ADVANCING EXCELLENCE
IN LONG-TERM CARE COLLABORATIVE

Spotlight Series Session

Optimizing Documentation To Improve Patient Outcomes And Mitigate Risk

March 24, 2026

The AELTCC takes collective action to develop policy recommendations around vital issues affecting the quality of care and life for individuals receiving post-acute and long-term services and supports.

Welcome

- Moderator

Jay M. Sackman, JD
Principal of Jay M. Sackman
Consulting Services LLC

AELTCC Spotlight Series

About

- Advancing Excellence is a forum for government, professional, consumer, trade, clinical and other stakeholders to take collective action and develop policy recommendations around vital issues affecting the quality of care and life for individuals receiving post-acute and long-term services and supports (LTSS).
- Members of Advancing Excellence strongly believe that the collaboration among all stakeholders in post-acute/long-term care is a powerful and effective method for driving change and positively impacting resident care and quality of life.

Optimizing Documentation To Improve Patient Outcomes And Mitigate Risk

Overview of Today's Session

Importance and Need

Learning Outcomes

- Identify the most common factors that lead to fall-related litigation, including environmental hazards, policy gaps, and staff response issues.
- Explain how documentation, reporting timelines, and communication practices influence legal risk and claim outcomes after a fall.
- Apply risk-reduction strategies that improve fall prevention, strengthen compliance, and support defensible post-incident processes

Speakers

Amy Stewart, MSN, RN, DNS-MT, QCP-MT, RAC-MT, RAC-MTA
American Association of Post-Acute Care Nursing

Kathryn Sullivan, Esq,
Partner, Kaufman Borgeest & Ryan LLP

OPTIMIZING DOCUMENTATION TO IMPROVE PATIENT OUTCOMES AND MITIGATE RISK

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Fall Related Litigation

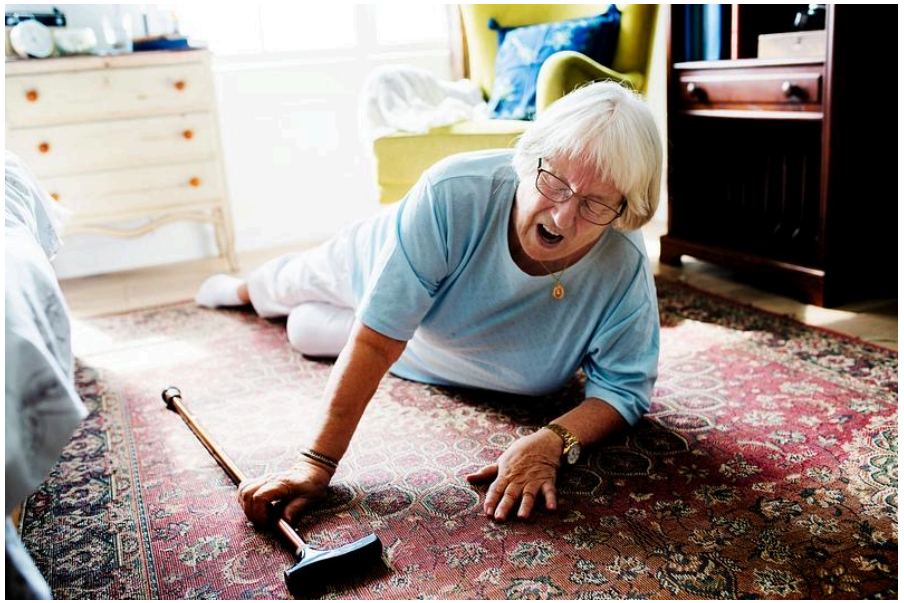
- $200 million verdict in Florida: A 92-year-old female with dementia fell down a stairwell when staff left her unattended in the nursing home.
- $3.1 million verdict in Florida: For a male resident who suffered a hip facture after a fall.
- $2.7 million verdict in Illinois: for the estate of a 67-year-old male who died from complications related to a fall in a nursing home.

Lawsuits Filed Against SNFs

- The documentation will be the source of truth for care and services rendered
    - Will your documentation be enough to support the care and services provided?
    - Will your documentation be specific enough to refresh the memories of care givers as to what they did?
- The standard of care opinions of the Experts, both defendant's and plaintiff's, will be based almost entirely on the facility records.
- The determination of the jury will largely depend upon the evidence as presented and filtered through the opinions of experts.

Why Falls are a Risk

- Age-related changes
- Cognitive impairments
- Medications
- Environmental hazards
- Decreased mobility and weakness
- Staffing
- Previous history of falls
- Long-term consequences
- Fall prevention challenges
- Repeated falls
- Lack of post-fall analysis
- Regulatory focus



Analyzing Risk

- Surveillance to track patterns
- Investigation
- Root-cause analysis to identify causes

The Data

Real time

- Fall log
- Incident reports
- Maintenance log
- Grievance log

Delayed

- Five-Star rating
- Quality Measures (QMs)
- Minimum Data Set (MDS) data
- Facility assessment

Patterns and Trends

- Residents with multiple incidents
- Adverse events
- Near misses
- Fall QMs above the 75th percentile
- Reportables to the Department of Health
- Survey citations related to falls

Mitigating Risk from Falls

- Use data to identify and prioritize risk
- Ensure accurate and ongoing fall risk assessment
- Strengthen care planning
- Optimize staffing and clinical oversight
- Address environmental risks proactively
- Collaborate with therapy
- Review medications
- Build staff competency and accountability
- Conduct effective post-fall reviews
- Monitor outcomes and sustain improvement

Risk Assessments

- Assessing and addressing fall risk upon admission, quarterly, and with any change in condition (including a fall).
- Use a standardized fall risk assessment that is evidence based.
- Ensure the information is accurate.
    - Review of a history of falls
    - Are there new risk factors due to a condition change
- Look to develop and implement interventions specific to the risk.
- Communicate changes in fall risk to staff, family, and the physician.

The Chart

The chart is the evidence of the quality of care provided and the determining factor in demonstrating that the facility exercised all care reasonably necessary to prevent and limit the deprivation of rights and injury.

- If you don't document it, you can't prove you did it.
- If the documentation is non-existent, the conclusion will be it did not happen.
- If the document is poor, it is unlikely to help.

The Chart

Addressing Resident Behaviors Starts on Admission

- Is there a history?
  - Dementia, Refusals, Combative or Aggressive Behaviors
- Involve and educate the family
  - Important to discuss what the staff can and cannot do.
  - **Document** the initial conversations as well as updates
- Have a resident specific care plan that addresses the specific behavior
  - Include resident specific interventions
  - Update the care plan
  - Be sure other sections of the chart reflect that the interventions are carried out

The Chart

Time and again, families deny resident behaviors.

Facilities should seize upon “teaching” and “education” opportunities with family

- Consider discussions at the outset of care to educate clearly as to what are realistic expectations.
- Consider documenting in greater detail the issues covered in care plan meetings and updates to the family

The Chart

- Don’t Wait: Address the relevant—resident specific—misconceptions as it relates to resident care and behaviors

- These conversations should be had on admission and reinforced throughout the residency.

The Chart

- Myths v Reality

  - The family is empowered to make all decisions
    - Residents, including those with advanced dementia, retain the right to refuse
  - Restrains (i.e., seatbelts, siderails, medications) can be used to prevent falls or wandering
    - The Resident has the right to be free from physical and chemical restraint
  - The level of care rendered at the hospital will be the same provided at the nursing home
    - The Nursing Home Is Not An Extension of Hospital Care
    - The facility may not be proving constant 24-hour/1:1 monitoring

The Care Plan

- Specific to the risk of the resident
  - Based off the fall risk assessment areas
- Interventions that are specific to mitigate risk
  - Avoid interventions the resident isn't able to do
    - Remind resident to use the call light, but the resident is unable physically or cognitively
- Update after falls with interventions specific to the most recent fall
- Avoid using terms fall interventions "per policy"
  - Do you know the policy and is it the standard of practice?
- Goals
  - Avoid goals that are not practical
    - No falls in the next 90 days

Falls

The Welcome and Initial Family Contact

Transparency is key.

- Must build rapport with the family and create a bond of trust from day one.
- The opportunity to form this bond begins with admission.
- The chart is the tool that should be used to further establish and support the strength of the trust and bond between caregiver and family.
- The chart must establish, clearly and concisely, that the family was aware and possessed information about the resident's condition, prognosis and realistic expectations.

Family Education: Not All Falls Are Preventable

- Education starts on **admission** and continues throughout admission
- Education includes:
  - Interventions are to reduce the risk of falls
    - Risks highest in first 72hrs
  - Degree of monitoring
  - Restraint policy (least restraint, no restraint, communication process)
  - Hospitals v. Nursing Homes
  - Importance of family and visitors to reinforce interventions when with the resident.

Falling Risk Factors in the Elderly

Lower Body Weakness	Difficulties with Walking and Balance	Vitamin D deficiency	Vision Problems	Environmental Hazards
• Physio Referral • Strength training • Mobility Aids • Nutrition Referral • Walking with required supervision/assistance	• Physio Referral • Mobility Aids • Balance Training • Walking with required supervision/Assistance • Assess Footwear	• Notify practitioner • Nutrition referral • Supplementation • Osteopenia/ Osteoporosis	• Eye doctor referral • Occupational Therapy Referral • Environmental review • Interventions to remove hazards	• Address hazards for all residents • Remove clutter/Rugs and any tripping hazards • Assess footwear

Fall Risk Policy Gaps & System Failures

- Failure to complete fall risks timely
- Failure to follow policies
- Staff and supervision issues
  - Insufficient staff due to call offs
  - Poor communication among staff
- Staff’s delayed response to call lights
- Improper use of equipment
  - Lift equipment calls for two staff, yet one staff is used
- Lack of medication reconciliation and pharmacist med review

Falls: Documentation Considerations

- Fall risk assessment should be performed on admission and with every MDS, change in condition, and after each fall.
  - New gait disturbance
  - New medication
- Care Plan should include risk factors and interventions to be implemented to reduce the risk of falls.
  - Avoid using term “prevent”, as not all falls can be prevented.
- Update, modify, change care plan interventions as indicated following a fall.
  - Alert/Communicate with the team what changes have been made and why
- Ensure care plan interventions are consistent with resident’s physical and cognitive ability.
- Ensure care plan interventions match C.N.A. records.

Falls: Documentation Considerations

- The defense often comes down to the timeline.
  - Documentation should support when the resident was last attended to prior to the fall.
    - Vitals, MAR/TAR, Progress Notes, Accountability Records
    - Preservation of Worksheets Reflecting Rounds/Checks
    - Witness Statements Should Include When the Resident Was Last Seen/When Care Was Last Rendered

Documentation: Elements of a Post-Fall Note

- Description of how found
- Description of how last seen and fall risk reduction measures in place
- Physician and Family notification(s)
- Immediate actions
- Interdisciplinary meeting, evidence of root-cause analysis, including note of “unavoidable” as applicable
- Care plan additions/revisions. Note the “continued” interventions
- Follow up family notification, including answering questions to their satisfaction and their agreement with the plan.

How technology supports Falls Documentation

CORE EHR Functionality

- Standardized assessments for consistent and comprehensive assessment of residents during the fall
- Scheduling of follow-ups from one assessment to the next and any related assessments
  - Fall follow-up
  - Head to toe assessment
  - Neuro-checks X 72 hours
- Standardized care plan libraries tied to assessments
  - Easy to personalize interventions
  - Easily sent to POC for flow sheet tracking
  - CNA Kardex in POC to see fall interventions in their own category

Family Communication – Post Fall

- Assume the call is being recorded.
- Communicate
  - How the resident fell and current status
  - Preliminary investigative findings (including informing family of all the interventions in place at the time of the fall – this helps them understand the fall was unavoidable)
  - Physician involvement and current plan
  - Interventions which will continue, and any additional ones
  - Ensure their understating and agreement with the plan
  - Document that the call occurred and what was communicated

Risk Reduction Strategies

- Conduct a root cause analysis of all falls
- Educate and conduct competency training
  - Transfers
  - Fall risk assessments
  - Post-fall protocol
- Communication between shifts
  - Alerts staff of new falls or new/updated risks
- Audit risk assessments for accuracy and completeness

Additional Insight and Thoughts

AELTCC Spotlight Series

Jay Sackmann
Moderator

QUESTIONS?

Thank You

https://advancingexcellence.org/

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