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OASIS Alert

Reader Question: ADD THESE FALLS RISK ASSESSMENT TIPS TO YOUR OASIS ARSENAL

Careful: Not just any risk assessment test will do, CMS says.

Question: Our clinicians currently use a validated falls risk assessment tool when evaluatingnew patients. Will this tool meet the requirements set forth in OASIS C? Has the **Centers for Medicare & Medicaid Services** endorsed one tool over another?

Answer: Unfortunately, no, CMS has not endorsed a single tool to help you complete its multi-factor requirement.

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.

Tip #1: Rely On Supplements To Meet Testing Rules

There is "no single test that is both standardized and validated," but you can mix-andmatch tests to fulfill the M1910 item, noted Northampton, Mass.-based **Fazzi Associates** in the Jan. 28 Webinar "Insights From the Delta National OASIS C Best Practices Project."

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 in its OASIS C Best Practices Manual.

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: Assign One Aide For Intake Assessments

Many agencies will send one aide or clinician to perform a comprehensive assessment and then a completely different person will do the falls risk assessment. "That's a no-no," said Fazzi Associates in the Webinar.

"The same person who completes the comprehensive assessment should perform thefalls risk assessment in order to respond 'Yes' (2 or 3) to this item," 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: You could send a clinician out to perform the comprehensive assessment and a therapist out to go through the falls risk assessment -- as long as they conduct the tests at the same time, Fazzi Associates suggested. Make sure you add your falls risk assessment tool to any admission packets so that clinicians don't overlook them during those first visits.

Split it up: You can "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

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Hill, NC. The clinician can identify the immediate care needs and begin addressing those on the first and second visit, and defer parts of the assessment until the second visit, along with providing the needed actual patient care.

"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," shepoints 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: You can continue using your favorite assessment tool while waiting for something to get validated, but you'll have to answer "No" for M1910 -- even though you know you are assessing the patient's risk.

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