

Welcome to the Active System

The following pages are in booklet format. They are the main training manuals for the system. You can flip through the pages to see specific examples of the main features of the Active System. As, you can see, the screens are very colorful and easy to read, especially when they take up your entire screen. The final two booklets include the Getting Started Step By Step Instructions, and the detailed Historical Nutritional Assessment which is used to build a safety net for each and every resident.

Subscribing to the Active System includes a full range of support and interfacing with your current system. We are here to support you and to save you time and money.

Call 904-382-7831 for more information.

About Active Healthcare Professionals Group

The Active Healthcare Professionals Group (AHPG) is a group of healthcare professionals dedicated to serving the Long Term Care Industry. We include Administrators, Nurses, Dietitians, Dietary Managers, and Risk Managers. The systems and software designed and written by these professionals are the most useful to all Nursing Home Staff in their efforts to care for their residents. Not only does AHPG provide powerful, easy to use and state of the art software, we take computerization to a whole new level. Our software does exactly what your staff needs it to do and it facilitates the entire resident care process. Additionally, AHPG continuously monitors the usage of software systems in your facility. This provides your staff with PROACTIVE Technical support. In other words, we will be constantly monitoring usage, encouraging usage, suggesting more efficient ways to utilize the system, and above all, auditing the data for completion, consistency, resident risk, and quality. AHPG will provide your staff with weekly reports on system usage, compliance, documentation completion, and consistency of data and charting to the MDS, RAPs and Care Plans. Not only will you get reports showing necessary areas of attention, your staff will be given the tools needed to continuously attain the highest quality of care and regulatory compliance.

AHPG also offers on-site consulting and training at very reasonable costs. Group meetings can be conducted for multiple facilities in one central location in order to further streamline training and to share various experiences in using the system to obtain the highest quality of care for all residents.

Your system is completely customized to your needs. AHPG programs at a rate much faster than other software vendors. You will find the system growing to meet your needs and even anticipating your needs. The entire system has been designed from the ground up to be very flexible and to accommodate the needs of any number of facilities at the same time. In other words, AHPG will add options to suite your needs and provide instant access to any options added for other facilities. Your system is maintained by AHPG in a constant up to date status. You do not have to upgrade. We do it for you.

The Active System

A Comprehensive, Powerful, and Feature Rich Software Package

**Third Party Compliance
Monitoring**

**Streamlined
Admission Package**

**Integrated Business and
Clinical Package**

**Utilization Review
Planning/Tracking**

**Scan and Use Your Forms
Automated Completion**

**Email WEB Converted
Reports and Tables**

**Risk Management
Incident Report Trending**

**Physician's Orders
and Assessments**

**Interdisciplinary Chart-
ing**

**Profile Based Care Plans,
RAPS and Assessments**

**Easy CNA Documentation
& Monitoring**

**QI, Skin and Weight
Variance Logs**

**Select Menus, Menu
Planning, Picture Cards**

**Activities Calendars and
Special Event Flyers**

Written by:

Healthcare Professionals For Healthcare Professionals

www.ahpg.net

The Active system has been developed over the past ten years. It is a product of “in the field” development by healthcare professionals. It is completely designed to provide you with as much help as possible for the following general areas of Nursing Home operations. The System is very easy to use, yet very powerful in its capability to provide you with what you need while minimizing computer time and printing time.

Documentation of ALL Care

MDS Input and Transmission

ADL Input and Documentation

Care Planning

RAPs

Utilization Review you can Use

Risk Management

Tray Cards and Select Menus

Inventory and Ordering

Menus and Spread Sheets

Recipes and Production Sheets

Activities Calendar and Attendance

Special Events Flyers

Resident Photos Anywhere

Resident Trust and Banking

Accounts Receivables/Payables

Check Writing and Payroll

Payor Source Tracking & Planning

Quality Indicator Tracking

Facility Summary Reports

E-mailing of Reports Anywhere

UpLoading Any Other Software

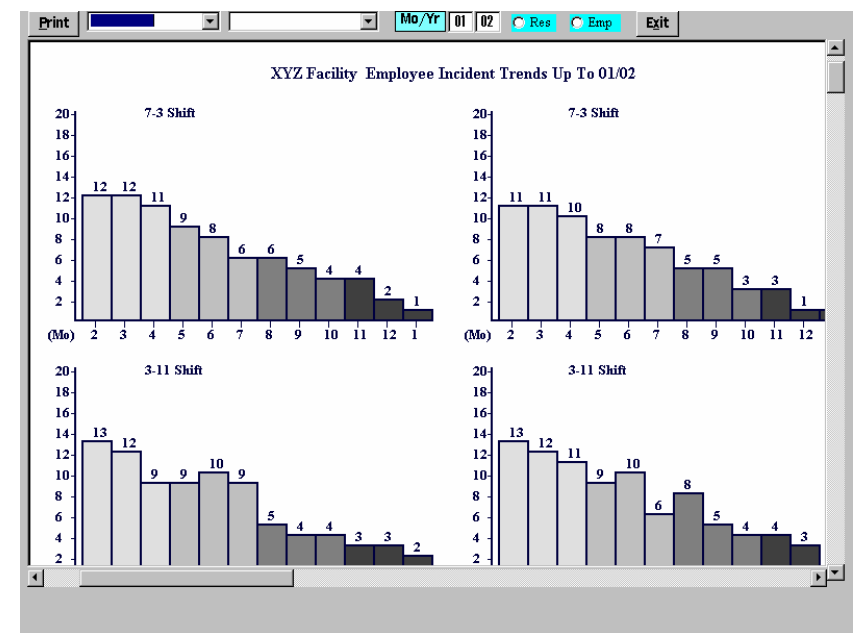


Figure 10. Incident Report Trending

[illegible]

Figure 11. Resident Trust

102A Lincoln, Abraham ADL Sheet for Month:Text1 Year:Text2

Print Version Text To Screen Mo/Yr Text1 Text2 HP LaserJet 1100

Sign On Sign Ambulation/Transfer Exit Reset

Month/Year:Text1 Activities of Daily Living

Nm:102A Lincoln, Abraham 1093 81 M Hgt:66 IBW:128-156 Diet: TF Glucerna 65 cc/hr FL

Phy:Doolittle Allergies: Dx: DIAB. MELL.;NON INS. DEPD

ADL Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	2
Ambulation/Transfer																				
Bathing																				
Toileting																				
Dressing																				
Eating																				
Drinking																				
Bowel																				
Bladder																				
Breakfast																				
10am Nourishment																				
Fluid Offered																				
Lunch																				
2-3pm Nourishment																				
Fluid Offered																				
7-3 CNA Initials																				
7-3 Nurse Initials																				
Ambulation/Transfer																				
Bathing																				
Toileting																				
Dressing																				
Eating																				
Drinking																				
Bowel																				
Bladder																				
Supper																				
H.S. Nourishment																				
Fluid Offered																				
3-11 CNA Initials																				

Figure 8. ADL Sheets

Incident Reports

Print HP LaserJet 1100 01/28/2011 New Incident Trending Delete Edit Category Exit Item

Incident Type
☐ Resident
☐ Employee
 ID Number Time am pm

Detailed and Objective Description of the Incident:

Action(s) Taken:

Figure 9. Incident Reporting

Nursing Unit # 1 North Wing XYZ Facility and The Active System 904-382-7831

Rm	Resident Name	Resno	Diet
100A	Washington, George	2541	NCS
100B	Hamilton, Alex	712	Regular
101A	Adams, John	808	Regular
101B	Jefferson, Tom	2303	Mech Sft
102A	Lincoln, Abraham	1093	Tube Feeding
102B	Grant, U.	2046	Regular
103A	Roosevelt, Frank	993	Regular
103B	Roosevelt, Ted	2503	MECH.SOFT NA
104A	Kennedy, John	213	Pureed DBL PORTION MedPass 2.0
104B	Truman, Harry	2484	NCS Regular
105A	Bush, George	2463	Tube Feeding
105B	Reagan, Ronald	872	REGULAR
106A	Clinton, Bill	2431	Tube Feeding
106B	Eisenhower, Ike	2309	Mech Sft
107A	Carter, Jimmy	2360	Mech Sft
107B	Nixon, Richard	2468	Tube Feeding
108A	Bush, George	2334	Regular
108B	Johnson, Lyndon	2687	Regular
109A	Adams, Quincy	543	REGULAR
109B	Resident # 20	2077	Regular
110A	Resident # 21	663	Tube Feeding

Figure 1. Resident Roster

The Resident Roster is shown in Figure 1 above. This is the central screen for the entire Active System. It allows you to launch any option of the system for any resident at the click of one of the command buttons at the top of the screen. The buttons are color coded by area or discipline in order to make it easy to find the option you want. A traditional menu system can also be used to access any option. The menu system is shown on the gray menu bar below the command buttons.

Your staff will be instantly oriented to the Active System through the easy and straight forward approach to finding your way around the system. They will immediately know where to go to input the information they need to record, or to retrieve the information they need when caring for the resident or discussing their residents with their family members, or with other healthcare professionals.

Figure 2. MDS Worksheet

Figure 3. MDS

The Active System offers a full compliment of Quality Indicator reports that are instantly available at any time. Your staff can view how they are doing at any time and use the information proactively rather than reactively when the report is downloaded from the State website. These reports also offer an cross check with the State system, and they can be e-mailed directly to anyone. They can also be reviewed remotely from Corporate Headquarters or from other facilities with the proper user name and password.

The Active System staff will also compare the entire resident data base to the MDS, RAP, Care Plan and Quality Indicators for each resident on a weekly basis. This offers the capability to determine inconsistencies before they develop into care issues. All questions on the MDS can be audited for consistency with the resident's cardex, weight record, meal consumption record, ADL sheet, Hydration record, BM record, Input and Output sheet, skin assessment sheet, incident reports, Labs, vital signs, medications, diagnoses, tube feeding worksheets, and interdisciplinary documentation. These reports will show your staff where inconsistencies occur, where information is lacking or out dated, and offer suggestions for use of the Active System to permanently correct the situation.

The Active System also offers a very easy to use, yet powerful Tickler System that will accommodate any number of items to track and schedule for all your residents. What's more, the Admission, Discharge and Transfer functions in the system automatically update the Tickler System. In other words, there is no maintenance of the Tickler System. Simply input what you are tracking or scheduling for the Resident and the system takes it from there.

printing select menus and meal cards. To change a line in the Diet List, you must first press enter to open the line.

Fig 15. Copy Options Screen from the Edit Menu Screen

Fig 16. Diet List- Press Enter to Open the Line to change the list.

Menu Management with the

Active System

Menu management in the Active system involves four different areas.

1. Spread Sheets
2. Display Menus - Daily and Week at a Glance
3. Recipes
4. Select Menus and Meal Cards

The spread sheets are by far the most complex and time consuming areas of menu management. Without the Active System, facilities are forced to

lock into pre-set menus and change menus only once or twice a year.

With the Active System, you can easily change the menus on a day to day basis in order to meet all the changing demands and desires of your residents and family members. The Active System has the capability of automatically spreading the Regular Diet Menu Item across all the special

diets while substituting appropriate alternate menu items as needed.

This process is done instantaneously and accurately. The system is completely user-definable and can be adjusted and added to as needed.

I. Spread Sheet Management

There are 999 days of menus in the Active System. These menus are organized into menu cycles usually starting at Day1 or Day 51 as you go from Menu Days 1 to 999. To get to the menu program, load the Active System by clicking the icon on the desktop. Then make sure the Diet Tab is selected. Then click on Menu in the second column of

Menu Spread Sheet Preview

Print 0 0 0 Start Day 0 0 Wk at a Glance 1 Menu Day 304 Daily Menu 2 3 1 EXIT Ver 0 0 400

Title XYZ Nursing Home Set1 Set2 Set3 PSH Update PSH Spread sheet Portions No Date No Sig Edit Menu BMP

WEEK: 1 Sunday **XYZ Nursing Home** RD: *[Signature]*

	Regular/NAS*	Mechanical Soft	Pureed	REDUCED CONC SWEETS	Bland/Soft	Liberal Re
J	Juice of Choice	Juice of Choice	Juice of Choice	Juice of Choice	Juice of Choice	Juice of Choice
E	Egg of Choice	Egg of Choice	Egg of Choice	Egg of Choice	Egg of Choice	Egg of Choice
B	Bacon	Bacon	Sausage Patty	Bacon	Bacon	Hot Cold Cere
A	Hot Cold Cereal	Hot Cold Cereal	Hot Cold Cereal	Hot Cold Cereal	Hot Cold Cereal	Hot Cold Cere
K	Toast	Toast	Puree Bread	Toast	Toast	Toast
F	Biscuit	Biscuit	Puree Bread	Biscuit	Biscuit	Biscuit
S	Milk	Milk	Milk	Milk	Milk	Milk
A	Coffee	Coffee	Coffee	Coffee	Decaf Coffee	Coffee
S	Margarine	Margarine	Margarine	Margarine	Margarine	Margarine
T	Jelly	Jelly	Diet Jelly	Jelly	Jelly	Jelly
L	Salt & Pepper	Salt & Pepper	Salt & Pepper	Salt & Pepper	Salt	Pepper
	Honey Baked Ham	Honey Baked Ham	Honey Baked Ham	Honey Baked Ham	Honey Baked Ham	Roast Pork
	Sweet Potato Casserole	Sweet Potato Casserole	Sweet Potato Casserole	Sweet Potato Casserole	Sweet Potato Casserole	In Colored N
	Steamed Cabbage	Steamed Cabbage	Steamed Cabbage	Steamed Cabbage	Steamed Cabbage	Steamed Cabb
	Cornbread	Cornbread	Puree Bread	Cornbread	Cornbread	Dinner Roll

Fig. 1 The Menu Program

command buttons. The following screen appears.

added to offer more selections. These standard selections are copied to the other days of the menu using the copy options from the Edit menu screen. Finally, a full Select Menu option is available where several appetizers, entrees, starches, vegetables, and desserts can be offered.

Fac1 Set1 [Meal Cards & Select Menus] Home Sweet Home and The Active System www.ahpg.net

Nursing Units 2 2 Tray Cards Meal Cards Select Menus Pseudo Select

Residents 5 5

Menu Days 101 101

Dining Loc 1 99

Set For All Option 2 Option 3 Option 4 Option 5

Print

XYZ Nursing Home Friday 08-27-04

Breakfast
304A Girl, Model Regular

Lunch
304A Girl, Model Regular

Supper
304A Girl, Model Regular

Orange Juice* Juices Apple Juice Prune Juice Stewed Prunes REGULAR TEXTURE

Grits* R. Krispies Cream of Rice Bran Flakes Special K White Wheat Toast

Roast Beef* Sliced Turkey Gravy REGULAR TEXTURE

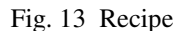
Garlic Red Potatoes* Chopped Broccoli Summer Squash

Vegetable Soup* Entrées Breaded Chicken/Bun* Fish Kernal Corn* Starches Vegetables

Fig 14. Select Menu Option in the Tray Card Program

When you are working with Meal Cards, Pseudo Select, or Select menus, it is imperative that the diets in your diet list refer to the proper columns in your spread sheets. In other words, if the NCS diet is the fourth column in your Set 1 spread sheets then, the NCS diet in your diet list must have a 1 and a 4 in its last two columns in the Diet list. The Diet List is accessed from the Copy Button in the Upper Left of the Edit Menu Screen. From the Copy Screen, you will see a Diet List button. Click this button and you will be presented with the list of diets. There is usually no need to access this list, but if the menu items on your select menus are not matching

up to the categories, or if entire selections such as all desserts are missing, then, the columns of your spread sheets are probably not matching up to the Set and Column numbers on the diet list. These numbers are in the 1 digit columns at the very end of the line on the Diet List. These numbers refer to the Set Number and Column Number the Diet is referenced to for



To print the cook book for a given set of menu days, check the Menu Days checkbox and the top center of the screen. Then input the beginning and ending days of the menus you want the cook book for. Then click print. The program will print all the recipes on the first two sets of spread sheets for each menu day. Only those menu items that have recipe numbers associated with them (see the Recipe Column of the Menu Item Sheet in Fig 12.) will print. Each recipe will be labeled with the Menu Day and Meal it is associated with.

IV. Select Menus and Meal Cards

There are three options in the Tray Card Program that involve placing the menu on the tray card. These are Meal Cards where the house menu items are listed on the tray card. Then there is the Pseudo Select Menu option which offers a select menu by placing the alternate entree with the house entree as a selection. The alternate vegetable is placed with the house vegetable. Then, other standard desserts and beverages are

The initial menu screen is a preview representation of the spread sheet for the selected menu day. The actual menu file can be viewed by right clicking the purple Edit Menu button. Figure 2 shows this screen.

Fig. 2 The Edit Menu Screen

Changes can be made from either the Preview Menu Screen (Fig. 1) or the Edit Menu Screen. However, the Edit Menu Screen contains more options since it is working with the actual menu file. For example, you will notice that the Edit Menu Screen gives you access to the Index of Menus. This is a listing of all the Cycle Menus on the system with a brief description of

Fig. 3. Menu Index

the menu and the Menu Days where the Cycle Menu starts and ends. Click the Orange Index Button at the top/middle of the screen. This listing can be edited by clicking any line and typing new information or typing over old information. Click Exit and your changes will be saved

Changing a menu item on the spread sheet can be done from either the preview menu screen (Fig 4.) or the edit menu screen. When you click on a menu item on the preview screen, a set of two slots and three buttons opens up with the current menu item in the upper slot. The idea is to

type in the first three or four letters of the menu item you want and keep hitting enter until the menu item you want appears in the second box below the first box. You can also scroll through the drop down list from the second box and click on the menu item you want. Once the menu item you want is listed in the top box, then click the F1-Spread button or just press F1. Then the menu item spreads across all the diets with appropriate substitutions made where needed. This is like having a Registered Dietitian looking over your shoulder and telling you which diets get which menu items and what to substitute as needed.

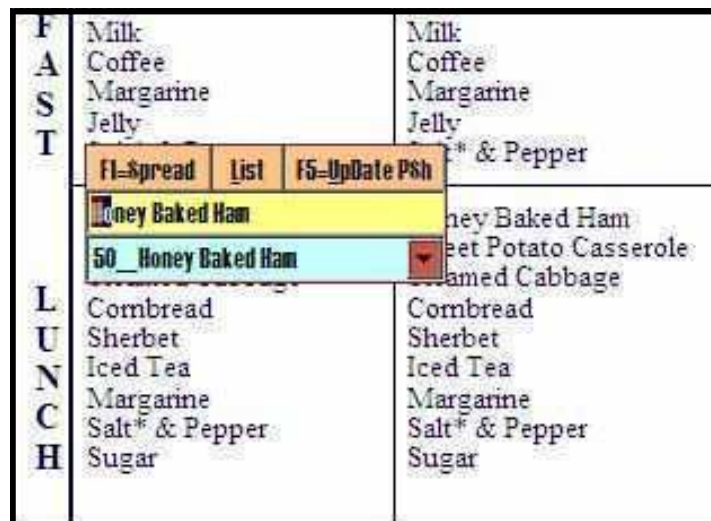


Fig 4. Click Preview Menu Screen Item to Change Spread Sheet

Be sure to space out any part of the previous menu item in the top (yellow) slot before pressing enter to start the search for the partial menu item name you have typed in. (See Fig. 5)

III. Recipes for Your Menus

Each menu item on your menus can be associated with a recipe in the Menu Item List. If you go to the Edit Menu Screen, you will see the category column to the left. Each menu item on the menu has a menu item number (MI#) to the left of it. This number is referring to the Menu Item List line number. The Menu Item List is the same as the category in the category column to the far left of the menu item.

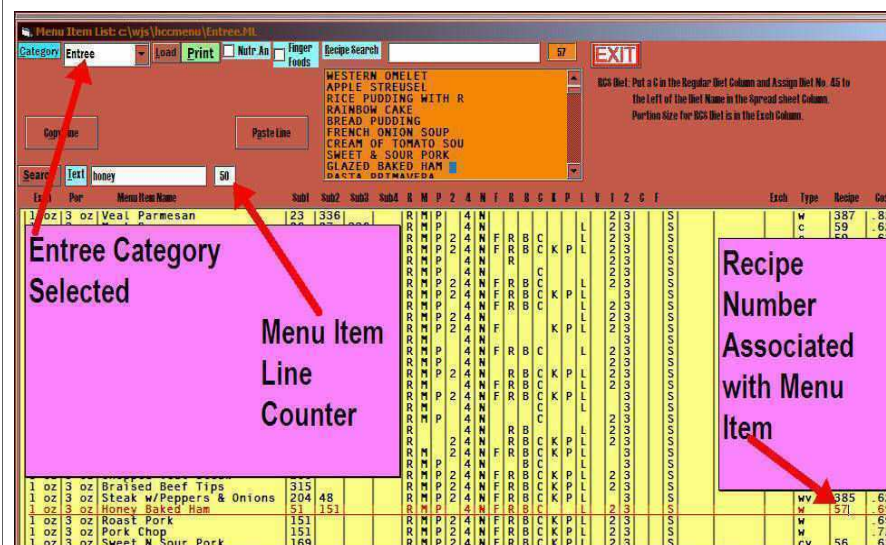


Fig 12. Menu Item Lists and Associated Recipes

If a menu item does not have a recipe assigned or associated to it, then you can use the orange listing of recipes and the search box above it to find a recipe for it. Then type the number in the recipe column on the same line as the menu item you are assigning it to. If there is no recipe, or comparable recipe, you can add recipes from scratch by going to the recipe program. From the Roster screen, click Recipes. This is the button to the left of the Menu Button. From this program, you can add new recipes, scan in recipes and copy recipes from the internet to text files. This is also where you print a cook book for your menu. This is a printing of all the recipes for designated days of any cycle menu, and the recipes are labeled with the Menu Day Number and the Meal they are to be used for. See Figure 13 on the next page.

There are two versions of each display menu, the Resident Version and the Staff version. The Staff Version adds any items typed into the small box at the bottom of the menu. This is to provide you with the ability to offer chef salads, hamburger platters, submarine sandwiches, etc on a daily basis for the staff.

In order to print the Daily Menus, you just need to be displaying the menu on the screen and then indicate which days you want to print in the boxes after the green Print button. Then click Print.

You can print the Week At a Glance Display Menu by Checking the pink Week at a Glance Check box, and then indicating which days you want to print after the print button. By default, the system prints the week at a glance for the Regular Diet. However, you can RIGHT click the Edit Menu button and go into the Edit Menu Screen to change the Diet for which the Week at a Glance prints. This is very useful when you get a strange diet ordered. You can print a week at a glance for that diet, rather than having to print out a whole new set of spread sheet. **Note: You Cannot View the Week at a Glance. This is assembled from the various menu days as it is printed.**

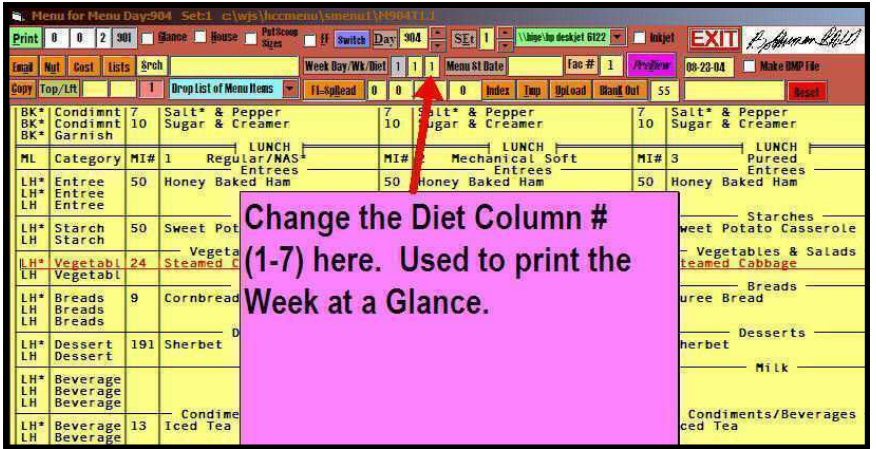


Fig 11. Changing the Diet Column Used to Print the Week at a Glance

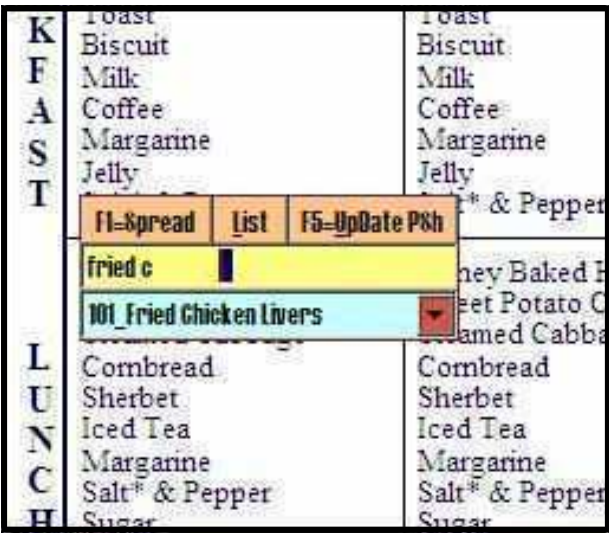


Fig 5. Partial Name of Menu Item to Search For with Old Name Spaced Out

F	Milk	Milk	Milk	Milk	Milk	Low Fat Milk
A	Coffee	Coffee	Coffee	Coffee	Decaf Coffee	Coffee
S	Margarine	Margarine	Margarine	Margarine	Margarine	Margarine
T	Jelly	Jelly	Jelly	Jelly	Jelly	Jelly
	Salt* & Pepper	Salt* & Pepper	Salt* & Pepper	Salt* & Pepper	Salt* & Pepper	Salt* & Pepper
L	Fried Chicken Livers	Fried Chicken Livers	Fried Chicken Livers	Fried Chicken Livers	Fried Chicken Livers	Baked Chicken
U	Sweet Potato Casserole	Sweet Potato Casserole	Sweet Potato Casserole	Sweet Potato Casserole	Sweet Potato Casserole	Trn Colored Noodles
N	Steamed Cabbage	Steamed Cabbage	Steamed Cabbage	Steamed Cabbage	Steamed Cabbage	Steamed Cabbage
C	Cornbread	Cornbread	Puree Bread	Cornbread	Cornbread	Dinner Roll
H	Sherbet	Sherbet	Sherbet	Sherbet	Sherbet	Peaches & Pears
	Iced Tea	Iced Tea	Iced Tea	Iced Tea	Iced Tea	Iced Tea
	Margarine	Margarine	Margarine	Margarine	Margarine	Margarine
	Salt* & Pepper	Salt* & Pepper	Salt* & Pepper	Salt* & Pepper	Salt* & Pepper	Pepper
	Sugar	Sugar	Sugar	Sugar	Sugar	Sugar

Fig 6. Baked Ham Successfully Changed to Fried Chicken Livers

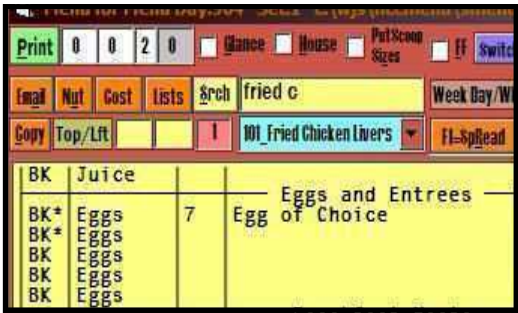


Fig 7. Changing from the Edit Menu Screen

You can also change the spread sheets from the Edit Menu Screen as shown to the left.

It is necessary to make all changes from the Regular Diet Column from either the Preview Menu Screen or the Edit Menu Screen. Once you press F1 or click Spread, the Menu Item is spread across all diets on all sets of the menu. You can have three sets of Diets (Columns on the Spread) sheet per day of the menu. This allows you to have up to 21 Diets Columns on your spread sheet. When you spread a menu item from the Regular Diet column, it spreads to all available Diet Columns in All Three Sets of the Spread sheet. To view the different Diet Sets, click the Orange Set1, Set2, or Set3 buttons in the Top Center of the Preview menu screen, or click the Up/Down Arrow after Set in the Edit Menu Screen. When you are Printing your spread sheets, you can tell the computer to Print Up to a Certain Set Number by typing a 1, 2, or 3 in the third box after the print button.

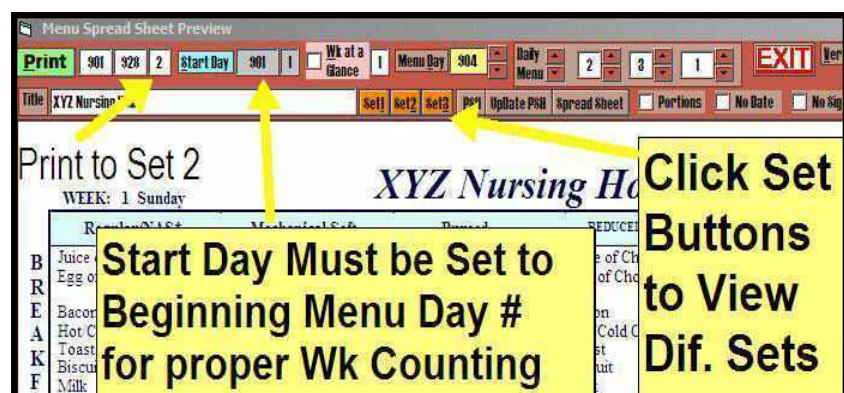


Fig 8. Viewing Different Sets and Printing To Set # 1, 2 or 3

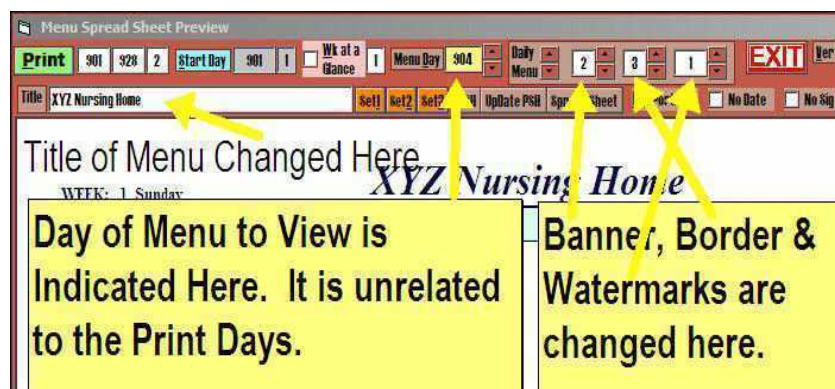


Fig 9. Changing Title, View Day, Watermark, Banner.....

Note in Figure 8 that the Start Day of the Menu has to be set to the beginning menu day number of the cycle in order for the computer to know how to count up the weeks and days of the week. As show in Figure 8, this value is 901 for the menu cycle 901 to 928.

Also Note in Figure 9 that the Title of the Menu has been separated from the name of the Facility. In other words, you change the title of the menu in the slot indicated, rather than having to have the title of the Menu to be the same as the facility name. This allows you to be more descriptive in the title of the menu, such as Fall/Winter Menu, etc.

Your menus can have various banners, borders and watermarks to make them look fancier and to celebrate various occasions through out the year. Figure 9 shows where you change these. Just click the arrow keys up or down to scroll through the various options. There are 16 different banners, 44 different borders and 140 different watermarks to choose from.

II. Display Menus

The Up/Down arrow key next to Daily Menu is for changing the Spread Sheet menu to the Daily Brk, Lch, or Supper Display menus. There is also a Staff Menu Display Version. You can rotate through the vari-
play
clicking
Arrow.

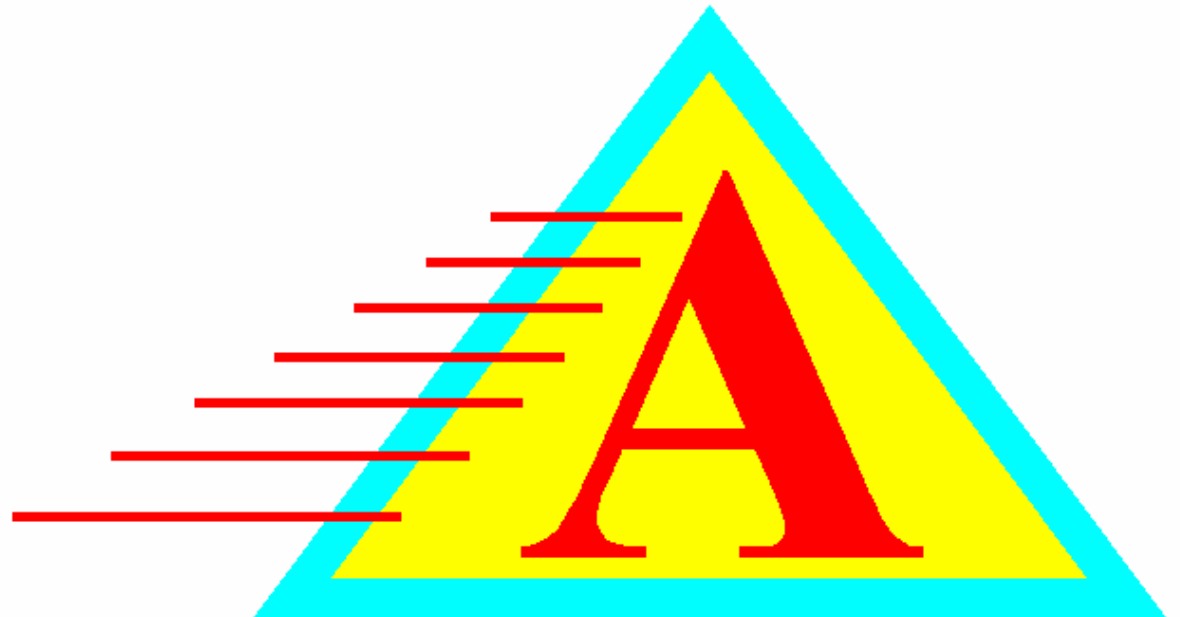


Fig 10. Daily Display Menu showing Banner, Border & Watermark

The

Active System

Nutrition Management Program



Overview and Philosophy:

This Nutrition Management Program (NMP) has been developed over the past 15 years in a wide variety of nursing home settings. During this time, we have determined the most effective and efficient ways to address and monitor the nutritional concerns for your residents. The Active System is an integral part of making your NMP program successful, as well as customizing it to your needs and unique staffing pattern. The following areas are thoroughly and completely addressed by The Active System in the most efficient means necessary to effectively **ADDRESS, IMPLEMENT, DOCUMENT AND FOLLOW-UP** on all details and recommendations related to the nutritional care of your residents.

- Meal Consumption
- Calorie Counts
- Weights – Weekly, Monthly
- Weight Variance Analysis
- NMP Meeting Minutes
- Individual Medical Charting
- Detailed Trend Analysis
- Supplement Usage and Effectiveness
- Care Plan Updating
- Remote Monitoring of Compliance
- Combining with Other Risks

Skin

Falls

Restraints

Infections

Conclusion:

The Active System offers a very streamlined approach to the Nutrition Management role of any Nursing Home. It is an efficient, effective and comprehensive approach. The system establishes a "safety net" under all your residents and prevents anyone from "falling through the cracks". The system will effectively document all your nutritional care efforts and protect you and your facility from litigation and citations. This can all be done better and faster with The Active System.

Weight Variance Report:

It is useful to be able to print out a summary of all significant weight changes for Quality Assurance functions within the facility. This can also be used for a quick assessment of which residents are currently losing weight. Again, this is not the recommended list of residents you should limit your NMP Meeting discussion to. Instead, these would be the residents to be discussed at a monthly or quarterly QA meeting. However, some Dietary Managers are now running this printout every time weights are put into the system in order to keep their thumb on the pulse of the resident population. To print the report, simply click the Wgt Var button at the top of the roster screen.

SupremeCare, LLC Weight Variance Q1 Log for 6/1/2000 to 3/26/2004

Room	Resident Name	IBWR	Date	Weight	30 days	90 days	180 days	Skin	Medications	Int
100A	Edwards, Senator (Doolittle)	117-143	02-02-00	127.4	1.191	.4731	1.757		Altace SENOKOT	NMP RD ST OT HSP CP
	COFFEE, TEA, WATER		03-03-00	125.2	-1.726		-1.261			
	NCS		04-10-00	127.4			1.4731			
			05-08-00	128.6	.9419		1.419			
			06-15-00	122.2	-4.081	-2.396	-2.938			
			06-15-00	111.1*	-12.79	-11.26	-11.75			
102A	Hill, Senator (Doolittle)	182-222	04-17-00	146.4*	-14.33		-14.83		Pepcid PAXIL DIGOXIN Norvasc	NMP RD ST OT HSP CP
	Tube Feeding Gluc		05-01-00	146.2*	-14.95		-13.27			
			05-08-00	148.3*	-13.22		-14.21			
			05-15-00	146.7*	-14.16		-12.33			
			05-22-00	149.9*	-12.28		-12.73			
			06-10-00	150.1*	-12.17	6.667				
106A	Toricelli, Robert (Doolittle)	112-136	02-14-00	196.6	-3042	.7172	2.395		Multivitamin Zolofte ATIVAN DIGOXIN LASIX KCL	INSULIN NMP RD ST OT HSP CP
	Tube Feeding Gluc		03-27-00	175.5*	-10.73		-8.067			
			04-03-00	174.8*	-11.09		-9.430			
			04-10-00	175.5*	-10.73		-9.629			
			05-10-00	175*	-10.98		-10.34			
			06-10-00	173.5*	-11.74		-11.56			
107A	Warner, John (Doolittle)	117-143	02-14-00	139.0	1.533	2.281	3.576		Premarin Multivitamin Zolofte LASIX SYNTHROID Oscal GLUCOTROL	NMP RD ST OT HSP CP
	Mech Sft super cereal no grits		03-27-00	126.2*	-9.208		-7.137			
	HOMO, CRAX		04-03-00	130.1*	-6.402		-4.267			
			04-10-00	127.4*	-8.345		-6.734			
			05-08-00	127.3*	-8.417		-6.328			
			06-10-00	129.1*	-7.122		-5.12			
107B	Claus, Santa (Doolittle)	144-176	05-15-00	103.2#	1.176	-17.04	-18.09	L Ischium Stg	Catapres Iodum R Outer Ft Uns	NMP RD ST OT HSP CP
	Tube Feeding Two Ca		05-29-00	105.5*	1899	2.327	-16.26	R Hip Stg 4	Macrobid Vitamin C	
			06-05-00	101.4#	-3.244	-22.29	-22.41	L ishium Stg 4	Macrobid Vitamin C	
			06-19-00	102.5*	-6.782	-1.372	-20.17	R Foot Unstaga	NVI w/Minerals	
			07-17-00	100.6*	-1.853	-1.372	-20.28	Bunion/Toe Stg		
			07-24-00	101.7*	-7804	-2941	-20.48			
107B	Claus, Santa (Doolittle)	144-176	05-15-00	103.2#	1.176	-17.04	-18.09	L Ischium Stg	Catapres Iodum R Outer Ft Uns	NMP RD ST OT HSP CP
	Tube Feeding Two Ca		05-29-00	105.5*	1899	2.327	-16.26	R Hip Stg 4	Macrobid Vitamin C	
			06-05-00	101.4#	-3.244	-22.29	-22.41	L ishium Stg 4	Macrobid Vitamin C	
			06-19-00	102.5*	-6.782	-1.372	-20.17	R Foot Unstaga	NVI w/Minerals	
			07-17-00	100.6*	-1.853	-1.372	-20.28	Bunion/Toe Stg		
			07-24-00	101.7*	-7804	-2941	-20.48			
304A	Gill, Model (Doolittle)	108-132	03-03-00	180.0	.88	44	-1.54		ATIVAN VALPROIC ACID BUSPAR	NMP RD ST OT HSP CP
	Regular		04-04-00	182.3	1.44	2.03	-1.67			
	SECTIONAL PLATE OR GUARD DOUBL		05-15-00	175.3*	8.01	10.53	8.34			
			05-16-00	165.1	1.73	4.1	2.04			
			06-10-00	164.7	1.48	2.94	2.55			
	SKIN MILK/CRAX	[5]	06-17-00	140.*	-15.2	-12.5	-12.01			

Note: Inaccurate weights can be excluded from the system by placing an "/" at the end of the line where the weight is recorded on the cardex. If you place a "/" here, this will exclude the weight and all weights above it from consideration in the assembly of the report. Realize, however, that the weights above the "/" will be considered when analyzing weights below the "/". This may seem complicated, but the intention is to allow you to manually exclude residents from the report based on professional judgement. Of course, this can all be monitored remotely and should be used responsibly.

will be able to dedicate to the actual care of your residents.

In addition, the system will provide you and the facility with dramatically more documentation to verify ALL that you have done for your residents. The Active System protects against litigation and citations by giving your staff the capability to improve the quality of care and document every detail of that care without increasing the work load.

The more you and your staff uses The Active System, the more time you save, and easier it is to determine what has been done, what has been documented and which residents remain at risk. The key factors which make The Active System unique and productive are listed below.

- **Ease of Use**
- **High Speed**
- **Your Anticipated Needs**
- **Clinical Layout**
- **Complete Integration with ALL Disci-**

plines

The entire system has been developed in the field, implemented in the field and used by the developers in the field over many years. Consider the system fully developed by Staff Nurses, Nursing Assistants, Therapists, Dietitians, Dietary Managers, Social Service Directors, Activity Directors, DON's and ADON's. The system is under continuous development to accommodate ALL needs and ways of doing things. Additionally, you can pick and choose how and which options you want to implement without sacrificing the benefits of one option versus another. In other words, there is little or no front loading of data before you can gain time savings from the system. You also do not necessarily have to maintain all parts of the system in order to continue to gain benefit from the portions you are maintaining.

The entire system has been designed to be used and/or moni-

Nutrition Management Summary:

Nutritional Assessment for 306B Serious, Man [218]

Nursing Units: 2/2 Resident: 10/10 Set for ALL Pr to Scr: hip deskjet 3600 series No Comments

On or After: 03-26-04 Discipline: No Clio No Auto Pr No Shade Ver: 0 Refresh EXIT

SupremeCare, LLC Nutritional Assessment

Resident: 306B Serious, Man 74 M Resno: 218 Hgt: 69 " IBWR: 91-111

Physician: Doolittle 366-7730 Date of Adm: 07-13-00 Adm Wgt: .

Dx: SPINAL STENOSIS, LUMBAR AMPUT-LEG TRAUM/NO COMPL

Diet: Mech Sft NCS L.Fat Renal Large Por Honey Thic

Brk[No Pork No Fish Isolation] Sectional Plate Foam Handle Spoon 2% Milk, Prune Juice

Lch/Sp: [Coffee all Meals Honey Thick Liq] Sectional Plate Foam Handle Spoon Send 2 Sl Bread

10a: Hshake M&M Cookie Aft: Hshake PB&J

HS: Tuna Sandwich

Med: Vancomycin 7.25 00

306B Serious, Man

Real	1424 kcal	1.3	Activity Factor	< Receiving	07	03	02	02	Date	Wet	30 dy	90 dy	180 dy	Date	B.L.S	10.3	H Input	Out
Pro	55.0 g	1.0	Stress Factor		21	01	24	22	06-05-00	110.6	-26.3	-25.6						
Fluid	1377 cc	1.2	g/kg Pro Factor	BMI: 18.2	00	00	00	00	06-15-00	112.3	3.88	-23.9						
Nutrition Risk	0								06-19-00	112.3	4.95	-23.9						
Mental Status	Alert	SI Confused	Confused	Coma Aph	2	0	0	0	06-26-00	110.0	-45	-25.4						
Feeding Ability	Independent	MinAt: Spv	Assistance	Fed	3	0	0	0	07-13-00	86.4	-28.0	-42.4						
Weight	Stable	Explained	<5-10%	>5-10%	1L	0	0	0	07-24-00	89.3	-18.8	-40.5						
Food Fld Intake	90-All	75-90%	40-75%	<40%	1	1	1	1										
Supplements	Accepts	>50%	<50%	Refuses														
H.Risk Meds	None	One	Two	>Three	1	0	0	0										
Lab Data	WNL	Net Avail	Marginal	Abnormal	3	3	3	3	01-04-00	10.3	10.0	4.4	171.8	16	10.8	4.8	142	107
Conditions	None	One	Two	>4	0	0	0	0	07-04-00	10.9	10.3	13.1	108	18	0.6	4.5	134	97
Skin Status	Intact	Stage I	Stage II	Stage 3-4	2	2	2	2										
Total Score	10 points or above = High Risk				13	4	4	4										

Historical Notes/Interdisciplinary Team Meeting Minutes/Current Assessment Notes

Appearance has not changed. New Weighing procedures in place. Continue on weekly weights. Continue to enc. meals & supplements. 3.5 lb GAIN 02-30-00 NMP

He eats Fair. [60-85%]
Fe stores are low.
Enc. red meats & Green Leafy Veggies for iron for low Hb Hct.
Protein stores are slightly low.
Encourage high protein foods such as meats, milk and eggs.

Nutrition Management Summaries are historical. They will show the comments and recommendations for the past 90 to 180 days for a resident in the Nutrition Management Program. They will show your comprehensive care, follow-up and a complete chronological record of your interventions. If you hold weekly NMP meetings using The Active System, you will have a complete record of your care for your residents and your staff will be able to accomplish this in far less time and much more consistently than if it were done by hand. Used consistently, The Active System will protect the staff and facility from law suits and citations. Your staff turnover will decrease because your staff will be happier. They will be able to get their work done on time and they will be able to address all resident at risk issues completely and accurately. They will be able to do all this and get home on time and with the piece of mind that everything is covered. It is consistent, timely and documented.

The system automatically monitors the meal consumption input for "holes" and for consistently poor intake. Residents with 4 or more meals in a row of poor intake are automatically placed in the NMP program. This can be adjusted for the overall population of residents, as well as for individual residents who normally eat less than 50% at certain meals. The adjustment is maintained at a Nursing Administration level. Once inputted, the meal consumption information is readily available to all your staff at all times. Your staff will spend less time inputting this information than recording it manually and up to date copies of this information will be limited only by the number of computers connected to the network. No longer will there be only one copy of the meal consumption floating about the facility that has to be "TRACKED DOWN". One additional advantage to inputting meal consumption information into The Active System is that recording compliance can be monitored automatically! You can instantly find out who has recorded their information and who has not, or which residents did or did not eat well.

If you do not have the computers to directly input meal consumption into The Active System, you can print a variety of meal consumption sheets from the system to facilitate the manual collection of this information. There are several advantages to printing these sheets.

Meal Consumption Record

Print

NutUnits: 2 / 2

Res: 1 / 80

Start Date: 3/26/2004

hp deskjet 3600 series

SupremeCare, LLC & [Station II] Meal

Fri 03-26-2004

Sat 03-27-2004

Sun 03-28-2004

Mon 03-29-2004

Room	Resident	Brk	Ln	Ch	Aft	Sup	HS	Brk	Ln	Ch	Aft	Sup	HS	Brk	Ln	Ch	Aft	Sup	HS	Brk	Ln	Ch	Aft	Sup	HS
300P	Cheney, Lynne																								
	TF																								
301P	Wilson, Woodrow																								
	Meat Str																								
302P	Daschle, Thomas																								
	TF, Pine Cal HN, 70CC HR, x																								
303P	Model, Woman																								
	Regular																								
304A	Girl, Model																								
	Regular																								
304B	Another, Model																								
	TF, Juvn, Plus 82 sch x 18																								
	304A, Senator																								

1. The Meal Consumption Sheets are automatically updated with the current resident census.
2. The Current Diet Order is printed below each resident.
3. The Sheets can be printed by Nursing Station, or by Dining Location
4. You can use the sheets to quickly input the Meal Consumption information into The Active System for select residents as desired.

Calorie Count

Meal Consumption information is very important and useful if it is timely and accurate. The Active System gives you the means and the tools necessary to make accurate and timely meal consumption records a reality, while saving your staff time. This can be taken one step further by having The Active System *to* automatically do calorie counts on all residents for any or all meals without any additional work for your staff. No longer are calorie counts an arduous task for nursing and dietary, and no longer are you setting yourself up for citations if ordered calorie counts are not completed. Since The Active System is fully integrated with Dietary Operations, the system has the actual menu and nutritional analysis of the menu available to it. Therefore, calorie counts simply need to be printed out for whatever day you want. Meal consumption information will be used to Insert the percentages for each food, or you can input more specific percentages for each food eaten by the resident. Again, you have the choice to be as detailed as you want.

Figure 3. Calorie Counts are “NO PROBLEM” with The Active System.

Calore Count for 304A Girl, Model C:\wjs\hccfsm\fsml_226W.304

Print hp deskjet 3600 series Blank Copy Days: 901-903

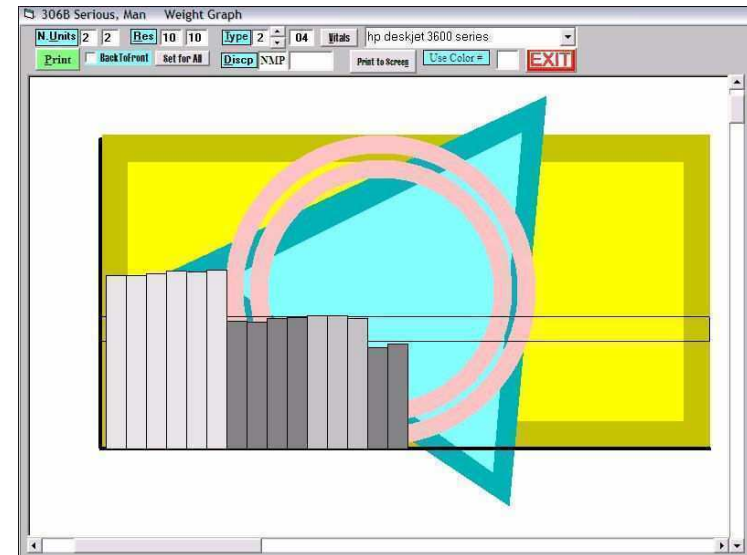
ML	Category	MI#	Menu Item	%	Kcal	Pro	CHO	Fat	Fe	Na+
BK	Juice	38	Juice*		56.1	4.6	2.6	3.3	2	148.5
BK	Eggs	7	2 oz Scrambled Eggs*		92	1.2	2	4	8	92
BK	Breads	15	1/2c Hot/Cold Cereal*		138	3	12	9	0	447
BK	Breads	18	1 ea Toast*		64	2	11.7	9	6	123
BK	Beverage	7	1 cu Milk*		161	8.1	11.7	3.5	1	257
LH	Starch	12	1/2c Egg Noodles*		139	4	20	5	1	184
LH	Vegetabl	18	1/2c Baby Carrots*		44	6	4	3	1	432
LH	Breads	11	1 ea Dinner Roll*		80	2	14	2	0	170
LH	Dessert	112	1/2c Peanut Butter Cake*		197	3	24	10	1	448
LH	Beverage	13	1 cu Iced Tea*							
SP	Entree	150	3 oz Fried Fish*		291	16.2	24.3	16.2	2.3	372.6
SP	Starch	48	1/2c Creamed Corn*		167	5.8	24.6	6.5	8	681.4
SP	Vegetabl	48	1/2c Fried Okra*		197	1.8	7.3	17.3	6	420
SP	Breads	9	1 sq Cornbread*		118	3	15.5	3.8	8	263
SP	Dessert	52	1/2c Ambrosia*		112	1.1	25	1.5	8	34
SP	Beverage	7	1 cu Milk*		161	8.1	11.7	3.5	1	257
SP	Beverage	13	1 cu Iced Tea*							
Date: Friday 3/26/2004				Totals						
BK	Juice	38	Juice*		56.1	4.6	2.6	3.3	2	148.5
BK	Eggs	7	2 oz Scrambled Eggs*							

EXIT

The

Active System provides your staff with a solid foundation for the Nutritional Management of all your residents. Instead of guessing, your staff will have concrete documentation on the latest appetite figures for all your residents, as well as a running history of detailed information to use in their monitoring and documentation efforts.

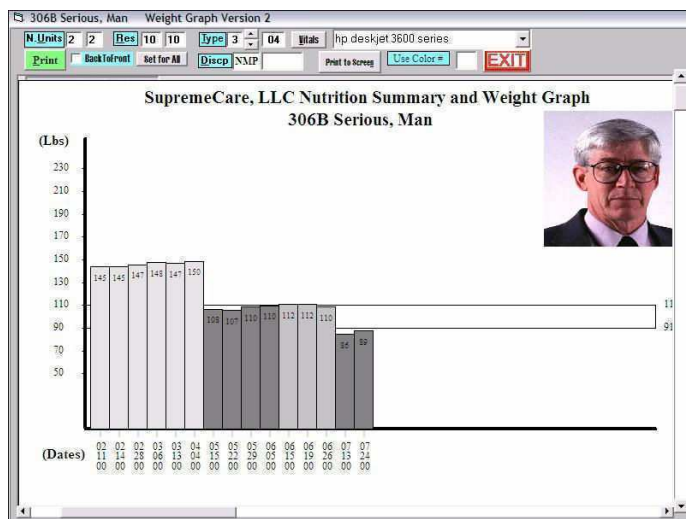
Modern Art Version of the Weight Graph



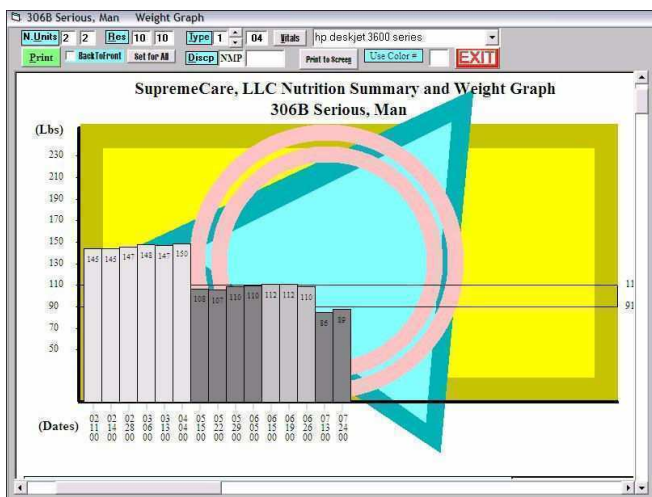
Nutrition Management Summaries:

Individual resident summaries of all the discussion, comments, recommendations, interventions and follow-up can be printed for each resident on the Nutrition Management program. Simply click Assessment from the roster screen and input NMP in the Discipline box. You can input a range of dates and if a resident has an NMP comment within the range of the dates you specify. The questions remains as to how often do you print them. You can print them each week and replace the old one in the chart each week and leave the last one for the month in the chart. You see, the summaries are cumulative, and you still have the previous weeks comments on the current summary. You could print them out monthly, or quarterly. If you do this, you risk not getting some comments and interventions in for residents who are discharged from the facility. This can be addressed by printing a comprehensive Discharge Summary from the Active System. This is a good idea regardless. The Discharge Summary includes ALL the comments for the resident. This ensures that all the documentation of your care gets into the resident's medical record.

Weight Graph



Weight Graph With Symbols



Weights

The current weight and the weight history of every resident in your facility has become very, very important to the overall care of your residents and for your protection against litigation. The Active System starts by making it very fast and easy to put in weights for all of your residents. You can input the monthly weights for all residents inside of fifteen minutes for 120 residents. With this will come automatic calculation of weight variances for 30, 90 & 180 days. Additionally, if there is any significant changes for any of these time periods, the weight is immediately flagged right beside the weight and the resident is automatically enrolled in the weekly nutrition management program. In other words, the computer immediately tells you if a reweight is needed and/or if weekly weights are now required. The power of this system should not be under estimated. The Nutrition Management Program is implemented almost automatically. All you need to do is input weights and hold weekly NMP meetings to discuss the findings and decide on interventions. Since The Active System is fully integrated with Dietary, Nursing, Social Services, Activities, Speech Therapy, and Occupational Therapy, interventions can be processed automatically also. What's more, documentation for all this activity is facilitated by The Active System and is therefore very detailed, comprehensive and completed DURING the MEETING. Input of weights is so fast, we usually input them while we are documenting the rest of the meeting minutes and this input NEVER SLOWS DOWN the progress of the meeting. So, if you want a complete history of weights for each individual resident that can be utilized in a multitude of assessments and reports, and you want those weights managed consistently and appropriately, and you want all monitoring and interventions fully documented, and you want to be able to verify this for each and every resident within minutes from any computer or from a remote computer in another state, and you want all discussion documented in each individual resident's medical chart, then The Active System is the system that you need. You will be, essentially, building a safety net under all your residents. Using The Active System means that ALL of your residents receive ALL the attention they need to maximize the quality of their lives.

You will also be able to prove that you cared for each resident and will be able to rest assured that all issues have been fully addressed and appropriately documented in the individual medical charts. You no longer have to rely on hoping that everyone has done everything necessary. You will be able to instantly check it yourself.

Resident Weight and Medical Chart

Date	Weight	% chg	Kg	Sc	#	<	>	+	30 days	90 days	180 days	CP
02-11-00	145.0		65.90									
02-14-00	145.1	6.89	65.95									
02-28-00	147.2	1.44	66.90									
03-06-00	148.7	1.01	67.59									
03-13-00	147.6	-0.73	67.09						1.722			
04-04-00	150.1	1.69	68.22						.9414			
05-15-00	108.0*	-28.0	49.09						-28.04	-25.56		
05-22-00	107.0*	-0.92	48.63						-28.71	-26.25		
05-29-00	110.5*	3.27	50.22						-26.38	-24.93		

Who is enrolled in the System: The System automatically enrolls New Admissions and residents with significant weight changes in accordance with the rules of the MDS for significance. Residents with consistently poor appetites are also enrolled automatically if meal consumption information is being inputted. The computer keeps the weekly weight list. You can control who is reviewed each week instead of the staff doing this function. If the staff does it, the tendency is to minimize the number of residents on the list. Instead, Optima Solutions streamlines the meeting, so the number on the list is not an issue. It is up to the interdisciplinary team members at the meeting to decide who comes off the list. The Computer decides who goes on the list. Of course, the staff can very easily add any resident to the list by going to their admission screen and placing an A or L in the NMP box.

Resident Weight and Medical Chart (List View)

Resident	Room	Weight	% chg	Kg	Sc	#	<	>	+	30 days	90 days	180 days	CP
306B Serious, Man	74 M 69	111	0.0	111	0.0	111	0.0	111	0.0	111	0.0	111	0.0

Weekly Combo Weight Sheet. Weekly and Monthly

Resident Weights

Units: 1 1 Residents: 1 62 Standard Version Wgt-Date Version Wgt-Record Version By Physician Alphabetically hp deskjet 3600 series

SupremeCare, LLC Resident Weights as of 03-26-04

Resident	IBWR	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
100A Edwards, Senato	84 " 117-143	125.6	127.4	125.2	127.4	128.6	127.2						
100B Kennedy, Edwar	63 " 112-136	163.9	169.9	163.7	168.3	165.3	164.9						
101A Crasley, Charl	72 " 160-196	200.0	204.0	205.0	203.2	198.0	192.4						
103B Hatch, Orrin	70 " 149-183	164.0	166.0	166.8									
102A Hill, Senator	76 " 182-222	173.2	170.9	150.0*	152.1*	146.2*	150.1*						
102B Jeffords, James	69 " 144-176	222.9	216.0	217.4		216.2	217.2						
103A Larson, John	69 " 50-110	99.9	101.0	97.5	98.5	98.2	96.7	100.6					

You can control who appears on the list of weights by typing letters in the box to the right of NMP. If a resident has one of these letters in his or her NMP box (on the admission screen for the resident), they will appear on the list. To discharge someone from the meeting, you can simply go to their admission screen and delete the letter(s) from their box. On the Weight List printing program (click Wgt Lists from the Roster Screen) you can delete all letters from the NMP box and ALL residents will print on the list. This is useful for recording monthly weights.

You can also get a series of weight graphs for each resident by clicking Wt Graph at the top of the roster screen. You can get a graph of weights and the same graph with symbols in the back ground to indicate whether the resident is confused, fed by staff and/or has skin breakdown. In other words, you can get a picture of the resident from a nutritional risk standpoint. You can print the weight graph as labeled or unlabeled. The unlabeled version looks like a piece of modern art. This artwork can be displayed to alert the staff while still protecting the dignity of the resident.

documenting and effectively dealing with inaccurate weights. You can record the weight, call for a reweight (just type in "r") during the meeting and then input the requested reweight into the system. Realize the system counts back days when calculating percentages, so inaccurate weights will not effect the overall percentage calculations. The system will know that it is an inaccurate weight. The only way the inaccurate weight will be used in a calculation is when the date assigned to the weight is exactly 30, 90, or 180 days from the current inputted weight for the resident. This can be easily addressed by moving the date of a weight up by one day, but this is only necessary in very rare instances. In the mean time, you can freely record the reality of what is going on and fully document how you and your staff addressed the inaccurate weight. Of course, you could be employed by the facility that has no inaccurate weights.

Weekly Weight List with Previous Weights and Dates:

Resident	IBWR	NMP	Date	Wgt	Date	Wgt	Date	Wgt	Date	Wgt
100A Edwards, Senator	177-43		04-10-00	127.4	05-08-00	128.6	06-15-00	122.2	06-15-00	111.1*
100B Kennedy, Edward	112-136	LG	03-03-00	163.7	04-04-00	168.3	05-08-00	165.3	06-10-00	164.9
101A Grassley, Charles	160-196		03-10-00	205.0	04-04-00	203.2	05-15-00	198.0	06-19-00	192.4
103B Hatch, Orrin	149-183	LG	12-20-99	167.0	01-10-00	164.0	02-10-00	166.0	03-10-00	166.8
102A Hill, Senator	182-222	L	05-08-00	148.3*	05-15-00	146.7*	05-22-00	149.9*	06-10-00	150.1*
102B Jeffords, James	144-176		02-28-00	219.3	03-03-00	217.4	05-08-00	216.2	06-10-00	217.2
103A Larson, John	80-110	L	06-26-00	100.1	06-10-00	98.2	07-17-00	100.6	07-24-00	99.4
103B Hatch, Orrin	149-183	LG	12-20-99	167.0	01-10-00	164.0	02-10-00	166.0	03-10-00	166.8
104A Mikulski, Barbara	130-160	GL	06-26-00	107.6<	07-05-00	108.3<	07-17-00	108.8	07-24-00	110.2
104B Roosevelt, Frank	133-163		03-03-00	210.1	04-04-00	215.5	05-08-00	218.2	06-10-00	222.4+
105A Sessions, Jeff	139-169	GL	04-04-00	167.2+	05-08-00	168.8@	06-06-00	171.3>	06-10-00	
105B Snowe, Olympia	130-160		04-03-00	155.2+	04-10-00	156.1+	05-08-00	155.1+	06-10-00	156.+

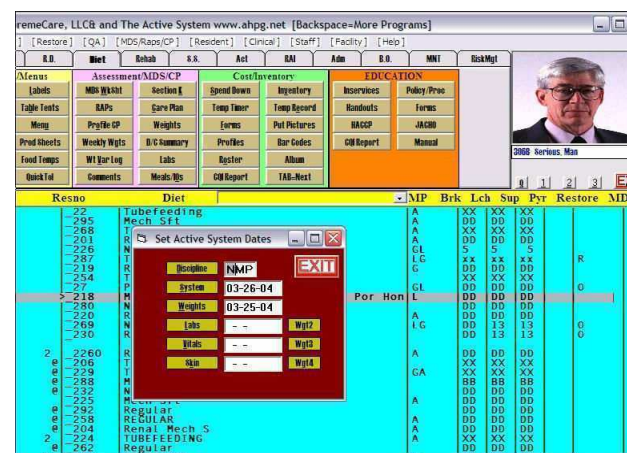
Weekly Weight Record. No Previous Weights:

Resident	Date	Time	Scale	Weight	Re-Weight	Signature
100A Edwards, Senator						
100B Kennedy, Edward						
101A Grassley, Charles						
103B Hatch, Orrin						
102A Hill, Senator						
102B Jeffords, James						
103A Larson, John						
103B Hatch, Orrin						
104A Mikulski, Barbara						

Conducting the NMP Meeting

This is where the Active System really shines. The process of conducting this meeting has been fully streamlined. A person without fast typing skills can fully document the meeting discussion and generate fax recommendations for all interventions and print a complete set of meeting minutes. Additionally, individual resident nutrition summaries can be printed as often as you want, and they can be placed in the individual resident's medical charts.

1. Start the meeting by setting the system Discipline to NMP and the weight date to the date the weekly weights were taken. This is done by pressing Ctrl-S from the roster screen.



2. Highlight the first resident on the weight list. It is helpful to have another person with the weekly weight list and have that person read off the name of the resident and their current weight. The computer user then starts typing the first three or four letters of the resident's name and the highlight bar jumps to the first match on the roster. Keep pressing the "=" key to jump to the next match until the resident you want is highlighted. Then press F2 or click Weights at the top of the screen. The system automatically goes to the next blank on the resident's weight list and puts the Weight Date in for you and you just type in the weight and press enter. You immediately have the weight change calculated along with the percent change over 30, 90 and 180 days. If there is a 5% weight loss in 30 days, the weight is flagged with a "*". If there is a 7.5% loss in 90 days, it is flagged with a "#". If there is a 10% loss in 180 days, it is flagged with a "<". +, @, and > are for gains.

3. Press F7, or click Comments at the top of the screen and you are taken to the resident's comment section. Each resident can have up to 830 lines of comments. This is enough for 14 type written pages for each resident. You have room for a small book for each resident, and this is just for dietary. You have 13 other disciplines (CDM, Nursing, SS, Act, Rehab MD, Audit, PT,OT,ST,1rst, 2nd, 3rd Shift) and each has 830 lines.

"F7 Comment" Screen

The system shows you all the previous comments along with an information box that contains pertinent information on the resident for making informed decisions. You type the comments you want to record in the white box and then press Esc and you are placed back on the roster, ready for the next resident. The key to the system is getting the comments in without having to type a great deal. This is handled with standard comments that are integrated with the information on the resident cardex. For example, you can put a c in the white box and press enter and a line appears that discussed the weight change from the previous weight. ie. 1.2 lb gain. Type an "m" and press enter and you get a line stating you will monitor and encourage the resident. A "t" produces a line stating the resident is tolerating his or her tube feeding. An "e" produces a line about encouraging meals and supplements. These lines are fully customizable by clicking the yellow NMP Comments button. Notice the user makes a conscious decision to put each line in the box and this assures appropriateness of the comment while reducing typing to a bare minimum.

Maintaining the Weekly Weight List:

If you let the staff maintain the weekly weight list, you can count on the list being very small and only containing residents who have presently lost weight. This greatly increases the chances of residents "falling through the cracks" as well as eliminating the possibility of a proactive approach to resident care. In other words, if you only discuss residents who have lost weight, you are by definition reactive, not proactive. You are also counting on the human element to consistently and accurately review all weights every week and not make any errors determining who should be discussed. You also have no way of knowing when, or why someone was dropped from the list. You also get NO CREDIT for the nutritional care you are providing and the successes you have accomplished. Residents stop losing weight and start eating better and you only have a monthly weight to show for it. Why not discuss your successes and DOCUMENT your SUCCESSES.

Instead, the computer should be assigned the task of keeping the weight list. It is true that the list tends to be longer, but it can be shortened, and it will be shortened in a methodical and DOCUMENTED way. Part of any discussion about each resident in the meeting should be whether you will continue to monitor the resident. If the team decides to discontinue weekly weights, the user simply types a "d" in the comment box and a line is generated about discharging the resident from the NMP meeting and the system automatically clears out that resident's NMP box to make sure they do not appear on the weekly weigh list. NOW you have documentation on when and why the resident was discharged from the NMP program.

A wide variety of weekly weight lists can be printed from The Active System. It is a matter of preference and/or your current emphasis. You can print weights with a date beside each one and leave the last column for the current weight to be recorded. You can print a weight record without any previous weights on it if you are concerned about "weight fudging", or you can print a combo weight list that prints four weights for each month. This is a combination of weekly and monthly weights.

Note: If you input all weights into The Active System and conduct NMP meetings on the system, you have a very effective means of

Fax Recommendations:

Key Point: These detailed fax recommendations also serve as a documentation tool. Since they are so detailed, they actually serve to document weights, labs, meal consumption, comments and discussion as well as the actual recommendation. If you fax the recommendation and then place the fax in the physician's order section of the resident's medical chart, then all the information on the fax becomes a part of the medical record. It documents the communication to the physician, as well as all the comments and clinical data on the fax. It all becomes part of the medical record.

The screenshot shows the "NMP Standard Comments" window within the Dietitian application. The window has a menu bar with options like Blank, Edit, Fax, Audit, QM, Audit, 1, 2, 3, Print, Ctrl+Mail, Undo, etc. Below the menu bar is a toolbar with icons for various functions. The main area displays a list of standard comments, each preceded by a letter (d, m, e, f, 1, 2, 3, k, p, s, n, r, ra, sa, g) and a description. A status bar at the bottom indicates "Alt <--> Type: 1", "NOTE: BLANK Left Column ENDS the List.", and "F5=Get Typ/F12=SetCur/Ctrl Insert/Delete".

Blank	Edit	Fax	Audit	QM	Audit	1	2	3	Print	Ctrl+Mail	Undo
No	Su	NV	Rn	PT	OT	SUP	MD	9-Bestore	Archive	History	

NMP Standard Comments


- d STANDARD NMP COMMENTS >>> F10=Print
- m Reviewed weight history. D/C to monthly wghts.
- e Continue to monitor.
- f Tolerating tubefeeding well.
- 1 Continue to encourage meals and supplements.
- 2 OSK is eating fair.
- 3 Rec:House Supplement at HS
- k Rec:House Supplement BID
- p Rec:House Supplement TID
- s Rec:Add Milk and 2 juices to each meal.
- n EN's Poor Appetite continues.
- r Rec:SI consult.
- ra No ethnic or cultural preferences noted.
- sa MRec:Reweigh
- g Above restraints reviewed and continued by the committee.
- sa Reviewed above skin breakdown. Treatment in progress. Continue to monitor.
- g EN has a Good Appetite. OSK is eating well.

Alt <--> Type: 1 NOTE: BLANK Left Column ENDS the List.
F5=Get Typ/F12=SetCur/Ctrl Insert/Delete

You can easily select standard comments from the list by inputting one or two letters, or you can free text type in comments or a combination of both. To make a fax recommendation for an intervention, you simply put an Rec: in front of the comment line. Then you can click fax at the top of the screen and print a fax recommendation instantly. You can also print these out at the end of the meeting in conjunction with the minutes of the meeting.

Key Points: You are working on the same system that Dietary is using to print Tray Cards and Nourishment Labels. Not only do you know exactly what Dietary is providing the resident, you can change, add to, or take away anything the team decides on and it is implemented immediately. There is no waiting or remember to tell Dietary, or changing this card or that card or that label. You simply press F9 or go to the admission screen of the resident and change it right there.

You also have a complete record of what you have done for that resident during past meetings and the complete discussion of past meeting. There is no guessing or trying to remember what you have already done.

FAX Recommendation																																																																																																																																																																																																																																	
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Another **Key Point** is the fact that there is no guessing during the meeting. Your staff will become immediately accustomed to having ALL the information they need to make an informed decision on what needs to be done for each resident. You will not have to recall from memory, or print recent copies of all the diet cards, or nourishment labels, or meal consumption, or minutes from past meetings etc. All this information will be at your finger tips. You will not waste any time trying to remember or figure things out. Instead, you will discuss different possible interventions and decide as a team what you will do for each resident. These decisions will be more effective in caring for the resident and these interventions will be fully documented and implemented before you move on to the next resident on the weekly weight list.

11

The Active System generates minutes for the NMP meeting automatically. The minutes are assembled from the individual resident comment files and summarized along with pertinent clinical information about each resident. This is a good summary report that should be stored in a separate binder for future reference. Note, however that this does not cover you, or the facility from a legal or regulatory standpoint. In other words, you cannot just print out the minutes. See the Nutrition Summaries Section (pg. 19) for covering yourself and the facility from these standpoints. To Print the NMP Meeting Minutes, click NMP Meeting at the top of the Roster Screen.

Note that you can select which Nursing Units to summarize. If you check with faxes, then any fax recommendations made during the meeting (Comments with Rec: in front of them) will be printed out for the individual resident(s) to be faxed to the physician. You can combine the meeting minutes with comments from other disciplines by putting the different discipline abbreviation after the Discipline Label.

12

Cost *Control*

with The

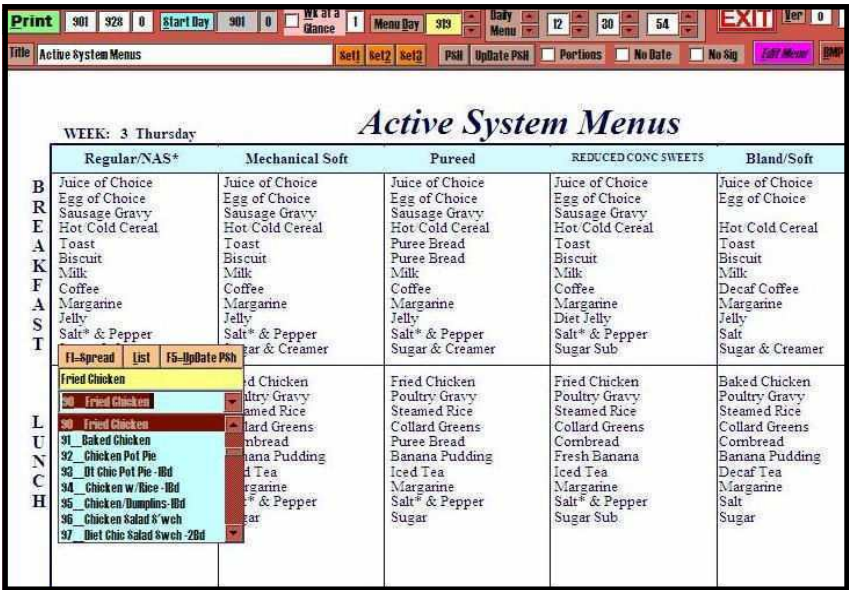
Active System



Active Healthcare Professionals Group, LLC
www.ahpg.net

The starting point for any cost control effort in the Dietary Department is the Menu. The Active System allows you to easily cost your menus and to adjust them initially to meet your budget requirements, and to adjust the menus dynamically, or on the fly, whenever you need to. Extenuating circumstances such as vendor outages, price variations, resident requests and observations often create a need to adjust your menus. With the Active System, this is very easy and comprehensive. The Dietary manager need only to select the menu item they want and then press F1 to spread the menu item with appropriate substitutions across all the diets. It's like having a Registered Dietitian looking over your shoulder and tell you what to put in each diet column.

Figure 1. Changing the Menu



As shown in Figure 1, you simply click the menu item you want to change and then select the new menu item from the drop down box. There are several hundred selections for each menu category. Therefore, you can type part of the name of the item you want in the yellow box (type over the current menu item) and then press enter and the first matched item appears in the blue slot below it. Keep pressing enter

The Cost report is central to the Active System Cost Control program. The Active System pull information from the spend down sheets, order guides, meal counts and the budget sheets on order to complete the weekly cost report. This report can then be printed, faxed, emailed, and/or Up Loaded to a secure web page for monitoring, reviewing and coaching. Figure 12 shows the Budget Report, which is very detailed and can be filled out from a central location and downloaded to each individual facility for use through out the year.

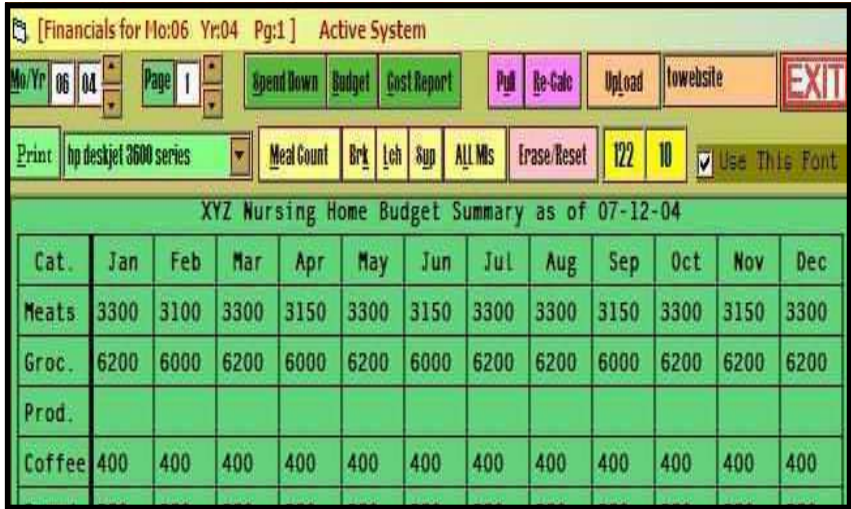


Figure 12. Active System Budget Report

The Active System offers control and efficient monitoring of every aspect of Dietary Spending. If you want to stay within budget, or make sure others stay within budget, the Active System offers you the tools you need to effective accomplish this important goal.

Figure 11. Cost Report

9

2

Notice the Cost Column on the far right. To input the cost of a

[illegible]

Now that you have your menus costed out and you have the capability to change your menus at any time, you should be able to stay within your budget. However, in times of lower reimbursement rates and higher insurance costs, you will be asked to keep your food costs to the lowest cost while maintaining high quality standards. To do this, you will need the lowest food prices from your vendors and you will need to watch your spending very closely. Fortunately, the Active System helps you tremendously in both of these areas. The Active System can interface with any Windows Based Vendor Ordering System to pull your current vendor prices into the Active System. This will allow you to compare prices from vendor to vendor and from order to order. You will be able to keep your vendors competitive as well as guard your facility from the mysterious effects of price creep and vendor cherry picking.

The Active System has a very effective spend down sheet program that clearly shows the Dietary Manager what he or she has spent for the month so far, and compares it to the budget and calculates an estimated PPD based on an actual meal count, or an average daily census (ADC) Figure 9 shows orders sent to the spend down sheet from the Active System Order Guide, as well as miscellaneous order from other smaller vendors. You can have a spend down sheet for any month of any year by changing the Mo/Yr in the boxes in the upper left. You can also have any number of pages of spend down sheets for each month if you choose to track Food and Non-Food items separately.

8

The screenshot shows the 'ORDER GUIDE' window with a list of food items. A dialog box is open, prompting for a password to view prices and place orders. The items listed include various types of meat, vegetables, and other food items with their respective prices.

Item	Inventory	Price	Unit
1 / 15 CON LAYFLAT			Case
7 / 10 BEEF BRISK			Case
\$1.48 / 1 CAB			Case
\$3.25 / 1 MAT DEL			Case
\$3.78 / 1 ASASOL			Case
240 / 1 1CN BEEF			Case
40 / 2 5602 BEE			Case
8 / 10W BEEF			Case
40 / 4 85 BEEF			Case
\$1.51 / 1 SYS CLS			Case
54 / 3 62256 BEEF LIVER SLICED SKND			Case
14 / 20W OXTAIL TRIMMED \$85.12 / Case			Case
80 / 4 BEEF PATTY GRND HMSTYL 75/25			Case
40 / 4 BEEF PATTY GRND SEASONED \$36			Case
56 / 3 18 BEEF PATTY SALISBURY \$22			Case

Figure 7. Inputting the Prices Password

The screenshot shows the 'ORDER GUIDE' window with a list of food items. A dialog box is open, prompting for a password to view prices and place orders. The items listed include various types of meat, vegetables, and other food items with their respective prices.

Item Name	Vendor Number	BUY	Price	Order Unit
1 / 15 CON LAYFLAT 18/22CT \$38.97 / C	1073402		38.97	Case
7 / 10 BEEF BRISKET DCKL OFF GR 120 \$	8142051		113.96	Case
\$1.48 / 1 CAB BEEF CORNED BRSKT RA	2782847		74.77	Case
\$3.25 / 1 MAT DEL 09162-19147 BEEF C	1726314		50.21	Case
\$3.78 / 1 ASASOL BEEF FAJITA STRIP	5876214		68.71	Case
240 / 1 1CN BEEF FINGER BRD PRCKD 1	6184410		26.09	Case
4 / 5 L F FOR STEW CH 135A 1 \$60.39 /	5876479		60.39	Case
60 / 2 5602 BEEF FRITTER CHKN CNTRY	2415602		21.83	Case
40 / 4 85 BEEF FRITTER RAW CHPPRN	1042985		19.04	Case
8 / 10W BEEF GRND BULK 81/19 FINE FASH	2209393		120.80	Case
\$1.51 / 1 SYS CLS SYS2008217 BEEF GR	2008217		32.46	Case
54 / 3 62256 BEEF LIVER SLICED SKND	1045228		14.90	Case
14 / 20W OXTAIL TRIMMED \$85.12 / Case	1062256		15.82	Case
80 / 4 BEEF PATTY GRND HMSTYL 75/25	8992448		85.12	Case
40 / 4 BEEF PATTY GRND SEASONED \$36	6303754		18.89	Case
56 / 3 18 BEEF PATTY SALISBURY \$22	2209104		34.96	Case
	2580066		36.79	Case
	6255178		19.23	Case
	7236318		22.41	Case

Figure 8. The Order Guide with Prices.

Now that you can track prices from vendor to vendor and from order to order and from week to week, and from menu cycle to menu cycle, its time to consider your own spending habits. The best prices in the world will not guarantee spending within budget, unless you have a very effective way of monitoring and coaching the person placing the orders.

Just as you can cherry pick from your vendors, your vendors can cherry pick which food items they will mark up each week to make up for the low prices they are offered you to get your business. They get your business because of the low prices they offered you, but you mysteriously seem to still be spending the same amount or more each month. This is because you need protection from price creeping (select food items creep up in price each week) or vendor cherry picking (the vendor picks a few items each week and inflates those prices). The Active System allows you to easily obtain and store vendor prices and to track them from order to order. Any creeping or jumping will be evident immediately

The screenshot shows the 'Active System Inventory and Ordering Program' window. It displays a list of food items with their prices and a 'Password to View Prices and Place Orders' dialog box. The items listed include various types of meat, vegetables, and other food items with their respective prices.

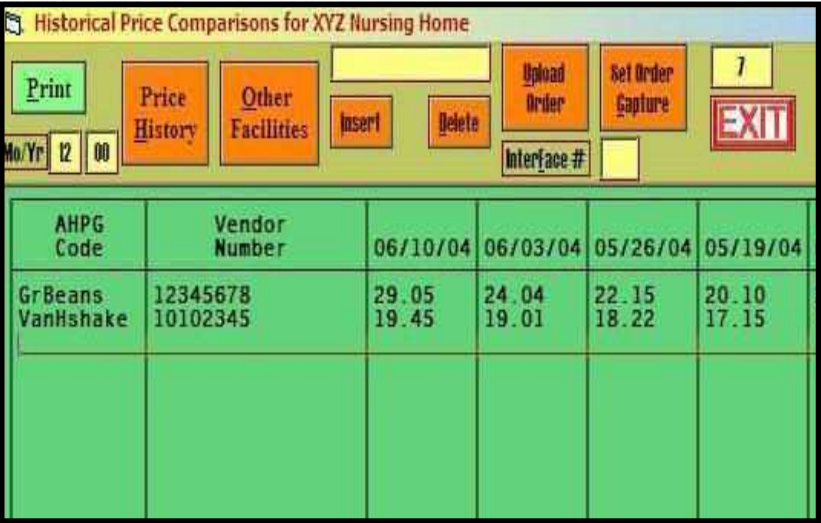
Loc#	AHPG Code	Inventory Item Name	Bar Code	Vendor Number	Order Unit	BUY	Order Price	Issue On Hand	Ext
		Grits	3605.75		Case	2		0	
		CrWheat	1200.45	044000037215	Case	1		1	9.67
		Oatmeal		300258275534	Case	1		1	22.8
		AllBran		076410014388	Case	1		9	200.
		CornFlk		076410010427	Case	1		2	40.4
		RaisinBr		044000037444	Case	1		0	
		RiceKrs			Case	1		1	22.2
		SFFlake			Case	1			
		PuffRice			Case	1			
		PuffWht			Case	1			
		SpecK			Case	1			
		CheeSce			Case	2		1	68.1
		WhipMix			Case	1			
		LemJce			Case	1		1	2.68
		ToJc6oz			Case	2			
		PrJc6oz			Case	1			
		V8Jc6oz			Case	1			
		Spice Cake Mix			Case	1			
		Brownie Mix			Case	1			
		Angelfood Cake - Pre Made			Each	1			
		Chocolate Cake Mix			each	1		1	11
		Pound Cake - Pre Made			Each	1			
		White Cake Mix			Each	1			
		Yellow Cake Mix			Each	1			

Figure 4. Active System Inventory and Ordering Program - Click Inventory from the roster screen Diet Tab

The Active System holds hundreds of pages of inventory. Each page has enough room for an entire Dietary Department Inventory (1500 items per sheet). You place an order by indicating how many of each item you want in the BUY column. Once your order is complete, you save it by clicking save order and giving the order a name such as wk1_04. This order can be re-loaded the next time that week of the menu comes around. You can also click Compare and upload the order to a column of the compare listing to watch for price creep on each

individual food item. The AHPG code column on the inventory allows you to standardize the food items by type rather than brand name. Then if a vendor substitutes a different (and usually more expensive) brand, your system will continue to compare it to the same type of food ordered in previous weeks. So, if you order Brand X Kernal Corn and the vendor substitutes Libby's Kernal Corn, your system will compare the prices of the two corns even though they each have a different vendor number. They will be listed according to your assigned AHPG Code.

Figure 5. Price Compare Form - Click the COMPARE button



If you want to control what food items are available to be ordered from a vendor, you can implement an order guide within the Active System. You can give the person ordering access to the order guide only, and/or access to the inventory and the order guide. The order guide also tracks your overall spending from week to week. These figures are copied over into an overall spend down sheet which offers a monitoring tool that can prevent over spending.

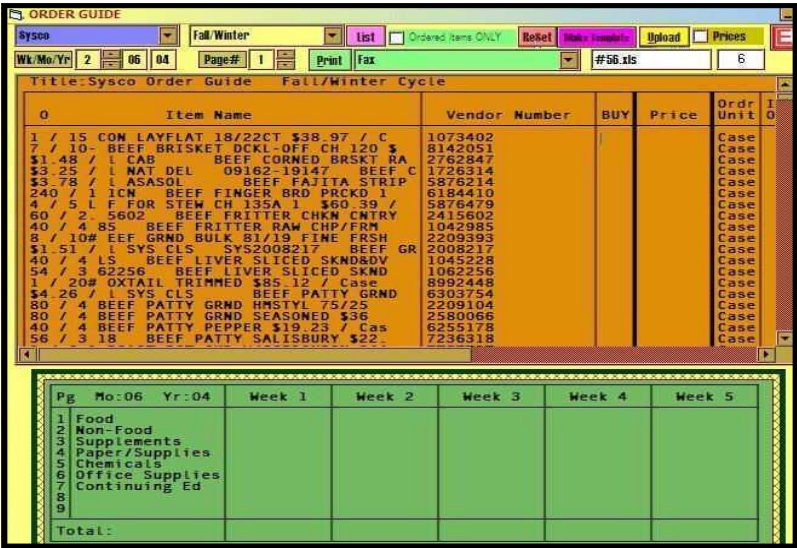


Figure 6. Order Guide

Figure 6 shows the order guide. As you can see at the top, there is a drop down menu to allow you to select different order guides from different vendors, and different order guides for each cycle of the menu. As you input your order, you will see the running tally in the appropriate weeks column in the green box. Once your order is complete, you can print a copy and/or select the Fax printer driver from the green drop down list at the top and fax your order directly to your vendor.

The prices the order guides as well as the inventory can be password protected. If you click the PRICES button at the top, you will be asked for a password. Provide the password, and the prices appear. Click Prices again and provide the password and the prices disappear. The default Password is INV. To change the password type INV|NewPW, where NewPW is your new password.

The UpLoad button is to upload the order guide from your vendors website, or from a text file provided by your vendor. This process needs to be setup by AHPG if your vendor is not one of the vendors that AHPG has interfaced with before.



Fig 11. Dining Locations

Printing by dining location is a common task to better organize your tray cards. Fig. 11 shows the dining location list that can be accessed from any residents admission screen. Click the yellow Dining Loc button. You can change the default locations and abbreviations to whatever you want. You can also insert and delete locations by pressing Ctrl-Ins or Ctrl-Del. The first column is the order in which the tray cards will print. The second column is the 1-3 character abbreviation you use to assign a particular resident to that location. The third (wide) column is the text that will actually print on the card. The idea is to develop your list of dining locations first, and then assign each resident to a location at Brk, Lch and Sup. This is done in their admission screen. The Dining Location assignments are the three small yellow boxes in the center of the admission screen labeled Brk, Lch, Sup. Type the dining location abbreviations in these boxes. Once you exit a resident's admission screen, you will notice the dining location abbreviations you assigned will be listed in the columns to the right of the resident's diet. Once you have all your locations assigned, then make sure print by dining location is checked in the tray card program, and then your tray cards will print in the order in which the dining locations are listed.

Getting started on ... The Active System



I. Installation of the Active System

Place the Installation CD in your CD ROM drive and wait a few seconds for the installation program to begin automatically. If the installation does not begin automatically, then click Start. Then click RUN and then type d:\install.exe and press enter. d: is the drive letter of your CD ROM.

Once Started, follow the screen instructions. The vast majority of facilities should select the default settings by pressing enter or clicking the GO button. The entire installation should take approximately 15 minutes. Once installed, you will be asked to re-boot your system. Click Yes, and your computer will turn off completely. Wait a few seconds and then turn it back on.

Two Icons should be added to your Desktop. You should have an Active System icon which is a big Red "A" with a yellow background. You should have a Medical Record Scan Icon which is a big Black "S" with a Red background. If the icons are not present on your desktop,



Active System



Scan

then click start and then click programs and look for the icons in the programs listing. You can right click the icon from the program listing and hold down the right mouse button as you drag the icon to your desktop. Then release the mouse button and click Copy to Here. You can also do the same with the icons located on the installation CD.

Click the Active System Icon on your desktop and the following screen will appear. This screen may take a minute to appear if it is the first time you have clicked it. The system will try to connect to the internet and establish a connection to the Active System website.

Note: All Instruction Booklets are on you Install CD in PDF format

After printing your tray cards, you will want to print nourishment labels. From the roster screen, with the Diet Tab selected, click the Labels button

Fig 10. The Labels Program

at the top left next to the Tray Cards button. The follow screen appears. The challenge to printing labels, is formatting the printout to print on your labels. The system is pre-set to print on standard Avery sheet Labels with three across and 10 rows down. It is recommended that you try this option first, but print on blank paper rather than wasting labels. Then compare the label print out to a sheet of labels and see if the printing is lining up to the labels. Adjustments can be made to the printout by changing the numbers in the boxes labeled Top, Hgt, Width, Down and Across. These boxes make changes in Twips. A Twip is 1/1440 th of an inch. So, large changes make small changes in the printout. To move the printout 1/4 inch, you need to increase or decrease by about 400. There are 4 Across boxes. These boxes tell the computer exactly where to start each row of the labels. You can have up to 4 rows. Once you have your settings correct, it is advisable to write them down in a safe place, or select another label set from the drop down box and enter the numbers into one of the other label settings.

The Active System will automatically save your settings upon exiting, but invariably, someone will go into the label program and accidentally change the settings and exit to same the changes. To print your labels, simply check the boxes of the nourishment periods you want the then click the green Print button. Of course, the correct Printer Driver should be selected.

Once you have entered all your residents, it's time to print your tray cards. Click Tray Cards at the Top Left of the Roster Screen (You must have the Diet Tab Selected). The following screen appears.

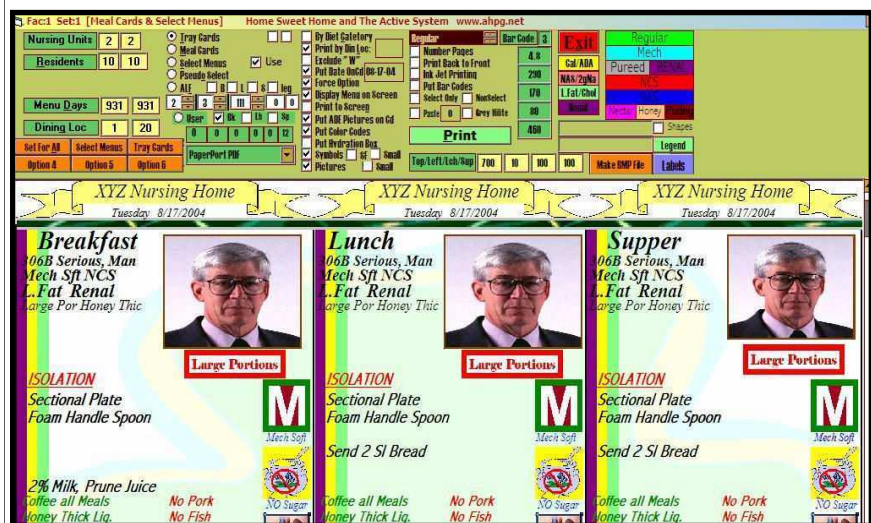


Fig 9. Tray Card Program

The program loads with the program set to print just the resident you have hilited on the roster. To print all your cards, click the orange set for all button in the upper left. This is assuming you have all your options set the way you want. Select one of the 5 ways of printing by clicking on the associated radio button (circles) in the upper middle left. Then click the check boxes for the options you want. The Tray Card below will change to reflect the options you have chosen. To find out what an option does, you can place the mouse cursor over the option for a few seconds and a help line will appear to tell you what the option is for. Once you have the options set the way you want, right click the label "Nursing Units" in the upper left. (Click the actual label, not the boxes to the right of the label). You will be asked what box number do you want to save the settings under. Input 1 for the Set for All button, or enter 2, 3, 4, 5 or 6 to save under the other orange buttons reading from left to right and then to the second row. Once your options are set, then click the green Print button. The green slot below the Print button is for selecting the printer driver. The name of your printer should appear here. If not, click the box for the drop down list and select your printer.



Figure 1. Opening Logon Screen

Figure 1 shows the Opening Logon Screen. Type in your entry password here. The password changes each month. As you type, stars will show up in the box instead of the actual letters you type. Once you have typed in your password then press enter. Note: If you click the box, it is as if you pressed the enter key. You can also press Ctrl-Enter and the system will accept the password as your logon for the entire day. If you want to cancel this feature for the day, then right click the Exit button when you exit the system. Otherwise, you will have to enter your password each time you go into the system. Of course, most people leave their system on the Resident Roster so the Active System can be a quick reference tool. This is OK if you have your computer in an office that is not visible to the public.

Once your password is accepted, then the Roster Screen will appear. The first time you enter the system each day, the system will go into an automatic update mode and it may take 30 to 60 seconds for the roster screen to appear. If the screen does not appear, you may have another copy of the roster already running in the background. To check this, Right Click the Taskbar (the bar at the bottom of your screen) or press Ctrl-Alt-Del. Then click the Task Manger and then the Applications

tab. If you see Resident Roster listed as one of the application s running, then click it and then click End Task. Then close out the Task Manager by clicking the X in the upper right Corner.

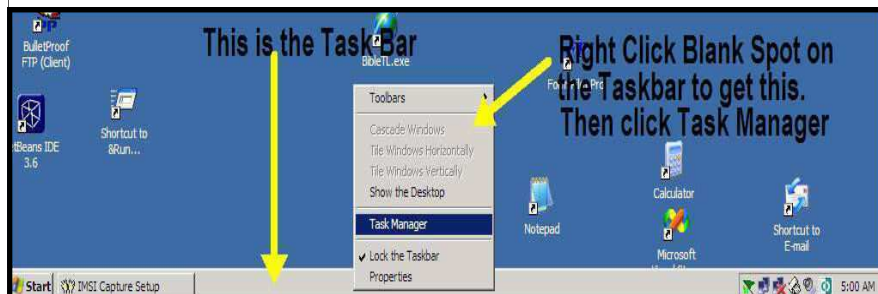


Figure 2. This is the Task Bar. It runs across the bottom of your Desktop
Right click a blank spot on the Task Bar to get to the Task Manager



Figure 3. This is the Task Manager. Use it to End Task or End Programs

Simply click the diet component you want and it appears in the first available blank. Click the same blue button again and the diet is taken away. The Active System will automatically combine all four diet components to form the diet order for the resident. At least one Diet Component is required to admit a resident. The First Diet component must have a number associated with it in the first small box to the right, if you are planning on printing meal cards (tray cards with the actual menu for the day printed on them) or select menus. A Diet Number is also required if you are doing Nutritional Assessments, RAPs or Care Plans on the Active System.

Notice that there are additional Blue Buttons available by clicking the right and left arrows to the right of the Blue Buttons. There are up to 200 different diets that can be selected this way. However, most people simply type in extra diet information or type in obscure diet components rather than searching through the buttons. You can type anything you want in the wide boxes in order to make the Diet Order Match what is in the Chart. Again, if the Diet Component you want effects the actual foods allowed on a residents diet, then you must have a diet number in one of the small boxes that is associated with that diet component.

Now enter the likes, dislikes and nourishments in the yellow and orange boxes below the diet. To save time and space, you have several Green Check boxes (Likes) and Pink Check Boxes (Dislikes) that you can use in addition to what you type in the boxes. Simply type what you want in the appropriate boxes. You can use the gray buttons along the side to duplicate the Breakfast box to the Lunch and Supper boxes and the same with the gray buttons to the side of the nourishment boxes. To save typing, you can click the drop down boxes along the top. These are search boxes, so, you can begin typing what you want in the slot at the top and the first match will appear in the window. Note the slot down below the Brk/Lch/Sup box. This is the active selection from the drop down lists. Once active in this box below, you can click anywhere in the Brk/Lch/Sup/10a/2p3p/HS boxes and the selection will be placed where you click. To disable the selection, so you can once again free text type in the boxes, simply click a blank area outside the boxes. To change, or add to the drop down box lists, click the Lists button to the right of the drop down boxes. To change the text of the Green and Pink Check boxes, right click the box. Some check boxes cannot be changes, and you will be notified of that when you right click it. Otherwise, you will be given an input box to change the text to what you want. Press Exit when you are finished, and go to the next residents room.

Once your Nursing Units are setup with a Name for each Nursing Unit and Room Numbers, then click the Exit Button and you will be dropped out of the Active System. Click the Active System Icon on the Desktop and go back into the system. Now your Nursing units will be in place with just your room numbers. Press the Tab Key to rotate through all of your Nursing Units and make sure your rosters are setup up the way you want them. If you need to add more nursing units, you will need to go back into the Setup Roster program (Click Facilities, then Setup Rosters) and increase the number in the Max Units Box and Setup those new rosters as you setup the others.

Now it is time to begin admitting your residents to the system. Use your Tab Key to go to the Nursing Unit you want to begin with, and then use your up and down arrow keys to hilite the room you want to begin with and press F3. You can also, simply, double click the room you want. The following Admission Screen appears.

F8. The Admission Screen

Start by filling in the boxes at the top of the screen with the appropriate information. The First and Last Name are the only thing needed for now. Then enter the diet. Notice that you have 4 wide boxes that can be used to enter four different diet components. Each wide box is associated with a smaller box to the right. This is where the computer diet number goes. The blue buttons offer a quick and easy way to enter diet components.

Then try to enter the Active System again by clicking the icon.

Figure 4. The Roster Screen with the Diet Tab Selected

The Roster Screen is considered the main screen of the Active System. Figures 4 and 5 show the Roster screen with the Diet Tab clicked and the R.D. Tab clicked. Each Tab at the top of the roster screen offers different option buttons related to the Tab selected. Also notice the menu options above the Tabs. All options in the Active System can be accessed either through the drop down menus at the top, or through the command buttons in the different Tabs. Hilite the resident you want to work with, and then click the option button want. Notice at the very top of the screen, you have the Nursing Unit Number listed as well as the name of the nursing unit.

Figure 5. Roster Screen with the RD Tab Selected

It is recommended that you setup the rosters in your system according to the Nursing Units (Nursing Stations). You should have a roster for each nursing station. You can then change from one roster to another by pressing your Tab key or by clicking the Tab=Next Button. When you first install the Active System, it comes with Demonstration Data using the names of Presidents, Senators and Congressmen on two nursing units and one hold unit. The hold unit is used to transfer discharged residents to in order to have their information readily accessible until it is no longer needed.

The first order of business after your installation is to replace the demonstration data with your data. Do this by clicking the Facilities menu option at the top right of the roster screen. A menu drops down. Select the Setup Rosters.... option. the following screen appears.

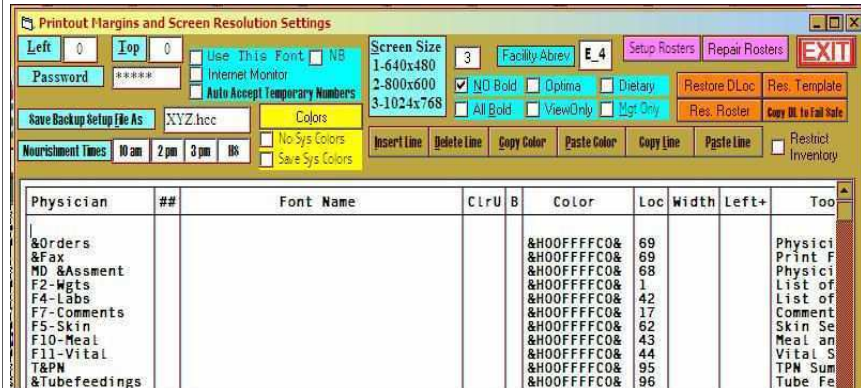


Figure 6. Setup Roster, Margins, Colors Program

Then Click the purple Setup Roster button. to get the screen shown in Figure 7. The first thing you need to do is make sure you are on unit #1. Click the Up/Down Arrow until a 1 appears in the box to the right of Units. Then click the Red Reset button to erase all the data currently on Nursing Unit #1. Then change the Name of the Nursing Unit to the Name of the Nursing Unit in your facility. The next step is to input the room numbers by pattern. Notice the four boxes to the right of the purple Put Rm No button. In the first box (the yellow box) type in the any unit designator. This is usually blank, but it can be used to put in N for North wing or S for South



Figure 7. Setup Roster Screen

Wing. The next box (larger white box) is for the Hall designator or the first room number on the hall. This is usually a 100 for the 100 hall, or 200 for the 200 hall, or 101 or 201. The small pink box is for any separator between the room number and the bed designator. This is usually blank, but it can contain a dash or underscore. The last box (larger white box) is for the bed designators. This is usually AB for A and B beds, or DW for door and window. Do Not place any spaces between the different bed designators. Once all your designators are in place, then click the purple Put Rm No button and you will see all your room numbers appear instantly. Once your room numbers are put in by pattern, you can click on any of the room numbers and then click the gray Delete button to delete any unwanted rooms. You can also click below where you want to insert a room number and click the gray Insert button.

Don't Forget to change the Facility Name to match your facility name. Also, change the XYZ facility abbreviation to another three character abbreviation consistent with your facility name.

Once you are done with Nursing Unit #1, click the up arrow and do the same for Unit #2.

NOTE: Do Not Enter Resident Names or diets here. Just setup your rosters with room numbers.

Nutritional Assessments on the Active System are very comprehensive, detailed and historical. They are historical in the sense that they include the text from previous assessments to show what has been done in the past for the residents. They are detailed in the sense that they contain all the objective data that is pertinent to the nutritional care of the resident now, and several months in the past. They are comprehensive in the fact that all the information needed for the nutritional assessment is included in the same place on one page for all assessments. You will find that these nutritional assessments are very useful tools, as they are overall pictures of the resident, and what has been done for the resident. They serve to document every aspect of the nutritional care of the resident on one easy to read page.

Nutritional Assessment for 306B Serious, Man [218]

Nursing Units: 2 2 Res: 10 10 Set for All Prio Scr hp deskjet 3600 series No Comments R. Dickson, RD, LD

No or After: 08-14-04 Discipline No Clip No Frm Print No Auto Pr No Shade Ver 0 Exit 0 Space Down 0

XYZ Nursing Home Nutritional Assessment

Resident: 306B Serious, Man 74 M Resno: 218 Hgt: 69 IBWR: 91-111

Physician: Doolittle 366-7730 Date of Adm: 07-13-00 Adm Wgt:

Dx: SPINAL STENOSIS, LUMBAR AMPUT-LEG TRAUM/NO COMPL

Diet: Mech Sft NCS L Fat Renal Large Por Honey Thic

Brk: [No Pork No Fish Isolation] Sectional Plate Foam Handle Spoon 2% Milk, Prune Juice

Lch/Spr: [Coffee all Meals Honey Thick Liq] Sectional Plate Foam Handle Spoon Send 2 Sl Bread

I/Os: Hshake M&M Cookie Afr: Hshake PB&J

HS: Tuna Sandwich

Meds: Vancomycin 7.25 00

306B Serious, Man

Acad	14.4 kcal	1.3 Activity Factor	Receiving	07	03	02	02	Date	Wgt	30 dv	90 dv	180 dv	Date	BLS	10.3 H	Input	On
Pro	5.0 g	1.0 Stress Factor		21	01	24	22	06-05-00	110.6	-26.3	-25.6						
Fluids	1377 cc	1.2 g/kg Pro Factor		00	00	00	00	06-15-00	112.3	3.98	-23.9						
Nutrition Risk	0							06-19-00	112.3	4.95	-23.9						
Mental Status	Alert	St Confused	Confused	Coma	Aph			06-26-00	110.0	-4.5	-25.4						
Feeding Ability	Independent	MinAss	Assistance	Fed				07-13-00	86.4	-28.0	-42.4						
Weight	Stable	Explained	<5<10%	>5>10%	1L	0	0	0	0	0	0						
Food/Fld Intake	90-All	75-90%	40-75%	<40%	1	1	1	1	07-24-00	89.3	-18.8	-40.5					
Supplements	Accepts	>50%	<50%	Refuses													
Hb Risk	Med	None	One	Two	> Three	1	0	0	0								
Lab Data	WNL	Net Avail	Marginal	Abnormal	3	3	3	06-09-00	10.7	10.0	4.4	17.0	16	0.5	4.4	142	107
Conditions	None	One	2-3	>4	0	0	0	0	0	0	0						
Skin Status	Intact	Stage I	Stage II	Stage 3-4	2	X	X	X									
Total Score	10 points or above = High Risk				13	4	4	4									

Historical Notes/Interdisciplinary Team Meeting Minutes/Current Assessment Notes

Appearance has not changed. New Weighing procedures in place. Continue on weekly weights. Continue to enc. meals & supplements

He eats Fair. [60-85%]
Fe stores are low.
Enc. red meats & Green Leafy Veggies for iron for low Hb/Hct.
Protein stores are slightly low.

Fig 1. Nutritional Assessment

The nutritional assessment can also be considered a nutritional summary for the resident. This is why they are printed out quarterly for all residents discussed in the Nutrition Management or Weekly Weight meetings. Routine printing of these summaries can capture all of the incidental activities, interventions, follow-up and monitoring done for all residents at risk.

Completion Test

Gender..... Ok
Height..... Ok
D.O.B..... Ok
Diet/TF(Verified Ctrl-V).... Ok
Diagnosis..... Ok
Weight..... Ok
Labs.....
Skin Assmnt..... Ok
Cog. Verified (Ctrl-Y) Ok
Feeding Skill..... Ok
Meds..... Ok

IN-Complete

OK Cancel

Completion Test

Gender..... Ok
Height..... Ok
D.O.B..... Ok
Diet/TF(Verified Ctrl-V).... Ok
Diagnosis..... Ok
Weight..... Ok
Labs.....
Skin Assmnt..... Ok
Cog. Verified (Ctrl-Y) Ok
Feeding Skill..... Ok
Meds..... Ok

COMPLETE II

OK Cancel

Fig 11. Completion Test (Alt-A) Showing InComplete & Complete

The completion test must show complete the assessment to be assembled. Note that the assessment shown above registers as complete without the Labs registering OK. The assessment will show complete if the labs or weights are not current because you do not always have a current weight or lab. Once complete, click OK and the nutritional assessment is assembled with a suggested note for your review and editing. Figure 12 appears on your screen. (next page). The note is shown in the brown box at the top. The pink box contains pertinent objective data for you to compare to the statements in the note. The cursor is placed in the white box below the brown. Type additional comments and/or recommendations here. Click the brown box to edit any lines assembled by the system. Note that you can only change the lines for that day. You cannot change the lines of another date. To make a recommendation that will print out on a fax recommendation, type Rec: and whatever you want to recommend in the white box. The Rec: must be at the beginning of every line of the recommendations. Once you are done editing, or adding to the white box, then press the Esc key (upper left corner of your keyboard) and the assessment prints automatically. If a recommendation is made, the fax recommendation prints also. You are placed back on the residents cardex. Press Esc to go back to the roster to begin assessing your next resident.

[illegible]

Press Enter once you have all the columns filled in . (L=Length W=Width D=Depth). The system then adjusts the residents protein factor for calculating the protein needs for the resident. 1.0 for stage II, 1.2 for stage III or IV. Adjust it further if you want, by going to line 18 of the residents cardexl.

[illegible]

Just type over the current protein factor and press enter and you will see the changed calculations immediately.

Now you have completed your assessment and you must click the last button (the Complete Button) to test to make sure you have not missed anything. You can also click this button at any time to find out what you have left to address for the resident. This is a very useful feature, as it will make sure you never miss anything, and it can also refresh your memory as to what you need to do next if you get interrupted in the middle of an assessment.

Business, Man [27] Regular NAS NCS Honey Thic Ctrl-C-Copy or Duplicate Tol/Nur 98=TPN 99=TF											
Print Tray, Meal, Select Menu Cards with Resident Pictures											
DOB	01-03-39	DOB	03-06-1929	75	Phy	Dofitile	List	Wt	N7.3	48.7	I/27
NMP	GL	Diet	Regular	NAS	NCS	Honey Thic	1	5	6		
1-Regular		2-Mech 8T1		3-Pureed		4-2gNa		5-NAS		6-NCS	
7-Lfal		8-L Chol									
Prune Juice		No Orange Juice		Healthshake							
Bri	*Honey Thick Liquids*					10 am					
Dup Bri	*2 ENSURE PUDDING, NO CHOC.					to 3:45					
Lch	NO WHOLE BREAD					2 pm		2 pm Nourishment			
Lch	No Cat:					3 pm		3 pm Nourishment			
Lch	L1, L2, L3, L4, L5, L6, L7, L8, L9, L10, L11, L12, L13, L14, L15, L16, L17, L18, L19, L20, L21, L22, L23, L24, L25, L26, L27, L28, L29, L30, L31, L32, L33, L34, L35, L36, L37, L38, L39, L40, L41, L42, L43, L44, L45, L46, L47, L48, L49, L50, L51, L52, L53, L54, L55, L56, L57, L58, L59, L60, L61, L62, L63, L64, L65, L66, L67, L68, L69, L70, L71, L72, L73, L74, L75, L76, L77, L78, L79, L80, L81, L82, L83, L84, L85, L86, L87, L88, L89, L90, L91, L92, L93, L94, L95, L96, L97, L98, L99, L100, L101, L102, L103, L104, L105, L106, L107, L108, L109, L110, L111, L112, L113, L114, L115, L116, L117, L118, L119, L120, L121, L122, L123, L124, L125, L126, L127, L128, L129, L130, L131, L132, L133, L134, L135, L136, L137, L138, L139, L140, L141, L142, L143, L144, L145, L146, L147, L148, L149, L150, L151, L152, L153, L154, L155, L156, L157, L158, L159, L160, L161, L162, L163, L164, L165, L166, L167, L168, L169, L170, L171, L172, L173, L174, L175, L176, L177, L178, L179, L180, L181, L182, L183, L184, L185, L186, L187, L188, L189, L190, L191, L192, L193, L194, L195, L196, L197, L198, L199, L200, L201, L202, L203, L204, L205, L206, L207, L208, L209, L210, L211, L212, L213, L214, L215, L216, L217, L218, L219, L220, L221, L222, L223, L224, L225, L226, L227, L228, L229, L230, L231, L232, L233, L234, L235, L236, L237, L238, L239, L240, L241, L242, L243, L244, L245, L246, L247, L248, L249, L250, L251, L252, L253, L254, L255, L256, L257, L258, L259, L260, L261, L262, L263, L264, L265, L266, L267, L268, L269, L270, L271, L272, L273, L274, L275, L276, L277, L278, L279, L280, L281, L282, L283, L284, L285, L286, L287, L288, L289, L290, L291, L292, L293, L294, L295, L296, L297, L298, L299, L300, L301, L302, L303, L304, L305, L306, L307, L308, L309, L310, L311, L312, L313, L314, L315, L316, L317, L318, L319, L320, L321, L322, L323, L324, L325, L326, L327, L328, L329, L330, L331, L332, L333, L334, L335, L336, L337, L338, L339, L340, L341, L342, L343, L344, L345, L346, L347, L348, L349, L350, L351, L352, L353, L354, L355, L356, L357, L358, L359, L360, L361, L362, L363, L364, L365, L366, L367, L368, L369, L370, L371, L372, L373, L374, L375, L376, L377, L378, L379, L380, L381, L382, L383, L384, L385, L386, L387, L388, L389, L390, L391, L392, L393, L394, L395, L396, L397, L398, L399, L400, L401, L402, L403, L404, L405, L406, L407, L408, L409, L410, L411, L412, L413, L414, L415, L416, L417, L418, L419, L420, L421, L422, L423, L424, L425, L426, L427, L428, L429, L430, L431, L432, L433, L434, L435, L436, L437, L438, L439, L440, L441, L442, L443, L444, L445, L446, L447, L448, L449, L450, L451, L452, L453, L454, L455, L456, L457, L458, L459, L460, L461, L462, L463, L464, L465, L466, L467, L468, L469, L470, L471, L472, L473, L474, L475, L476, L477, L478, L479, L480, L481, L482, L483, L484, L485, L486, L487, L488, L489, L490, L491, L492, L493, L494, L495, L496, L497, L498, L499, L500, L501, L502, L503, L504, L505, L506, L507, L508, L509, L510, L511, L512, L513, L514, L515, L516, L517, L518, L519, L520, L521, L522, L523, L524, L525, L526, L527, L528, L529, L530, L531, L532, L533, L534, L535, L536, L537, L538, L539, L540, L541, L542, L543, L544, L545, L546, L547, L548, L549, L550, L551, L552, L553, L554, L555, L556, L557, L558, L559, L560, L561, L562, L563, L564, L565, L566, L567, L568, L569, L570, L571, L572, L573, L574, L575, L576, L577, L578, L579, L580, L581, L582, L583, L584, L585, L586, L587, L588, L589, L590, L591, L592, L593, L594, L595, L596, L597, L598, L599, L600, L601, L602, L603, L604, L605, L606, L607, L608, L609, L610, L611, L612, L613, L614, L615, L616, L617, L618, L619, L620, L621, L622, L623, L624, L625, L626, L627, L628, L629, L630, L631, L632, L633, L634, L635, L636, L637, L638, L639, L640, L641, L642, L643, L644, L645, L646, L647, L648, L649, L650, L651, L652, L653, L654, L655, L656, L657, L658, L659, L660, L661, L662, L663, L664, L665, L666, L667, L668, L669, L670, L671, L672, L673, L674, L675, L676, L677, L678, L679, L680, L681, L682, L683										

Once you click exit from the admission screen, you will be brought back to the roster with the admitted resident highlighted. Now press the question mark key (?/ key). Just tap the key. DO NOT press the shift or Ctrl or Alt key(s). You are then taken to the Cardex Screen as shown in Fig 3. on the next page. This is where all the input is done for the assessment. The cardex is on large data file for the resident. Each resident in the system has a cardex. The cardex is stored on the computer hard drive as it is shown on your screen. It is a form, just like any other form, only this is stored on your computer, and the Active System is programmed to help you fill out this more with a minimum of typing and a minimum of searching. All calculations are done for you, and the calculations are usually done after you press enter, after you enter in the data for the calculation.

Note: The MDS rates resident 1 more than the risk assessment. For example, if B4 of the MDS is 3, then the risk assessment should be 2. If G1ha rates a 4 for the resident, the risk assessment should be 3.

If at all possible, you should use the MDS to fill out the risk assessment because you will find the nursing notes and other documentation in the medical chart may conflict with your observation and with the observations of other staff members.

Button #7: Weights

[illegible]

Fig7. Weights (F2)

When you click the Weights button, or press F2, you are taken to the weights section of the cardex and placed at the next blank for inputting the next weight. Type in the date and the weight and press enter and all calculations for percentage change for 30, 90 and 180 days are done immediately. If there is a significant change, a symbol will be placed next to the weight *= sig. loss in 30 days <= sig loss in 180 days +=sig gain in 30 days. >= sig. gain in 180 days. You can input multiple weights

dietary and vice versa. No longer will your diet cards gradually get out of sync with the physicians orders. The Active System Nutritional Assessment process ensures the physicians orders match the tray cards because the person doing the nutritional assessment has access to both the medical chart and the tray card for the resident, and the tray card can be immediately change to match the medical record and the change is implemented the next time tray cards are printed.

Button #2: Meds

3068 Serious, Man [218] Medications

Search

EXIT

255 Vancomycin
83 MVI w/Minerals
4 LASIX
89 KCL

Delete

Cat	Medication	Other Name	R	N	V	A
CAR	DIGOXIN	LANOXIN	*	x	x	x
DIU	BUMEX	BUMETANIDE	*			
DIU	DIURIL	CHLORTHALIDONE	*			
DIU	LASIX	FUROSEMIDE	*			x
DIU	ZAROXOLIN	METOLAZONE	*			
DIU	INDAPAMIDE	LOZOL	*			
ANI	IBUPROFEN	MOTRIN	*			
ANI	NAPROXEN	ANAPROX	*			

Place in Next Blank

F1 = #1 F7 = #7
F2 = #2 F8 = #8
F3 = #3 F9 = #9
F4 = #4 F10 = #10
F5 = #5 F11 = #11
F6 = #6 F12 = #12

Fig 4. Medication Input Box (Ctrl-M)

Once you click the Meds button (or press Ctrl-M) the medication input box appears. This is a listing of all the meds in the system. In the search slot at the top, just type the first three or four letters of the medication you want and then press enter. The hilite bar in the meds list will jump to the first match on the list. Keep pressing enter until the med you want is hilited. Then either click the button titled "Place in Next Blank" or click one of the buttons F1..... F12 to put the med in space corresponding to the number of the button. Of course, you can just type in a medication in the yellow box. However, many meds are associated with calories and

protein such as the MedPass and the Promod and the Prostat. Also, each med on the list is categorized as a high risk or not a high risk med, and food and drug interactions are associated with each med on the list. If you simply type in a med, it will show up on the med list, but there will be no number associated with it to obtain this additional information. Once you have all the meds you want to list, then click the exit button and the meds are placed on the resident's cardex. It is recommended that you only include meds associated with the resident's nutritional status such as vitamins, diuretics, insulin, hypoglycemics, appetite stimulants and psychotropics.

Button #3: Diagnosis

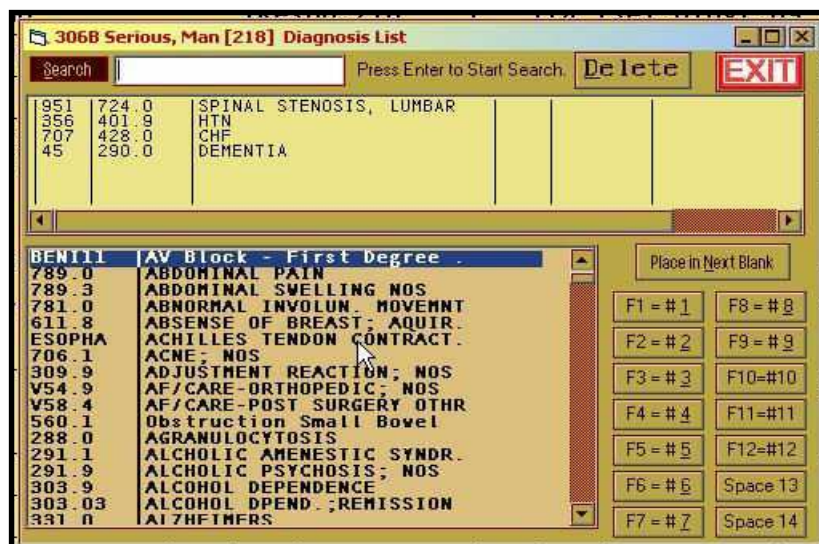


Fig 5. Diagnosis Input Box (Ctrl-I)

The Diagnosis input box works the same way as the medication input box. Simply type in the first three or four letters of the diagnosis in the search slot and press enter until the diagnosis you want is hilited. Then click the Next Button or the F1.....F14 to specify which space you want the diagnosis to appear. Again, you can simply type in a diagnosis in the yellow box if you want. Click the Exit button when you are done and the diagnoses are place on the resident's cardex.

Button #4: F6=Risk

Press Alt-A to Analyze Meds and Total Risk Assessment Press Ctrl-Ins to Insert New Assessment Assessment of Nutritional Risk										Dates --->			
										07	03	02	02
										21	01	24	22
										00	00	00	00
Mental Status	Alert	SI	Confused	Confused	Coma	4=Aphsc	2	0	0	0			
Feeding Ability	Independent	MinAsst	Supv	Assistance	Fed by Staff		3	0	0	0			
Weight	Stable	Explained	<5% or <10%	>5% or >10%			11	0	0	0			
Food/Fld Intake	75 - 100%	60 - 90%	30 - 60%	< 30%	Refuses		1	1	1	1			
Supplements	Accepts	> 50%	< 50%	> Three	Abnormal		1	0	0	0			
High Risk Meds	None	One	Two	Marginal			3	3	3	3			
Lab Data	WNL	Not Availabl	2 - 3	4			0	0	0	0			
Conditions	None	One	Two	Three			0	0	0	0			
Skin Condition	Intact	Stage I	Stage II	Stage 3-4			2	X	X	X			
Total Score 10 points or above = High Risk										13	4	4	4
MDS Worksheet Last Update from MDS: - - Press Alt-H = Detailed History													
62	Medicaid	291	Bladr Contint	404	Chewing Prob	494	Diuretic						
63	Medicare	293	Constipatr	405	Swallow Prob	495	Chemotherapy						

Fig 6. Mini Nutritional Risk Assessment (F6)

The mini nutritional risk assessment is designed to assign a number to the resident's nutritional risk based on the objective data entered into the assessment. A number of 10 or greater means the resident is at nutritional risk. The Active System will fill out the nutritional risk assessment for you, but you have to fill out the first two line the first time an assessment is done for the resident. In other words you have to rate the residents mental status (0=Alert and oriented 1=slightly confused 2=Confused and 3=Comatose) and the residents feeding ability (0=feeds self 1=min assist 2=assist 3=fed by staff). When you click the fourth button or press F6, the cursor is placed in the first column on the first line. Either input the mental status, or if it has not changed from the last assessment, then press your down arrow and go to the next line to input the feeding ability. Note that the system inserts and pushes all previous columns to the right. You will always be inputting into column 1 (left column)

Buttons #5 and #6: Verify Diet and Cog/Feeding

