

Falls Protocol

Revision History

Date	Version	Description	Author
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A falls protocol is a proactive approach to reducing consumer falls. This involves, but is not limited to, fall risk assessments, preventative measures and interventions, and staff education. Implementing a falls protocol will ensure continuity and person-centered care plans for consumers. Please Refer to PI 22-06 *Fall Risk Identification, Prevention, Education, and Revised Falls Protocol* for additional details.

There are two tools for identifying which Home Care consumers may be at risk for falls.

- 1. Completion of the CDS fall risk assessment**
- 2. Utilization of the Fall Risk Identification and Intervention report in HAR**

Identifying a consumer as a fall risk is not limited to the above tools. A consumer may be identified as being at risk for falls at any time; not only during a home visit. For example: a telephone call with the consumer who raises concerns about falling or the ASAP receiving notification that a consumer fell. The ASAP would then follow up with the consumer utilizing their falls protocol.

CDS Fall Risk Assessment

Early identification of a Consumer’s fall risk presents the opportunity to provide proactive recommendations and/or interventions for Consumers and caregivers that can help prevent falls and address associated health and welfare concerns. The CDS includes 3 questions that are used to assess a consumer for fall risk:

- **Did the consumer fall in the past six months? (#17752)**
- **Does the consumer feel unsteady when standing or walking? (#1239)**
- **Does the consumer worry about falling? (#1240)**

All 3 questions are required to be answered when completing a CDS assessment. A response indicating a fall or a “yes” response to any of the questions will indicate that the consumer is at risk of falls per the Center for Disease Control and Prevention (CDC).

Completion of the Falls Questions within the CDS

Did the consumer fall in the past six months? (#17752)
Question is required and is the first question used to screen the consumer for fall risk.

No	Select if consumer reports they have not fallen in the past six months.
Yes, 1 fall	Select if consumer reports they have had one fall in the past six months.
Yes, more than 1 fall	Select if consumer reports they have fallen 2 or more times in the past 6 months.

If a “**Yes**” response is selected for question (**#17752**) *Did the consumer fall in the past six months?*, then the following two questions (**#17753** and **#14623**) must be answered:

What was the location of the fall(s)? (Select all that apply) (#17753)	
In home	Select if the consumer reports any falls that occurred in their home in the past six months.
Outside of the home	Select if the consumer reports any falls that occurred outside of their home in the past six months. This includes the consumer’s yard or driveway, as well as in a community setting. A community setting includes, but is not limited to, businesses, restaurants, parks, and religious gathering places.
In a medical setting	Select if the consumer reports any falls that occurred in a medical setting in the past six months. This includes, but is not limited to, inpatient settings, hospitals, nursing facilities, outpatient medical settings, clinics, and physicians’ offices etc.

This is an opportunity to discuss with the consumer how the fall may have occurred, what was occurring at the time of the fall to better understand interventions that can be shared.

Was the consumer injured as a result of the fall(s)? (#14623)	
No	Select if consumer reports there was no injury as a result of their fall.
Yes, injured but did not seek medical attention	Select if consumer reports that they were injured from a fall but did not seek any medical attention.
Yes, injured sought medical attention	Select if consumer reports that they were injured from a fall and received medical attention. Examples of medical attention include, but are not limited to, visit or call to their physician’s office, visiting nurse evaluation, emergency department or urgent care evaluation, admission to the hospital, and/or telehealth visit due to the fall.

Questions (#17753 and #14623) should remain **blank/unanswered** if the consumer reports they have not fallen in the past 6 months [i.e., “No” was selected in question (#17752) *Did the consumer fall in the past six months?*].

Does the consumer feel unsteady when standing or walking? (#1239) <i>Question is required and is the second question used to screen the consumer for fall risk.</i>	
No	Select if consumer reports they do not feel unsteady, wobbly, shaky, or off-balance when standing or walking.
Yes	Select if consumer reports they do feel unsteady, wobbly, shaky, or off-balance when standing or walking.

This is an opportunity to engage with the consumer to better understand how or what makes them feel unsteady when standing or walking?

Does the consumer worry about falling? (#1240) <i>Question is required and is the third question used to screen the consumer for fall risk.</i>	
No	Select if consumer reports they do not worry about falling or do not have a fear of falling.
Yes	Select if consumer reports they do worry about falling or do have a fear of falling.

This is an opportunity to engage with the consumer to better understand their concern about falling.

The assessor should not assume the consumer’s use of an assistive device for ambulation means the consumer worries about falling or feels unsteady when ambulating. An assistive device when used appropriately may alleviate a consumer’s worry and provide the consumer with the stability needed to ambulate steadily.

The falls indicator is calculated from three questions:

1. a response indicating a fall in question #17752; or
2. a “yes” response to Question #1239; and/or
3. a “yes” response Question #1240 will trigger the fall risk indicator to read “true”.

A “true” response indicates that the consumer is at risk of falls. A “false” response indicates that the consumer is not at risk for falls based on this fall risk assessment.

When a consumer is identified to be a fall risk, the ASAP must recommend and/or provide interventions.

It is highly recommended to reinforce falls prevention education at each visit for a consumer who is at risk for falls. Refer to PI 22-06 for Fall Protocol Attachments for *Strategies and Interventions for Fall Prevention*.

Interventions and recommendations made by the assessor must be documented by completing the following CDS question:

What fall prevention interventions have been recommended by the ASAP at this assessment or since last assessment? (check all that apply) (#14624)
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Notification of fall risk to caregiver and/or family	Select when the ASAP notifies the identified caregiver and/or family member that the consumer is at risk for falls.
Notification of fall risk to medical provider	Select when the ASAP notifies the consumer's current medical provider that the consumer is at risk for falls, this may include but is not limited to, the consumer's Primary Care Physician (PCP), current VNA or Home Health Agency.
Provide fall prevention education and/or recommendations including CM, RN discussion	Select when the ASAP has provided fall prevention education to the consumer and/or identified caregiver/family member as appropriate. This documents the discussion between the CM and/or RN with the consumer/ identified caregiver/family member. Education on fall prevention may include but is not limited to, home hazards, orthostatic blood pressure interventions, toileting schedule, general fall prevention education.
Refer for medication review	Select when the ASAP refers the consumer to the PCP, Pharmacist, VNA, or Home Health Agency for a medication review. This includes ongoing medication monitoring/management completed by the VNA or Home Health Agency.
Home Care Provided: Evidence-Based Program (e.g. Matter of Balance, Tai Chi, etc.)	<p>This should be selected when the Home Care Program will be providing the service to the consumer. The consumer's care plan should reflect this service is being provided.</p> <p>This captures all fall prevention evidence-based programs that the consumer is referred to or is currently participating in.</p>
Home Care Provided: PT/OT or equipment evaluation	<p>This should be selected when the Home Care Program will be providing the service to the consumer. The consumer's care plan should reflect this service is being provided.</p> <p>Select when the ASAP refers the consumer or if the consumer is currently involved with Physical Therapy, Occupational Therapy, or an equipment evaluation (walker, cane, etc.) in which the Home Care Program is payer of this service.</p>
Home Care Provided: home modification	This should be selected when the Home Care Program will be providing the service to the consumer. The consumer's care plan should reflect this service is being provided.

	<p>Select when the ASAP assists the consumer with modifying their home to prevent falls. Examples include, but are not limited to, installing ramps, railings, grab bars, fixing stairs, etc. This may also be selected when a consumer is receiving services such as Environmental Accessibility Adaptation, Goal Engagement Program, Home Safety/ Independence Evaluations, and Transitional Assistance.</p>
<p>Home Care Provided Service: other</p>	<p>This should be selected when the Home Care Program will be providing the service to the consumer. The consumer's care plan should reflect this service is being provided.</p> <p>Select when the ASAP refers or implements another intervention that was not previously listed and will be provided by the Home Care Program to meet the consumer's assessed need and mitigate the consumer's risk for falling.</p>
<p>Non-Home Care Provided: Evidence-Based Program (e.g. Matter of Balance, Tai Chi, etc.)</p>	<p>This should be selected when utilizing another funding source, such as services covered by MassHealth or ASAP programs other than the Home Care Program.</p> <p>This captures all fall prevention evidence-based programs that the consumer is referred to or is currently participating in.</p>
<p>Non-Home Care Provided: PT/OT or equipment evaluation</p>	<p>This should be selected when utilizing another funding source, such as services covered by MassHealth or ASAP programs other than the Home Care Program.</p> <p>Select when the ASAP refers the consumer or if the consumer is currently involved with Physical Therapy, Occupational Therapy, or an equipment evaluation (walker, cane, etc.)</p>
<p>Non-Home Care Provided: home modification</p>	<p>This should be selected when utilizing another funding source, such as services covered by MassHealth or ASAP programs other than the Home Care Program.</p> <p>Select when the ASAP assists the consumer with modifying their home to prevent falls. Examples include but are not limited to, installing ramps, railings, grab bars, fixing stairs, etc.</p>

Non-Home Care Provided Service: other	This should be selected when utilizing another funding source, such as services covered by MassHealth or ASAP programs other than the Home Care Program. Select when the ASAP refers or implements another intervention that is not previously listed.
None	Select when the ASAP does not refer or implement an intervention for falls prevention OR the consumer is not a fall risk. If this is selected, question (#14626) must be answered.

If an intervention is selected for question (#14624), *What fall prevention interventions have been recommended by the ASAP at this assessment or since last assessment?*, then question (#14626) *Identify the reason for not recommending fall prevention interventions and or/ follow-up*, can remain **blank/unanswered**.

If “none” is selected for question (#14624), then question (#14626) is required.

Identify the reason for not recommending fall prevention interventions and/ or follow up. (#14626)	
Consumer declined intervention	Select when the ASAP has recommended a referral or intervention and the consumer declines.
Consumer is not a fall risk	Select if the consumer is not at risk for falls. (“No” responses to questions #17752, #1239, and #1240)
Interventions in place or completed	Select when fall prevention interventions have already been put in place for example: consumer is currently working with PT or attending an evidence-based program. This may also be selected when an intervention has been completed for example: installation of grab bars.

Reporting

The ASAP is responsible for generating reports, reviewing for quality assurance, identifying inaccuracy trends, addressing inaccuracies, and completing necessary follow-up within a timely manner. All follow up actions completed by the ASAP must be documented in the consumer’s Aging & Disability (A&D) record as appropriate.

HAR Report *Fall Risk Identification and Intervention*. See user guide for additional details.

If you have questions regarding this business rule, please contact: Melissa Enos, Home Care and Program Analytics Nurse at Melissa.A.Enos@mass.gov