

OASIS Alert

Training: Click On This Falls Risk Assessment Tool from CMS

All disciplines should feel comfortable conducting falls risk assessments.

Home care patients are at a higher risk for falls than other people. Assessing each patient for falls risk can help prevent injury -- and now the **Centers for Medicare & Medicaid Services** is offering a free video discussing OASIS item M1910 -- Has the patient had a multi-factor Fall Risk Assessment?

Background: Although CMS doesn't require home health agencies to perform falls risk assessments, it does have an interest in tracking how many patients receive falls risk assessments. This goes back to CMS' desire to see best practices implemented across healthcare settings.

Know What M1910 Requires

OASIS item M1910 asks "Has this patient had a multifactor Fall Risk Assessment?" In order to answer "1 - Yes, and it does not indicate a risk for falls," or "2 - Yes, and it indicates a risk for falls" to this item, your agency must administer a falls risk assessment that includes at least one standardized tool that has been scientifically tested and found to be effective in identifying fall risk in community-dwelling seniors. The standardized tool must incorporate a response scale that remains the same each time the tool is used.

In addition, if your agency decides to administer a falls risk assessment, responding "1" or "2" to M1910 requires that you use either:

- A standardized assessment tool that addresses two or more factors, or
- A standardized screen (such as the Timed Up and Go) in combination with evaluation of at least one additional fall risk factor such as fall history (M1032), polypharmacy (M1032), impaired vision (M1200), or incontinence (M1610).

Finally, answering "1" or "2" to M1910 requires that the assessing clinician has administered the assessment tool and that it was done within the required timeframe. At start of care, that means within five days of the SOC date. At resumption of care, the tool must be administered within two days after inpatient discharge date.

You'll respond "0 --" No multi-factor falls risk assessment conducted," if:

- No validated multi-factor falls risk screening was conducted; or
- A multi-factor falls risk screening was conducted by someone other than the assessing clinician; or
- A multi-factor falls risk screening was conducted but not within the required time frame; or
- When the patient is unable to participate in a multifactor falls risk screening.

Tip: If you are answer "0" because your patient is bedbound and therefore unable to participate in the screening, be sure to document why you weren't able to conduct the assessment, CMS says.

Falls Risk Assessments Needn't Be Discipline-Specific

Certainly nurses and physical therapists should feel comfortable conducting falls risk assessments, but CMS' new youtube training video addresses the concerns other disciplines might have in assessing fall risk. CMS uses the example of a speech language pathologist conducting a ROC assessment and using the TUG test as part of the falls risk assessment.

"The questions from the TUG test aren't specific to a single discipline, so any discipline should be able to use them. The

environmental assessment and patient history of falls can be answered by any discipline as well. Because many clinicians who aren't nurses aren't comfortable doing the medication review, you can write down the meds and have ... one of the clinical managers do the review." CMS permits collaboration across disciplines as long as a single person takes responsibility for completing the OASIS.

Identify Falls Prevention Steps

If your falls risk assessment finds your patient at risk for falls, you'll need to determine what steps the patient and his family can take to prevent falling. Your falls prevention plan should be aligned with the falls risk assessment findings, CMS says.

For example: If you find that your patient sometimes forgets to use his walker when getting out of his chair, the plan of care should include some kind of reminders on walker use.

When discussing the patient's case with his physician, be sure to include the fall prevention measures you plan to undertake, CMS advises. Also document fall prevention steps in the plan of care which the physician will sign. See the sidebar for CMS' suggestions for organizing your thoughts when communicating with the physician.

Editor's note: The **Centers for Medicare & Medicaid Services** has posted four OASIS C training sessions on youtube. The sessions focus on process-based quality improvement (PBQI) measures; the intervention synopsis (M2400); the plan of care synopsis (M2250); and the falls risk assessment (M1910). To view them, visit www.youtube.com and search under "oasis c process items."