

Eli's Rehab Report

Reader Question: Follow These Tips To Evaluate Patients' Falls Risk

Question: I would like to standardize the way we evaluate new patients for falls risks, both to comply with OASIS C and to keep any patient's potential for falls from falling through the cracks. I know that our tool must be validated but is there one method or tool that the **Centers for Medicare & Medicaid Services** endorsed or that the agency prefers we use? What should we consider when choosing an evaluation system?

-- Texas subscriber

Answer: Unfortunately, no, CMS has not endorsed a single tool to help you complete its multi-factor requirement -- but you definitely must stick with validated options.

Definition: "The multi-factor falls risk assessment must include at least one standardized tool that (1) has been scientifically tested on a population of community dwelling elders and shown to be effective in identifying people at risk for falls and (2) includes a standard response scale," CMS outlines. That means even if you perform a test the same way with the same scoring guide each and every time, but CMS hasn't validated your tool, then you aren't meeting the requirement. Avoid frustrations and head aches with these tips for selecting the best tool:

Tip #1: Rely on supplements to meet testing rules. There is "no single test that is both standardized and validated," but you can mix-and-match tests to fulfill the M1910 item, notes Northampton, Mass.-based **Fazzi Associates**.

For instance, you can use the Tinetti, Timed Up and Go (TUG), or function reach test to satisfy the validated component. Then supplement the validated test with a standardized one that assesses at least one other fall factor, the consulting group suggests. CMS currently is working to offer or endorse a single test that hits all the required variables. In the meantime, if your risk assessment doesn't contain a validated component, you must respond "No" (0) to this item (and that will affect outcomes for patients 65 and older).

Tip #2: Team up therapists and clinicians for intake. Many agencies will send one clinician to perform a comprehensive assessment and then a therapist or other worker will do the falls risk assessment. "That's a no-no," says Fazzi.

"The same person who completes the comprehensive assessment should perform the falls risk," the firm says. CMS' reasoning is that the person who conducts that comprehensive assessment has more in-depth knowledge of the patient and can better assess potential problems that may lead to a greater falls risk.

Try this: Clinicians and therapists can evaluate patients at the same time, Fazzi offers. The clinician can perform the comprehensive assessment and then the therapist can go through the falls risk assessment. But they conduct the tests at the same time, Fazzi says. Make sure you add your falls risk assessment tool to any admission packets so that they aren't overlooked during those first visits.

Tip #3: Take your time with the assessment. You could also "spread the assessment over at least two visits to avoid extreme fatigue by patients and allow enough time to complete the assessment correctly," says **Judy Adams** with Adams Home Care Consulting in Chapel Hill, NC. The clinician can identify the immediate care needs and begin addressing those on the first and second visit, and defer the falls risk assessment until the second visit, which is when the therapist would step in. "This would ... require HHAs to change the timeframe for completing a Start of Care OASIS to more than a 24- or 48- hour time period," Adams acknowledges. CMS "has always allowed up to five days to complete the SOC OASIS because they recognized clinicians may not be able to do everything in one day," she points out.

For example, things like a full medication review or teaching on some of the patient's meds could wait for a second visit, Adams suggests.

The bottom line: CMS should endorse and validate a specific tool before too much longer. In the meantime, follow these steps to ensure you keep your patients safe from potential fallswhile also complying with CMS' rules.