OASIS ITEM

(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?

☐ 0 - Not assessed/reviewed **[** ***Go to M2010*** **]**

☐ 1 - No problems found during review **[** ***Go to M2010*** **]**

☐ 2 - Problems found during review

☐ NA - Patient is not taking any medications **[** ***Go to M2040*** **]**

ITEM INTENT

Identifies if a review of the patient's medications indicated the presence of potential clinically significant problems. This item captures information for calculation of a process measure to identify best practices related to medications.

TIME POINTS ITEM(S) COMPLETED

Start of Care

Resumption of Care

RESPONSE—SPECIFIC INSTRUCTIONS

- Includes all medications, prescribed and over the counter, administered by any route (e.g. oral, topical, inhalant, pump, injection).
- If portions of the drug regimen review (e.g., identification of potential drug-drug interactions or potential dosage errors) are completed by agency staff other than the clinician responsible for completing the SOC/ROC OASIS, information on drug regimen review findings must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2000 may be selected. Collaboration in which the assessing clinician evaluates patient status (e.g., presence of potential ineffective drug therapy or patient noncompliance), and another clinician (in the office) assists with review of the medication list (e.g. for possible duplicate drug therapy or omissions) does not violate the requirement that the comprehensive patient assessment is the responsibility of and must be ultimately completed by one clinician. Agency policy and practice will determine this process and how it is documented. The M0090 date – the date the assessment is completed – would be the date the two clinicians collaborated and the assessment was completed.
- The definition of a problem for responses 1 and 2 includes the following:

  Potential clinically significant medication issues which include adverse reactions to medications (e.g., rash), ineffective drug therapy (e.g., analgesic that does not reduce pain), side effects (e.g. potential bleeding from an anticoagulant), drug interactions (e.g., serious drug-drug, drug-food and drug-disease interactions), duplicate therapy (e.g. generic name and brand name drugs that are equivalent both prescribed), omissions (missing drugs from an ordered regimen), dosage errors (e.g., either too high or too low), noncompliance (e.g., regardless of whether the noncompliance is purposeful or accidental) or impairment or decline in an individual's mental or physical condition or functional or psychosocial status.

  Note: Medication interaction is the impact of another substance (such as another medication, nutritional supplement including herbal products, food, or substances used in diagnostic studies) upon a medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences.

Guidance for this item updated 12/2010

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2000)

Note: Adverse drug reaction (ADR) is a form of adverse consequences. It may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication or any response to a medication that is noxious and unintended and occurs in doses for prophylaxis, diagnosis, or treatment. The term "side effect" is often used interchangeable with ADR, however, side effects are but one of five ADR categories, the others being hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions. A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence.

In addition to the guidance provided above:

- Select Response 1 – no problems found – when (as applicable) :
  - Patient's list of medications from the inpatient facility discharge instructions matches the medications the patient shows the clinician at the SOC/ROC assessment visit.
  - Assessment shows that diagnoses/symptoms for which patient is taking medications are adequately controlled (as able to be assessed within the clinician's scope of practice).
  - Patient possesses all medications prescribed.
  - Patient has a plan for taking meds safely at the right time.
  - Patient is not showing signs/symptoms that could be adverse reactions caused by medications.
- Select Response 2 – problems found – when (as applicable):
  - Patient's list of medications from the inpatient facility discharge instructions DO NOT match the medications the patient shows the clinician at the SOC/ROC assessment visit.
  - Assessment shows that diagnoses/symptoms for which patient is taking medications are NOT adequately controlled (as able to be assessed within the clinician's scope of practice).
  - Patient seems confused about when/how to take medications indicating a high risk for medication errors.
  - Patient has not obtained medications or indicates that he/she will probably not take prescribed medications because of financial, access, cultural, or other issues with medications.
  - Patient has signs/symptoms that could be adverse reactions from medications.
  - Patient takes multiple non-prescribed medications (OTCs, herbals) that could interact with prescribed meds.
  - Patient has a complex medication plan with meds prescribed by multiple physicians and/or obtained from multiple pharmacies so that the risk of med interactions is high.
- If a medication related problem is identified and resolved by the agency staff by the time the assessment is completed, the problem does not need to be reported as an existing clinically significant problem.

DATA SOURCES / RESOURCES

- Patient assessment, specifically the drug regimen review as required by Conditions of Participation (i.e., §484.55)
- Clinical record
- Communication notes
- Medication list
- Discussions with other agency staff responsible for completing drug regimen review.
- Since medication issues continue to evolve and new medications are being approved regularly, it is important to refer to a current authoritative source for detailed medication information such as indications and precautions, dosage, monitoring or adverse consequences.
- Physician's Drug Reference (PDR) or other clinical medication handbook or software intended to provide warning of severity levels of risk for medication review.
- Several online resources for evaluating drug reactions, side effects, interactions, etc., can be found in Chapter 5 of this manual.

Guidance for this item updated 12/2010

OASIS ITEM

(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

ITEM INTENT

Identifies if potential clinically significant problems identified through a medication review were addressed with the physician within one calendar day following identification of medication issue(s).

This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.

TIME POINTS ITEM(S) COMPLETED

Start of Care

Resumption of Care

RESPONSE—SPECIFIC INSTRUCTIONS

- Complete if Response 2 for M2000 is selected**.**
- Clinically significant medication issues are those that, in the care provider's clinical judgment, pose an actual or potential threat to patient health and safety, such as drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, medication omissions, dosage errors, or nonadherence to prescribed medication regimen.
- Contact with physician is defined as communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.
- Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.
  - In order to select Response 1, the two-way communication AND reconciliation (or plan to resolve the problem) must be completed by the end of the next calendar day after the problem was identified and before the end of the allowed time frame (i.e., within five days of SOC, within two days of discharge from the inpatient facility at ROC).
- If the interventions are not completed as outlined in this item, select Response 0 – No. However, in this case, the care provider should document rationale in the clinical record.
- If a medication related problem is identified and resolved by the agency staff by the time the assessment is completed, the problem does not need to be reported as an existing clinically significant problem.
- If agency staff other than the clinician responsible for completing the SOC/ROC OASIS contacted the physician to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2002 may be selected. This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and must ultimately be completed by one clinician.

DATA SOURCES / RESOURCES

- Clinical record
- Communication notes
- Plan of care
- Medication list
- Discussions with other agency staff responsible for completing drug regimen review

Guidance for this item updated 12/2010

OASIS ITEM

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

☐ 0 - No
☐ 1 - Yes
☐ NA - No clinically significant medication issues identified since the previous OASIS assessment

ITEM INTENT

Identifies if potential clinically significant problems such as adverse effects or drug reactions identified at the time of the most recent OASIS assessment or after that time were addressed with the physician.

This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.

TIME POINTS ITEM(S) COMPLETED

Transfer to inpatient facility

Discharge from agency – not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- Clinically significant medication issues are those that, in the care provider's clinical judgment, pose an actual or potential threat to patient health and safety, such as drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, medication omissions, dosage errors, or nonadherence to prescribed medication regimen.
- Contact with physician is defined as communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.
- Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.
- If the interventions are not completed as outlined in this item, select Response 0 – No. However, in this case, the care provider should document rationale in the clinical record.
- If agency staff other than the clinician responsible for completing the transfer or discharge OASIS contacted the physician to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the transfer or discharge OASIS assessment so that the appropriate response for M2004 may be selected. This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and ultimately must be completed by one clinician.
- If the last OASIS assessment completed was the SOC or ROC, and a clinically significant problem was identified at that SOC or ROC visit, the problem (and/or related physician communication) would be reported at both the SOC/ROC (on M2002), and again at Transfer or Discharge (on M2004), since the time frame under consideration for M2004 is at or since the previous OASIS assessment.

DATA SOURCES / RESOURCES

- Clinical record
- Communication notes
- Medication list
- Plan of care
- Discussions with other agency staff responsible for completing drug regimen review

Guidance for this item updated 12/2010

OASIS ITEM

(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

ITEM INTENT

Identifies if clinicians instructed the patient and/or caregiver about all high-risk medications the patient takes. High-risk medications are those identified by quality organizations (Institute for Safe Medication Practices, JCAHO, etc.) as having considerable potential for causing significant patient harm when they are used erroneously.

This item is targeted to high-risk medications as it may be unrealistic to expect that patient education on all medications occur on admission and failure to provide patient education on high-risk medications such as hypoglycemics and anticoagulants (and others) at SOC/ROC could have severe negative impacts on patient safety and health.

This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.

TIME POINTS ITEM(S) COMPLETED

Start of Care

Resumption of Care

RESPONSE—SPECIFIC INSTRUCTIONS

- Select Response 0 – No, if the interventions are not completed as outlined in this item. However, in this case, the care provider should document rationale in the clinical record unless the patient is not taking any drugs.
- Select Response 1 – Yes, if high-risk medications are prescribed and education was provided.
- High-risk medications should be identified based on one or more authoritative sources.
- If patient/caregiver is fully knowledgeable about special precautions associated with high-risk medications, select "NA."
- If agency staff other than the clinician responsible for completing the SOC/ROC OASIS provided education to the patient/caregiver on high-risk medications, this information must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2010 may be selected. This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and ultimately must be completed by one clinician.

DATA SOURCES / RESOURCES (cont'd for OASIS Item M2010)

- Clinical record
- Communication notes
- Medication list
- Plan of care
- Discussions with other agency staff responsible for educating patient/caregivers on medications.
- Sources to identify high-risk medications for the purposes of responding to this item can include the ISMP High Alert Medication List, Beer's Criteria, Joint Commission's High Alert Medication lists, or other authoritative resources. Links to resources for identifying high-risk medications can be found in Chapter 5 of this manual.

OASIS ITEM

(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?

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

ITEM INTENT

Identifies if clinicians instructed the patient/caregiver about how to manage medications effectively and safely.

Drug education interventions for M2015 should address all medications the patient is taking – prescribed and over-the-counter – by any route.

Effective, safe management of medications includes knowledge of effectiveness, potential side effects and drug reactions, and when to contact the appropriate care provider.

This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.

TIME POINTS ITEM(S) COMPLETED

Transfer to an inpatient facility

Discharge from agency - not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- If the interventions are not completed as outlined in this item, select Response 0 – No. However, in this case, the care provider should document rationale in the clinical record.
- The timeframe should be considered at or since the time of the previous OASIS assessment.

DATA SOURCES / RESOURCES

- Review of clinical record including teaching guidelines, flow sheets, clinical notes, etc.
- Medication list
- Plan of care
- Discussions with other agency staff responsible for educating patient/caregivers on medications
- Links to a resource for drug information can be found in Chapter 5 of this manual.

OASIS ITEM

(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.

ITEM INTENT

This item is intended to identify the patient's ability to take **all** oral (p.o.) medications reliably and safely at **all** times. The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. These items address the patient's ability to safely take oral medications, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a wholistic perspective in assessing ability to perform medication management. Ability can be temporarily or permanently limited by:

- physical impairments (e.g., limited manual dexterity)
- emotional/cognitive/behavioral impairments (e.g., memory deficits, impaired judgment, fear)
- sensory impairments, (e.g., impaired vision, pain)
- environmental barriers (e.g., access to kitchen or medication storage area, stairs, narrow doorways)

TIME POINTS ITEM(S) COMPLETED

Start of care

Resumption of care

Discharge from agency - not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- Includes all prescribed and OTC (over-the-counter) medications that the patient is currently taking and are included on the plan of care.
- Exclude topical, injectable, and IV medications.
- Only medications whose route of administration is p.o. should be considered for this item. Medications given per gastrostomy (or other) tube are not administered p.o., but are administered "per tube."
- If the patient sets up her/his own "planner device" and is able to take the correct medication in the correct dosage at the correct time as a result of this, select Response 0.
- Select Response 1 if the 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.

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2020)

- Select Response 2 if daily reminders to take medications are necessary, regardless of whether the patient is independent or needs assistance in preparing individual doses (e.g., set up a "planner device") and/or developing a drug diary or chart. (Reminders provided by a device that the patient can independently manage are not considered "assistance" or "reminders.")
- Select Response 3 if the patient does not have the physical or cognitive ability on the day of assessment to take all medications correctly (right medication, right dose, right time) as ordered and every time ordered, and it has not been established (and therefore the clinician cannot assume) that set up, diary, or reminders have already been successful. The clinician would need to return to assess if the interventions, such as reminders or a med planner, were adequate assistance for the patient to take all medications safely.
- If the patient's ability to manage oral medications varies from medication to medication, consider the medication for which the most assistance is needed when selecting a response.
- If a medication is ordered prn, and on the day of assessment the patient needed a reminder for this prn medication, select Response 2. If the patient did not need any prn medications on the day of the assessment and therefore no reminders were necessary, assess the patient's ability on all of the medications taken on the day of assessment.

DATA SOURCES / RESOURCES

- Observation/demonstration is the preferred method
- Patient/caregiver interview
- Physical assessment
- Cognitive assessment
- Environmental assessment

OASIS ITEM

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

☐ 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; 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 based on the frequency of the injection

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

☐ NA - No injectable medications prescribed.

ITEM INTENT

This item is intended to assess the patient's ability to take **all** injectable medications reliably and safely at **all** times. The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. These items address the patient's ability to safely manage injectable medications, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a wholistic perspective in assessing ability to perform medication management. Ability can be temporarily or permanently limited by:

- physical impairments (e.g., limited manual dexterity)
- emotional/cognitive/behavioral impairments (e.g., memory deficits, impaired judgment, fear)
- sensory impairments, (e.g., impaired vision, pain)
- environmental barriers (e.g., access to kitchen or medication storage area, stairs, narrow doorways)

TIME POINTS ITEM(S) COMPLETED

Start of care

Resumption of care

Follow-up

Discharge from agency – not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- Excludes IV medications, infusions (i.e., medications given via a pump), and medications given in the physician's office or other settings outside the home.
- Includes one-time injections administered in the home.
- If the patient sets up her/his own individual doses and is able to take the correct medication in the correct dosage at the correct time as a result of this, select Response 0.
- Select Response 1 for a patient independent in injectable medication administration if another person must prepare individual doses **and/or** if another person must develop a drug diary or chart.
- If reminders to take medications are necessary, then select Response 2, regardless of the whether the patient is independent or needs assistance in preparing individual doses and/or developing a drug diary or chart. (Reminders provided by a device that the patient can independently manage are not considered "assistance" or "reminders.")
- Select Response 3 if the physician ordered the RN to administer an injection in the home.

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2030)

- If the patient's ability to manage injectable medications varies from medication to medication, consider the medication for which the most assistance is needed when selecting a response.
- Assessment strategies: A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Observe patient preparing the injectable medications. If it is not time for the medication, ask the patient to describe and demonstrate the steps for administration. The cognitive/mental status and functional assessments contribute to determining the appropriate response for this item.

DATA SOURCES / RESOURCES

- Observation/demonstration is the preferred method
- Patient/caregiver interview
- Physical assessment
- Cognitive assessment
- Environmental assessment

OASIS ITEM

(M2040) Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only **one** 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

ITEM INTENT

Identifies the patient's ability to manage all prescribed oral and injectable medications prior to the onset of the current illness, exacerbation of a chronic condition, or injury (whichever is most recent) that initiated this episode of care. The intent of the item is to identify the patient's prior ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. This item is used for risk adjustment and can be helpful for setting realistic goals for the patient.

TIME POINTS ITEM(S) COMPLETED

Start of Care

Resumption of Care

RESPONSE—SPECIFIC INSTRUCTIONS

- A care episode is not the same as a payment episode. The care episode begins with the most recent SOC or ROC and ends with a Transfer or Discharge. For example, if a patient is resuming home care services after a recent inpatient admission, report the patient's ability to manage medications prior to the most recent illness, injury, or exacerbation that is resulting in this resumption of home care services.
- Includes all prescribed and OTC (over-the-counter) oral medications and all prescribed injectable medications that the patient is currently taking and are included on the plan of care.
- For each functional area (oral medications and injectable medications), select a response.
- If the patient's prior ability to manage oral or injectable medications varied from medication to medication, consider the medication for which the most assistance was needed when selecting a response.
- "Independent" means that the patient completed the activity by him/herself (with or without assistive devices) without physical or verbal assistance from a helper or reminders from another person. (Reminders provided by a device that the patient can independently manage are not considered "assistance" or "reminders.")
- "Needed some help" means that the patient required some help from another person to accomplish the task/activity.
- "Dependent" means that the patient was incapable of performing any of the task/activity. For oral medications, this means that the patient was capable only of swallowing medications that were given to her/him. For injectable medications, this means that someone else must have prepared and administered the medication.
- Select Response "NA" if there were no oral medications (row a) or no injectable medications (row b) used.

DATA SOURCES / RESOURCES

- Patient/caregiver interview
- Referral information
- Review of past health history
- Physician

Guidance for this item updated 12/2010