

OASIS Alert

Therapy: Look to Collaboration as an Antidote for Medication Item Problems

Don't let a fear of the medication regimen prevent you from excelling.

Therapists frequently admit they're uncomfortable completing the OASIS medication items. But that shouldn't prevent them from completing the OASIS for a therapy-only patient. Therapists should take a collaborative approach and look to their strengths to become more comfortable with this important aspect of the OASIS.

Don't Skimp on the Drug Regimen Review

Not only is the drug regimen review on the OASIS, it's one of the few items that's also a Medicare condition of participation, says Karen Vance, OTR, supervising consultant with BKD in Colorado Springs, Colo.

"A review of all medications the client is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy," is required in the COPs.

The drug regimen review must be completed each time the comprehensive assessment, including OASIS, is conducted, Vance says. And it should be documented in M2000 □ Drug Regimen Review, with any issues or interventions documented in and M2002 □ Medication Follow-up and M2004 □ Medication Intervention.

You're not Alone

Unlike with some OASIS data items, collaboration is allowed with the medication OASIS items, says Pat Jump with Rice Lake, Wis.-based Acorn's End Training & Consulting. "Such collaboration is particularly important in therapy-only cases."

You as a therapist might not feel you're competent to do this review, but that doesn't mean you can't complete the OASIS, says Vance. In therapy-only cases, the therapist can complete the medication list and then the nurse in the office can complete the drug regimen review manually or with software.

For best results, when collaborating, Jump and Vance recommend the following steps:

- Teach therapists to ask the questions required for a thorough medication assessment.
- Establish agency policy that outlines the communication process for collaboration.
- Create a policy and practice regarding how you will document the collaborative medication assessment. Remember: The M0090 date (the date the assessment is completed) will be the date the two clinicians collaborate to complete the assessment, provided this is the last item you complete.
- Transfer admission information from the therapist to the office for review in a timely fashion.
- Determine whether the clinician in the office will be responsible for contacting the physician regarding any significant findings and tracking this communication. Make certain the results of the communication are also communicated back to the therapist for documentation on OASIS.
- Develop agency parameters for when and what findings warrant a nursing referral.

Potential clinically significant medication issues include the following, Jump says:

- Adverse reactions to medications (such as a rash)
- Ineffective drug therapy (such as an analgesic that does not reduce pain)
- Side effects (such as potential bleeding from an anticoagulant)

- Drug interactions (such as serious drug-drug, drug-food and drug-disease interactions)
- Duplicate therapy (such as generic name and brand name drugs that are equivalent both prescribed)
- Omissions (missing drugs from an ordered regimen)
- Dosage errors (either too high or too low)
- Noncompliance (regardless of whether the noncompliance is purposeful or accidental)
- Impairment or decline in an individual's mental or physical condition or functional or psychosocial status

Look to Therapy Strengths in Uncovering Medication Issues

The OASIS medication items bring up three separate but related issues, says Vance:

1. Is the medication regimen appropriate and effective for the patient?

- This answer can be determined using appropriate software.

2. Is the patient capable of implementing the medication regimen?

This answer requires assessment that goes beyond medication teaching.

3. Is the patient (or caregiver) managing medications effectively?

- This answer is critical to achieving optimal patient outcomes.

Looking beyond the medication regimen items to M2020 □ Management of Oral Medications, therapists have an opportunity to make certain a patient's ability is more accurately documented, Vance says. "The nurse may watch the patient take his meds. But does she know what the patient's routine is? Does she know how to help the patient with cuing? Does she know that the patient watches the 'Price is Right' at the same time everyday and that would be a perfect cuing mechanism?"

"Management of oral meds is totally different from the drug regimen review," Vance says. "You're looking at the patient's ability to safely take her oral medications. These are routines that we should be assessing when we do our ADL assessments."

Consider this: According to the World Health Organization, medication routines are a self care activity focusing on looking after and maintaining one's own health.

Medication management is an Instrumental ADL, Vance says. IADLs are more complex than basic self-care skills. "We are missing the chance to optimize outcomes if we don't focus on medication management as an activity," she says.

Bottom line: When it comes to the OASIS medication items, all skilled clinicians 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.
- Identify needs and make appropriate referrals to other team members to address medication management related needs.
- Collaborate with the care team to optimize patients (and/or caregivers) medication management.