

OASIS ITEM			
<p><b>(M2004) Medication Intervention:</b> If there were any clinically significant medication issues since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation?</p> <p> <input type="checkbox"/> 0 - No  <input type="checkbox"/> 1 - Yes  <input type="checkbox"/> NA - No clinically significant medication issues identified since the previous OASIS assessment </p>			
ITEM INTENT			
<p>Identifies if potential clinically significant problems such as adverse effects or drug reactions identified at the time of the most recent OASIS assessment or after that time were addressed with the physician.</p> <p>This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.</p>			
TIME POINTS ITEM(S) COMPLETED			
<p>Transfer to inpatient facility</p> <p>Discharge from agency – not to an inpatient facility</p>			
RESPONSE—SPECIFIC INSTRUCTIONS			
<ul style="list-style-type: none"> <li>Clinically significant medication issues are those that, in the care provider's clinical judgment, pose an actual or potential threat to patient health and safety, such as drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, medication omissions, dosage errors, or nonadherence to prescribed medication regimen.</li> <li>Contact with physician is defined as communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.</li> <li>Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.</li> <li>If the interventions are not completed as outlined in this item, select Response 0 – No. However, in this case, the care provider should document rationale in the clinical record.</li> <li>If agency staff other than the clinician responsible for completing the transfer or discharge OASIS contacted the physician to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the transfer or discharge OASIS assessment so that the appropriate response for M2004 may be selected. This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and ultimately must be completed by one clinician.</li> <li>If the last OASIS assessment completed was the SOC or ROC, and a clinically significant problem was identified at that SOC or ROC visit, the problem (and/or related physician communication) would be reported at both the SOC/ROC (on M2002), and again at Transfer or Discharge (on M2004), since the time frame under consideration for M2004 is at or since the previous OASIS assessment.</li> </ul>			
DATA SOURCES / RESOURCES			
<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>Clinical record</li> <li>Communication notes</li> <li>Medication list</li> </ul> </td><td> <ul style="list-style-type: none"> <li>Plan of care</li> <li>Discussions with other agency staff responsible for completing drug regimen review</li> </ul> </td></tr> </table>		<ul style="list-style-type: none"> <li>Clinical record</li> <li>Communication notes</li> <li>Medication list</li> </ul>	<ul style="list-style-type: none"> <li>Plan of care</li> <li>Discussions with other agency staff responsible for completing drug regimen review</li> </ul>
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