

OASIS Alert

Assessment: Don't Wait For A Fall To Assess Patients' Risk

Your proactive approach could save your agency -- and your patients -- big time.

Just because a patient hasn't fallen yet, doesn't mean he or she won't -- and if you aren't on the lookout for those whose falls risk isn't off the charts (yet), both your patient and your outcomes could suffer.

Example: You assess your patient for increased risk for falls using your multi-factor assessment tool. Your patient doesn't meet the criteria, so for M1910 (Has this patient had a multi-factor Fall Risk Assessment...), you choose response 1 (Yes, and it does not indicate a risk for falls. [Go to M2000 at SOC/ROC]).

However, you note that the patient may eventually take medications that might cause dizziness or drowsiness, and the patient's medical record indicates the potential for decreased gait stability.

Problem: OASIS C wants you to evaluate the patient's current condition, not a potential for falls sometime down the road. However, your "clinical judgment" may raise red flags that warn you some type of fall prevention is necessary, says **Martha Sutkowski** with Methodist Home Care Services in Gary, Ind.

Solution: In an instance where your hunch (based on experience or clinical training) is that a problem will arise, you should advocate for the plan of care to include falls prevention -- even if the primary care physician didn't include it. "Your job is to prevent a fall from happening, and a call to the physician to have falls put into the POC may be all it takes," notes **Amanda Sechrist** with Sentry Home Health Services in Phoenix.

But keep in mind that clinicians could easily decide that every home health patient is at risk for falling. Document why a particular patient or situation shows an increased risk and prepare to prove that increased risk if you want to win over the physician, Sechrist advises.

Once the POC is updated to include falls risk, you can then work up a falls prevention plan that takes into account your concerns and prepares for the problems you think will arise.

For instance, if you think the potential for gait instability is high, you can begin teaching patients how to steady themselves or install grab bars and other mobility tools. You can also go ahead and educate patients about any medications coming down the road so that you can prepare the most effective schedule as well as best monitor the medication's effects.

The bottom line: Home care patients are already at a higher risk for falls than other people. You must spot the patients whose risks for falling are even greater than your other patients and sound the alarm in enough time to keep them safe.

Your failure to proactively assess and prevent falls could result in a patient who leaves your care in worse condition than when they arrived -- and that will do you no favors come time for the public to see your quality outcomes.

Resource: To beef up your falls risk prevention and monitoring skills, register for the HHQI National Campaign's Best Practice Intervention Package (BPIP) focused on falls prevention.

The BPIP, which includes information, tools, and resources from a spectrum of home care experts, is available at <http://www.homehealthquality.org/hh/def>. Free registration is required.