

Draft Transcript – Expert to Expert Webinar: New Measure Review for Hospital Harm – Falls with Injury eCQM for 2026 Reporting Year

Broadcast April 16, 2026

Slide 1 [00:00:03]

[Susan Funk] Hello, everyone. We're going to get started with today's broadcast. Welcome, and thank you for joining us for this Joint Commission Expert to Expert webinar to introduce and provide an overview for this new eCQM for the 2026 reporting year, Hospital Harm - Falls With Injury. The Expert to Expert Webinar Series is offered in partnership with the Centers for Medicare and Medicaid Services and eCQM Stewards. CE credit is available for this webinar for the live broadcast attendance only. I'm Susan Funk, Associate Project Director for Engagement on Quality Improvement Programs at the Joint Commission. And today, I'll be serving as this webinar's moderator. Next slide, please.

Slide 2 [00:00:51]

Before we begin with the webinar content, we would like to offer just a few tips about webinar platform functionality. Audio is by Voice Over Internet Protocol only. Use your computer speakers or headphones to listen. There are no dial-in lines. Use your computer speakers or headphones to listen. Feedback or dropped audio are common for live streaming events. If you experience such audio or streaming issues, refresh your screen or leave and rejoin the session. We will not be recognizing the Raise a Hand or the Chat features. To ask a question, click on the question mark icon in the audience toolbar. A panel will open for you to type your question and submit. The slides are designed to follow Americans with Disabilities Act rules. Next slide.

Slide 3 [00:01:47]

Speaking of the slides, they're available now. There are many links provided throughout the webinar, but they are not clickable on-screen. By downloading the slides, you'll be able to access the links and also take notes. To access the slides now, within the participant navigation pane, select the icon that represents a document. A new pop-up window will open, and you can select the name of the file. A new browser window will open, and from it you can download or print the PDF of the slides. The slides will also be available within two to three weeks on the Joint Commission webinar website at the link that's included at the bottom of this slide. And they will also be available on the eCQI Resource Center. Next slide, please.

Slide 4 [00:02:37]

I'm sure that many of you attending today will wish to receive continuing education credit or qualifying education hours. All of the relevant information about continuing education credits is available within a handout that we've included within the webinar resources and has also been communicated on the webinar registration page. The attachment includes the list of entities that will provide credit, the requirements for participants to earn credit, and information about how to complete the survey and obtain a certificate. So please be sure to download that attachment so that you can learn more. Credit is available for attendance during this live broadcast only. So, for more information on the Joint Commission's continuing education policies, you can visit the link provided at the bottom of this slide. Next slide, please.

Slide 5 [00:03:29]

The participant learning objectives are: Locate eCQM resources on the eCQI Resource Center, facilitate your organization's implementation of the Hospital Harm - Falls With Injury eCQM for the 2026 reporting year, and utilize answers to common issues and questions regarding the Hospital Harm - Falls With Injury eCQM to inform 2026 use and implementation. Next slide.

Slide 6 [00:04:02]

This webinar does not cover these topics: basic eCQM concepts, topics related to chart abstracted measures, and process improvement efforts related to these measures. We will not address how to validate eCQM [data] during this webinar, but before submitting your eCQM data to CMS, please ensure your data is validated. Specifically, please ensure that extreme outlier results are verified. For example, extreme outliers may include reporting 0% or 100%. Please note that while CMS is accepting data for this eCQM for the 2026 reporting year, Joint Commission is not accepting data for this eCQM for this reporting year. Next slide, please.

Slide 7 [00:04:55]

All staff and subject matter experts have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content. Next slide.

Slide 8 [00:05:21]

The agenda for this 75-minute webinar follows. We will provide an overview of the new Hospital Harm - Falls With Injury eCQM including the background and rationale as well as details regarding the Specifications including the Initial Patient Population, Denominator Exclusions, Numerator, data elements, and logic. Then we'll provide an overview of the measure flow and algorithm. And finally, we'll address questions that the audience has asked throughout the webinar during a Q&A segment. Next slide, please.

Slide 9 [00:05:58]

Before we transition to the discussion about the Falls With Injury eCQM, we wanted to point you to a PDF handout that includes directions to locate eCQM Specifications, Value Sets, Measure Flow Diagrams, and the Technical Release Notes. The link to the eCQI Resource Center landing page is provided on this slide. However, be sure to download the PDF handout that has additional links and navigation guidance. You can locate that PDF within the resource section of the audience navigation pane. We explained how to access documents in the resource pane earlier in this presentation. Next slide, please.

Slide 10 [00:06:42]

I will now turn the webinar over to our speaker for today, Erin Buchanan from the Mathematica team. Erin, please introduce yourself and then when you're ready, get a start with your presentation. Thanks so much.

[Erin Buchanan] Thank you, Susan. My name is Erin Buchanan and I'm here representing Mathematica. We'll start with some background information on the Hospital Harm - Falls With Injury measure. Next slide, please.

Slide 11 [00:07:19]

So, this measure is an outcome measure that assesses the number of inpatient hospitalizations where at least one fall with a major or moderate injury occurs among the total qualifying inpatient hospital days for patients 18 years and older. This is a ratio measure, and a lower ratio indicates better performance for this measure. This measure is intended to be used to raise awareness of fall rates and ultimately, to improve patient safety by preventing falls with injury in all hospital patients.

In terms of rationale and intent, inpatient falls are among the most common incidents reported in hospitals and can increase the Length of Stay and patient costs. Falls including unplanned or unintended descents to the floor can result in patient injury ranging from minor abrasion, to bruising, to death as a result of injuries sustained from a fall. The purpose of measuring the rate of falls with major and moderate injury events is to improve hospitals' practices for monitoring patients at high risk for falls with injury, and in doing so, to reduce the frequency of patient falls with injury. Next slide, please.

Slide 12 [00:08:45]

Next, we'll highlight the Present on Admission indicators for this measure. This is a key component of the measure, and it is used for both the Exclusions, the Denominator and Numerator Exclusions, and the Numerator. Present on Admission is defined as conditions present at the time the order for inpatient admission occurs. The POA indicator is intended to differentiate conditions present at the time of admission from those conditions that develop during the inpatient admission. Per CMS and the Agency for Healthcare Research and Quality, or AHRQ, convention, POA indicators of Y and W are accepted indicators of a diagnosis Present on Admission. POA indicators of N and U are accepted indicators of a diagnosis that is not Present on Admission. eCQMs rely on the accurate recording of codes including POA indicators and diagnoses in patients' electronic health records or EHRs, which is essential to the correct calculation of this eCQM. And I'll go into more detail at different points in this presentation. Next slide, please.

Slide 13 [00:10:13]

Now we will review the Measure Specifications at a high level. Please note that we are not listing changes since this is the first year the measure will be reported, unlike what you may have seen in other Expert to Expert webinar series.

For the Initial Population, patients must be 18 years or older at the start of the Inpatient Encounter to be included, and they must have a Length of Stay of less than or equal to 120 days. For this measure, the term 'inpatient hospitalizations' includes time in the emergency department and observation when the transition between these Encounters and the Inpatient Encounter are within one hour of each other. In addition, hospital days are not defined as midnight to midnight but are full 24-hour periods that start at the beginning of the inpatient hospitalization period, excluding the last period before discharge if that period is less than 24 hours. So, for example, an eligible Encounter with a Length of Stay of 75 hours will be measured as 3 days, which is 72 hours.

The Denominator here is the same as the Initial Population. For patients who have a diagnosis, a Fall Diagnosis Present on Admission are excluded from the Denominator.

The Numerator is inpatient hospitalizations where a patient has a fall that results in a major or moderate injury during the Encounter.

And of course, the diagnosis of a Major or Moderate Injury must not be Present on Admission. And we can see that reflected in the Numerator Exclusions where inpatient... Which is inpatient hospitalizations where the patient has a Fall Diagnosis Present on Admission.

This measure, as I mentioned before, is a ratio measure. So, it includes two measure observations used to calculate the ratio of the number of Encounters with a fall over the total number of eligible hospital days. The ratio is reported as the rate of inpatient hospitalizations with falls with moderate or major injury per 1,000 patient days. And as I noted before, a lower ratio indicates better performance for this measure. Next slide, please.

Slide 14 [00:13:00]

Finally, we come to the Risk Adjustment portion of the header, which is actually split across two slides. The Risk Adjustment model includes medications active on admission and medications administered during hospitalization that you could see listed here. For each of these bulleted medication types, there is a Value Set that is associated with it. So, you can find that information at the links that Susan mentioned earlier on the eCQI Resource Center website. Next slide, please.

Slide 15 [00:13:09]

The Risk Adjustment model also includes several diagnoses Present on Admission, which may increase risk of a fall with injury. There's also a Value Set associated with each of these categories, which again, you can find on the eCQI Resource Center website on the page for this measure. As referenced at the bottom of the header, the Hospital Harm - Falls With Injury Risk Adjustment Methodology Report can also be found at the eCQM specific page of the eCQI Resource Center website. Next slide, please.

Slide 16 [00:14:29]

And we've included links to those full Measure Specifications as well as the Technical Release Notes that describe all of the changes between the version of this measure that was originally published. You'll notice that this is version 2 of the measure. When in version 1, that was when this measure was a program candidate measure. So, on that page, you'll see the release notes that describe the changes between the program candidate measure and this version of the measure which is for 2026 reporting. And yeah, so next slide, please.

Slide 17 [00:15:24]

Thank you. So, next we'll review the Measure Flow which provides a high-level overview of how the measure works. The purpose of the Measure Flow Diagrams are to highlight relevant data criteria. Measure flow diagrams are organized to help interested parties to interpret the logic and understand how performance rates are calculated. These eCQM flows are intended to be an additional resource to help hospitals implement eCQMs. They are not intended to replace the eCQM Specifications for reporting purposes. eCQM flows are a condensed representation of the Measure Specifications and may not include all definitions, data elements, functions, or timing criteria. Population criteria are color-coded to help users follow the flows for measures.

Slide 18 [00:16:24]

In ratio measures, both the Denominator and Numerator populations flow separately from the Initial Population which you'll see as we walk through the flow here. So, the same Exclusion Criteria will be repeated for the Denominator and Numerator. And we'll see that shortly.

So, before I jump into describing the flow in front of us, I just want to point out that we recognize that the flow may be kind of small on the screen for you all. So, we encourage you to download the slides so that you can zoom in and see the details as much as possible.

So, the Initial Patient Population is captured by the definition, "Encounter with Age 18 and Older and Length of Stay 120 Days or Less." To meet this definition, the logic looks for an Inpatient Encounter, which includes an Encounter during the measurement period that is less than 120 days and age criteria of 18 years or older with Encounter ending during the measurement period, which you can see reflected on the right-hand side of this slide. If the criteria is met, the patient is included in the Initial Population. If not, the patient is not included in the Initial Population and processing ends. Next slide, please.

Slide 19 [00:18:08]

So here you can see that the Denominator is equal to the Initial Population. So, if the patient is in the Initial Population, they also meet the Denominator. Next slide, please.

Slide 20 [00:18:26]

The Denominator Exclusion is, "Encounter with a Fall Present on Admission." So here is where those POA indicators come into play. So, just as a reminder now that we're actually seeing the Present on Admission Exclusion... Excuse me. POA is defined as conditions present at the time the order for inpatient admission occurs. It's used to... The indicator is used to differentiate conditions present at the time of admission from those conditions that develop during the inpatient admission.

And so, here in the Value Set, Y and W are accepted indicators of the diagnosis Present on Admission. And N and U are indicators that the diagnosis is not Present on Admission. You'll see this again, basically the same slide, but for the Numerator in a few slides. And yeah, so basically here, if the criteria is met, the patient is included in the Denominator. And if it is not met, the patient is... not in the Denominator and processing ends. So, if the patient comes in with a fall Present on Admission, the processing ends. And if there's no Fall Present on Admission, they continue to the next slide we'll see, which is the Measure Observation 1. Next slide, please.

Slide 21 [00:20:24]

So here we can see that Measure Observation 1 is associated with the Denominator and it is the sum of the duration of days of hospitalization with observation. And that sum becomes Measure Observation 1. As a reminder, this measure includes two measure observations used to calculate the ratio of the number of Encounters with a fall over the total number of eligible hospital days. The ratio is reported as the rate of inpatient hospitalizations with falls with moderate or major injury per 1,000 days. So next, we'll get into the Numerator and Measure Observation 2. Next slide, please.

Slide 22 [00:21:21]

For the Numerator, we again look at the Initial Population. As I've stated a few times now, in ratio measures, the Denominator and Numerator population flow separately from the same Initial Population. So, we will be also looking at the same Exclusion Criteria. So, to restate our Initial Population, it's captured by the definition of Encounter with age 18 and older and Length of Stay 120 days or less. So that has not changed for the Numerator. To meet this definition, the logic that you can see here on the right-hand side of the slides looks for an Inpatient Encounter, which includes an Encounter ending during the measurement period that is less than 120 days and age criteria of 18 years or older with an Encounter ending during the measurement period that is less than 120 days. If

the criteria is met, the patient is included in the Initial Population. If the criteria is not met, the patient is not in the Initial Population and processing ends. Next slide, please.

Slide 23 [00:22:50]

So here we start to get into the Numerator-specific logic. The first part of the Numerator looks for an Encounter where a fall and major injury occurred. Here you can see that the logic looks for that Encounter where a fall occurred and where there's a code in the Major Injuries Value Set. It also is looking for a Present on Admission indicator where it is not Present on Admission, or documentation is insufficient to determine, or where the Present on Admission indicator is null. And null here specifically refers to a missing POA indicator. Next slide, please.

Slide 24 [00:23:50]

The logic here looks very similar to the last slide. However, now we're looking for that moderate injury. So, the flow is showing us that second part of the Numerator is looking for an Encounter where a fall and moderate injury occurs. So, putting the last two slides together, if either of these criteria are met, so a fall and major injury occurs or a fall and moderate injury occurs, the Numerator is met and we continue to the Numerator Exclusion. Again, just like with the major injury slide, null refers specifically to a missing POA indicator. If neither criteria is met for the Numerator, the Encounter stops at the Initial Population. Next slide, please.

Slide 25 [00:24:52]

So, as I've mentioned several times before, the same Exclusion Criteria must be applied to both the Denominator and Numerator to prevent excluded cases from being considered. So, this is why for the Numerator, you see Exclusion of an Encounter with a Fall Present on Admission. If the criteria is met, the Encounter is excluded from the Numerator and processing ends. If the criteria is not met for this Exclusion, this Encounter becomes part of Measure Observation 2, which we'll see on the next slide. Yeah, next slide, please.

Slide 26 [00:25:46]

And here we see Measure Observation 2, which is the count of the total number of inpatient hospitalizations where a fall with a major or moderate injury occurred. So, if there's a fall with a major or moderate injury and there's no fall Present on Admission, the count for Measure Observation 2 is 1. Next slide.

Slide 27 [00:26:13]

So here is an example of a calculation for this measure. Measure Observation 2, or the total number of Encounters with falls with major or moderate injuries, is divided by the Measure Observation 1, or the total number of eligible hospital days, to express the rate of inpatient hospitalizations with falls with major or moderate... Or with moderate or major injuries. To express this per patient days, you would multiply by 1,000. Next slide, please.

Slide 28 [00:26:55]

And now we'll do a deep dive into the specific logic of this measure. And we're going go through all of the measure logic since this is a new measure. Next slide, please.

Slide 29 [00:27:16]

So, this is the logic for the Initial Population, represented by Clinical Quality Language, or CQL, and the Data Quality Model, or QDM. Data elements are used to create the logical expressions for the Initial

Population criteria and the expressions throughout the measure logic. So, the initial... And I guess, before I jump into this, this may be kind of repetitive of what I've described on the measure flow slides. So as a reminder, the measure flows don't include all of the logic. However, what we're going through now is the full logic that's available in the Measure Specifications. So, it will sound the same, but the logic is presented in more detail.

So, the Initial Population logic calls for Encounter with age 18 and older and a Length of Stay 120 days or less, which takes the Global Inpatient Encounter and specifies that it must be less than or equal to 120 days, and the patient's age must be greater than or equal to 18 years. As we noted before, hospital days are not defined as midnight to midnight but are full 24-hour periods that start at the beginning of the inpatient hospitalization period, excluding the last period before discharge if that period is less than 24 hours. So, in my example before, I gave an Encounter where the stay was 75 hours, and that would be measured as 3 days, which is in reality 72 hours. Next slide, please.

Slide 30 [00:29:19]

As noted, before, the Denominator is the same as the Initial Population, so the logic for the Denominator only recalls the Initial Population. Thank you.

Slide 31 [00:29:36]

Here we see the Denominator Exclusion, which is Encounters with a Fall Present on Admission. In the logic, you can see that the Initial Population is called first, where exists, FallDiagnosis, which would include a diagnosis code in the Inpatient Falls Value Set and a Present on Admission indicator. As I noted before, this measure uses POA indicators to differentiate conditions present at the time of admission from those conditions that developed during the inpatient admission. POA indicators of Y, which I didn't mention before, means yes. And W, which means Clinically Undetermined are accepted indicators of a diagnosis Present on Admission. POA indicators of N, or no, and U, Documentation Insufficient, are accepted indicators of a diagnosis that is not Present on Admission. Next slide, please.

Slide 32 [00:30:58]

So here we see the measure logic for Measure Observation 1, which is the first part of our ratio measure. Measure Observation 1 is associated with the Denominator and it's simply the sum of days of Global."HospitalizationWithObservation". For this measure, the term inpatient hospitalization includes time in the ED and observation when the transition is within 2, Inpatient Encounter is within 1 hour of each other. Next slide, please.

Slide 33 [00:31:45]

The Numerator for this measure is Encounter where a fall and major injury occurred or Encounter where a fall and moderate injury occurred. So here you see all of the logic laid out. And the only difference between the two sections of the Numerator is the type of injury, major or moderate. The logic looks at an Encounter where a fall occurred, where there is also a diagnosis of a Major Injury from the Major Injury Value Set. It also considers Present on Admission indicator that is designated as not Present on Admission, or documentation insufficient to determine, or null. And below that, the logic for Moderate Injury is the same. Next slide, please.

Slide 34 [00:32:50]

As I'd noted during the measure flow and during the Denominator Exclusion slide, the Denominator and Numerator Exclusions are the same since both the Denominator, and the Numerator populations flow separately from the same population. Encounters with Fall Present on Admission are excluded from this measure. In the logic, you can see the Initial Population where exists, FallDiagnosis, which would include a diagnosis code in the Inpatient Falls Value Set and a Present on Admission indicator of Y, for yes, or W, which means clinically undetermined. Next slide, please.

Slide 35 [00:33:45]

Here, the Measure Observation 2, which is associated with the Numerator is just a count of 1 for that Encounter. If the patient has a fall with a major or moderate injury during the Encounter and does not have a Fall Present on Admission, the count is 1.

Slide 36 [00:34:10]

So, this slide lists out the Risk Adjustment Variables for this measure that can be found in the measure logic. So going to the actual Measure Specifications, you'll see all of the logic associated with the risk adjustment for this measure. All Encounter diagnoses along with their rank and Present on Admission indicators that are being collected for the risk adjustment model can be found there. And by there, I mean on the eCQI Resource Center website. You can also find more details in the Hospital Harm - Falls With Injury Risk Adjustment Methodology Report. That can also be found on the eCQM specific page for this measure. And now I'll pass the floor back to Susan.

Slide 37 [00:35:15]

[Susan Funk] – Great, thanks, Erin, for presenting the overview for this new eCQM. Please catch your breath for a couple minutes and then we'll come back over to you when we're ready for the Q&A segment. So, on this slide, we've included a couple resources for the audience. This first slide provides links to the eCQI Resource Center, CMS Eligible Hospital Measures page, and the Get Started with eCQMs links. We've also linked to the Teach Me Clinical Quality Language video series and specifically to the video shorts on Hospitalization with Observation and What is a Value Set? Next slide.

Slide 38 [00:36:00]

Continuing on with the additional resource links on this slide, we provided the link to the Value Set Authority Center or the VSAC Support. We've also included the link where you can find information about the Expert to Expert webinar series on Joint Commission's website. And finally, the ASTP/ONC Issue Tracking System. And that's where clinical and technical questions about these eCQMs should be submitted following the webinar.

And let me just give a little context about the ASTP/ONC Issue Tracking System. So, the same subject matter experts that are on today's webinar are also the same staff that respond to the questions within the ASTP/ONC platform. So, the Q&A document that we will produce following this webinar will likely take several weeks. And that's because it requires CMS approval before we can distribute it. If you need a more immediate answer, we would like to encourage you to consider submitting that question via the issue tracker that we've displayed on this slide. So then next slide, please.

Slide 39 [00:37:14]

So, with all of that said, let's move into our live Q&A segment. I'll just restate the directions here to ask the questions. You can submit questions via the question pane, click the question mark icon in the audience toolbar, and that will open a panel for you to type and submit your question. The questions

asked during the live event will be addressed in a written follow-up Q&A document. And that follow-up document will be posted on the Joint Commission's website several weeks after the live event, as I noted earlier, after CMS reviews and approves that.

So, our subject matter experts from the Mathematica team have been really, really busy during this presentation, trying to get to as many of the audience's questions as they can. They've been furiously typing responses. So now we'll share some of those questions and answers live with the audience. I will welcome back Erin to help us facilitate this Q&A segment. And Erin, have you caught your breath? Are you ready to jump in? When you're ready, just go ahead and start with the first question you want to address.

[Erin] Sure. Thank you, Susan. Let's see. So, I'm looking at this first one. I think we may have... I will return to this first question. Give me one second. Okay, so... Oh, actually, maybe it's already answered. My apologies.

[00:38:58]

"So why are there two different Value Sets for Present on Admission in the inpatient eCQMs in the Specifications?" Inpatient eCQMs intentionally defined multiple POA Value Sets because each one represents a distinct clinical meaning that is aligned with CMS and AHRQ. The Present on Admission or Clinically Undetermined Value Set is used in the logic for population criteria and the risk adjustment variables intended to identify Diagnoses Present on Admission. The Not Present on Admission or Documentation Insufficient to Determine Value Set is used in logic for population criteria and is intended to identify Diagnoses Not Present on Admission. Other measures may group the POA indicators differently using different Value Sets.

Sorry, one moment. Let me make the screen bigger.

"The specifications state hospital days are measured in 24-hour periods starting from the time of arrival at the hospital, including time in the ED or observation. The number of days will be counted as whole numbers. Any fractional periods are dropped. Excuse me. What if an Encounter has a total hospitalization Length of Stay of 23 hours?" So, if the inpatient hospitalization Length of Stay is less than 24 hours, then it is not counted by the measure as an eligible Inpatient Encounter and therefore would not count in the Initial Population of the measure, as it does not represent a full calendar day.

"Why are injuries sustained POA excluded, but injuries sustained from a subsequent fall in the hospital are included?" Excluding patients with a Fall Present on Admission ensures the measure assesses hospital-acquired harm rather than preexisting conditions. Patients who enter the hospital after a fall have increased clinical complexity and a care plan that may include patient safety interventions such as increased monitoring.

[00:41:41]

"Patients are being pulled into the Numerator due to SNOMED 161-898-004, which is 'Falls Finding'. But the fall ICD-10 that is being marked POA or exempt is not captured because it is not included in the Falls Value Set." The examples they're giving are V00 .321A, which is 'fall from snow skis' in the Initial Encounter exempt from POA reporting and W00.0XXA, which is 'fall on same level due to snow and ice' Initial Encounter." Numerator Exclusion is not being applied to patients that have POA ICD-10 codes capturing falls outside the hospital while skiing or in snow, and they're seeing that it might be skewing the rate of falls for them. So, the intent of this measure is to capture falls that occur IN the hospital. Since these situations, fall from snow skis and fall due to ice or snow, would not occur in a hospital,

they are not appropriate for the measure. So, if anyone is in this situation, we would encourage you to work with your EHR vendor to ensure these patients are removed from the Numerator.

"If the coding source does not have the ability to define a POA indicator in the code, should an EMR vendor be allowed to use it as a coding source?" POA is required for the Exclusion definition Encounter with Fall Present on Admission. If the POA indicator cannot be captured or mapped, then an Encounter may not meet the Exclusion definition, and this measure may not be accurately reported using the current system. If a diagnosis comes from a system unable to document POA, it must still be mapped to the appropriate Value Set to determine whether the diagnosis qualifies for the measure. Unfortunately, we're unable to provide specific guidance related to mapping of codes, but if mapping is conducted, you should maintain documentation in case there is an audit. And you can reference any of the applicable codes to this measure in the Value Sets on the Value Set Authority Center, or VSAC at vsac.nlm.nih.gov. And that's a great resource.

I see there are several questions about "what qualifies as a fall, what's being used in the measure?" All of those codes can be found in the VSAC.

[00:44:46]

So, this is a similar question, and I won't restate the question since it's similar to the previous one. But we do have a response with slightly different details, which may be helpful for people to hear. POA status is a required data element to distinguish preexisting conditions from hospital-acquired events, which is fundamental to the intent of the measure. If a coding source does not support POA indicators, diagnoses originating from that source cannot be reliably evaluated for Inclusion or Exclusion and should not be used as a source of diagnosis data for this measure. So, if you're unable to use it, unable to map it, it may not be the best source.

"When are hospitals required to submit data for this eCQM measure?" So, this is available for selection for CMS reporting for 2026. It is not currently mandatory. And we also want to note that the Joint Commission is not accepting data for this eCQM in 2026. [no audio]

Okay. "Does the risk adjustment factors work towards Exclusion, or is it just for our knowledge?" So basically, what's the purpose of the risk adjustment for this measure? Risk adjustment is applied after population Inclusion and Exclusion logic is complete and is used to adjust measure results for differences in patient case mix. Risk adjustment supports fair comparison of hospital performance and does not determine whether an Encounter is eligible for the measure.

"Will a patient's risk adjustment remove them from this measure? How does risk adjustment affect abstracting and reporting or organization's compliance for this new measure?" So, again, risk adjustment is applied after the Inclusion and Exclusion Criteria is complete. It's used to adjust the results for differences in patient mix, and it does not determine whether an Encounter is eligible for the measure. Yeah, I think... So, also, I guess I'll add that... Yeah, please let us know if you have any follow-up questions on those responses.

[00:47:56]

We have another question. I think it's a repeat, but we do want to add that risk adjustment does not remove a patient from the measure. It's applied to the score to allow for fair and accurate comparison of healthcare outcomes across measured entities. For more information, you can see the Measures Management System Hub, and you can find the link in the chat. Or, I guess, in the Q&A box.

And I guess I'll pause here to remind everyone that following this call, we will be exporting all of these questions and answers, and there will be a document that lists out all of this information. That will be posted on the Joint Commission's website at a later date. So, you can always reference this later.

"A diagnosis within the false ICD-10 as an admitting diagnosis has no POA status included within our coding summary, likely pulling from our current report as null. Should admitting diagnoses with no POA designation be included in the Numerator? It seems inappropriate or only principal and secondary diagnoses." So POA is required for the Exclusion definition Encounter With a Fall Present on Admission. If the POA indicator cannot be mapped or captured, then the Encounter may not meet the Exclusion definition, and this measure may not be accurately reported using the current system. If a diagnosis comes from a system unable to document POA, it must still be mapped, as I noted before, to the appropriate Value Set, which it sounds like you may be aware of the Value Set already. And that will determine whether the diagnosis qualifies for the measure. So, as I mentioned before, we can't provide specific guidance around that mapping but maintain any documentation that you have. If you'd like some more details about the website or about the Value Sets, you can go to the VSAC and search Value Sets using the ID in the Measure Specifications. But yeah, this sounds like a similar case as those who asked the question above. It's essential that you're able to capture those POA indicators.

[No Audio]

"Is it required to submit two years of data prior to the required CY28 Falls Measure submission or is this optional?" This measure is voluntary for calendar year 2026 reporting, and reporting is not mandatory at this time.

[00:51:20]

"Why do the Value Sets for this measure contain SNOMED codes for patient problem findings such as recurrent falls when this problem statement doesn't necessarily indicate a fall has occurred during the current hospitalization?" Patients With a Fall Diagnosis Present on Admission should not be included in this measure. Inpatient hospitalizations where the fall has a Recurrent Falls Diagnosis Present on Admission would be excluded from both the Denominator and the Numerator of this measure.

"Is there a date that this will be a mandated eCQM by CMS or will it only be elective?" Excuse me. This eCQM is an optional measure available for selection and reporting to CMS for 2026. The Joint Commission is not accepting data for this eCQM in 2026. The CMS 2027 IPPS Proposed Rule continues to show this eCQM as voluntary for 2027. This is subject to change based on what CMS finalizes in its future IPPS final rules. So please keep an eye out for any changes around this. But we can't say definitively when and if this measure will be mandated by CMS in the future.

"Could you clarify whether the specification includes patients who were initially admitted as inpatients but later reclassified as observation and discharged as outpatients? Or does it only capture patients who remained inpatient throughout their stay?" Only Encounters that remain inpatient through discharge are included.

"If a patient falls in the ED before an inpatient stay is ordered, can we say this Fall With Injury is POA?" Very good question. This measure includes time spent in the emergency department when the

transition between discharge from the ED and admission to the Inpatient Encounter is one hour or less. If this criteria is met, the fall in the ED would be included in the measure. [No Audio]

"If a patient did not have a fall but had a fracture because of a wrong movement, does it still count as a Fall With Fracture?" No, per the definition, 'a fall is an unintentional descent to the floor, ground, or lower level'. So, we have the same question here with slightly more detail in the response. So also, to add, a Diagnosis Code present in the Inpatient Falls Value Set... And you can see the Value Set OID there listed, would need to be present for the patient to qualify for the Numerator.

"Does this mean that the Inclusion criteria for those staying in the hospital for 120 days and age greater than 18?" So, yes. In order for the patient to qualify for the Initial Population, their inpatient hospitalization must be less than or equal to 120 days Length of Stay and 18 years and older at the start of the inpatient hospitalization.

"To confirm, the hospitalization must be at least 24 hours to meet the Denominator?" Correct, if the inpatient hospitalization Length of Stay is less than 24 hours, then it is not counted by the measure as an eligible Inpatient Encounter and therefore would not be in the Initial Population of the measure as it does not represent a full calendar day.

[00:56:13]

[Susan Funk] Erin, I'm going to jump in for one second.

[Erin] Oh, yeah.

[Susan Funk] We are getting some questions from some people that are referencing that the CMS TEAM model or the TEAM program has some different requirements. I would suggest that individuals that are asking whether you need to participate in that or whether your hospital is affected by that, this is a case where it would be helpful for you to submit your question to JIRA, because then the staff that are answering that can consult with CMS and see whether the requirements apply to your organization specifically. We can't speak to which organizations are required to participate in that TEAM model.

[Erin] Thank you. "Piggybacking off of the fall in ED question. So, arrival time is at 12:00. Fall time is at 12:30. The inpatient order was at 4:30. That is not included and would be Fall POA?" So, the determination for Inclusion of the ED stay is based on the amount of time for the transition between the ED and the Inpatient Encounter. If this time of transition is longer than one hour, the ED stay is not included. So, yeah, it looks like this one is about four hours? Three or four hours? A patient can stay in the ED for longer than one hour.

[Susan] And Erin, I don't want to interrupt you again, but I do want to remind the audience that this webinar was scheduled to go for... It was a 75-minute webinar, so we could make sure to get to as many questions as we can. We'll continue for a few more minutes with questions before we wrap up. But I did want to remind the audience that we're not running over. It was scheduled to be this long. So, thanks.

[00:58:22]

[Erin] Thank you. Good call. Yeah, so yeah, I'm trying to get through as many questions as possible. "So, what exactly constitutes a major injury and what is a moderate injury?" A Fall With a Moderate or Major Injury is defined as a... Oh, and you can find this in the Measure Specifications. A fall and a diagnosis of a moderate or major injury during the hospitalization. Examples of... moderate injuries include... One second. My apologies. Include lacerations, open wounds, dislocations, sprains, and

muscle strains. And... for... major injuries, I'd like to tell you all that as well. [No Audio] Major injuries, yeah, I don't see it listed here. Major injuries include fractures, closed head injuries, and internal bleeding. And that information can be found in the Measure Specifications in the definition section of the header.

"Could you please provide definitions of moderate and severe injury and what types of injuries those entail? Where are these definitions taken from?" So moderate injuries is defined by the National Database of Nursing Quality Indicators, or NDNQI as injury that results in suturing, application of steri-strips or skin glue, splinting, or muscle joint or strain. You can find some additional examples in the Measure Specifications, as well as in the Value Sets that define these terms as well. So, we would encourage you to look at the VSAC which lists out every Value Set related to this measure. And I guess if you're interested in what the Value Sets are called, the Value Sets for these two types of injuries. For major injuries, the Value Set is just called Major Injuries and there's an OID or an ID associated with that. And then there's also a Moderate Injuries Value Set and there's an OID associated with that. And you can find that information in the Measure Specifications.

"How to determine difference in Denominator Exclusion versus Numerator Exclusion?" In ratio measures, both the Numerator and Denominator are derived independently from the same Initial Population. In this measure, the Numerator and Denominator Exclusions are the same. So, we have another answer to that as well. Denominator Exclusions prevent the Encounter from being evaluated, whereas Numerator Exclusions prevent specific outcomes from being counted for otherwise eligible Encounters.

[01:02:07]

So... "Since the number of days for Observation 1 is not a 24 hour day, but starts at the time of observation for admission, then the first day then counted as a day for Observation 1?" I think I understand it. Hospital days are measured in 24 hour periods, starting from the time of arrival at the hospital, including time in the ED or observation. So right, it's not the midnight to midnight. It's the starting from when they arrive at the hospital with that one-hour period transition between the ED or Observation to Admission. The count starts then, not like when the actual day starts. Right, so the first 24 hour period is counted as a day for Measure Observation 1.

"Is the level of injury included in the ICD-10 Fall Codes?" Injuries are identified using separate Diagnosis Codes, i.e., fracture codes. And in addition to that, you can find those injuries listed out in the Major Injuries and Moderate Injuries Value Set that I noted before. Fall Diagnosis is identified by the Inpatient Falls Value Set, all of which can be found in the Measure Specifications and in the VSAC.

"How are injuries linked to the fall?" The logic uses major and moderate injury codes in their respective Value Sets, Major Injuries and Moderate Injuries, to confirm the falls during the inpatient hospitalization resulted in a major or moderate injury. Let's see.

"What is considered a moderate or severe injury?" I think we noted this before, but major injuries include fractures, closed head injuries, and internal bleeding. Moderate injuries are lacerations, open wounds, dislocations, sprains, and muscle strains. And these are some examples. You can find the full list in the Value Set.

"To clarify, a fall in the ED within one hour of admission order is considered in this measure?" The one-hour refers to the time of transition between discharge from the ED or observation and admission to the Inpatient Encounter. The fall does not have to occur within one hour of the Initial Encounter.

[01:05:21]

"Do we have a Code for Fall and a Code for Injury to qualify for the Numerator?" Yes, the measure logic uses separate Value Sets for Falls, so, inpatient falls, ...er major injuries, and moderate injuries to confirm if the patient experienced a fall resulting in major or moderate injury during their inpatient hospitalization.

[Susan] I know there's still a lot more to get to, Erin, but why don't you pick maybe two more, and then we can start doing our closeout.

[Erin] Okay. Yeah. Let me pick a couple that we haven't gotten to yet. [No Audio] Let's see. [No Audio]

"So, if a patient has a history of fall, then had a Fall With Major Injury, it will not be included?" This patient's hospitalization would be included unless they meet the Exclusion Criteria for the measure, which is a Fall Present on Admission. The history of fall would have to be designated as being Present on Admission in order to be excluded.

"Would bruising and abrasions be considered moderate injuries or no?" Examples of moderate injuries include lacerations, open wounds, dislocations, sprains, and muscle strains. And again, I would encourage you to look at the codes in the VSAC to see if these would fall under moderate injuries. And, yeah, I guess I'll pass it back to you, Susan. [Susan] That's great, Erin. You got through so many of them. You spent probably almost half of the time today on questions. So, I think it's really important though, we know how much the audience values having these clarifications on the presentation. So, thank you so much for taking the extra time and going through so many of them. [Erin] Thank you.

[01:07:43]

[Susan] I'll just reiterate my earlier note that both the questions that we shared aloud during this live segment and those that we did not address today will be included in the written Q&A document that will be available several weeks. Again, that's after CMS' review and approval so that there is a delay. So, that's why we'd just like to reinforce that the ASTP/ONC Issue Tracking System does offer another mechanism that you can use to ask questions. And I referenced this earlier. The same subject matter experts that are on today also assist with the questions on that platform. So, if you need a more immediate response, that offers a quicker way to be able to turn around and get your response. So, we provided that link on an earlier slide. If you've downloaded the slides, you'll be able to find that link to the issue tracking system. And with that, we'll go to the next slide.

Slide 40 [01:08:47]

Great. So, all previous Expert to Expert webinar recording links, slides, transcripts, and eventually the Q&A documents will be accessible on the Joint Commissions webpage via the link that we've displayed on this slide. If you scroll down, you will use a checkbox to sort for the Expert to Expert webinars. Within a couple weeks, we'll have the recording and the slides and the transcript. And then a few weeks after that, whenever we get approval, we will put the Q&A document up. CMS will also be linking to all of these things on the eCQI Resource Center.

If you have any questions following this webinar, you can submit them via the email that we've provided on this slide. I will just read that off. It is tjcwebinarnotifications@jointcommission.org. And for those of you that wish to attend, we've got three more webinars in this year's series. We've done a bunch of them already. And we've got three left. So, if you would like to register for any of those remaining three, we've included a handout that has the registration links for those. We've updated that registration link document to also include the recordings. So, the links out to those recordings for the other webinars that we've completed in the series so far this year. So, please share that handout with

any of your colleagues that would find it useful. Or if you missed any of those webinars, you can go back and listen to those recordings. Next slide, please.

Slide 41 [01:10:26]

Before this webinar concludes, we want to share just a few words about the CE survey. We use your feedback to inform future content, determine any education gaps, and assess the quality of our educational programs. A QR code will appear on the next slide. You can use your mobile device to scan and access the survey immediately. If you don't have your mobile device handy, don't worry. A survey link will be sent to you in a follow-up email. And look for that email an hour after this webinar concludes. So, it won't be there immediately. Check your email box and within an hour, you will see that follow-up email. After you complete and submit your survey responses, you will be redirected to a page where you can either print or download a blank certificate. And you complete that by adding your own name and credentials. We call this out in the CE handout, Joint Commission maintains Registration Records. That certificate is for you. So, you can fill in your own name. In case you miss that opportunity to download your CE certificate, we also send an email that includes the link to that PDF. So, with that, we'll just go to the last slide for today.

Slide 42 [01:11:49]

Great. Okay. We will leave this slide up for a few moments so that the participants for today can access that survey QR code. Erin, thank you so, so much for presenting the overview and then also facilitating the Q&A. Many thanks to the Mathematica subject matter experts that were responding to the questions throughout the webinar. And my appreciation specifically goes out to the operations staff that helped support this webinar. Finally, thanks to all of you in the audience that joined today. This concludes our presentation. I will pause here for just maybe about 10 more seconds and then we will conclude the presentation. Have a great day.