

OASIS Alert

Assessment: Use OASIS M0 Items To Look For

Give med accuracy the attention it deserves.

When you admit a patient from another health care setting, be sure the patient's medication management doesn't get lost in the transition.

It's More Than The Patient's Problem

Errors are common during all parts of the process of using medications, with at least 1.5 million preventable adverse drug events each year in the United States, according to the **Institute of Medicine's** report Preventing Medication Errors. "Poor communication at transition points is responsible for as many as 50 percent of all medication errors," says the **Institute for Healthcare Improvement** in encouraging medication reconciliation at all transition points (see related story, p. 35).

Experts warn: "Some of the most profound miscommunication may occur as the patient is transitioned to home and becomes wholly responsible for his or her own care," studies by the **University of Colorado at Denver's** Dr. **Eric Coleman** show. In a **Kaiser Permanente of Colorado** study of skilled nursing facility transitions to home, published in 2007, a review of medication reconciliation records for study patients found that more than 90 percent of the discharge summaries contained at least one potential drug-related problem. These problems included duplicate or omitted drugs and medical contraindications.

Results of a survey of nearly 7,000 home care patients by researchers at **Vanderbilt University** showed that about one-third of them had possible medication errors. Patients in the study were taking a median of five medications and 19 percent of them were taking nine or more meds. Medication errors increase as the number of medications the patient is taking increases, reports **June Simmons**, president/CEO of Los Angeles-based **Partners in Care Foundation**.

4 OASIS Items You Should Assess Carefully

During home care admissions, clinicians have several opportunities to identify potential medication discrepancies. Besides compiling a list of the patient's medications, use these M0 items to watch for problems such as missing medications, duplication, medication misunderstandings, erroneous dosage and non-adherence:

- **M0200 (Medication or treatment regimen change within past 14 days)**. Here the clinician can note changes in medication or in dosage to compare later with the patient's medication list.

What to do: Ask patients when was the last time the doctor made any change in their medications, suggest experts in the 3M OASIS Integrity Project.

Tip: Even though the day before the assessment is day 1 and you count back to day 14, changes made as of the day of the assessment also count for M0200, the **Centers for Medicare & Medicaid Services** says in OASIS question and answer 41.

- **M0780 (Management of oral medications)**. This M0 item addresses the patient's ability to safely and reliably

prepare and take all oral medications. These medications include over-the-counter meds that are currently taken and included on the plan of care, CMS says in Q&A 167.

Strategy: Have the patient show you how and tell you when he takes his medication, experts from the 3M OASIS Integrity Project advise.

Don't miss: Even though M0780 excludes consideration of what the patient knows about the medication and its side effects, you can still evaluate these issues during your M0780 assessment. Other possible problems to assess at this time are whether the patient has a supply of the medicine, any concerns or problems that may prevent him from taking it as scheduled and whether the label is legible and correct.

- **M0790 (Management of inhalant/ mist medications).** This question includes oxygen, nebulizers and metered dose devices. As in M0780, have the patient show as well as tell you if he uses these medications, experts agree.

- **M0800 (Management of injectable medications).** M0800 assesses the patient's use of infusion medicines and insulin pumps, as well as other injectable medicines, CMS says.