OASIS ITEM

(M1910) Has this patient had a multi-factor **Fall Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

- ☐ 0 - No multi-factor falls risk assessment conducted.
- ☐ 1 - Yes, and it does not indicate a risk for falls.
- ☐ 2 - Yes, and it indicates a risk for falls.

ITEM INTENT

Identifies whether the home health agency has assessed the patient and home environment for characteristics that place the patient at risk for falls. Patients under the age of 65 will be excluded from the denominator of the publicly reported measure. The multi-factor falls risk assessment must include at least one standardized tool that 1) has been scientifically tested in a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elders, noninstitutionalized adults with disabilities, etc.) and shown to be effective in identifying people at risk for falls; and 2) includes a standard response scale. The standardized tool must be both appropriate for the patient based on their cognitive and physical status and appropriately administered as indicated in the instructions.

This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.

TIME POINTS ITEM(S) COMPLETED

Start of Care

Resumption of Care

RESPONSE—SPECIFIC INSTRUCTIONS

- CMS does not mandate that clinicians conduct falls risk screening for all patients, nor is there a mandate for the use of a specific tool.
- For Responses 1 and 2, an agency may use a single comprehensive multi-factor falls risk assessment tool that meets the criteria as described in the item intent. Alternatively, an agency may incorporate several tools as long as one of them meets the criteria as described in the item intent. For example, a physical performance component (e.g., Timed Up and Go), a medication review, review of patient history of falls, assessment of lower limb function and selected OASIS items (e.g., OASIS items for cognitive status, vision, incontinence, ambulation, transferring).
- Use the scoring parameters specified in the tool to identify if a patient is at risk for falls. Select response 1 if the standardized response scale rates the patient as no-risk, low-risk, or minimal risk. Select response 2 if the standardized response scale rates the patient as anything above low/minimal-risk.
- In order to select Response 1 or 2, the fall risk assessment must be conducted by the clinician responsible for completing the comprehensive assessment during the time frame specified by CMS for completion of the assessment.
- Select Response 0 if:
  - a standardized validated multi-factor falls risk screening was NOT conducted by the home health agency,
  - a standardized validated multi-factor falls risk screening was conducted by the home health agency but NOT during the required assessment time frame,
  - a standardized validated multi-factor falls risk screening was conducted during the assessment time frame, but NOT by the assessing clinician.
  - the patient is not able to participate in tasks required to allow the completion and scoring of the standardized assessment(s) that the agency chooses to utilize.

Guidance for this item updated 12/2011

DATA SOURCES / RESOURCES (cont'd for OASIS Item M1910)

- Observation
- Patient/caregiver interview
- Physical assessment
- Environmental assessment
- Referral information
- Review of past health history
- Several links to guidelines listing fall risk assessment factors can be found in Chapter 5 of this manual.

Guidance for this item updated 12/2011