

**CBE ID**

3001

**Title**

PACE Participant Fall Rate

**Project**

Patient Safety

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Spring 2021

**Removal Date**

Thu, 04/01/2021 - 20:00

**Initial Endorsement**

Thu, 01/26/2017 - 09:44

**Steward**

Centers for Medicare & Medicaid Services

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

The quarterly incidence rate of falls amongst PACE participants per 1,000 participant days.

**1.7 Measure Type**

Outcome

**1.8 Level of Analysis**

Facility

**1.9 Care Setting**

Other

### **1.14 Numerator**

Falls experienced by Participants in the PACE program during the month.

### **1.15 Denominator**

The denominator represents exposure of PACE participants to the risk of falling.

### **1.20 Types of Data Sources**

Management Data, Other, Paper Patient Medical Records

### **6.1.2 Current or Planned Use(s)**

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

### **Exclusions**

Exclude persons who were not enrolled as PACE participants, or who were not in their home location.

### **Planned Use**

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

### **Risk Adjustment**

Stratification by risk category/subgroup

### **Target Population**

Dual eligible beneficiaries, Elderly, Individuals with multiple chronic conditions

### **Steward Organization**

Centers for Medicare & Medicaid Services

### **Steward POC email**

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