

## OASIS Alert

### Process Measures: Take a Team Approach to Medication Management

#### Non-compliance with medications isn't always willful.

Ineffective medication management is one of the top reasons for hospitalization. Plus it's a significant contributor to falls -- another top hospitalization risk. If your agency hopes to make a dent in your hospitalization rate, it's all hands on deck -- this process measure doesn't fall on nursing alone.

OASIS item M2000 asks whether you conducted a complete drug regimen review and whether that review indicates any potential clinically significant medication issues. This OASIS item is one of only three process measures that are included in the home health conditions of participation, pointed out **Karen Vance, OTR**, supervising consultant with **BKD** in Colorado Springs, Colo., in the "Medication Management: The Single Most Important ADL" presentation.

One common barrier to establishing effective medication management among home health patients is lack of ownership, Vance said in the presentation given at the **National Association for Homecare & Hospice's** 2011 Annual Meeting and Exposition. There may be a tendency to consider medication management to be a nursing "problem" when in reality, everyone who enters the patient's home should be watching for cues that the patient needs assistance in this area, she said.

#### Don't Just Make a Medication List

An accurate drug regimen review requires the nurse or therapist to sit down with the patient -- to hear and observe, said co-presenter **Carol Siebert, MS, OTR/L, FAOTA** with **The Home Remedy** in Chapel Hill, N.C. It's not enough for the agency to have the therapist transcribe the meds in a therapy-only case, she said. "People in the back office can't detect issues just from a list."

And not knowing all the side-effects of a patient's medications isn't an excuse to avoid responsibility for the drug regimen review, Vance said. "You don't have to know the side effects ahead of time to be alert and observe changes in the patient. Just noticing a difference and investigating is all we're looking for," she said.

#### Watch for Duplicate Medications

Being alert to duplicate drugs is a simple act that can have a huge impact on medication management for home health patients, Siebert said. "Home health is in a unique position to be the eyes and ears of the physician" when patients are taking duplicate medications, she said. Be alert to:

- Patients taking the same medication from two different bottles.
- Two different providers prescribing the same or similar medications.
- Patients taking two different dosages/strengths of the same medication.
- Patients taking a generic and also the corresponding branded medication. An easy mistake to make when the label doesn't have the same name.
- Pharmacy software or other review that indicates the patient is taking medication that is redundant or duplicative.

#### Reframe Noncompliance

The drug regimen review asks you to consider your patient's compliance with drug therapy, but non-compliance isn't always willful, Siebert said.

For example, suppose your patient doesn't take her diuretic on days when she goes to visit the doctor because she is

worried about the increased need to urinate. As a result, the doctor becomes concerned about her weight gain, so he prescribes more diuretic medication. "In the conditions of participation, this is considered non-compliance," Siebert said.

"But we call it 'self-management' because these patients are managing their condition," Siebert said. It may not be the most effective management, but these patients are managing to get through their day as best they can, she said.

Instead of writing such behavior off as non-compliant, try examining what they are currently doing to determine what is effective and what isn't, Siebert suggested. "Some of their self-care may actually be effective."

### **Think of Medication Management as an Activity**

According to the **World Health Organization**, medication routines are a self-care activity focused on looking after and maintaining one's own health. Medication management is an instrumental activity of daily living -- it's more complex than basic self-care skills, Siebert said.

"We are missing the chance to optimize outcomes if we don't focus on medication management as an activity," Siebert said.

### **Take Ownership**

Everyone on the team has a role in medication management care planning, Siebert said. All skilled clinicians -- including nurses, physical therapists, occupational therapists, and speech language therapists -- should be able to:

- Conduct a drug regimen review.
- Assess the patient's ability to self-administer medications.
- Assess the patient's current medication management including timing and re-stocking.
- Identify needs and make appropriate referrals to other team members to address medication-management related needs.
- Collaborate with the care team to optimize patient's (and/or caregiver's) medication management.

For more medication management care planning ideas that demonstrate the need for expertise from all team members, see "Try These Medication Management Strategies" on page 54.