

*Complete only if A0310H = 1.*

**N2005. Medication Intervention** - Complete only if A0310H = 1

Enter Code

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Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

0. No

1. Yes

9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

## Item Rationale

### Health-related Quality of Life

- Integral to the process of safe medication administration practice is timely communication with a physician when a potential or actual clinically significant medication issue has been identified.
- Physician-prescribed/-recommended actions in response to identified potential or actual clinically significant medication issues must be completed by the clinician in a time frame that maximizes the reduction in risk for medication errors and resident harm.
- Potential or actual clinically significant medication issues can occur throughout the resident's stay.

### Planning for Care

- Every time a potential or actual clinically significant medication issue is identified throughout the resident's stay, it must be communicated to a physician, and the physician-prescribed/-recommended actions must be completed by the clinician in a time frame that maximizes the reduction in risk for medication errors and resident harm.

## Steps for Assessment

*The observation period for this item is from the date of admission (start of SNF PPS stay) through discharge (Part A PPS discharge).*

1. Review the resident's medical record to determine whether the following criteria were met for any potential and actual clinically significant medication issues that were identified upon admission or at any time during the resident's stay:
  - Two-way communication between the clinician(s) and the physician was completed by midnight of the next calendar day, AND
  - All physician-prescribed/-recommended actions were completed by midnight of the next calendar day.
- Medical record sources include medical records received from facilities where the resident received health care, the resident's most recent history and physical, transfer documents, discharge summaries, medication lists/records, clinical progress notes, and other resources as available.
- Discussions (including with the acute care hospital, other staff and clinicians responsible for completing the drug regimen review, the resident, and the resident's family/significant other) may supplement and/or clarify the information gleaned from the resident's medical records.

## N2005: Medication Intervention (cont.)

### Coding Instructions

- **Code 0, No:** if the facility did not contact the physician **and** complete prescribed/recommended actions by midnight of the next calendar day each time a potential or actual clinically significant medication issue was identified since admission (start of SNF PPS stay).
- **Code 1, Yes:** if the facility contacted the physician **and** completed prescribed/recommended actions by midnight of the next calendar day each time a potential or actual clinically significant medication issue was identified since admission (start of SNF PPS stay).
- **Code 9, NA:** if there were no potential or actual clinically significant medication issues identified at admission or throughout the resident's stay or the resident was not taking any medications at admission or at any time throughout the stay.

### Coding Tips

- If the physician prescribes an action that will take longer than midnight of the next calendar day to complete, then **code 1, Yes**, should still be entered, if by midnight of the next calendar day, the clinician has taken the appropriate steps to comply with the recommended action.
  - Example of a **physician-recommended action that would take longer than midnight of the next calendar day to complete:**
    - The physician writes an order instructing the clinician to monitor the medication issue over the next three days and call if the problem persists.
  - Examples of by **midnight of the next calendar day:**
    - A clinically significant medication issue is identified at 10:00 AM on 9/12/2017. The physician-prescribed/-recommended action is completed on or before 11:59 PM on 9/13/2017.
    - A clinically significant medication issue is identified at 11:00 PM on 9/12/2017. The physician-prescribed/-recommended action is completed on or before 11:59 PM on 9/13/2017.
- A dash (–) value is a valid response for this item; however, CMS expects dash use to be a rare occurrence.

## N2005: Medication Intervention (cont.)

### Examples

1. At the end of the resident's Part A PPS stay, the discharging nurse reviewed Resident T's medical records, from the time of admission (start of SNF PPS stay) through their entire Part A PPS stay (Part A PPS discharge) and noted that a clinically significant medication issue was documented during the admission assessment. Resident T's medical records indicated that a nurse had attempted to contact the assigned physician several times about the clinically significant medication issue. After midnight of the second calendar day, the physician communicated to the nurse, via telephone, orders for changes to Resident T's medications to address the clinically significant medication issue. The nurse implemented the physician's orders. Upon further review of Resident T's medical records, the discharging nurse determined that no additional issues had been recorded throughout the remainder of Resident T's stay.

**Coding:** N2005 would be coded **0, No**—the facility did not contact the physician **and** complete prescribed/recommended actions by midnight of the next calendar day **each** time a potential or actual clinically significant medication issue was identified since the resident's admission (start of SNF PPS stay).

**Rationale:** Coding of this item includes all potential or actual clinically significant medication issues identified at any time during the resident's stay. When reviewing Resident T's medical record at discharge, the nurse found that a clinically significant medication issue was identified during the admission (start of SNF PPS stay) drug regimen review, but the facility did not communicate with the physician **and** complete prescribed actions by midnight of the next calendar day. Although no other potential or actual clinically significant medication issues were identified during the remainder of the resident's stay, the facility did not communicate with the physician and complete prescribed/recommended actions by midnight of the next calendar day each time a potential or actual clinically significant medication issue was identified during the resident's SNF PPS stay.

## N2005: Medication Intervention (cont.)

2. At discharge, the nurse completing a review of Resident K's medical records found that two clinically significant medication issues had been identified during the resident's stay. During the admission drug regimen review, the admitting nurse had identified a clinically significant medication issue, contacted the physician, and implemented new orders provided by the physician on the same day. Another potentially significant medication issue was identified on day 12 of Resident K's stay; the nurse communicated with the physician and carried out the orders within one hour of identifying the potential issue. Both medication issues identified during Resident K's stay were communicated to the physician and resolved by midnight of the next calendar day after identification. There were no other clinically significant medication issues identified during Resident K's stay.

**Coding:** N2005 would be coded as **1, Yes—all** potential or actual clinically significant medication issues identified at any time during the resident's stay (admission through discharge) were communicated to the physician and prescribed/recommended actions were completed by midnight of the next calendar day after each issue was identified.

**Rationale:** While a medication issue was identified as a clinically significant medication issue at admission, it was resolved by midnight of the next day. During Resident K's stay, an additional clinically significant medication issue was identified; it too was resolved by midnight of the following day. Each time a clinically significant medication issue was identified (at admission and during the stay), it was communicated to the physician and resolved through completion of prescribed/recommended actions by midnight of the next calendar day after identification.

## **SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS**

**Intent:** The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received or performed during the specified time periods.