![Missouri Alliance for HOME CARE]

Home Care
Fall Reduction Initiative

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Infection Surveillance Project
for Home Care

Patient Satisfaction
Survey Project

Client Satisfaction
Survey Project

INTRODUCTION

The Missouri Alliance for Home Care (MAHC) has developed a set of standardized tools for reporting and monitoring falls in patients under the care of home health. The program which began as a way for home health providers in Missouri to benchmark fall rates quickly gained national attention, and soon MAHC invited home care agencies from across the nation to submit their data for comparison and tracking. Since then the *MAHC Home Care Fall Reduction Initiative* has been extensively field-tested and publicly recognized as a best practice for assessing risk for falls among community dwelling elders.

The multi-disciplinary home care fall reduction initiative aims to:

- **Reduce falls**
- **Improve patient outcomes**
- **Establish a baseline of falls in home care**

Every quarter MAHC compiles the fall data submitted by participating agencies and returns to them easy-to-read individualized reports which provide an overview of all the information collected as well as the agency's individual analysis. Clinicians use the reports to track outcomes, identify trends, and improve care.

OASIS-C requires a standardized and evidenced-based process be used to assess fall risk for each patient. Pairing MAHC's Fall Risk Assessment with the Timed Up and Go test meets this requirement. Additionally, as outcomes become further tied to reimbursement having instruments that clearly demonstrate patient improvement and decreased need for acute care will be even more vital.

Participating in the MAHC Home Care Fall Reduction Initiative underscores your agency's effort and commitment to fall prevention and underscores your progress in concrete and easy-to-understand reports. In this packet you will find information and samples of some of the tools used in the MAHC home care fall reduction project including:

- Definition of a fall
- 10 core elements fall risk
- Fall risk assessment form
- Fall report form
- Example of a quarterly report
- Enrollment form and participation agreement

The project is managed by MAHC staff and overseen by a volunteer committee of home health care professionals. An annual registration fee paid by the participating agencies covers the cost of data collection and statistical analysis. In addition to the quarterly reports, other benefits for program participants include: training and on-going support; communication on fall prevention developments; and interactive community meetings where participants and MAHC staff share feedback and look for ways to enhance the program's value to home care agencies, their staff, and patients. By expanding the program and adding features suggested by its participants, MAHC continues to assist home care providers to give the highest quality care to their patients.

Which patients are included in the study?
All patients served by the home health agency except for peds and mom/baby programs.

What falls are included?
Any instance which meets the following criteria: **An unintentional change in position resulting in coming to rest on the ground or at a lower level**. Both witnessed and un-witnessed falls are included.

How much additional staff time will participating in the study require?
Minimal staff time is needed to participate in the program. The agency appoints a single person to serve as the program manager. The program manager enters the falls data into the spreadsheet once every three months and e-mails it to MAHC. Screening patients upon start of care and recording the incidence of falls is most likely already agency procedure. MAHC provides standardized forms for both of these functions hopefully streamlining the process even further.

How is the data reported to MAHC?
MAHC provides a standardized form to report a fall and a pre-formatted excel spreadsheet to enter the falls data at the end of each quarter. Agencies send the spreadsheet to MAHC by email. MAHC then adds the information to the other data collected and completes the statistical analysis and reports.

How do agencies get their reports?
Individualized reports may be sent either by e-mail or on a computer disc. Reports are returned to the agency approximately 7 weeks after the end of each quarter.

Why is the participation fee higher the first year?
The registration fee covers training for the agency's project manager and other administrative costs associated with initiating the agency's statistical analysis. If the agency decides to appoint a different project manager later on, no additional fees are incurred to train the new person.

Do you have to be a member of MAHC to participate?
No. Home health agencies from any state may participate in the program.

Does MAHC offer any other benchmarking programs for home care?
Yes. MAHC also administers an infection surveillance project for bladder and central venous catheters as well as patient and customer satisfaction projects.

What if I have more questions?
Contact Cyndee Howell at (573) 634-7772 or email cyndee@homecaremissouri.org. You may also visit the MAHC website at www.homecaremissouri.org to learn more about all MAHC benchmarking initiatives.

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Home Care Fall Reduction Initiative

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Agency Enrollment Form and Participation Agreement
Home Care Fall Reduction Initiative & Benchmarking Project

Company Name_____

Company Address_____

City_____ State_____ Zip_____

Phone_____ Fax_____

Contact Person_____

Contact Person's Email_____

Demographic Information for the Most Recent Calendar Year
To ensure accuracy of data comparisons, please complete this demographic information.

   1. Home Health Agency Base

       [   ] Freestanding   [   ] Institutional

   2. Designation

       [   ] Urban   [   ] Rural

   3. The total number of visits per year _____

Project Participation Fees: $200.00 Enrollment fee *(due first year only)*
                                $400.00 Annual fee

                                       Enclosed: $_____

☐   I have read the Guidelines and Policies document and the Quality Assurance Procedures
    and I agree to comply with the terms and requirements therein.

Project Supervisor's Signature_____Date_____

Return this completed, signed agreement with the first annual payment to:

Missouri Alliance for HOME CARE
2420 Hyde Park, Suite A, Jefferson City, MO 65109-4731 ▪ (573) 634-7772 ▪ (573) 634-4374 Fax
www.homecaremissouri.org

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Home Care Fall
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CONSEQUENCES OF FALLS IN THE ELDERLY

Falls are not a normal part of aging, but may be a marker of underlying disease or the development of one. The most common fall-related injuries are fractures of the hip, spine or forearm, and are the leading cause of immobility, nursing home placement, and premature death of the elderly. The financial impact of fall injuries is expected to reach $43.8 billion by 2020.

DEFINITION OF A FALL

Project participants use the following parameters to define a fall:

**An unintentional change in position resulting in coming
to rest on the ground or at a lower level.**

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10 REQUIRED CORE ELEMENTS OF THE
FALL RISK ASSESSMENT

1) Age 65+

2) Diagnosis (3 or more co-existing)

3) Prior history of falls within 3 months - using the definition provided above

4) Incontinence

5) Visual impairment

6) Impaired functional mobility

7) Environmental hazards

8) Poly Pharmacy (4 or more prescriptions)

9) Pain affecting level of function

10) Cognitive impairment

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Home Care Fall
Reduction Initiative

FALL REDUCTION GUIDELINES AND POLICIES

Companies that participate must:

1. Conduct a falls risk assessment on each patient served by the home health agency (excluding peds and mom/baby program) at start of care, and then again at recertification using the **10 core elements** outlined by MAHC.

2. Ensure that all staff who conduct a fall risk assessment are trained on the **10 core elements**, understand what each is, and how it is to be assessed.

3. Identify those patients who were assessed at admission or recertification to have a fall risk (scored a 4 or higher on the risk assessment form).

4. Of the patients who fell during the quarter, note those who had been assessed as having a fall risk at admission or recert.

5. Train all care staff - professional and para-professional - to identify if a fall has occurred based on the **definition** specified by MAHC, and use the **risk assessment** and **fall report forms** provided.

6. Complete a **fall report form** for each fall incident. Both un-witnessed and witnessed falls must be included.

7. Identify a staff member who will serve as the **project supervisor** for the agency. The project supervisor may be a nurse, therapist, office manager, or other staff trained to review the falls data and is responsible for:

   - Reviewing the fall incident reports;

   - Reviewing patient charts (when necessary) to determine status for risk assessment at admission/recert;

   - Using the tools provided to determine if a patient is at risk, and having a thorough comprehension of the **10 core elements** and other information that may impact the data;

   - Sending the completed fall data spreadsheet to MAHC within 30 days of the end of each quarter.

   - Receiving the agency's reports from MAHC and disseminating it and any other information to other staff as appropriate.

8. Assure that the data submitted is accurate by establishing an internal system for review by an appropriate person prior to submission.

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Home Care Fall *Reduction Initiative*

RISK ASSESSMENT FORM

Conduct a fall risk assessment on each patient at start of care and re-certification.

Patient Name:_____ Date:_____

(Circle one) SOC / Re-certification

Required Core Elements - Assess one point for each core element "yes"	Points
Age 65+	
Diagnoses (3 or more co-existing) Assess for hypotension	
Prior history of falls within 3 months defining fall as: An unintentional change in position resulting in coming to rest on the ground or at a lower level.	
Incontinence Inability to make it to the bathroom or commode in timely manner, includes frequency, urgency, and/or nocturia.	
Visual impairment Includes macular degeneration; diabetic retinopathies; visual field loss; age related changes; decline in visual acuity, accommodation, glare tolerance, night vision, depth perception; not wearing prescribed glasses or having the correct prescription.	
Impaired functional mobility May include: patients who need help with IADLS or ADLS or have gait or transfer problems; arthritis; pain; fear of falling; foot problems; impaired sensation; impaired coordination; or improper use of assistive devices.	
Environmental hazards May include: poor illumination; equipment tubing; inappropriate footwear; pets; hard to reach items; uneven or cluttered floor surfaces; or outdoor entry and exits.	
Poly Pharmacy (4 or more prescriptions) Drugs highly associated with fall risk include but not limited to: sedatives; narcotics; tranquilizers; anti-depressants; antihypertensives; cardiac meds; corticosteroids; anti-anxiety drugs; anticholinergic drugs; and hypoglycemic drugs.	
Pain affecting level of function Pain often affects an individual's desire or ability to move or pain can be a factor in depression or compliance with safety recommendations.	
Cognitive impairment Could include: patients with dementia, Alzheimer's or stroke patients; or patients who are confused, use poor judgment, have decreased comprehension, impulsivity, memory deficits. Consider patients ability to adhere to the plan of care.	
A score of 4 or more is considered at risk for falling **Total**	

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Home Care Fall *Reduction Initiative*

FALL REPORT FORM

Patient Name: _____ Patient Chart # or ID#_____

Date of fall:_____

Circle or enter the appropriate response		
1. Did the **fall** occur during the first 30 days of care?	YES	NO
2. Fall was witnessed by a home care worker?	YES	NO
3. Was **risk** identified at start of care?*	YES	NO
4. Was physical therapy ordered and had it begun at the time of the fall?	YES	NO
5. Was nursing ordered at the time of the fall?	YES	NO
6. Was there an injury requiring **emergent care**?	YES	NO
a.). If yes, was the injury a hip fracture?	YES	NO
7. Medications a.) Were there any medication changes within two weeks of the fall?	YES	NO
b.) Number of prescription medications the patient is taking		
c.) The number of prescription pain medications the patient is taking		

A fall is defined as: An unintentional change in position resulting in coming to rest on the ground or at a lover level.

* **Risk** is identified: if the patient had 4 or more points from the 10 core elements of the MAHC risk assessment

The OASIS definition of **emergent care** is:
- Hospital emergency room (includes 23-hour holding)
- Doctor's office emergency visit/house call
- Outpatient department/clinic emergency (includes urgent center sites)

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Home Care Fall *Reduction Initiative*

DATA ENTRY FORM SAMPLE (EXCEL SPREADSHEET)

Patient Fall Data Entry Form

Rev1106

Home Care Agency Number ►	13557
Quarter of Year Surveyed ►	1st
Calendar Year Surveyed ►	2007
Number of Patient Assessments ►	2
Number of Patients at Risk ►	1

Survey #	In service < 31 days	Was fall witnessed	Risk at SOC	Therapy care at time of fall	Nursing care at time of fall	Required emergency care	If yes, Hip Fracture	# of Prescription Medications	# of Pain Medications	check here for errors ▼
1	No	Yes	3	No	Yes	No		3	1	
2	Yes	No	5	Yes	Yes	Yes	No	6	1	
3										
4										
5										
6										
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Home Care Fall *Reduction Initiative*

Missouri Alliance for Home Care
Patient Fall Statistics for
Control #13557 - ABC Home Health Agency

1st Quarter 2007

Compare Group	Patients Assessed	Patients at Risk	Total Falls	Percent Unwitnessed	Falls during first 30 days of care	Risk at SOC Count	Risk at SOC Rank	Therapy at TOF Count	Nursing at TOF Count	Falls requiring Emer. Care Count	Falls requiring Emer. Care Rank	Emer. Care with Hip Fracture
Your Agency	375	195	11	81.8%	8	11	N/A	8	10	2	N/A	1
Percentage		52.0%	2.9%		72.7%	100.0%		72.7%	90.9%	18.2%		50.0%
Institution	7322	4742	467	95.5%	287	415	1/19	301	396	76	12/19	6
Percentage		64.8%	6.4%		61.5%	88.9%		64.5%	84.8%	16.3%		7.9%
Freestanding	4864	3568	371	94.9%	163	345	N/A	256	309	43	N/A	0
Percentage		73.4%	7.6%		43.9%	93.0%		69.0%	83.3%	11.6%		0.0%
Urban	8998	5891	575	94.4%	285	515	1/9	395	478	84	6/9	4
Percentage		65.5%	6.4%		49.6%	89.6%		68.7%	83.1%	14.6%		4.8%
Rural	3188	2419	263	97.0%	165	245	N/A	162	227	35	N/A	2
Percentage		75.9%	8.2%		62.7%	93.2%		61.6%	86.3%	13.3%		5.7%
Visits <10K	344	252	17	100.0%	11	17	N/A	13	15	1	N/A	0
Percentage		73.3%	4.9%		64.7%	100.0%		76.5%	88.2%	5.9%		0.0%
Visits 10K-50K	6780	4245	465	92.7%	300	410	1/18	317	388	62	12/18	4
Percentage		62.6%	6.9%		64.5%	88.2%		68.2%	83.4%	13.3%		6.5%
Visits >50K	5062	3813	356	98.3%	139	333	N/A	227	302	56	N/A	2
Percentage		75.3%	7.0%		39.0%	93.5%		63.8%	84.8%	15.7%		3.6%
All Agencies	12186	8310	838	95.2%	450	760	1/24	557	705	119	16/24	6
Percentage		68.2%	6.9%		53.7%	90.7%		66.5%	84.1%	14.2%		5.0%

Participating Agency Statistics

Institution	19		Urban	9
Freestanding	5		Rural	15
Total	24		Total	24

Visits <10K	3
Visits 10K-50K	18
Visits >50K	3
Total	24