



Avoiding a Near Miss

If you use the MDS as the assessment for your residents, then you are aware that there is a classification of falls that are coded in the “near miss” category. There has been much written about this category as it does not refer specifically to an actual fall, but rather, looks at the “potential” for a fall, “...that a fall **would** have occurred from lack of balance if there would not have been staff intervention.” It is important to remember that this category of falls is a critical step in the assessment and prediction of a resident’s risk for future falls. How “near miss” incidents are evaluated and documented can be critical and key to your overall fall program. There are several steps that you can take to utilize this category for increasing your ability to effectively manage falls.

Staff

This category is closely related to how staff is interpreting what they are doing for the resident, and it is intended to allow the staff to refine their assessment and evaluation skills. It is important that you explain and demonstrate to staff that anytime a staff member has to physically assist a resident, documentation and depicting the event should exist. It is human nature to simply help someone who has lost his or her balance and think nothing of it. However, under the MDS rules, a “near miss” is a predictor of future falls and should be careplanned as such. Without depicting staff interventions, the Interdisciplinary team might miss an important opportunity to understand what is really happening with the resident, is the resident experiencing a decline in status or other medical issues, are there cognitive concerns, etc...

Careplanning

The MDS RAPS and resident chart should indicate that the resident has indeed experienced a “near miss”. In the careplan it is important to identify both the short and long term goals. For example, if the “near miss” is thought to be a one-time event, then you might include in your short term goals education to the resident and staff with 24 hour supervision for any further complications. If the incident is assessed and thought to be an indicator of a decline or problem with the resident, then you need to look at more aggressive goals and plans for reducing the likelihood of a future fall. For example, short term goals may include initiating use of an alarm, making a referral to Physical Therapy for balance training, and/or doing a pharmacology review for any medication interactions. Your long term goals might include putting interventions in place to plan for the resident’s decline. This is particularly true for any resident facing a life threatening illness or becoming more and more medically compromised.

Benefits

When you educate staff on what a “near miss” is and looks like and why it is important, you will help staff members see that everything they do is a piece of the careplan puzzle. Understanding why these incidents are important increases the awareness of everyone on your team to be proactive and constantly looking for assessment opportunities for a comprehensive fall program. Documenting your interventions is important to the people who survey you. State surveyors want to know that you have made every consideration on the resident’s behalf to plan for that resident’s best quality of life.

Betty