

## OASIS Alert

### Assessment: Use Education To Protect Patients From Medication Mistakes

**A little investigation and a lot of patient interaction will make your job easier.**

You want your patient's outcomes to show your agency's hard work, so the last thing you need is a patient's condition to worsen -- or another problem crop up -- because your clinician failed to adequately explain potential medication reactions.

Your patients depend on you to give them the knowledge and strategies to safely take multiple medications -- and so does the **Centers for Medicare & Medicaid Services**. OASIS C item M2015 (Patient/caregiver drug education intervention) instructs you to teach patients and their caregivers how to monitor drug reactions, side effects, and the effectiveness of drug therapy. You should also teach them how and when to report any concerns.

#### First Step: Know What Your Patient Already Knows

You only need to provide drug education if the patient hasn't had any since the previous assessment, but that's not always obvious. And a patient's prescribed medication may have changed since the previous assessment, points out **Fazzi Associates** in Northampton, Mass in the OASIS C Best Practices Manual.

Tip: Compare the date of the assessment to dates for prescribed medication. If the assessment pre-dates any prescriptions, you will need to spend time teaching the patient and any caregivers about these newer medications.

Now that you know your patient has changed or added medications since the last assessment, you must determine how knowledgeable they are about the new drug(s). Fazzi suggests you ask these three questions to evaluate how much education you need to provide:

- 1) What have you learned about your medications?
- 2) Has anyone with the agency provided medication instruction for non-high-risk medications since the previous assessment?
- 3) Has any health care professional other than our staff provided medication for non-high-risk medications since the previous assessment?

Asking these questions allows you to suss out what your patient already knows, who provided that knowledge, and what work is left to be done.

Encourage patients to ask you questions, too, urges **Dennee Frey**, pharmacy expert with the **Collaboration for Homecare Advances in Management and Practice** in New York. Many patients are confused and overwhelmed by their many prescriptions but may feel silly asking questions.

**Response strategy:** If your patient hasn't begun a new drug regimen or still retains all the information given at the previous assessment, you can respond 1 (Yes) for M2015 without repeating the information again, CMS said in a July clarification on the **OASIS Certificate and Competency Board** website.

#### Tackle All Medications -- Prescribed or Not

Though you might be more worried about high-risk drugs, your education for M2015 should cover all the medications a patient is taking, whether they are prescribed or over the counter. And that includes medications taken orally, by

injection, or via a patch, points out **Lynda Laff** with Laff Associates in Hilton Head, S.C.

Sample scenario: During the SOC assessment, you see that a provider has prescribed Coumadin for your patient's venous thrombosis. As you educate the patient about the drug's side effects and contra-indications, you mention that certain over-the-counter medications like Bufferin can't be taken while the patient takes Coumadin. The patient reveals that she takes Bufferin for arthritis.

Now you must educate the patient on why Bufferin is a no-no and help find a solution that works with the current drug treatment plan.

Important: Verbal education is great, but patients need something they can review when you aren't around -- and future clinicians need to see what instruction you provided. "Offer patients handouts or a similar 'cheat sheet' that they can refer to if they have questions," Laff suggests.

Do this: Laminate a cheat sheet for your clinician that lists commonly prescribed medications and contraindications so that the education sessions are extremely accurate, Laff recommends. Also laminate any flow sheets or handouts you offer your patients so that the information withstands wear-and-tear. Detailed notes about the education session should go directly into the patient's file. If you have the capability, plug the information into an electronic system that makes it easily retrievable at patient transfer or discharge.

### **Keep Agency Staffers Educated, Too**

Your nurses and therapists must remain updated on patients' medications. You must create policies and procedures that encourage accurate training and documentation so that your clinicians are constantly learning and your patients' records are accurate.

Try this: Conduct regular in-service programs for all clinicians on both medication therapy and techniques for educating patients and their caregivers, Fazzi suggests in the Manual. Dedicate some time to creating and working with the teaching sheets you'll use with patients so that clinicians are comfortable with the information.

Lastly, regularly audit patients' charts so that you know whether your clinicians are following your policies and procedures. If you find non-compliance, use it as an opportunity to re-train and hammer home why that documentation is so important.

Editor's note: See "Tackle Drug Regimen Review With This Expert Advice" in last month's issue for more information about drug education and management.