
Identify the specific data source or data collection instrument. *

For example, provide the name of the database, clinical registry, collection instrument, and describe how the measured entities will collect the data (e.g., the standard methods, modes, and languages of administration).
[OASIS Data Sets | CMS](#)

Indicate whether the measure has a minimum sample size to calculate the measure and provide any instructions needed for obtaining the sample and guidance on minimal sample size. *

Not Applicable.

Importance

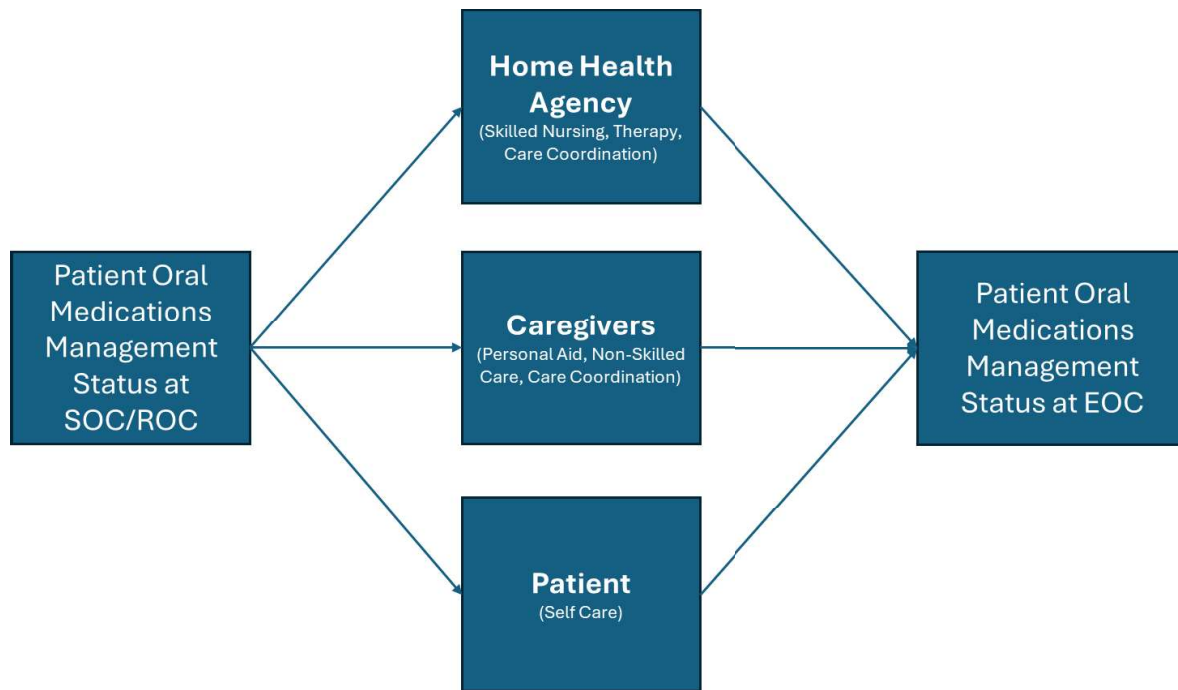
Attach a logic model and provide a description of the relationship between structures and processes and the desired outcome. *

Briefly describe the steps between the health care structures and processes (e.g., interventions, or services) and the desired health outcome(s). The relationships in the diagram should be easily understood by general, non-technical audiences. Indicate the structure, process, or outcome being measured.

Attachment (pdf, word)

*Improvement in Management of Oral Medications (#0176) measures whether the patient's ability to take the correct oral medications and proper dosage(s) at the correct times at end of care (EOC) improves relative to their ability to take the correct oral medications and proper dosage(s) at the correct times at start or resumption of care (SOC/ROC). To improve, patients will receive support from three primary sources: their home health agency, caregivers, and themselves. For *Improvement in Management of Oral Medications (#0176)*, we are concerned with attributing the improvement to the home health agency's care. Thus, we risk-adjust the observed improvement to account for differences in patient characteristics at SOC/ROC (see **Figure 1** for a visual depiction of the logic model).*

Figure 1: Logic Model for Improvement in Management of Oral Medications (#0176)



Summarize evidence of measure importance from the literature, linking the structure/process/intermediate outcome to the desired health outcome. *

A patient's ability to independently manage oral medications reliably and safely is an important safety factor and can lead to improved management of chronic and acute illness, and the reduction of medication errors (Sheehan, et al, 2018). Conversely, the inability to manage oral medication can lead to adverse health outcomes and unnecessary hospitalization (Khezrian, et al, 2020; Sokol, et al, 2005; World Health Organization, 2019). Post-acute care patients often struggle to obtain medications, understand their safe administration, and techniques related to safe self-management (Mortelmans, et al, 2021; Tomlinson, et al, 2020). All these problems contribute to medication errors, which are the third leading cause of death in the USA (Makary & Daniel, 2016). In order to safely manage medications, patients and their caregivers need support and education (Kairuz, et al, 2008). Home health care staff can evaluate patients' needs and can teach them how to use devices to assist with taking the correct medication dose at the correct time. High-quality care in Improvement in Oral Medication Management includes successful collaboration between provider and patient, reconciliation of all medications across the continuum of care, and meaningful education efforts. Research has shown that when patients and families receive this type of support, it leads to improved medication adherence and better clinical outcomes (Lyngstad, et al, 2013; Dineen-Griffin, et al, 2019; Yang, et al, 2022). The appropriate management of medications is essential to assure the efficacy of treatment regimens among patients, and the safe administration of medications.

Dineen-Griffin, S., Garcia-Cardenas, V., Williams, K., & Benrimoj, S. I. (2019). Helping patients help themselves: a systematic review of self-management support strategies in primary health care practice. *PLoS one*, 14(8), e0220116.

Kairuz, T., Bye, L., Birdsall, R., Deng, T., Man, L., Ross, A., ... & Tautolo, E. (2008). Identifying compliance issues with prescription medicines among older people. *Drugs & aging*, 25(2), 153-162.

Khezrian, M., McNeil, C.J., Murray, A.D., Myint, P.K., (2020). An overview of prevalence, determinants and health outcomes of polypharmacy. *Ther. Adv. Drug Saf.* 11, 1–10. <https://doi.org/10.1177/2042098620933741>

Lyngstad, M., Melby, L., Grimsmo, A., & Hellesø, R. (2013). Toward increased patient safety? Electronic communication of medication information between nurses in home health care and general practitioners. *Home Health Care Management & Practice*, 25(5), 203-211.