

MAHC-10 FALL RISK ASSESSMENT Clinician Education Program

The MAHC-10 is a multi-factorial, validated fall assessment especially designed for use with community dwelling patients. It fully satisfies the OASIS-C requirement for a validated fall risk tool. This single tool can be used with all patients, including bed-bound patients and those with severe mobility limitations.

HHVNA Policy is to conduct the MAHC-10 assessment with every SOC, ROC and Recert. The clinician responsible for completing the OASIS-C assessment is responsible for the MAHC-10. The MAHC-10 is found in the forms tab in Mobilewyse and should be added to the appropriate time points for administration.

When therapy clinicians are responsible for the OASIS-C, they will conduct the MAHC-10 and should choose to conduct other validated assessments, such as the TUG, Tinetti, or others in addition to the MAHC-10, based on individual patient characteristics. When therapy is not the primary discipline, the therapist is not required to conduct the MAHC-10 but should conduct other assessments based on patient limitations.

The MAHC-10 indicates a fall risk with a score of 4 or more out of a 10 point scale.

Fall Risk and score should be documented in a call log. (MAHC-10 assessment found patient to be at risk for falls; Overall score=8)

For patients who experience a fall during the episode of care, the MAHC-10 will be reassessed by the primary clinician/case manager in order to determine whether additional interventions or referrals must be made.

This educational program will address the following key areas:

- OASIS-C Fall-related Assessment Questions –Part One
- MAHC-10 Core Elements and Interpretation Part Two
- Guide to Care Planning for all Disciplines –Part Three
- Intervention and Goal Examples-Addendum A & B

OASIS-C Fall Related Questions

On SOC, ROC, Recert:

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 - **This answer is selected when the MAHC-10 is not conducted. All patients must have this assessment done on SOC, ROC, and Recert. There are no contraindications to administering the MAHC-10 assessment.**

1 - Yes, and it does not indicate a risk for falls - **This answer is selected when the MAHC-10 score is 3 or less.**

2 - Yes, and it indicates a risk for falls - **This answer is selected when the MAHC-10 score is 4 or more.**

M2250: Plan of Care Synopsis: Does the physician-ordered plan of care include: Fall Prevention interventions?

0 - No - **This answer is selected when the MAHC-10 score is 4 or more and no interventions addressing fall risk were added to the plan of care (This should not be the case if agency policy is followed).**

1 - Yes - **This answer is selected when the MAHC-10 score is 4 or more and interventions addressing fall risk are included in the plan of care.**

n/a - Not Applicable - **This answer is selected when the MAHC-10 score is 3 or less, indicating that the patient is not assessed to be at risk for falls.**

On Transfer, D/C:

M2400: Intervention Synopsis: Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? - Fall Prevention

0 - No - This answer is selected when the MAHC-10 score is 4 or more, and there are no interventions in the plan of care and/or no evidence that interventions were implemented during the episode.

1 - Yes - This answer is selected when the MAHC-10 score is 4 or more, and BOTH fall prevention interventions are included in the plan of care and were implemented during the episode.

n/a - Not Applicable - This answer is selected when the MAHC-10 score is 3 or less, indicating that the patient is not assessed to be at risk for falls.

MAHC-10 CORE ELEMENTS AND INTERPRETATION

Risk Factors in RED are modifiable (M). This means that one or multiple disciplines may design a plan of care to address these items, potentially lessening or eliminating their impact to the patient's risk for falls.

Risk Factors in BLACK are not modifiable (NM). They are patient characteristics, such as age or diagnosis that cannot be changed by our plan of care. They are, however, risk factors that should be considered as part of the overall approach to the patient.

Risk Factors in **BOLD and starred (*)** print are those that have been proven most sensitive to fall risk. Those that are both **sensitive** and **modifiable** are those with which we can make the most impactful change for our patients.

| CORE ELEMENT | RISK TYPE | DISCIPLINE(S) INFLUENCING |
|--|---------------|--------------------------------|
| 1. Age 65+ | NM | N/A |
| *2. Diagnosis (3 or more co-existing) | NM | Referral for lifeline |
| *3. Prior history of fall within 3 months | NM | Referral for lifeline |
| 4. Incontinence | Potentially M | SN, OT, HHA, MD |
| 5. Visual Impairment | Potentially M | OT, HHA, Ophthalmologist |
| *6. Impaired functional mobility | M | PT, OT, HHA, Podiatrist |
| 7. Environmental hazards | M | PT, OT, MSW |
| 8. Polypharmacy (4 or more - any type) | M | SN, MD, Pharmacist |
| *9. Pain affecting level of function | M | SN, PT, MD, Palliative |
| 10. Cognitive impairment | Potentially M | OT, ST, PT, Psych RN, MSW, MD |

For each Core Element, follow the guidance included in Healthwise in the reference text to the right of each core element. Also, note that the MAHC-10 score is displayed in the Patient Risk dashboard at the top of the patient record in Mobilwyse. There is an additional color-coded fall risk score that is automatically calculated by Healthwise in response to a variety of OASIS-C responses. **Home Health VNA will not rely on the Healthwise auto-calculated fall assessment and will rely on the MAHC-10 score for purposes of responding to the OASIS-C and for designing the appropriate care plan.** When documenting fall risk in your narrative note, refer and document the risk based on the MAHC-10 score.

MAHC-10 CARE PLANNING GUIDE

The MAHC-10 is a screening tool that when appropriately used, helps us to identify risk so we can actively work to decrease it by building the most effective care plan. The MAHC-10 Interpretation Tool paired each Core Element with multiple disciplines whose practice could impact each risk factor. Use the guide to design your plan of care, and use the tips below to determine your approach to the patient-specific assessments and responses you should consider.

Tips:

The MAHC-10 should not be the only assessment to evaluate risk; all disciplines should administer and document as many appropriate standardized assessment tools that support a potential risk for falling. Assessments include but are not limited to Pain Scales, Borg Scale, Vitals Assessment, TUG, Tinetti, Functional Reach, ROM Assessment, Manual Muscle Assessment, 6-Minute Walk Test, Montreal Cognitive Assessment (MOCA), Mental Status Examination (SLUMS), Timed Sit to Stand.

- ✓ Therapists must choose at least one additional standardized balance assessment tool that will identify fall risk.
- ✓ If a patient scores a point for **Impaired Functional Mobility (#6)**: Make sure the appropriate therapy services are in place. Get an order for PT and/or OT if they are not already active in the case. Evaluate the need for a HHA. Evaluate need for adaptive equipment.
- ✓ If a patient scores a point for **Pain Affecting Level of Function (#9)**: Evaluate current pain management program and make appropriate referrals. Communicate with MD or Pharmacist regarding additional pain resources and/or recommend pharmacological changes.
- ✓ If a patient scores a point for other modifiable risk factors **Incontinence (#4)**, **Visual Impairment (#5)**, **Environmental Hazards (#7)**, **Polypharmacy (#8)**, **Cognitive Impairment (#10)**: Use your clinical judgment and make appropriate referrals if you reasonably believe another resource can make an effective change in the risk level.

Determine Appropriate Referrals:

When modifiable risk factors indicate input from other disciplines are needed, communicate with the clinician assigned to the case or obtain an order for an additional discipline evaluation. When communicating with the clinician or making the request for a referral, **document in a call log** and make sure your documentation includes the risk factor on the MAHC-10 that you are trying to impact. For instance, if the RN conducted the assessment and found that there was a functional mobility impairment, the call log to the PT assigned to the case would state "MAHC-10 assessment found patient to have functional impairment; Overall score=6". This way, the clinician will know exactly what to assess moving forward.

If a modifiable risk factor exists and it indicates a referral to a physician, assist the patient in establishing an appointment for evaluation. **Document in a call log**, for example, "MAHC-10 assessment completed and pt has visual impairment that may benefit from corrective lenses, referred to ophthalmologist; Overall score=6"

Determine Appropriate Interventions:

It is imperative to include discipline specific interventions within the individual patient's care plan that may impact each core element that you are addressing. There are numerous options within our Mobilewyse system to choose from or you can free text your own interventions. Choose interventions that can affect the most change based on your evaluative findings.

For example, when the patient's modifiable risk factors coincide with your own discipline (an RN conducts the assessment and the risk factors are those that are potentially modifiable with RN interventions) ensure that you include interventions that would impact these areas.

Refer to intervention examples provided in Addendum A.

Determine & Establish Appropriate Goals:

Goals should meet two primary criteria: Well-written goals correlate to assessment findings and should be measurable and meaningful. The measurement component begins by data collection with the use of the MAHC-10 assessment, as well as discipline appropriate assessments to identify fall risk. The meaningful component allows patients to be active participants in the creation of their plan of care and goals. Appropriate goals contain information that is relevant and important to the patient and puts interventions into a meaningful context.

Refer to examples provided in Addendum B.

Addendum A: Intervention Examples to minimize fall risk

Examples included are not inclusive of all appropriate interventions. You should base your interventions on the core element risk factors that you have identified.

Skilled Nursing:

- Assess/Teach adequate nutrition/fluid intake
- Assess/Teach effective bowel/bladder program
- Assess/Teach compliance with prescribed treatments/medications
- Assess/Teach effective pain control
- Assess/Teach energy conservation techniques
- Identify and address fall risk

MSW:

- Community Resource Planning
- Teach patients and families about services and community resources
- Teach short and long term planning
- Teach Home safety

Speech Therapy:

- Teach Compensatory Strategies, Memory Strategies
- Teach falls risks r/t dx, meds
- Teach Home Safety
- Teach Visual Strategies
- Establish Home Management Program

Physical Therapy:

- Assess/Teach how to identify fall risk factors for falls and injuries in the home
- Assess/Teach Measures to promote safety with mobility
- Assess/Teach strategies to manage and control pain R/T activities and mobility
- Assess/Teach Ability to safely use adaptive equipment/assistive devices
- Therapeutic exercises/Muscle Re-education/Gait training/Transfer training
- Recommend proper footwear
- Teach pacing and energy conservation techniques

Occupational Therapy:

- Adaptive/ADL training
- Assess need for Environmental Alterations and Adaptive Equipment as Needed
- Pain Management instruction and education
- Muscle Re-Education/Strengthening activities
- Coordination Training
- Fall Prevention Instruction
- Teach Compensation Tech for Cognitive/Perceptual Deficits
- Teach Energy Conservation/Work Techniques

Addendum B: Examples of Goals Related to Core Elements

Examples provided are not meant to be used as a cut and paste option but are intended to provoke critical thinking about writing goal statements.

Related to incontinence:

- Pt will independently use bedside commode in the evenings to minimize risk of falls due to urgency
- Pt will consistently void every 2-4 hours during daytime hours to minimize risk of incontinent episodes and fall risk
- Pt will complete toilet hygiene and clothing management independently without loss of balance

Related to visual impairment:

- Patient will be independent reading medication labels with use of a magnifying glass to improve her medication management
- Patient will recall with 100% consistency the need to turn on the lights in her home in the evenings to improve her ability to see potential tripping hazards
- Patient will ambulate 150 feet around home obstacles independently using her walker and compensate for blindness in left eye to minimize her risk of falling
- Caregiver will install yellow tape on risers of steps to compensate for patients perceptual deficit to minimize risk of tripping while ascending stairs to her bedroom
- Pt will schedule appointment with ophthalmologist for evaluation of vision to address visual impairment and minimize risk of tripping on stairs

Related to impaired functional mobility:

- Pt will complete sit to stand transfers independently pushing up from the armrests consistently to steady self and minimize risk of falling in preparation for ambulation
- Left lower extremity dorsiflexion will improve to 4/5 to improve toe clearance during swing phase of gait and decrease risk of tripping
- Pt will perform single leg stance x 1 minute bilaterally to improve ability to ascend and descend steps in home to bedroom
- Pt will score 22 or higher on Tinetti scale indicating a minimal risk for falls
- Patient will brush her hair independently while standing unsupported at the sink without loss of balance
- Patient will increase triceps strength to 4/5 bilaterally to allow her to push up from her chair instead of pulling on walker to decrease risk of falls
- Pt will demonstrate safe use of transfer bench and hand held shower during every bathing activity to decrease risk for falls

Related to environmental hazards:

- Pt will use a non-slip mat outside her shower whenever she is bathing to decrease fall risk upon exit
- Patient will remove throw rugs from living areas to decrease risk of tripping when ambulating with a walker

- Caregiver will install railing in stairwell for support to minimize fall risk as patient retrieves mail
- Patient will ambulate 100 feet with a rolling walker over thick carpeting without loss of balance to access her living room and minimize her risk of tripping

Related to pain affecting level of function:

- Patient will report less than 3/10 knee pain when ambulating on uneven surfaces with cane to allow access to vehicle for transport from the home
- Patient will be independent with pain management program to include premedication and heating pad application prior to therapy visit to allow for participation in strength and endurance training
- Patient will report less than 4/10 back pain when ascending and descending stairs to access bathroom and minimize risk of falls
- Patient will report less than 2/10 shoulder pain and keep a set of dishes at counter level to remove need to reach into cabinets or use a step stool to access needed items and minimize risk of falling

Related to Polypharmacy:

- Pt will be compliant with the use of pain meds and teachback alternative pain relief measures for improved self management
- Patient/Caregiver will demonstrate independent management of meds to minimize risk of falls
- Patient will be free from S/SX of adverse drug reaction to minimize risk of falls

Related to cognitive impairment:

- Patient will increase attention to safety as demonstrated in proper use of rolling walker without cueing in 4:5 trials to minimize risk of falls
- Patient will initiate left sided scanning 4-5 times to increase safety and to attend to potentially hazardous obstacles present on the left side
- Patient will complete bathing tasks with supervision and verbal cues for sequencing to minimize fall risk due to dementia
- Patient will ambulate 150 feet independently to access all areas of home with safe and consistent use of non slip socks or other safe footwear to minimize risk of slipping
- Patient's son will provide supervision when ambulating outdoors to decrease risk of falls due to periodic impulsivity
- Patient will transfer on and off the toilet independently with safe and consistent use of commode frame