



MAHC-10 Fall Risk Assessment Tool

FREQUENTLY ASKED QUESTIONS #2 (10-26-12)

1. What can an agency do while waiting for a vendor to update our software with the MAHC-10?

The responsibility lies with the agency to meet standardization in administration, so a practical temporary process might be to have your clinicians complete the paper version of the MAHC-10 then input that information into your software in whatever way the system currently collects it. Be sure to make an entry somewhere in the record that the data was collected using the MAHC-10 paper version and scan the completed form into your electronic medical record, or keep a copy of the completed form in your internal documents as proof.

2. Can my software vendor add additional guidelines, hints or suggestions for the clinician to consider when completing the MAHC-10?

No. In our opinion, this would negate the “standardization” of the tool. The only way to know if a tool is being applied in a standard fashion is if the tool being used is exactly the same for every clinician looking at the tool and conducting the assessment. For example, under Poly Pharmacy there are protocols given for this element. Changing the software to include more guidance, lists of specific brand name medications, or adding more categories of medications would, in our opinion, make the tool not standard as those additions could influence the clinician.

3. We have been using MAHC’s fall risk assessment for years. How is the MAHC-10 different and can I continue to use the one in my system?

MAHC has not “changed” the tool. After the validation study was released it came to our attention that the directions and protocols that were being used by the clinicians in the benchmark project as they conducted the fall risk assessment and gathered the data that was used in the research were, in some cases, not clearly listed on the form. We felt that we should clarify for a new user what the protocols were that were being used when the research data was collected. Therefore, we made a few clarifications to the protocols and added the directions that were used in the research data collection process. None of the core elements, scoring mechanism and threshold for risk were changed.

However, in our opinion, agencies should update their paper forms and/or software with the current MAHC-10 to meet the standardization criteria. Every user must see the same thing and administer in the same way.

4. Most of the MAHC-10 core elements are incorporated into the OASIS comprehensive assessment. Are we able to let the software automatically extract the data and calculate electronically the score to determine the patient's fall risk?

No. The CMS requirement is that a **standardized** validated assessment tool is used, which would include use of the accompanying **validated protocol for administration**.

In our opinion, to maintain the validity of our standardized tool, the MAHC-10, everyone must use the same tool, the same way and follow the same administration protocol. Therefore, the MAHC-10 consists of the required ten core elements, initial instructions/protocols, scoring mechanism and threshold for risk, all of which may not be altered or changed in any way. We understand that a computer system could in fact compile the information but again, it was not recorded based on the MAHC-10 but rather from information requested from questions in the OASIS assessment. This would negate the "standardized" requirement and make the tool invalid.

5. Does our agency have to use the MAHC-10?

No. Agencies are not bound to use this tool. However, based on the response we have heard and seen from Home Health agencies across the nation, using this one tool is very important to them. Of special note is the bedbound patient and agencies' frustration at being required to mark that you did not conduct a Fall Risk Assessment because the patient was unable to perform the TUG. This caused your Home Health Compare outcomes to look bad, especially if you have a large number of bedbound or immobile patients. The MAHC-10 solves this problem and will give a more accurate picture of home health agencies' outcomes.

(Updated 10-26-12)