OASIS-C Online Training: Medications

OASIS-C Items M2000 – M2040

CMS

Module Objectives

- Identify key guidance with each medication OASIS-C question
- Differentiate between ability, compliance, and willingness with medication management
- Recognize the importance of a comprehensive medication assessment and medication management for OASIS-C accuracy and patient safety

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Online Training Instructions

- Listen/watch this educational session
- Utilize the quizzes and post-test
- Rewind the e-Learning session to review any OASIS-C item guidance as needed

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OASIS-C Guidance

- **Based upon current information from CMS**
  - — <u>OASIS-C Guidance Manual – Chapter 3</u>
  - — <u>CMS Quarterly Q & As</u>
  - — <u>CMS Errata releases</u>
- **CMS quarterly Q & As with additional guidance to OASIS-C questions**

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M2000 – Drug Regimen Review

- **(M2000) Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?**
  [Note: Any route (e.g. oral, topical, inhalant, pump, injection)]

  0 - Not assessed/reviewed

  1 - No problems found during review

  2 - Problems found during review

  NA - Patient is not taking any medications

  Collected at SOC & ROC

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M2000 – Drug Regimen Review (cont.)

1 - NO PROBLEMS FOUND DURING REVIEW

- — No <u>serious</u> drug-to-drug, drug-to-food or drug-to-disease interactions
- — No **S&S that could be** adverse reaction to a medication
- — No side effects that may be **potentially clinically significant**
- — No contraindications identified
- — Discharge medication list **reconciled** (matched) with home medications during SOC/ROC

- — Medication problem identified **AND** is resolved by the <u>time the assessment is completed</u>
- — Diagnosis and symptoms are adequately **controlled** with ordered medication therapy
- — Patient has a plan to take medications **safely** at right time
- — All prescribed medications obtained

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M2000 – Drug Regimen Review (cont.)

2 – PROBLEMS FOUND DURING REVIEW

— **Serious** drug-to-drug, drug-to-food or drug-to-disease interactions

— **Potential** adverse drug reactions or contraindications identified

— Side effects that may be **potentially clinically significant**

  o "Poses actual or potential threat to patient health and safety"

— Medication mismatch or **non-reconciliation** during visit

  o **Missing medications (omissions), wrong or duplicate doses…**

— **Ineffective** drug therapy

— **Complex** medication regimen ordered by multiple physicians and/or obtained from multiple pharmacies

— **Non-adherence** (e.g. intentional or accidental)

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M2002 – Medication Follow-Up

- **(M2002) Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?**

  0 - No

  1 - Yes

  Collected at SOC & ROC

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M2002 – Medication Follow-Up (cont.)

KEY WORD GUIDANCE

— **Physician-designee:** Physician office staff on behalf of the physician, in accordance with the legal scope of practice

  Contacted: Communication to physician in any form including phone call, voice mail, secure electronic means, fax, hand delivered, etc.

— **One calendar day:** End of the day following the assessment

— **Resolve:** Physician must resolve or have a plan to resolve the medication issues

— **Clinically significant medication issues:** Potential threat to patient's health and safety

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M2002 – Scenario

A potentially significant, but not urgent medication issue was identified on Friday afternoon. Unable to reach primary physician because office was closed. Contacted and spoke to covering physician (either Friday evening or Saturday). Physician acknowledges the issue but wants clinician to call primary physician on Monday. On Monday morning the physician is contacted and reconciliation occurs.

Q: How would you answer M2002?

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M2002 – Scenario (cont.)

Q: How would you answer M2002?

- Correct answer is "No"
  - Physician must be notified AND there must be reconciliation or a plan to resolve within one calendar day
    - Monday would be beyond that time frame

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M2004 – Medication Intervention

- (M2004) Medication Intervention: If there were **any clinically significant medication issues since the previous OASIS assessment**, was a physician or physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation?

  Or at the last

  0 - No

  1 - Yes

  Collected at TRN to Inpatient & DC not to Inpatient

  NA - No clinically significant medication issues identified since the previous OASIS assessment

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M2010 – High Risk Drug Education

- **(M2010) Patient/Caregiver High Risk Drug Education: Has the patient/caregiver received instruction on special precautions for ALL high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?**

    0 – No

    1 – Yes

    NA – Patient not taking any high risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications

Collected at SOC & ROC

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M2010 – High Risk Drug Education

KEY WORD GUIDANCE

— **High Risk:** Drugs with the greatest potential to cause harm determined by each individual agency based upon reliable authoritative resources (Chapter 3 & 5)

— **Precautions:** Reduce risk of harm

— **What to Report:** What symptoms/problems should be reported to the nurse/physician

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M2010 – High Risk Drug Education (cont.)

KEY WORD GUIDANCE

— **When to Report:** When should patient call with problem, such as "immediately" or "if these signs/symptoms occur"

— **How to Report:** Who should be contacted - the nurse or physician

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M2010 – High Risk Drug Education (cont.)

NA

- Patient is **NOT** currently taking any High Risk Drugs
- Patient and/or caregiver is **FULLY Knowledgeable** about ALL special precautions for ALL the High Risk Drugs taken
  - Document

1 - NO

- If the education did **NOT** include **ALL** of the following:
  - **ALL** the **High Risk Drugs**
  - Precautions necessary to prevent harm to the patient
  - What, when and how to report

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M2010 – High Risk Drug Education (cont.)

1 – YES

- High Risk Drug(s) are prescribed
- Education INCLUDED all of the following:
  - ALL the High Risk Drugs
  - Precautions necessary to prevent harm to the patient
  - What, when and how to report

- Education occurred by the end of the allowed time frame

TIP: Can be completed by another clinician but this information must be communicated to the clinician completing the OASIS & M0090 and should reflect that date

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M2015 – Drug Education

- **(M2015) Patient/Caregiver Drug Education** Intervention: Since the previous OASIS assessment, was the patient/ caregiver instructed by **agency** staff or **other health care provider** to monitor the **effectiveness** of drug therapy, drug **reactions**, and **side effects** and **how** and **when to report** problems that may occur?

  Or at the last

  - 0 - No
  - 1 – Yes
  - NA - Patient not taking any drugs

  Collected at TRN to Inpatient & DC not to Inpatient

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M2015 – Drug Education (cont.)

KEY WORD GUIDANCE

— **Caregivers:** Family, paid or volunteer workers including Assistive Living Facilities/Personal Care Homes

— **Instructed:** Completed by agency staff or "other health care provider"

— **Effectiveness:** Drug is accomplishing the expected purpose

— **Reactions & Side Effects:** Potential drug reactions & effects

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M2015 – Drug Education (cont.)

KEY WORD GUIDANCE

— **What was instructed?**
  o Signs and symptoms of potential side effects and adverse drug reactions
  o All medications including prescription, over-the-counter and by any route
  o How to monitor effectiveness of drug therapy
  o Phone numbers to contact the nurse and/or the physician

— **When was it instructed?**
  o At or since the previous OASIS assessment (e.g. SOC, ROC, Recertification)

— **How was it instructed?**
  o Verbal and/or written; in person or over the phone
  o Not just handed a written education sheet alone

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M2015 – Drug Education (cont.)

NA

- **Patient is NOT** currently taking any drugs

0 - NO

- **Education did NOT include all** of the following for all meds
  — How to monitor the drug effectiveness
  — Potential side effects and drug reactions
  — What, when, and how to report
- Document why this was not done

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M2015 – Drug Education (cont.)

1 - YES

- **Education included ALL of the following:**
  - **How to monitor the drug effectiveness**
  - **Potential side effects and drug reactions**
  - **What, when and how to report**
- **Education occurred at or since the last OASIS was completed**

- **TIP for Recertification:**

  If clinician determines and documents the patient and/or caregiver's retention of prior teaching of ALL the required knowledge related to ALL medications, then M2015 would be answered "Yes" at Transfer/Discharge

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M2020 – Management of Oral Medications

- **(M2020) Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.

1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart.

2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.

3 - Unable to take medication unless administered by another person.

NA - No oral medications prescribed.

Collected at SOC, ROC & DC not to Inpatient

M2020 – Management of Oral Medications (cont.)

- **When responding to M2020, assess patient's:**
  - **Ability, not actual performance, compliance or willingness**
  - **Deficits with vision, memory, or judgment**
  - **Ability to read medication bottle, take the right medication, at the right time and dose every time**
  - **Environmental barriers (e.g., access to kitchen or medication storage area, stairs, narrow doorways)**
  - **Physical impairments (e.g., limited manual dexterity)**
  - **Ability to manage ALL oral medications**
    - **If there are variances from medication to medication, consider the medication for which the most assistance is needed when selecting a response**

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M2020 – Management of Oral Medications (cont.)

- **Assess patient's:**
  - — **Reminder system(s)**
    - o **Response 0** if patient **sets up own** "planner device" and is able to take the correct medication in the correct dose at the correct time
    - o **Response 1** if patient is independent in oral medication administration if **another person** must prepare individual doses (e.g., set up a "planner device") and/or if another person must develop a drug diary or chart which the patient relies on to take medications appropriately
    - o **Response 2** if **daily reminders** to take medications are necessary, regardless of whether the patient is independent or needs assistance in preparing individual doses and/or developing a drug diary or chart.

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M2020 – Management of Oral Medications (cont.)

- **Response 3** if **unable** to take medication unless administered by another person

—A patient who does not have the physical or cognitive ability on day of assessment to take all medications at correct dose every time as ordered and does not have an established successful assistive system in place, e..g. medication diary, reminders, etc.

- o You cannot assume the patient would be safe and successful with a reminder system that is not in place.
- o The patient would be considered a Response 3 until you could assess patient using the system.

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M2020 – Scenario

Patient lives alone and fills own pill box. During the OASIS assessment the clinician checks the medications in the pill box and finds several incorrect medications. While reviewing the medications, doses, and frequencies, the clinician verifies that the patient is not able to accurately fill own planner. Patient is able to open and take the medications out of the device.

Q: How would you answer M2020?

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M2020 – Scenario (cont.)

Q: How would you answer M2020?

Correct response #3

   3 - <u>Unable</u> to take medication unless administered by another person.

On the day of assessment patient was not able to take medications independently or fill pill boxes correctly. We can not make an assumption that patient would be independent if medications were prefilled, a diary system implemented or reminders provided. Response #3 is the only correct response.

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M2030 – Management of Injectable Medications

- **(M2030) Management of Injectable Medications:** <u>Patient's current ability</u> to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <u>Excludes IV medications.</u>

  0 - Able to independently take the correct medication(s) and proper dosage(s) at the correct times.

  1 - Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; <u>OR</u> (b) another person develops a drug diary or chart.

  2 - Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection.

  3 - <u>Unable</u> to take injectable medication unless administered by another person.

  NA - No injectable medications prescribed.

> **Collected at SOC, ROC, Follow-up & DC not to Inpatient**

M2030 – Management of Injectable Medications (cont.)

- **Determine patient's:**
  - **Ability to prepare and take ALL prescribed injectable medications**
    - o Do **NOT** include IV medications, infusions, or medications given in another setting (i.e. physician's office)
    - o Assess the patient's physical and cognitive <u>ability</u> to draw up the correct dose in the syringe using aseptic technique (excludes prefilled syringes from manufacturer/pharmacy), select the appropriate site, inject the medication using aseptic technique and dispose of needle/syringe properly
  - **Assistance level**
    - o Another person completing any part of the process
  - **Reminder systems**
    - — Call to remind patient

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M2030 – Management of Injectable Medications (cont.)

- **Select:**
  — **Response 1** if patient is independent with administering injection but requires another person to prepare the doses or develop a drug diary or chart
  — **Response 2** if patient requires reminders to administer the medication

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M2030 – Management of Injectable Medications (cont.)

- **Select:**
  — **Response 3** if the patient is physically or cognitively unable to inject the ordered medication every dose, every time, and it must be administrated by someone else
    o **All IM and SQ injections administered in the home, including B12, Influenza and Pneumococcal vaccines**
    o **If the level of assistance varies, report the medication which requires the most assistance**
  — **Response NA** if patient is not ordered any injectable medications

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M2040 – Prior Medication Management

- **(M2040) Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury.** **Most recent**
  Check only <u>one</u> box in each row.

Functional Area	Independent	Needed Some Help	Dependent	Not Applicable
a. Oral medications	☐0	☐1	☐2	☐na
b. Injectable medications	☐0	☐1	☐2	☐na

Collected at SOC & ROC

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M2040 – Prior Medication Management (cont.)

- Assess patient's ability, not willingness or compliance for ALL oral and injectable medications
- Determine which oral and injectable medication required the most assistance and then answer the appropriate response
- Select response:
  - Independent
  - Need Some Help
  - Dependent
  - Not Applicable

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M2040 – Prior Medication Management (cont.)

- Identify prior level of ability: (cont.)
  - Independent:
    - Patient completed the activity with or without assistive devices but NO physical or verbal assistance by another person needed
  - Need Some Help
    - Patient required some assistance from another person to accomplish task/activity
  - Dependent
    - Patient was incapable of performing any of the task/activity
  - Not Applicable
    - Patient is not taking any oral medications (row a) or no injectable medications (row b)

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Medication OASIS Summary

Drug Regimen Review	• Interactions, side effects, adverse reactions, contraindications, ineffective treatment • Medication reconciliation issues • Plan for taking medications safely
Medication Reconciliation	• Two way communication with physician • Resolved issues • One calendar day
Patient Education	• High Risk Drugs • All drugs prior to transfer/discharge
Management	• Ability, not compliance willingness • Visual, functional, cognitive, and judgment • "Does the patient have the ability to take right med, right dose, right time, every time?"

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Resources/References

- **OASIS-C Guidance Manual**
  - www.cms.gov/HomeHealthQualityInits/downloads/HHQIOASIS-CManual200912.zip
    - Chapter 3 provides guidance on OASIS-C questions
    - Chapter 5 provides resources on medication management
- **CMS OASIS Web Site**
  - http://www.cms.gov/HomeHealthQualityInits/06_OASISC.asp#TopOfPage
- **CHAMP Program**
  - www.champ-program.org/
- **Home Health Quality Improvement (HHQI) National Campaign**
  - www.homehealthquality.org
- **OASIS Certificate and Competency Board (OCCB)**
  - http://www.oasiscertificate.org

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Questions

- **Talk with your clinical managers**
- **Email OASIS training feedback site**
  - oasisctrainingfeedback@cms.hhs.gov
- **Check the CMS Q & As**
  - www.qtso.com/hhadownload.html
- **Check the OCCB Q & As**
  - www.oasiscertificate.org
- **Contact State OASIS Educator Coordinators**
  - www.cms.gov/OASIS/Downloads/OASISeducationalcoordinators.pdf
- **Submit Q & As to CMS**
  - mailto:CMSOASISquestions@oasisanswers.com

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