OASIS Alert

Case Study: OASIS Can Be Your Falls Risk Assessment Tool

How one agency uses OASIS as a crystal ball to predict falls and take preventive actions.

When per capita falls for home care patients exceeded those for patients hospitalized in its parent hospital, Charlottesville, VA-based **Continuum Home Health Care** decided to focus its quality improvement efforts on identifying patients at risk for falls and taking preventive action. What it didn't expect was how well OASIS can predict risk.

Tracking outcomes finally lets agencies address both costs and care in a powerful way, applauds Continuum's program improvement coordinator **Joyce Witten**. Falls are a primary reason for emergent care, she stresses. Consequently, surveyors will be focusing on emergent care for an injury from a fall, and Home Health Compare will publicize this outcome.

Continuum part of the **University of Virginia Health System** has a policy of reporting both observed and unobserved falls in the home, notes the agency's rehabilitation manager, physical therapist **Diane Huss**. Investigating falls as part of the QI process "started the ball rolling," she says.

The agency was able to take existing QI efforts and incorporate OASIS. Now, two years into the project, clinicians have found that using OASIS assessments for falls risk screening has dramatically improved their ability to predict who's at risk.

No Single Answer Led To OASIS Focus

Continuum used a five-part process to address falls risk:

1. Review literature to determine known risk factors for falls. We found "a matrix of indicators that put people at risk for falls," Huss says. And many of those indicators are covered in the OASIS assessment, Witten noticed. At that point OASIS became central to the falls prevention effort, Witten explains.

2. Identify the OASIS questions that addressed these risk factors. A number of OASIS items were important predictors, including those assessing ambulation, activities of daily living, confusion, anxiety and behavioral problems, Witten says.

3. Determine the threshold such as a 2 or a 3 at which an OASIS answer identifies falls risk. Chart audits showed that this varied from question to question.

4. Compare OASIS assessment responses for 40 patients who fell with those for 40 patients who didn't fall. "Every OASIS question/answer that had what the literature review said might cause falls was identified and compared," Witten explains. Then, the team created a correlation grid to see which areas may have had more "activity" than others, she adds.

5. Develop an assessment query and falls prevention strategy. The agency developed the tool with the clinician in mind, Witten notes. "We focused on using the assessment we already had, rather than adding more work for the clinician," she explains. Since Continuum uses Seattle-based **Outcome Concept Systems** for benchmarking, the agency had OCS "write a query that searches our OASIS data set to pull out the falls risk patients," Huss reports.

Querying OASIS Data Set Identifies Risk

OASIS assessment answers place patients at mild, moderate or high risk for falls. Those at risk receive specific interventions.

"In reality, determining whether the patient is at moderate risk or high risk is not as important as knowing they are at risk and intervening appropriately," Huss advises.

RESULTS: The tool has accurately predicted the falls risk in 94% of the patients who have had falls in the first year of use, Huss reports. So far the agency isn't seeing fewer falls, but that is reasonable, given the heightened awareness about the importance of reporting falls, she speculates.

The next step after one year of assessment and intervention is to go back and see if people actually followed the plan and if it made a difference, Huss says. Ongoing educational efforts are important for consistent implementation, she acknowledges.

Some interventions Continuum uses include reporting all falls to the primary physician, PT evaluations and referrals to other therapies as needed, review of medications that might be related to falls including pharmacist consultation if needed social worker referrals for caregiver support and psychiatric nurse referral for evaluation of cognitive or behavioral risk factors.

The social work and psych nurse referrals have been harder to implement, Witten says, and she plans to address this issue in the future.

LESSON: An ad hoc interdisciplinary approach was cost effective, Witten says, but she recommends having a larger ongoing team especially from nursing to help the buy-in and improve implementation. Include someone from nursing who is especially concerned about safety and can be a champion for the effort, she advises.

TIP: Having a graduate-level nursing student do much of the investigation was extremely helpful, Witten says. Many nursing students are looking for projects as part of either a local or a distance-learning program and could be a valuable resource to agencies, she predicts.