

Oral Medications Workbook

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USING THIS WORKBOOK

Oral Medications Workbook

The Oral Medications Workbook was created as a guide to assist home health agencies in developing agency processes for the implementation of key strategies for improving the management of oral medications. The workbook focuses on identifying these key strategies, assuring that necessary agency processes are developed to support complete and effective implementation and sustaining the changes over time. The workbook uses a Socratic approach, asking the agency team to answer questions that can lead to discussion and evaluation of the effectiveness of the agency's implementation process for the strategy. The workbook also provides tips, data, discussion questions, tools and resources.

The workbook is intended to be used as a guide for agencies just beginning to work on improving their management of oral medications outcome and also for those agencies who have already implemented strategies for improving oral medications. The workbook can be completed by working on strategies, in order, from beginning to end or by moving through the workbook to identify specific strategies to assess the effectiveness of the agency implementation process. It can also be used as a guide for selecting new strategies for further agency improvement.

“Success isn’t permanent, and failure isn’t fatal.”

Managing Change

“All changes are not improvements, but all improvements require change.”

A team goes through several stages when a change goes from being an idea to doing “something new” to finally becoming part of the agency culture and the idea becomes part of how the agency provides care. The stages of change are:

- Stage 1: Knowledge – Learning about the new idea**
- Stage 2: Persuasion – Forming a favorable attitude towards it**
- Stage 3: Decision – Committing to adopting the change**
- Stage 4: Implementing – Putting the change into practice**
- Stage 5: Reinforcement – Maintaining the change permanently if results show that the change is an improvement**

Using the workbook will help your team move through the stages of change as you implement key strategies for improving medication management. By involving all staff in the stages of change, you help assure that the agency moves forward together in incorporating the changes into the agency operations and how your agency “does the business” of providing care to patients.

Management guru Tom Peters said, “The universe rewards action with feedback.” Your monitoring data and conversations with your staff will provide feedback that tells you whether or not the change is actually an improvement. If it is, keep up the good work. If it isn’t, ask why at least five times to “peel the onion to the next level,” and call your quality improvement consultant (QIC) in the morning.

IMPROVING MANAGEMENT OF ORAL MEDICATIONS

OASIS Accuracy is Critical to Improvement

Your agency must have processes in place to ensure that all staff members accurately and consistently collect OASIS data.

Improvement in the agency patient outcomes can only be correctly measured and reported on the OBQI outcome reports and Home Health Compare if all agency staff members correctly and consistently collect the data at each time point.

Improving the Management of Oral Medications

1. Understanding the Measure

OASIS Items Used in Calculating the Oral Medication Measure are:

M0780 Management of Oral Medications

Timepoints completed: Start of Care (Prior and Current ABILITY)

Resumption of Care (Prior and Current ABILITY)

Discharge from agency – not to an inpatient facility (Current ABILITY)

- Patients whose status at Start of Care or Resumption of Care are at 0 – Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times – are excluded.
- Patients who are nonresponsive at start of care, or whose episodes of home health care end with admission to an inpatient facility or death, are excluded.
- Injectables and IV medications are excluded.
- Only medications whose route of administration is “po” should be considered for this item. Medications given per gastrostomy (or other) tube are not administered “po,” but are administered “per tube.”



TIP: This M0 question refers to **ABILITY**, not compliance or willingness. Components of **ABILITY** include safely taking medications, and reliably taking them at the appropriate times/intervals.

Many times when nurses evaluate OASIS questions, the “halo” effect happens. They move through the questions from best/independent (usually 0 answer) to worst/totally dependent. This method often lends itself to inaccurate assessment as we “see” (the halo) the patient is better than he/she actually is. If interval analysis is used, you move from the bottom (totally dependent) to the top (independent) to score the question. This method gives a more accurate assessment and helps in the creation of the individualized plan of care, the clinician can analyze what it might take to move the patient from step 4 to step 3, or from step 3 to step 2.

Source: OBQI Implementation Manual: Chapter 8

2. Calculating the Measure

Numerator: Patients at discharge whose M0780 score is numerically lower than at Start of Care (SOC) or most recent Resumption of Care (ROC) during the 12-month period under consideration. (This indicates the patient was less impaired at discharge.)

Denominator: Patients who scored 1 or greater on M0780 on the Start of Care or Resumption of Care assessment during the 12-month period under consideration. (These patients have the potential to improve in management of oral medications.)

Observed Rate (Percentage) = Numerator / Denominator x 100

Source: Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center (QIOSC) for Home Health




CMS Questions and Answers for M0780 are included in the workbook.

Answer these questions to evaluate your agency OASIS education and support.

1. What does our agency do to ensure consistent and accurate OASIS data collection by staff?

2. Do we have an OASIS competency requirement? How often is competency renewed?

3. How do we ensure ongoing training for current staff? How do we evaluate OASIS competency when new staff is hired?



Remember, OASIS is not a stagnant assessment tool, new information is released from CMS periodically. To maintain OASIS competency, staff should update their training every year.



Something to think about...

New employees need OASIS training, also.

- You should make OASIS competency a part of the orientation process.
- Clinicians experienced in home care may have previously developed bad habits or have made incorrect assumptions about the OASIS questions.
- Clinicians new to home care may need in-depth education on assessing for and completing the OASIS questions accurately.
- Don't assume! Evaluate, educate, and establish competency criteria.

4. What tools/resources do we provide for staff to assist in accurately completing OASIS in the field?

5. Do we have incentives for staff to answer OASIS accurately and to maintain competency?

6. Do we compensate staff for their time to maintain OASIS competency?

PATIENT ASSESSMENT

Strategy 1

Staff complete an accurate assessment of the patient's ability to prepare and take all oral medications reliably and safely, including correct dosage at appropriate times/intervals.

Are we doing this? Yes No Sometimes We aren't sure

Answer these questions to evaluate whether the intervention is fully implemented:

1. Do we observe the patient performing the preparatory activity (i.e., gathering medication supplies or moving to an area where medications are routinely stored or organized)?

2. If the patient uses aids to organize the medications, do we evaluate to determine if this assistance is necessary or just for convenience or out of habit?

3. Do we do medication reconciliation as part of our assessment?

Are we sure that the medications the patient took prior to hospitalization and the medications ordered post hospitalization are not duplicated, are correct and are what the physician actually has ordered the patient to take now?

4. Do we assess adherence to the medications prescribed?

5. Do we identify reasons for the non-adherence?

6. Is action taken when problems with oral medications are discovered?

For instance, if upper body dysfunction is the reason for medication administration difficulties, would an OT consult be appropriate?

7. Is the pharmacy the patient uses identified?

Does the patient use more than one pharmacy?

8. Do we have a comprehensive medication assessment competency for Physical Therapists who complete OASIS admissions?

9. Do we include both prescribed and over-the-counter medications on the medication list?



Something to think about...

A plan, protocol, or guideline/standard helps ensure that both new and current employees are aware of the components of a complete and accurate medication assessment.

Setting standards and expectations in an agency assures that field staff know the expectations and that all staff use consistent methods of assessment.

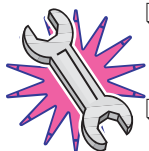
A system to monitor progress that ensures data completion to agency expectations should be developed. Most agencies do a review at the Start of Care for OASIS accuracy; this may be a great place to also do the medication assessment review.

A system to track or monitor improvement in the management of oral medications needs to be developed to give the agency real-time information to evaluate the success of their efforts. Patient problems with medication management contribute significantly to patients returning to the hospital. This occurs as medication duplication, polypharmacy, adverse side effects, untoward reactions, non-adherence and/or allergic reaction as well as food-drug interaction.



Tip: Using a tool like “Managing Your Medications,” which the patient fills out, aides in accurate assessment and can make the process of assessment less threatening to the patient. It may help you identify some of the reasons for non-adherence.

Suggested Tools for Strategy 1



- Medication Assessment Protocol
(<http://www.medqic.org/dcs/ContentServer?cid=1140118158610&pagename=Medqic%2FMOTools%2FToolTemplate&cc=MOTools>)
- Medication Discrepancy Tool
(<http://www.medqic.org/dcs/ContentServer?cid=1140118158610&pagename=Medqic%2FMOTools%2FToolTemplate&cc=MOTools>)
- Managing Your Medications
(<http://www.medqic.org/dcs/ContentServer?cid=1140118158610&pagename=Medqic%2FMOTools%2FToolTemplate&cc=MOTools>)
- Q-MAP Learning Session 1 - Introduction (Online)
(<http://www.medqic.org/dcs/ContentServer?cid=1142280313678&pagename=Medqic%2FMOPresentations%2FPresentationTemplate&cc=MQPresentations>)
- Q-MAP Learning Session 2 - The Rehab Connection (Online)
(<http://www.medqic.org/dcs/ContentServer?cid=1146764838041&pagename=Medqic%2FMOPresentations%2FPresentationTemplate&cc=MQPresentations>)
- Q-MAP Learning Session 3 - Patient Education (Online)
(<http://www.medqic.org/dcs/ContentServer?cid=1151524647910&pagename=Medqic%2FMOPresentations%2FPresentationTemplate&cc=MQPresentations>)
- Q-MAP Learning Session 4 - Physician Communication (Online)
(<http://www.medqic.org/dcs/ContentServer?cid=1157485164785&pagename=Medqic%2FMOPresentations%2FPresentationTemplate&cc=MQPresentations>)

PATIENT ADHERENCE



Strategy 2

Staff evaluate and address the patient for non-adherence.

Are we doing this? Yes No Sometimes We aren't sure

Answer these questions to evaluate whether the intervention is fully implemented:

1. Do we have a way to identify the reasons for non-adherence, including: knowledge deficit, illiteracy, financial concerns, fear of addiction, drug diversion or overmedicating, health beliefs/expectations, memory deficits, functional deficits and/or disorganization?

2. When non-adherence reasons are identified, do we make a referral to the appropriate discipline, i.e., illiteracy = SLP (speech language pathologist), financial = SW (social worker)?

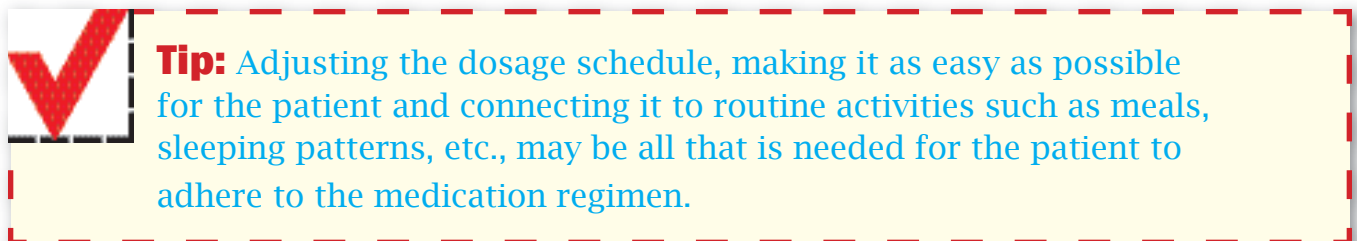
3. For therapy only cases, do therapists evaluate oral medication adherence on an ongoing basis and request RN intervention if adherence problems are identified?

4. Do we have a medication simplification protocol for patients taking more than eight medications?

5. Have we educated our staff on medication safety, medication simplification?

6. Have we considered ethnic/cultural tolerance for medication?

7. Do we encourage our patients to use one pharmacy only and consult with the pharmacist about drug interactions, reducing the number of medications or proposing less expensive medications?



Tip: Adjusting the dosage schedule, making it as easy as possible for the patient and connecting it to routine activities such as meals, sleeping patterns, etc., may be all that is needed for the patient to adhere to the medication regimen.

While not all of these factors improve M0780, they are all important in establishing good medication management. Our goal should be to have the patient as capable of handling their oral medications as possible at the time they are discharged.

The local pharmacist may be the patient’s only medication resource once home health is discontinued.

Some agencies have coordinated with pharmacy colleges to give pharmacy students the opportunity to practice their clinical counseling on patients.

There are computer based medication programs that can help the clinician review and evaluate for polypharmacy, adverse events, drug reactions, drug interactions, etc.

MEDICATION COMPLIANCE AIDS



Strategy 3

Staff use compliance aids to assist the patients in self-managing oral medications.

Are we doing this? Yes No Sometimes We aren't sure

Answer these questions to evaluate whether the intervention is fully implemented:

1. Is our staff familiar with the different medication compliance aids that may help a patient self-manage their medications?

2. Are we evaluating the patient skills and deficits related to medication management and matching them to possible compliance aids?

3. Is OT asked to consult and suggest compliance aids or adaptive equipment to assist with medication preparation and administration?

4. Have we discussed these compliance aids with patient and family and determined their goals for management?

5. Have we coordinated with the pharmacy so that med packaging and compliance aids are compatible?

PHYSICIAN COMMUNICATION

Strategy 4

Establish and maintain effective and on-going communication with the physician.

Are we doing this? Yes No Sometimes We aren't sure

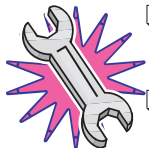
Answer these questions to evaluate whether the intervention is fully implemented:

1. Have we discussed our efforts to improve the management of oral medications with our major physician referral sources?

2. Do we use an effective tool to communicate with physicians about medication simplification, polypharmacy, and non-adherence barriers?

3. Do we know the physician's preference for communication, (e.g., phone, fax, e-mail, etc.)?

Suggested Tools for Strategy 4



- SBAR
(<http://www.medqic.org/dcs/ContentServer?cid=1157485259584&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>)
- Standardized Fax Statement Related to Medication Simplification
(<http://www.medqic.org/dcs/ContentServer?cid=1140118158610&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>)
- Beers List
(<http://www.medqic.org/dcs/ContentServer?cid=1140118158610&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>)
- Physician Medication Letter Example - QMap
(<http://www.medqic.org/dcs/ContentServer?cid=1157485164785&pagename=Medqic%2FMQPresentations%2FPresentationTemplate&c=MQPresentations>)
- Improvement in Oral Meds: M0780 Outcome Tracking Log
(http://www.kfmc.org/providers/Home_Health_Agencies/Oral%20Medication%20M0780%20Tracking%20Log.pdf)




Final thoughts on monitoring medication management...

MUST DO: To effectively improve the management of oral medications for the majority of patients, real-time monitoring and evaluating must be done.

That means, at least monthly, you should measure how many patients improved and how many did not.

That measurement can be done via an electronic or paper form. (An example of an outcome tracking log tool is linked at the bottom page 18.)

Monitoring is not enough. The team must evaluate what is working for the agency and what is not.

 **TIP:** Improving outcomes is done by improving a majority of the patients. Not all patients will improve, but if only 20 percent of your patients are improving, why are 80% not improving?

Your interventions need to fit your patient population.

If you are not achieving success after three months of working a plan, you will want to make sure you are addressing the issues or problems of your unique patient population.

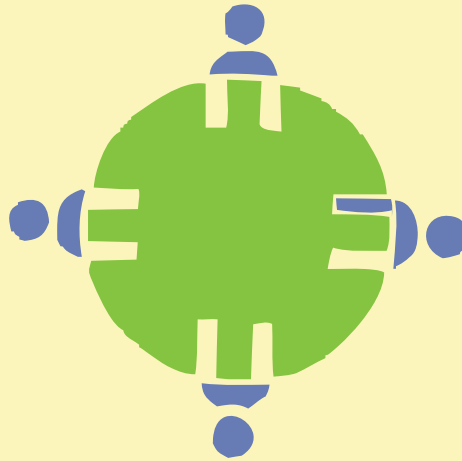
Team discussion notes and planning

What gaps have we identified in our current monitoring/evaluation system?

What are our next steps? Did we include the who, what, and when?

On a scale of 1-10, how confident are we that our agency monitoring/evaluating processes are fully implemented and effective?





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