

Helpful Hints for OASIS Medication Questions

M2000: Does a complete drug regimen review indicate potentially clinically significant medication issues?

- What is a *potentially clinically significant medication* issue? Those that “pose an actual or potential threat to patient health and safety” based on the clinician’s judgement.
 - **Adverse Drug Reaction:** uncomfortable, unwanted, noxious, unintended, or dangerous effects.
 - **Types:**
 - **A. Type 1 (Drug Effects)**-an exaggeration of the drug’s therapeutic effects
 - **Example:** Patient on anti-hypertensives whose blood pressure goes too low, now they are *dizzy/light-headed*, or a patient who becomes *extremely sedated or urinary retention or even baldness/hair loss*
 - **B. Type 2 (Immune System/Patient Specific Reaction)**- The patient’s response to a drug is different than expected, sometimes the patient response is directly opposite the intended therapeutic response. They are unpredictable and life-threatening
 - **Example:** Rashes, such as *Stevens Johnsons Syndrome* or liver impairment leading to *Hepatitis or Thrombocytopenia*
 - In the US, 3-7% of hospitalizations are due to **ADR (Adverse Drug Reactions)**.
 - **Ineffective Drug Therapy** (pain medications that don’t relieve pain)
 - **Side Effects:** potential bleeding from an anticoagulant, or maybe just constipation, **severity and presence or absence of manifestation dictate clinician’s follow up**
 - **Drug Interactions:** *Minor, Moderate, and Major!!*
 - **Duplicate Therapy:** brand name and generic name prescribed simultaneously. If drugs are in the same class, but not the same drug, look at the regimen, and reason for administration, if you are unsure, call the office ☺
 - **Missing Drugs**
 - **Dosage Errors**
 - **Non-adherence/Non-compliance**
- *Not all of the above examples are necessarily clinically significant. That’s where your judgement and collaboration with the team come into play. Regardless, however, all of these factors must be accounted for when completing the drug Review at SOC and ROC because the responsibility ultimately lies with the clinician completing the Oasis to answer this question accurately.*

Let's Answer the Question!!!!

Response 0- Not Assessed/Reviewed is Never Acceptable

NA- This is acceptable only if you can establish definitively that the patient is not taking any medications

- So.....? Should we select Response 1 or 2?

○ Response 1: **No Problems Found During Your Review**

▪ What does this Mean?

- The lists match up
- Your assessment reveals no acute signs/symptoms of adverse reactions that could be caused by medications
- The drugs are working adequately (therapeutically) to treat the diagnoses/symptoms for which they are prescribed
- Patient has a plan to take the meds safely at home or (**Meds are administered by QMAP or other in Facility**).

- *******MOST IMPORTANTLY******* → *If you answer Response 1 (No Problems found during review) → please document in the Comments Section on the Oasis, an explanation clarifying a recognition of any duplications or drug interactions noted on the Med Profile that were not deemed clinically significant by you during the assessment!*

○ Response 2: **Problems Found During Your Review**

▪ What does this Mean?

- The lists do not match up
- Your assessment reveals signs/symptoms that could be adverse reactions from medications
- Patient takes multiple OTC or Alternative Therapy medications (herbals) and PCP may not be aware
- Patient seems confused about when/how to take medications → as this greatly increases the risk for an error!!
- Patient has failed to obtain or refused to take certain medications based on their preference, whether that be driven by financial, access, or cultural issues
- Polypharmacy with multiple prescribing physicians
- Assessment reveals that the symptoms/diagnoses for which the drugs were originally prescribed are not being adequately/therapeutically treated

-----No Problems Found-----Go to M2010. Otherwise, Answer M2002-----

M2002: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?

- **When do I answer this?**
 - o If you selected **Response 2** for the prior question, **M2000**, then you must answer **M2002**.
- **What are my Options?**
 - o **Yes**
 - In order to answer **Yes (1)**, contact with the PCP must occur **within 24 hours** via telephone, **voicemail**, electronic means, or fax.
 - **Most Importantly, Yes** can only be selected if a physician responds to the agency communication with acknowledgement of receipt of information and/or further advice or instructions.
 - **In order to select Yes**, this 2-way communication **AND Reconciliation of the initially discovered clinically significant problem**, must be completed by the end of the next calendar day after the problem was identified and prior to end of **5 days for SOC** and **2 days for ROC**.
 - o **No**
 - If the interventions cannot be completed as outline above:
 - select **Response (0) NO**
 - o If this happens,,, it's the weekend or you're swamped or you cannot reach Lynette or myself in the office, that is totally OK☺. **Just please document your rationale for why the follow-up was unable to be completed within the ridiculously short time frame provided to use by Medicare.**
 - o If you call the office and Lynette or myself follow up on a clinically significant issue and call you back regarding the plan/solution within **1 calendar day**, you can absolutely select **Yes (1)**.
- *****We will Revisit This Question in the Future*****

M2010: Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemic, anticoagulants, etc.) and how and when to report problems that may occur?

- What are my options?
 - o 0- No
 - o 1- Yes
 - o NA- Patient not taking any high-risk drugs or patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications
- **When do I answer No?**
 - o If the interventions are not completed as outline above
 - o **In this case, please document a rationale in the Comments sections unless the patient is not taking any drugs**
- **When do I answer Yes?**
 - o **2 Criteria Must Be Met:**
 - *1. High Risk Medications are prescribed*
 - *2. Education was Provided*
 - **Facility Staff are considered as caregivers for the purposes of this question and you may answer YES**
 - **Education must be provided for one or more medications**