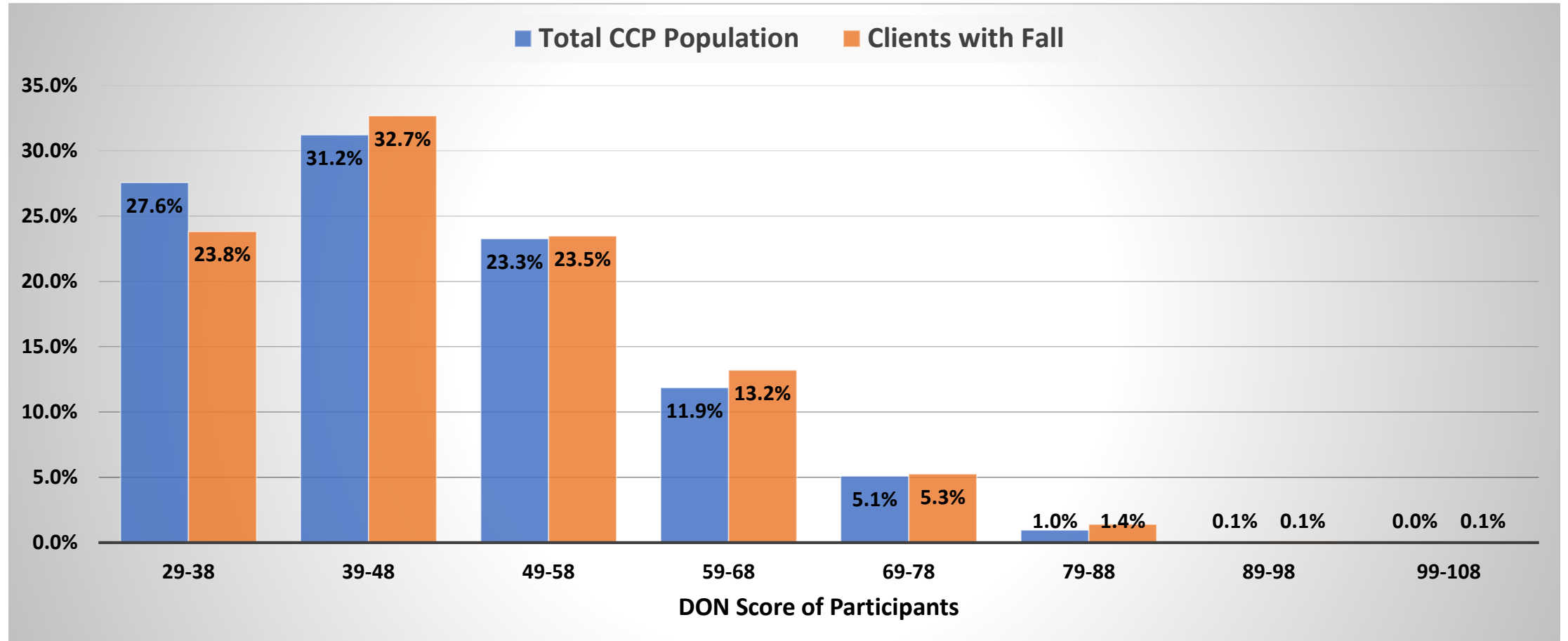
Pie chart values: 2%, 2%, 4%, 7%, 11%, 13%, 17%, 44%

Age of CCP participants that have experienced a fall
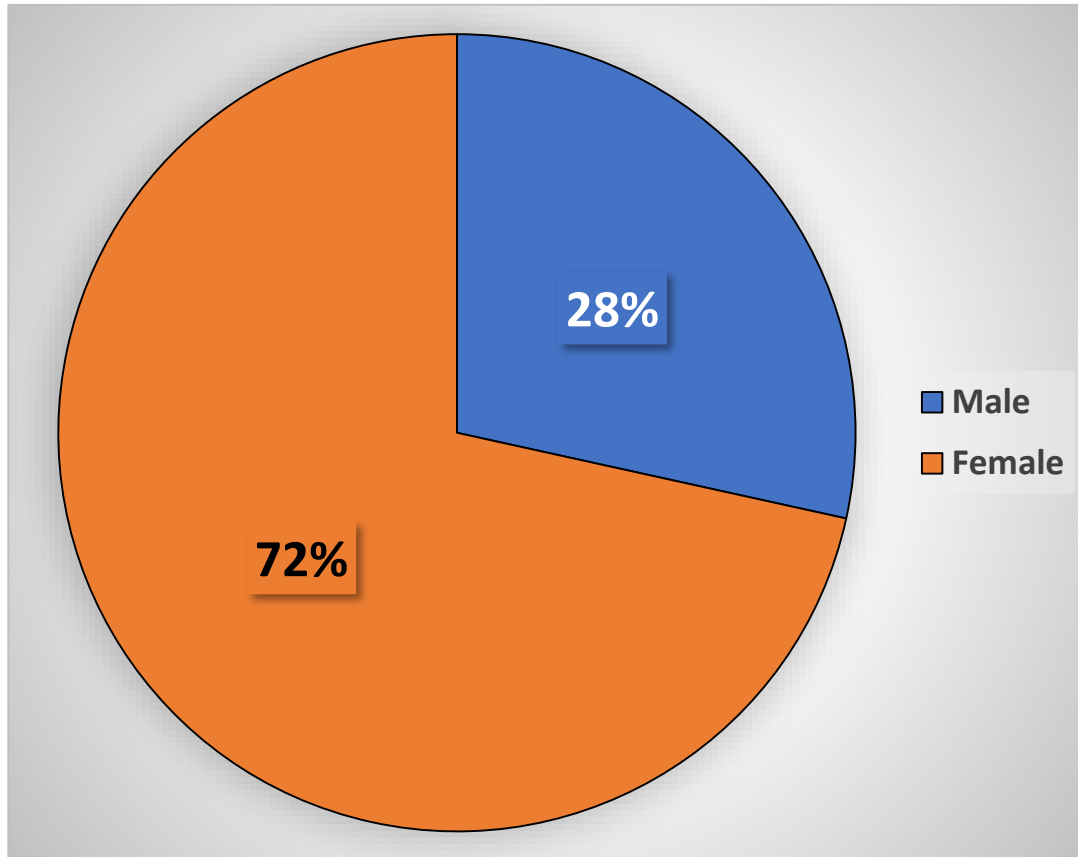

*Participants that received a service within the last 6 months – 73,563

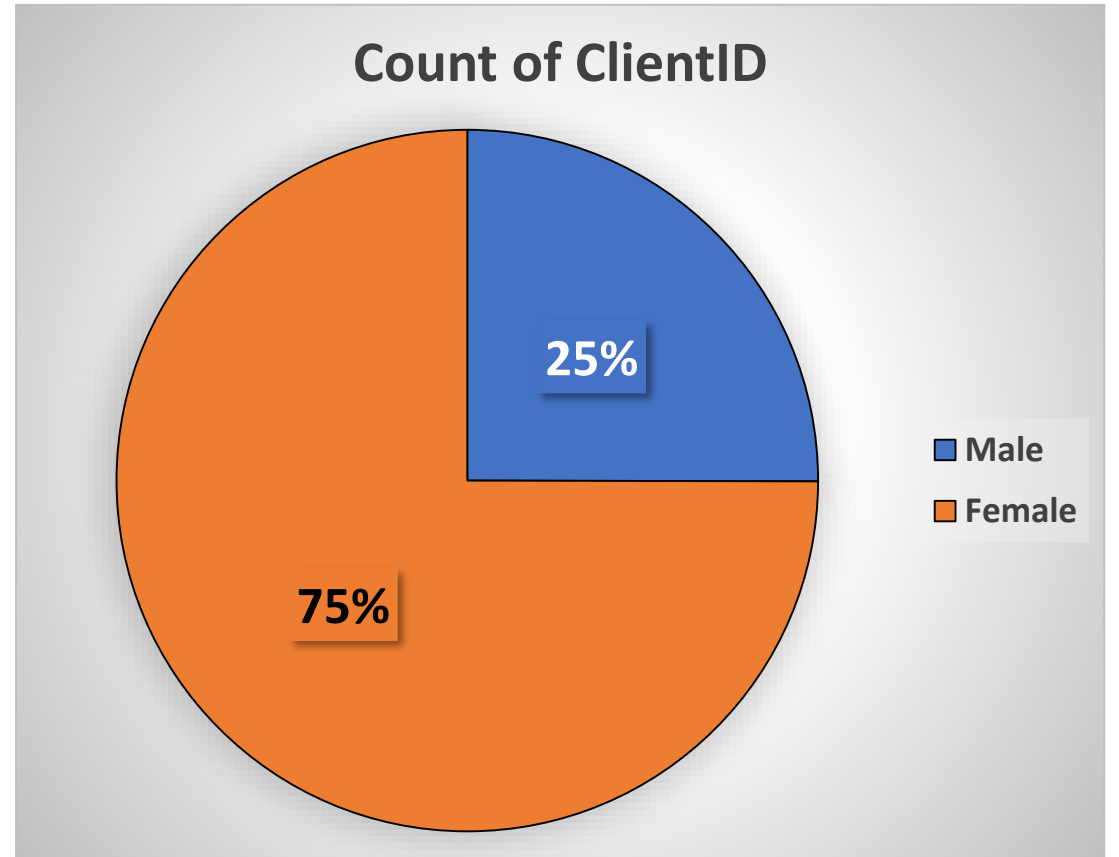# DON scores for CCP participants that have experienced a fall

Total CCP Population   Clients with Fall

DON Score	Total CCP Population	Clients with Fall
29-38	27.6%	23.8%
39-48	31.2%	32.7%
49-58	23.3%	23.5%
59-68	11.9%	13.2%
69-78	5.1%	5.3%
79-88	1.0%	1.4%
89-98	0.1%	0.1%
99-108	0.0%	0.1%

DON Score of Participants

Gender

Total CCP Population

28%

72%

- Male
- Female

Clients with Falls

Count of ClientID

25%

75%

- Male
- Female

Race/Ethnicity

Total CCP Population

- White — 47%
- Black — 36%
- American Indian, Alaskan Native — 0%
- Hispanic — 7%
- Asian or Pacific Islander — 7%
- Other — 3%

Clients with Falls

- White — 84%
- Black — 10%
- American Indian, Alaskan Native — 0%
- Hispanic — 2%
- Asian or Pacific Islander — 3%
- Other — 1%
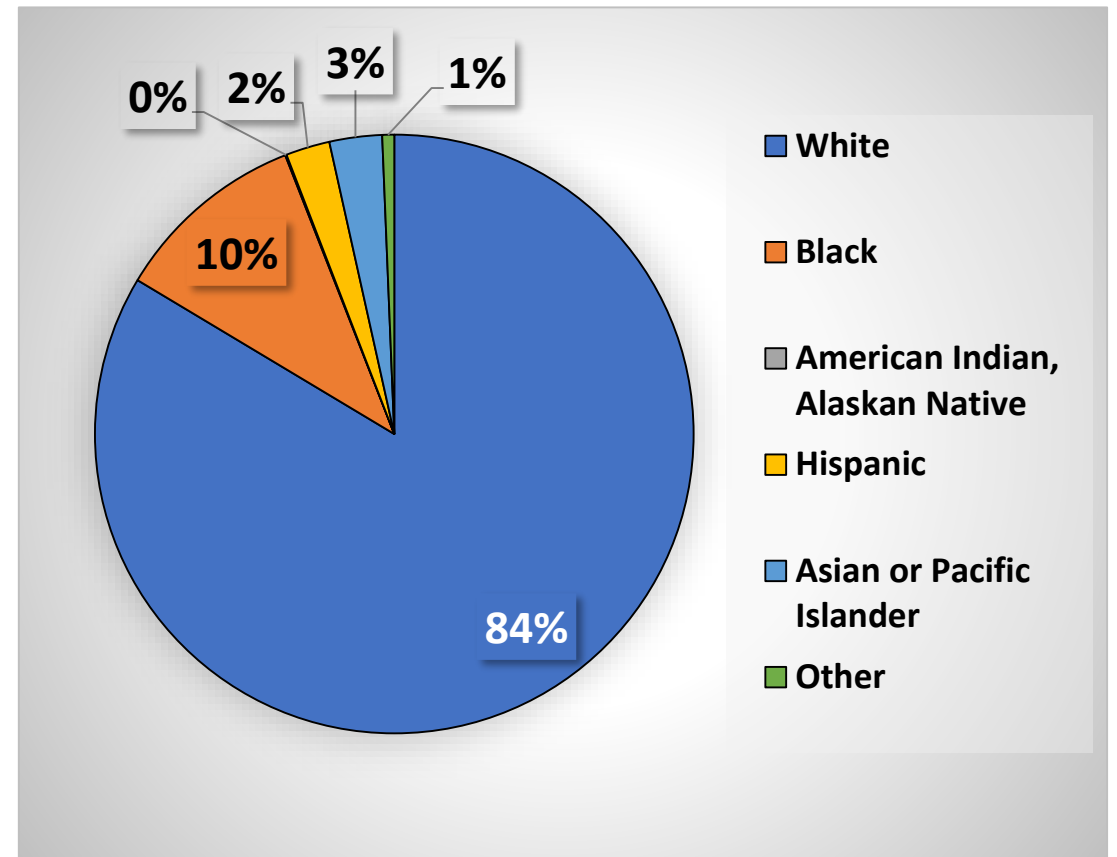
Marital Status

Total CCP Population

Married 23%
Divorced 19%
Separated 3%
Never Married 10%
Widowed 44%
Other 1%

Clients with Falls

Married 17%
Divorced 23%
Separated 2%
Never Married 8%
Widowed 49%
Other 1%
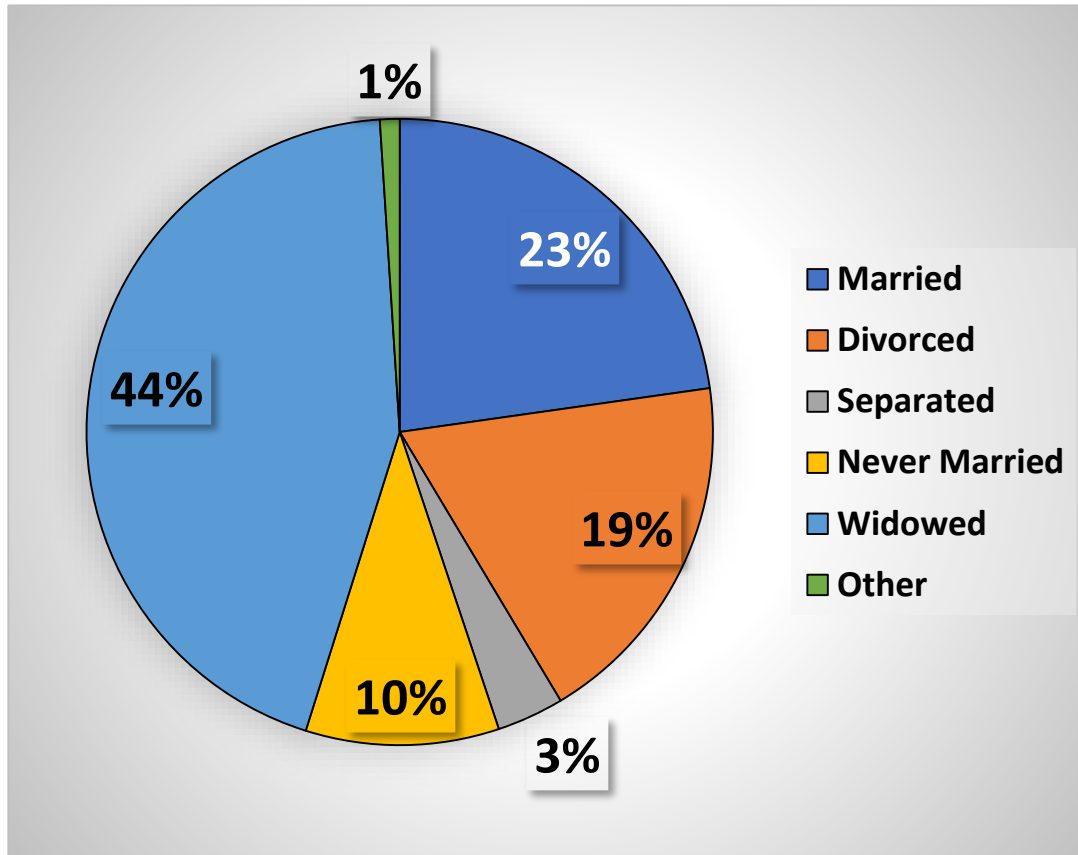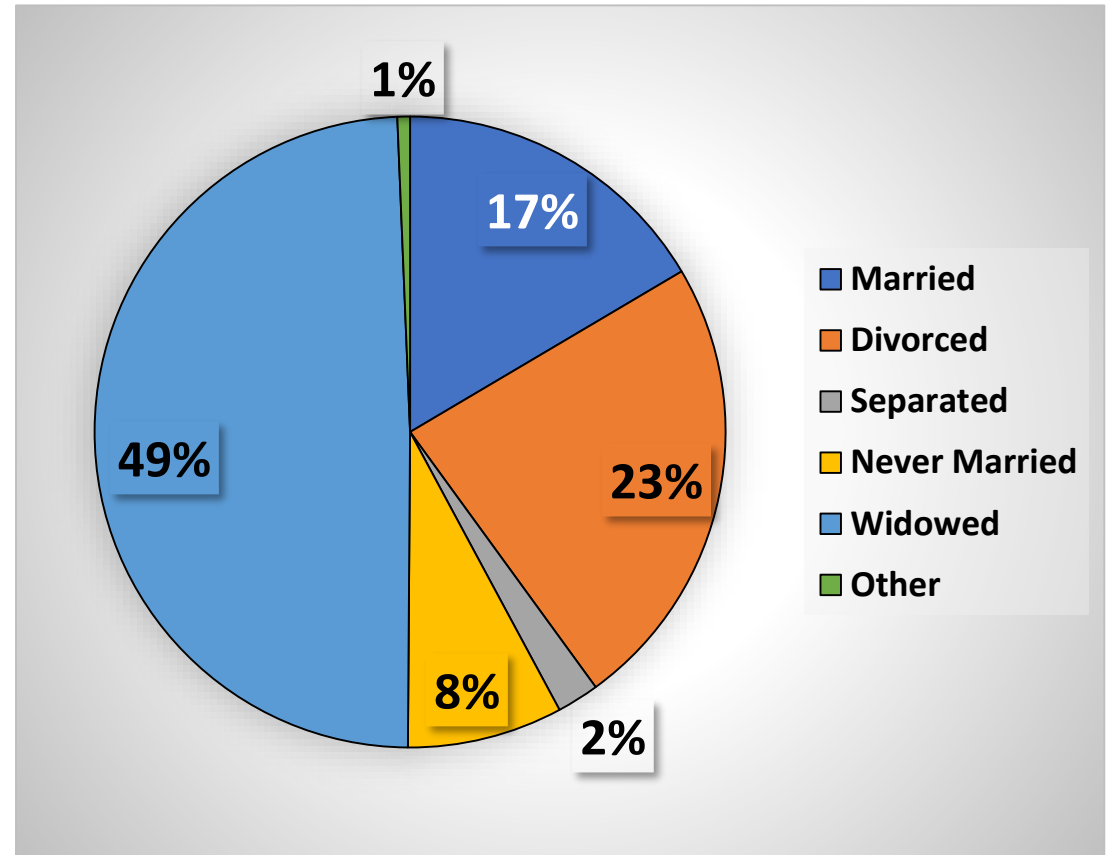
Living Status

Total CCP Population

- Alone — 55%
- With Spouse — 18%
- With Children — 17%
- With Other Relatives — 5%
- With Non-Relative — 1%
- With Spouse and Children — 3%
- Other — 1%

Clients with Falls

- Alone — 64%
- With Spouse — 14%
- With Children — 14%
- With Other Relatives — 4%
- With Non-Relative — 2%
- With Spouse and Children — 1%
- Other — 1%
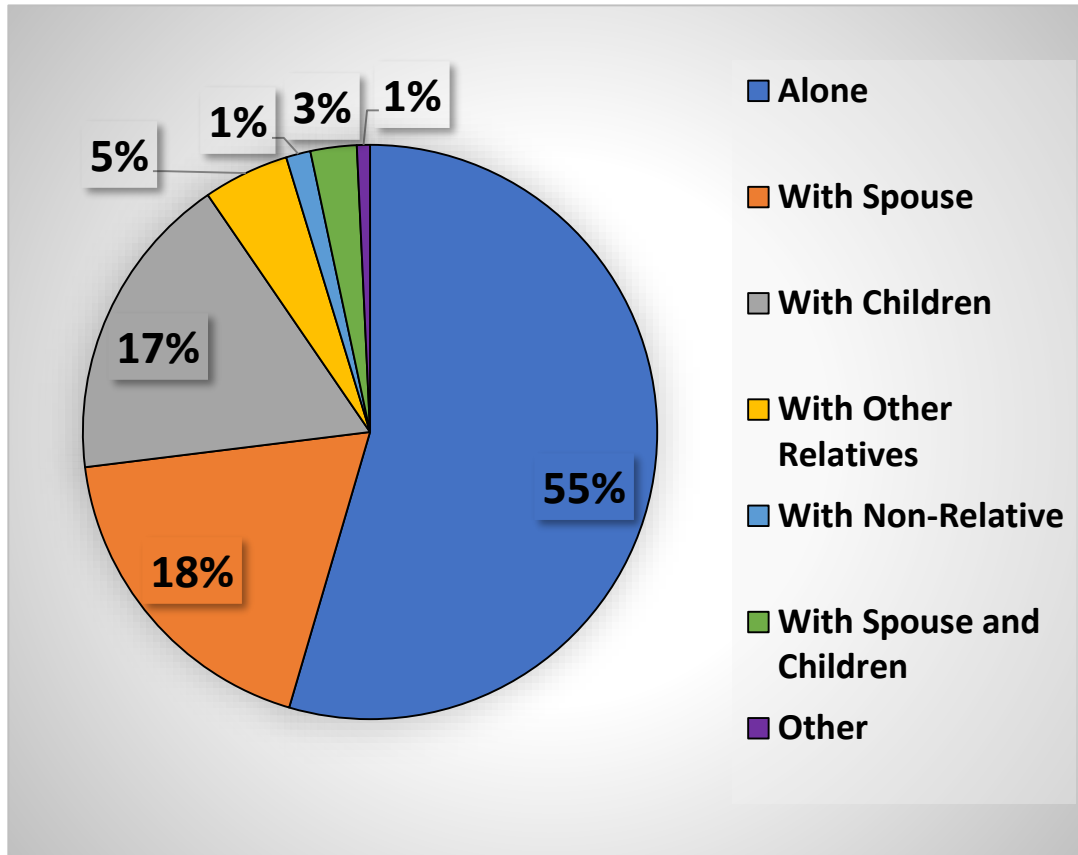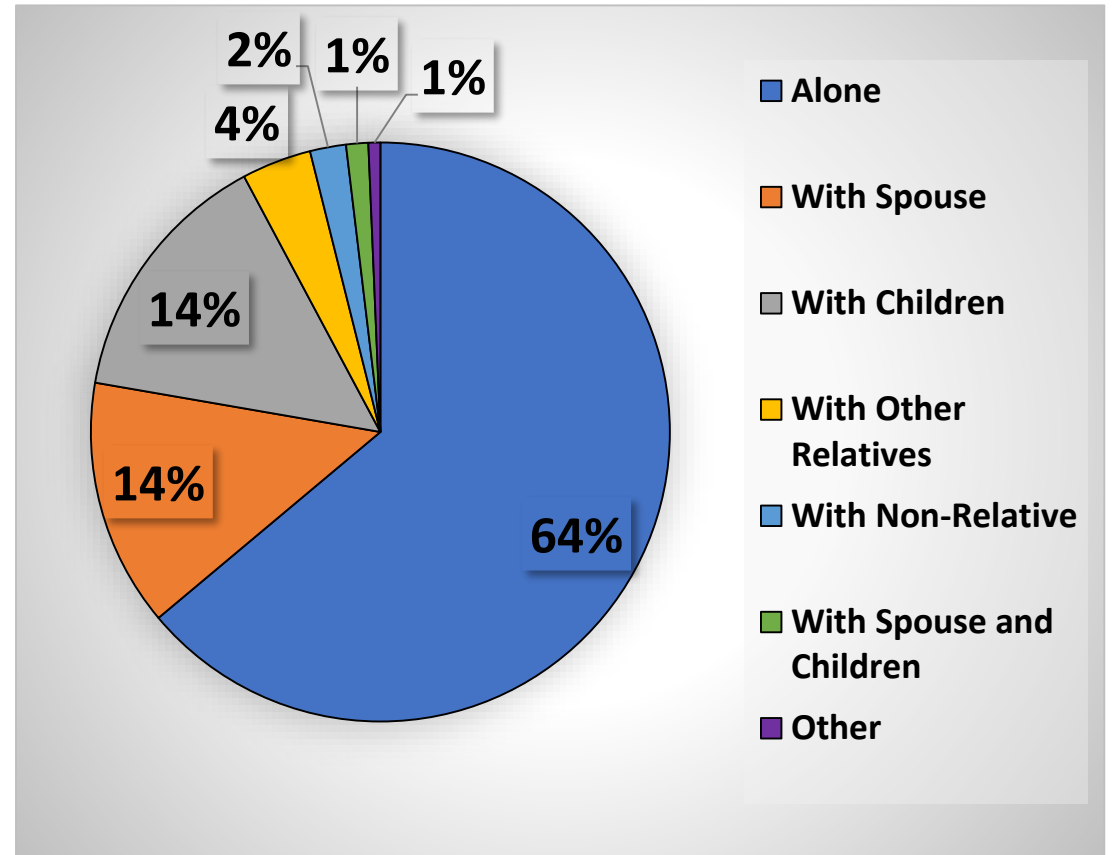
Core services for CCP participants that have experienced a fall

Total CCP Population

Legend: ADS, ADSEHRS, EHRS, HMKR, HMKRADS, HMKRADSEHRS, HMKREHRS, No Core Services (Demo Only)

Values: 0%, 1%, 0%, 5%, 38%, 53%, 1%, 2%

Clients with Falls

Legend: ADS, ADSEHRS, EHRS, HMKR, HMKRADS, HMKRADSEHRS, HMKREHRS, No Core Services (In last 6 months)

Values: 1%, 1%, 3%, 17%, 24%, 1%, 1%, 52%
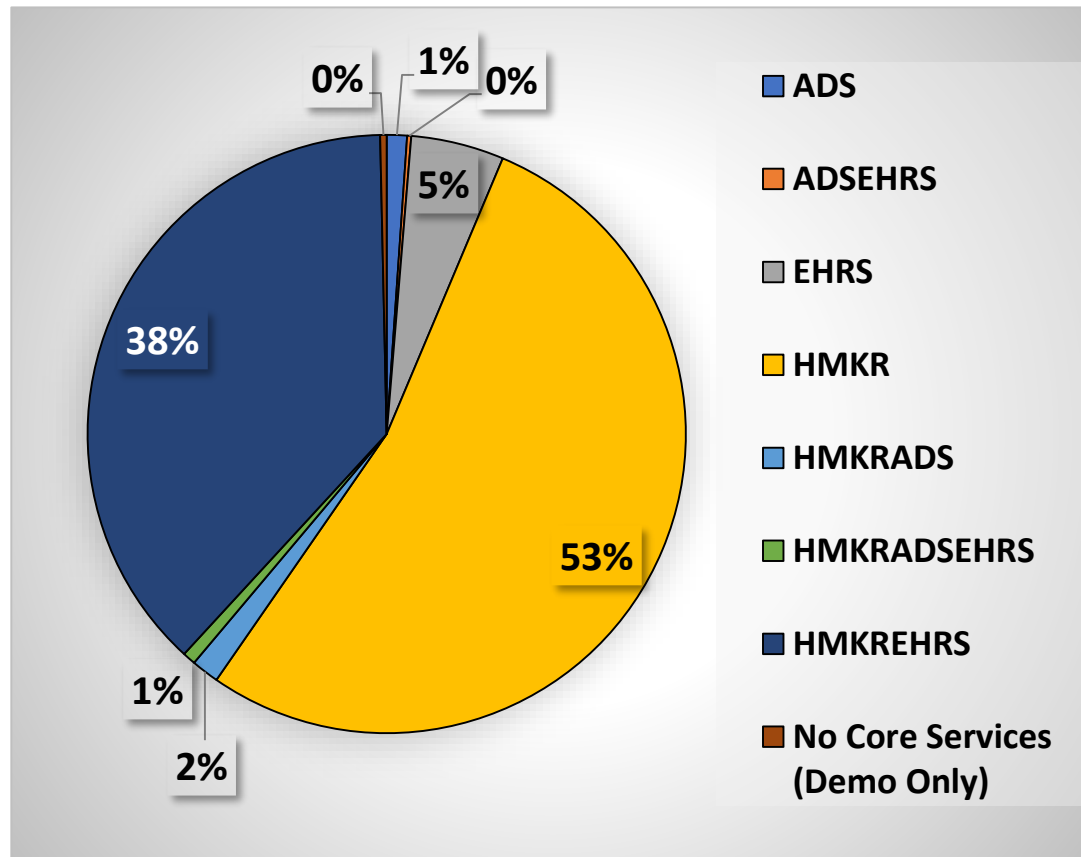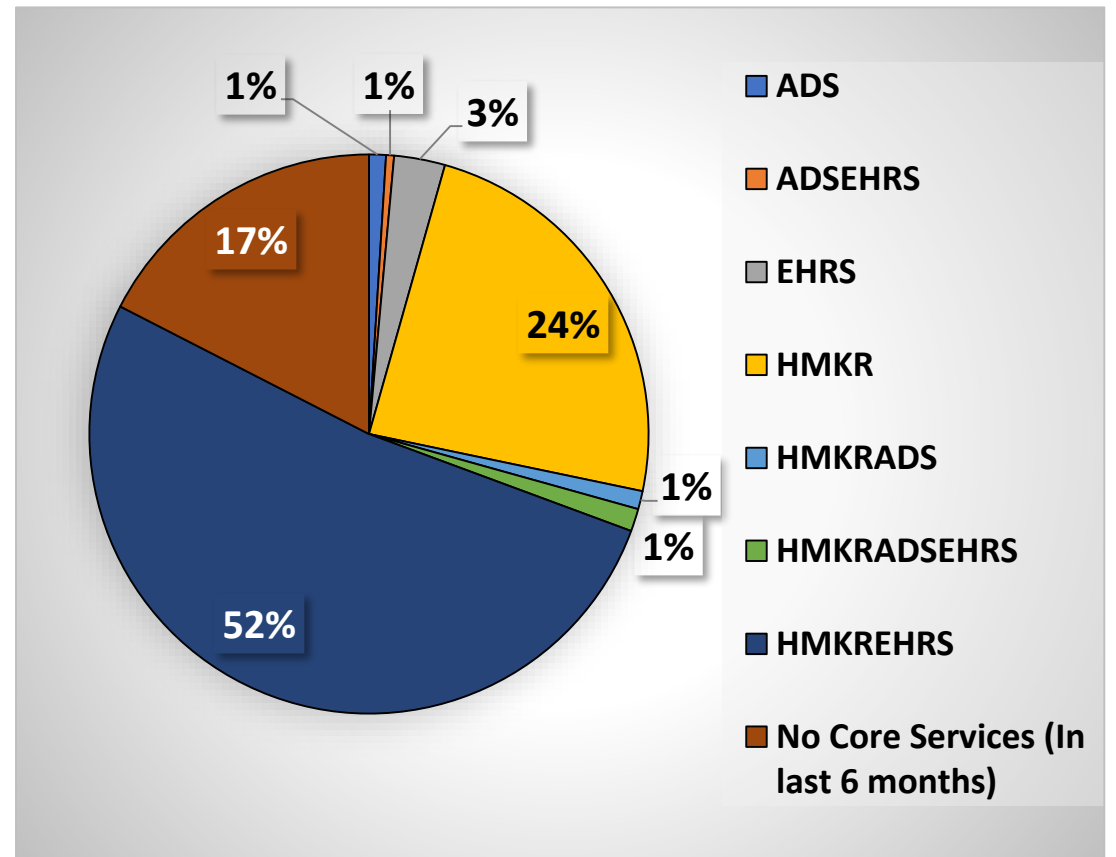
Risk Mitigation Strategies

- Federal CMS requires states that operate a Medicaid HCBS Waiver to mitigate risk to prevent a future occurrence of a critical event.

- IDoA requires the Care Coordination Units (CCUs) to follow up with CCP participants that have experienced a fall. Documentation of the follow up must entered into the Critical Event Reporting Application (CERA).

- Follow up by the CCU can occur via a phone call or face to face visit with the participant. Care coordinators are encouraged to link participants to evidence based programs, e.g. Matter of Balance,

Collaboration with Univ. of IL. and other partners

- IDoA is collaborating with Dr. Jake Sosnoff at the University of Illinois, Champaign to ………(please insert description)

Next steps - Discussion

- Monthly quality webinars