

OASIS Alert

OBQI: Unexpected Benefits Come From Falls Prevention Programs

Underestimating patients' falls risk undermines your agency's reputation here's how to beef up your program.

"The statistics are staggering," says OASIS consultant **Patricia Tulloch** with **RBC Limited** in Staatsburg, NY. Falls are the leading cause of death in the population over 64. Yet many home health agencies view a falls prevention program as optional, she worries, when it should be considered a must-have.

Falls must be of concern to every agency, warns consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. OASIS "shines a spotlight on a problem clinicians have always known about and addressed to some degree," Warmack says. Now agency owners and administrators are taking notice, because falls impact referrals and marketing as well as patients.

Taking time to educate administrators is crucial, remarks program improvement coordinator **Joyce Witten** with Charlottesville, VA-based **Continuum Home Health Care**. You need the commitment of a supportive and knowledgeable management team to implement a successful program, she warns.

Some falls prevention is done with every patient as part of standard nursing care or therapy, Warmack says. But if a patient is at greater risk of falls, the physician may be willing to order the care included in a more intensive falls prevention program PT and OT evaluations and extra nursing interventions, for example. Doctors respond very positively to these requests, Warmack reports, and the extra emphasis helps marketing as well.

As you begin using an expanded falls prevention program, you may see unexpected effects on outcome-based quality improvement, experts say. Training your clinicians to perform a more accurate OASIS assessment should lead to more accurate reimbursement for the care you will be giving. Other outcomes may improve as a result of the fall prevention efforts, such as improvement in activities of daily living or medication management. Your agency also is likely to look better at survey time, Warmack adds.

Falls are impossible to prevent completely, so an agency's goal should be to keep the incidence as low as possible, experts say. To do this, identify risk on admission and quickly implement interventions to prevent or minimize falls.

As a first step, HHAs need a tracking mechanism by which all falls are reported, Warmack advises. Then the quality improvement team can analyze the reported falls to determine any causative factors.

Tailor Forms To Your Agency

OASIS assessment items combined with other characteristics of your patient population form the basis of a falls risk assessment, Tulloch suggests. She shares her company's two-page form with Eli's OASIS Alert readers as a beginning on which to build your own falls risk assessment and prevention program (see forms in this issue).

To adapt the form to your patient population, Tulloch suggests you:

1. Audit adverse events, incident/accident reports and the records for those patients. Look for trends, data or causative factors that will help you customize your approach. Using this information, add or subtract items on the assessment form (in this issue).

2. Review falls incidents for where falls occur. If you serve a high percentage of frail elderly, for example, you may find most falls occur when the patient tries to get out of bed and has no way to call for help, she suggests. If you serve many complicated rehab patients you may find falls occur in the bathroom because of inadequate safety equipment for the patient's needs or poor understanding of how to use equipment. Then modify the risk assessment form and intervention to suit your case mix.

3. Look at 10 patients who had falls and 10 who didn't. See if there is a practice variation between the two groups that you should add to your assessment or intervention items. Look at what the agency could have done to prevent the falls. Adapt the prevention grid (in this issue) to reflect your findings.

4. Try out the adapted tool on five to 10 patients to see if it fits your needs. Have the team of clinicians who invested the effort in modifying the tool use it in a pilot project with their patients, Tulloch suggests. Putting something in place and refining it with clinicians in the field leads to a more effective falls prevention program, she advises.

5. Begin using the customized tool on all new patients. Repeat the assessment if there is a change in the patient's condition. After determining the level of risk, initiate the planned interventions.

Bear In Mind These Expert Tips:

1. Accurate and consistent scoring of OASIS assessments affects falls risk assessment. Specifying assessment strategies for each M0 item helps.
2. Be aware that you may need to remind therapists who work for more than one agency to use your assessment strategies with your patients.
3. Improved OASIS accuracy may increase the number of patients designated at risk for falls.
4. Assessments that use more observation than interview such as physical therapist's assessments are likely to better predict falls risk.

Editor's Note: Readers are welcome to use the form on p. 56 and 57 after customizing it to suit your needs, Tulloch offers. To use it without changes, please contact her at Ttull42@aol.com.