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

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 (74%)
- 2 Falls: 837 (15%)
- 3 Falls: 301 (6%)
- 4 Falls: 113 (2%)
- 5+ Falls: 167 (3%)
Out of the 5,424 distinct participants with falls:

- 2,644 Participant had a fall without injury and later had at least one fall that resulted in an injury.
- 2,453 Participant only had falls with no injuries.
- 327 Participant had a fall with an injury and later had at least one fall that did not result in an injury.
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

- 2% for 1 - 108
- 4% for 2 - 81
- 7% for 3 - 225
- 11% for 4 - 385
- 13% for 5 - 598
- 44% for 6 - 730
- 17% for 7 - 928
- 2% for 8 - 2,369
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
Gender

Total CCP Population

- Male: 28%
- Female: 72%

Clients with Falls

- Male: 25%
- Female: 75%

Count of ClientID
Race/Ethnicity

Total CCP Population

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

Clients with Falls

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

Total CCP Population

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

Clients with Falls

- Married: 49%
- Divorced: 23%
- Separated: 8%
- Never Married: 2%
- Widowed: 17%
- 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: 1%
- 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

- ADS: 38%
- ADSEHRS: 5%
- EHRS: 1%
- HMKR: 2%
- HMKRADSEHRS: 5%
- HMKREHRS: 0%
- No Core Services (Demo Only): 1%

Clients with Falls

- ADS: 53%
- ADSEHRS: 17%
- EHRS: 24%
- HMKR: 52%
- HMKRADSEHRS: 1%
- HMKREHRS: 1%
- No Core Services (In last 6 months): 3%
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