



# Completing a Collaborative Medication Review and Reconciliation

\*Recorded on November 10, 2023

## DESCRIPTION

Regulatory requirements and tips (for Medicare Certified and non-Medicare certified agencies) in completing the drug regimen review, follow up, and addressing the more comprehensive expectations of the OASIS E in both teaching, assessing areas of high-risk medications.

## OBJECTIVES

- Advance knowledge of key regulatory components of the drug regimen review process.
- Enhance understanding of the collaborative roles for both nursing and therapy in the areas of high-risk drugs and medication reconciliation.
- Develop strategies to improve hospitalization and other quality outcomes.
- Identify the comprehensive expectations of high-risk medication in OASIS E assessment and teaching.

## FACULTY

### **Jessica Kuehlwein, MA, CCC-SLP, COQs, Trinita Home Health and Hospice**

Jessica received her masters from the University of Minnesota in Speech-Language Pathology where she took an interest in adults with neurogenic communication disorders. She has experience in several post-acute care settings, and has a strong passion for leadership in the home health setting. While working in the community as a speech-language pathologist, she realized the potential to provide strong patient-centered care in the home and has developed a passion to advocate for clients and staff in home health.



**Jeanette Mefford, MPH, BSN, Mefford, Knutson & Associates, Inc.**

Jeanette Mefford is a home care professional with many years in the field as clinician, provider, owner of home care and infusion therapy businesses. Co-founder of home care consulting business in 1990.

**CONTINUING EDUCATION CREDITS**

CEU will not be offered with the recording.

**WEBINAR RECORDING**

You will be sent the recording link and handouts.

**QUESTIONS?**

Please contact Brandy Sweet at [bsweet@oahc.org](mailto:bsweet@oahc.org) with questions.



## REGISTRATION

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Registration Fees:	Standard Rate
Member Rate	\$25 (per agency)
Non-Member	\$125 (per agency)

## PAYMENT INFORMATION

Visa  MasterCard  Check (payable to OAH C)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_

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**Fax completed form with payment to (877) 458-8348 or Mail to OAH C, 417 2<sup>nd</sup> St. Ste. 101, Lake Oswego, OR 97034.**