



Oklahoma State
Department of Health
Creating a State of Health

NEWS YOU CAN USE

Oklahoma State Department of Health
Quality Improvement & Evaluation Service (405) 271-5278
Nancy Atkinson, Service Director

OASIS

Special points of interest:

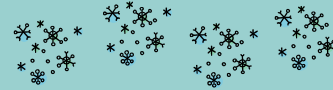
- Falls
- Automation Tips, Reminders & Updates



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QIES Who?



-Diane Henry, RN Director MDS/OASIS

Did you know that you have a free and valuable resource for all your OASIS questions and related issues? The Oklahoma State Department of Health, Quality Improvement and Evaluation Service (QIES)—is the State Help Desk for the OASIS Data Set.

Daily, we receive calls from home health agencies across Oklahoma seeking answers to questions concerning OASIS training, clinical coding, transmission of assessments, tracking forms, error messages found in the Final Validation Report, accessing other reports, websites, and technical issues.

QIES staff offer a number of training programs throughout the year to assist home

health clinicians to accurately complete and transmit the OASIS Assessments.

QIES is planning next year's training programs and will have our 2015 training calendar posted on our website the first of the year. Visit <http://oasis.health.ok.gov> frequently to keep up to date on the next planned training session and/or to register for the current session.

In addition to training programs and phone assistance, we are also excited to introduce our Newsletter! It will be mailed quarterly to administrators and OASIS Coordinators. We will include a variety of pertinent OASIS information from both the clinical and automation aspect

of OASIS assessments, along with other valuable information such as upcoming trainings. We encourage you to let us know of topics you are interested in regarding OASIS so we can address them in future issues.

In between workshops and newsletters, **QIES staff encourage you to call our office with your OASIS coding and automation questions. We are glad to assist you in any way we can.**

**QIES HELP DESK
(405) 271-5278**

- Diane Henry, RN—Clinical State OASIS Educational Coordinator
- Wanda Roberts RN—Clinical RN Consultant
- Bob Bischoff—Automation State Automation Coordinator

Fall Prevention

—Wanda Roberts, RN/Diane Henry, RN

Fall prevention has been a distinct area of concern for over 50 years. Numerous studies focusing on falls, fall prevention, and fall outcomes have been completed. Methods have been researched and changes made. Quality improvement measures have been put in place. Nevertheless, fall-related injuries are the most common cause of accidental death in those over the age of 65.¹ To

date, a *universal* fall and injury prevention strategy has yet to be established.¹

There are multiple common intrinsic (related to the patient) and extrinsic (related to the environment) factors that impact an individual's fall risk. Some intrinsic factors include: generalized muscle weakness, gait and balance disorders, cognitive impair-

ment, a history of falls, being on 3-4 medications (CDC guidelines), psychotropic medications, urinary or fecal urgency, fear of falling, and dizziness. A few common extrinsic fac-

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Fall Prevention

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tors include: inadequate lighting, wet or slippery floor, bed too high, ill-fitting footwear, lack of proper footwear, lack or improper use of assistive devices, and uneven floor surface.

So what are the recommendations from evidenced based practices and research implications? First, we look at screening and assessment. Both nurses and certified home health aides (CHHAs) should be mindful that *one solitary fall is the best predictor of future falls*. OASIS item M1910 identifies if your agency completed a multi-factor fall risk assessment for your patient at SOC and ROC. By answering “yes” your Process Measure Reports will reveal that your agency follows evidenced-based best practices. The MACH 10-Fall Risk Assessment Tool, developed by Missouri Alliance for Home Care, is an example of such a tool and serves as an initial screening for fall risk of your patients. This screen will lead to more reliable and appropriate interventions for your patient and help maintain their safety.

The most effective fall interventions address multiple factors. Be diligent in informing all patients and caregivers of medication changes, including dosage adjustments of psychoactive medications, phenytoin, or digoxin. When medication orders or changes are written determine what side effects to anticipate. Discuss with the patient and caregivers the possible side effects or drug interactions (such as drowsiness, urgency,

etc.) related to falls. Excellent communication is an effective fall reduction strategy.

Teach patients and caregivers about fall prevention strategies such as: Use their mobility devices at all times even inside their home; wear proper shoes for adequate support; void prior to taking medications that cause drowsiness, keep eye glasses and hearing aids within reach and in good working order; if there are stairs in the home be certain that there is a support rail on both sides.

There are multiple resources available to aid in creating a home environment that decreases the risk of falling. OSDH or QIES Help Desk do not promote or support a specific resource, however, here are links to some of the resources available:

Home Health Quality Improvement (HHQI) <http://www.homehealthquality.org/Education/Best-Practices.aspx>; Missouri Alliance for Home Care <http://www.homecaremissouri.org/projects/falls/index.php>; and The National Center On Aging <http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention>

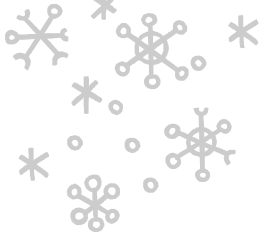
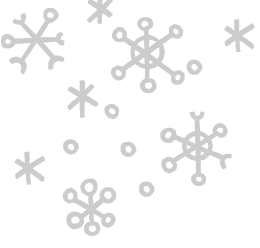
Occupational and Physical therapists should receive referrals immediately any time there is a fall. Actually, it is appropriate to make a referral for therapy services for any of the following situations: the patient has difficulty ambulating, poor safety awareness, unsteady gait, shortness of breath after walking a short distance, fear of falling, improperly using a walker or

other assistive device, or any functional or cognitive decline. The goals of occupational and physical therapy are to help recuperate patients from falls as well as to preclude future falls from occurring. Physical therapists may want to assist in creating an exercise program for at risk patients in the facility. Customizing an individual exercise program can encourage the patient to be active safely.

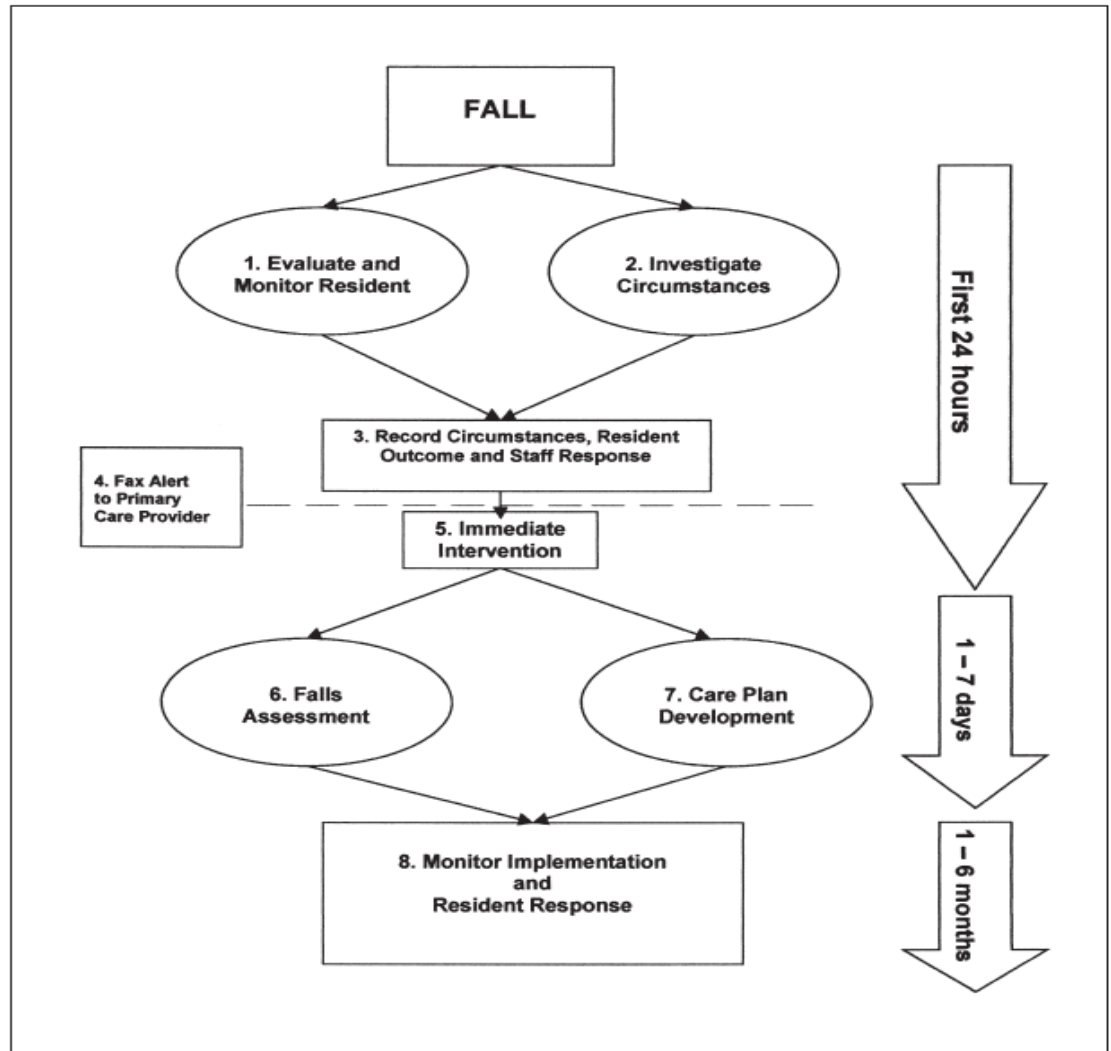
A post-fall assessment following a patient fall is a critical component in preventing future falls. It is recommended to begin the investigation of possible causes of the fall within 24 hours.⁶

Falls and the injuries associated with them continue to be a significant issue across all settings. Coordinating efforts between all members of the interdisciplinary team and applying evidenced based practices may lead to the problem of falls being managed more effectively.

1. Currie L. Fall and Injury Prevention. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 10. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK2653/>
2. CMS Nursing Home MDS 3.0 Quality Measures: Final Analytic Report September 2012. Available from: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQuality/Inits/3.NHQIQualityMeasures.html>
3. Bonner, A. Falling into Place: A Practical Approach to Interdisciplinary Education on Falls Prevention in Long-Term Care. *Annals of Long-Term Care*. 2006 June; 14 (6):21-29
4. Lampiasi, N. The Role of Physical and Occupational Therapies in Fall Prevention and Management in the Home Setting. *Care Management Journals*. 2010. 11(2): 122-127
5. OSDH Injury & Prevention Service, Injury Prevention Brief: Preventing Falls, July 2014. Available at: http://www.ok.gov/health2/documents/IP_Brief_Adult_Falls_TaiChi_2014.pdf
6. AHRQ. Falls Management Program . Available at: <http://www.ahrq.gov>



Fall Response: A Best Practices Approach



Past history of a fall is the single best predictor of future falls. In fact, 30-40% of those patients who fall will do so again. Thus, it is crucial for staff to respond quickly and effectively after a fall. AHRQ developed a “Fall Response: A Best Practices Approach” for long-term care, however the tool can be adapted for use in home health as well. The Fall Response (is a comprehensive approach that forms the backbone of the Falls Management Program (FMP). There are eight steps included in the tool. The first five steps should be followed during the immediate response, which is the first 24

hours or as soon as you are aware the patient fell. Steps 6, 7, and 8 are long-term management strategies. The eight steps include:

1. Evaluate and monitor patient for 72 hours after the fall. You may need to request a brief increase in visits
2. Investigate fall circumstances. (e.g., Date, time, location, likely cause, etc.)
3. Record circumstances, patient outcome and staff response.
4. FAX Alert to primary care provider.

5. Implement immediate intervention within first 24 hours.

6. Complete falls assessment (medications, orthostatic hypotension, vision, mobility, unsafe behavior).

7. Develop plan of care. Include individualized interventions based on the patient’s risk factors identified.

8. Monitor staff compliance and patient response.

Tool Located at:
<http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallsp/fallspman2.html>



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MARK YOUR CALENDAR!

Upcoming OASIS Training (Tentative)

July 22, 2015 Automation-
Shawnee, OK

November 18, Clinical OKC

November 19, Clinical Tulsa

Check our calendar to confirm
dates, locations, and future
trainings.
<http://oasis.health.ok.gov>

OASIS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation



Important Tips related to the OASIS-C1 conversion

Remember to make sure all your laptops have been updated with the required IE version (Internet Explorer 9 or greater) and the OASIS-C1 data set. This includes your nurses and your office personnel to accommodate the changes that went into effect 1-1-2015.

Potential issues related to the change include:

- How you make corrections to OASIS-C assessments and OASIS-C1 before and after January 1, 2015;
- Verify that your software vendor has the new Validation Utility Tool (VUT) available for you to use to edit your assessments before it is transmitted to the new Assessment Submission and Processing (ASAP) system.
- Determine if you are set up with the new grouper #2 (HIPPS) that went into effect January 1, 2015.
- During this transition it is imperative to view your validation reports and contact QIES Help Desk for assistance with your error validation messages.

Please be aware the Oklahoma QIES Help Desk is still available to assist you in all aspects of the OASIS and we are glad to help you in anyway we can. You may reach us at: (405) 271-5278.

Validation Report Timeframes

Effective January 1, 2015, be aware that the validation reports will only remain in CASPER for 60 days. Therefore, we recommend that you save your reports and monitor them for accuracy. There will be a new report available in order to retrieve old validation reports once they are removed. As soon as we are aware, we will keep you posted of new findings after the ASAP is in place.

Security & Safeguards

When a person who had access to OASIS information leaves your agency, you must have all the passwords for that person removed. Contact the QIES Help Desk for further guidance at: 405-271-5278.

Turnaround Time

The new Validation Error Message Manual will be located at www.qtso.com under the OASIS category.

Remember both the OASIS-C and C1 will be submitted to the Assessment Submission and Processing ASAP system. In the beginning it is possible that the federal database can take up to 24 hours to process your reports. There may be instances where you do not have your validation report after 24 hours. However, eventually you should receive your reports almost immediately.

Passwords and Validation Reports

Questions have been asked regarding the need to obtain an ASAP password. Verify that you have the CMSNet (Verizon) User ID that begins with H, and the Individual User ID that begins with HHA and if so, no further action is required in order to submit your assessments to the ASAP system.

All validation reports will be retrieved from a new folder within the CASPER system. Look under "Folders" and then "My Inbox". You will see a number such as, "OKHC 1234VR", which represents your individual agency ID, and this is your new validation reports.



Automation Tip:

When selling, donating, or disposing of your OASIS computer, ensure that the hard drive and any software have been totally cleared of all patient identifiable information. This is an important measure to take in order to maintain compliance with OASIS, HIPAA and other privacy laws.