

OASIS Alert

Tools: Is This Fall Risk Tool Appropriate for Your Agency?

Ask the right questions before making a change.

Home health agencies struggling with answering M1910 □ Has the patient had a multi-factor Fall Risk Assessment? for non-ambulatory patients were happy to hear about a new tool that could fit the bill. But is this tool right for your patients?

Background: The **Missouri Alliance for Home Care's** (MAHC) multi-factorial fall risk assessment tool was validated for the home health population in Sept. 2012. Prior to this, there was no widely-available standardized fall risk assessment tool that was appropriate for non-ambulatory patients. This meant that non-ambulatory patients were unable to participate in the tasks required to complete a standardized fall risk assessment, so you could only select Response "0 □ No" for M1910. As a result, many agencies took a hit on their Home Health Compare scores through no fault of their own. So, agencies have greeted the new tool warmly.

CMS Weighs In

"CMS does not approve or disapprove individual tools," the **Centers for Medicare & Medicaid Services** said in the October 2012 CMS Quarterly OASIS Q&As, in response to a question about whether the MAHC-10 qualified as a single standardized, validated, multifactor tool.

"If an agency has evidence (from published literature, the tool developer, or another authoritative source) that the tool they are using assesses multiple factors that contribute to the risk of falling, has been scientifically tested and validated on a population with characteristics similar to that of the patient being assessed, and shown to be effective in identifying people at risk for falls, and includes a standardized response scale, then the agency can consider the tool to meet the requirements for the OASIS-C best practice assessment," CMS said in the Oct. 2012 Q&As.

Ask these Questions Before you Switch

While the MAHC-10 does meet the M1910 criteria for a standardized and validated fall risk assessment tool, agencies should proceed carefully, Northampton, M.A.-based **Fazzi Associates** said in a recent email.

"Before making any big changes, agencies are cautioned to consider the following," Fazzi said:

Does this tool make sense for my patient population?

Do we use the tool on every patient or make it an option?

Does my staff know how to use this tool correctly?

Does my documentation tool have the correct MAHC-10 material in it?

Bottom line: "The most important consideration should be how this tool option can improve our ability to identify risk so we can actively work to decrease it," Fazzi said. "Having a tool that meets the standards in M1910 is only part of the larger issue, as the focus must remain keeping our patients safely at home."

One Agency's Story

Prior to the MAHC-10's validation, **Visiting Nurse Service of Rochester and Monroe County** in New York state had included the tool as an option in the electronic health record as a multi-factorial assessment tool that could be utilized as



one component to answer M1910, says **Susan Gold**, associate vice president of operations with VNS.

At that time, an additional validated assessment — typically the TUG, needed to be performed and documented in addition to the MAHC-10, Gold says.

"Now that the MAHC-10 has been validated, we are allowing our clinicians the latitude to determine if they will be utilizing the MAHC-10 exclusively as the initial screen for falls risk," Gold says.

Positive outcome: Clinicians have been very receptive to having a single tool that meets the OASIS-required patient fall risk assessment criteria, Gold reports. Clinicians have also responded positively to being able to use the MAHC-10 for all patients including those with extreme mobility limitations.