

Active Health Care Professionals Group LLC  
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Active Health Care  
Professionals Group LLC

# Introduces the *Active System*

Active Health Care Professionals Group, LLC

Admit Roster QA MDS/RAI Phy Nurse Dietary Wgts Act SSyc HSK/Mtn Sched Tfr/DC Help Exit

North Wing

XYZ Facility

Quick Tol/Nur

Res Album

Run\

Asmnt=

Nour. Labels

Nour. Shts

SkLog

WV Log

Wt Graph

Wkly Wgt

Meals/IO

F11=Vitals

BkSp=Progrms

NMP Min

Colors

[Roster]

F5=Skin

Mo.Wgt

Bulletin Brd

Tray Cards

Photo OFF

Admit/Diet

Transfer

D/C

Restore

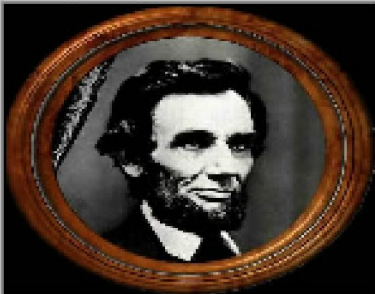
F9=Likes

F2=Wgts

F4=Labs

F7=Comments

TAB=NxUn



102A Lincoln, Abraham

Room	Resident Name	Resno	Diet	NMP	Brk	Lch	Sup
100A	Washington, George	2541	NCS		EE	EE	EE
100B	Hamilton, Alex	712	Regular	LG	1	1	1
101A	Adams, John	808	Regular		EE	EE	EE
101B	Jefferson, Tom	2303	Mech Sft	LG	EE	EE	EE
102A	Lincoln, Abraham	1093	Tubefeeding	L	XX	XX	XX
102B	Grant, U.	2046	Regular		EE	EE	EE
103A	Roosevelt, Frank	993	Regular	L	BB	BB	BB
103B	Roosevelt, Ted	2503	MECH.SOFT NAS		EE	EE	EE
104A	Kennedy, John	213	Pureed DBL PORTION MedPass 2.0	GL	BB	BB	BB
104B	Truman, Harry	2484	NCS Regular		EE	11	11
105A	Bush, George	2463	Tubefeeding	GL	XX	XX	XX
105B	Reagen, Ronald	872	REGULAR		2	2	2
106A	Clinton, Bill	2431	Tubefeeding	L	XX	XX	XX
106B	Eisenhower, Ike	2309	Mech Sft		BB	BB	BB

## Housekeeping and Maintenance

The **Active System** allows the Housekeeping and/or Maintenance Director to setup a scheduling system for every room and piece of equipment in the facility. Once scheduling is inputted, the system will generate detailed tasks lists on a daily basis that will keep all preventive maintenance on schedule, as well as ensuring that all cleaning schedules are followed. The system then provides all the documentation you need to show any regulatory agency. The process is simple, yet powerful in it's ability to schedule activities and document cleaning and maintenance. Additionally, the entire system can be monitored remotely from Administration and/or from corporate headquarters.

All the inventory and ordering capabilities of the **Active System** are also available to Housekeeping and Maintenance. Orders can be stored for review and use at a later date. An inventory can be setup for all cleaning and paper supplies. Spend down sheets are available for an unlimited number of vendors and cost centers. A **Laundry Labeling System** is also available and works directly from the resident roster. All you need is the iron on labels. The system allows you to format to any size label.

HouseKeeping Room Cleaning Schedule/Cleaning Record

Daily and Weekly Tasks				SMTWTFS	Time		
Living Area: Dust All Furniture, Pictures, TV, Window Sills, Radiator Spot Walls Clean Trash Can Dust Under Bed and Furniture							
Bed Room: Dust Furniture, Window Sills, Radiator Clean Trash Can Clean Mirrors Vacum Entire Room							
Bath Room: Clean Toilet Inside and Out Clean Mirror Clean Sink Inside and Out Clean Shower Walls Spot Walls Clean and Shine All Chrome Sweep and Mop Floor							
1 :				Frequency:			
Date	Time	Position		Date	Time	Position	

## **Why is the Active System So Fast and Easy to Use?**

The **Active System** has been carefully planned and designed from a Health Care Professional's perspective. A great deal of time, effort, observation and practical experience has been invested in the development of this system over the past **Ten Years**. You will find that the system anticipates your needs and gives you exactly what you want when you need it. **ALL** data input is very streamlined and facilitated without sacrificing any professional input or evaluation. In other words, the system helps you say exactly what you want and presents the information in a format that is useful to you, your fellow employees, your supervisors, and any regulatory or legal agency.

The **Active System** combines the speed and stability of DOS with the elegance and power of Windows. You can use either operating system but both versions of the system are **EXTREMELY FAST**. There simply is no waiting for screens to change or windows to load. An uncompromising programming design has resulted in a system that meets your needs now and produces reports almost effortlessly. Designated data input people will not be necessary. Separating the actual work from the data input only serves to create more work and increase the chance of errors. Instead,

the **Active System** is so easy to use and intuitive in its design, that almost no training required. With a simple introduction, your CNA's, LPN's, RN's, CDM's, Diet Aides and other staff members will be using the system and gaining benefit from it. Additionally, you will find that the entire system is an invaluable information source that your staff will be referring to constantly. Even physicians migrate to this system for valuable up-to-date information. This is because the system is simple, fast, and powerful in its delivery, assimilation and presentation of information.



Don't end up working for the Computer. Use the **Active System** and the computer works for you.

Activities Initial Assessment												
Rm:	Nm:			Resno:			Sex:	Hgt:	in			
DOB:	-	-	Adm:	-	-	Wgt:	.	B:	L:	S:	Sel:	cm
Phy:				-	-	A.Phy:				-	-	
Diet:												
TIME AWAKE <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> NONE of ABOVE												
Time Involved in Activities:    0=Most    1=Some    2=Little    3=None    ---> <input type="checkbox"/>												
PREFERRED ACTIVITY SETTING												
<input type="checkbox"/> Room <input type="checkbox"/> Day/Activity Room <input type="checkbox"/> Inside NH/Off Unit <input type="checkbox"/> Outside Facility <input type="checkbox"/> NONE of ABOVE												

## The Social Services Department

The **Active System** offers the Social Service Department a great deal of assistance processing all the paperwork for admission forms, transfers, room changes, discharge planning, advance directives and DNR forms. This is in addition to the Social Service Initial Assessment and the Quarterly Assessments which push to the MDS and automatically fill out the MDS and RAPS as do all the other discipline assessments. You will feel much more organized with the ability to determine whether a particular form has been filled out **AND** to be able to instantly call that form up on the screen.

Discharge summaries are the most detailed you have ever seen when you print them from the **Active System**. The D/C Summary is essentially a full report of **ALL the Documentation** for that resident. Not only will this ensure that all aspects of a resident's care are summarized, it offers another **Fail Safe** method of making sure that everything you do for the resident is documented. Train the entire staff to use the **Active System** to record all incidents and incidental activities regarding ALL residents. If a resident doesn't go to the dining room as usual for supper, then the Nurse highlights that resident on the roster and then presses F7 to immediately get to that resident's comment file and either types in that the resident did not go to the dining room, or selects from a list of standard comments, or inputs a ## code to call up a standard comment. Either way, the comment gets into the system for review by all disciplines and eventual inclusion in the medical chart and/or becomes part of the discharge summary. The D.O.N., or charge nurse, or even corporate headquarters can review these and any other comments regarding any of the residents at any time from any location.

## what is Legal Compliance ?

We have a choice in the Long Term Care Industry. We can either protect ourselves and our corporation against litigation, or we can hope that the legislature will eventually pass laws to protect us. The latter is not likely to happen any time soon, and when (and IF) it does, it will not be complete protection. **Therefore, we must develop a way to make sure we can always prove that we have cared for our residents.** The legal profession is persecuting us for foolish mistakes and lack of documentation. The **Active System** provides a means to make sure all the necessary documentation is in place. Additionally, the **Active System** provides your staff with the **capability to do** the necessary documentation. The problem with all other Long Term Care software is that it is too slow, too awkward to use, and/or not nearly comprehensive enough on the clinical side to be of much use to your staff. Imagine, instead, a system that is so fast that the speed of the system is no longer an issue. Imagine the capability to instantly go to exactly where you need to go with little or no training or experience on the system. Imagine being able to monitor and directly influence the input into the system from any computer within your facility or from a remote location. The **Active System** is such a system and it clearly makes the difference between doing your work on the computer and having the computer facilitate your mission directive.

In order to achieve legal compliance, you must capture all the care your staff provides and get it down on paper and in the medical chart. You must also be able to audit the documentation quickly and effectively. The **Active System** will tell you who is due for their MDS, who has weight loss, who has skin breakdown, who is on psychoactive drugs, who had a fall, and any other care issue you may have. You can then review the documentation for these residents and make sound judgements regarding their care. Any decisions you make can be immediately implemented through direct faxing or by updating another portion of the resident's cardex, MDS, RAP or Care Plan. The difference between the **Active System** and all other systems is that this process is greatly facilitated by the design of the system, the speed of processing and the clinical comprehensiveness of the system. Everything is at your finger tips. You have all you need to know to make informed decisions and to implement those decisions. With these capabilities, your staff is going to be able to document all their care, **AND** your management staff is going to be able to continuously monitor **ALL** documentation to ensure **Compliance at ALL TIMES.**

05-02-00 NMP Monitor weekly in NMP to continue.  
05-09-00 NMP 2.1 lb GAIN  
05-09-00 NMP Tolerating TF well. No diarrhea or vomiting.  
05-09-00 NMP Continue w/ weekly wts  
05-16-00 NMP 1.6 lb LOSS  
05-16-00 NMP Continue to monitor weekly in NMP.  
05-16-00 NMP Tolerating TF well. No diarrhea or vomiting.  
05-23-00 NMP 3.2 lb GAIN  
05-23-00 NMP D/C TO MC WGHS.  
05-23-00 NMP Tolerating TF well. No diarrhea/vomiting.  
06-02-00 RD Mr. Lincoln's wgt is adequate within 1BWR.  
06-02-00 RD FBS is slightly elevated. Monitor.  
06-02-00 RD Osmolality is indicative of adequate hydration.  
06-02-00 RD BUN and Creatinine are WNL. Monitor.  
06-02-00 RD Skin is intact.  
06-02-00 RD Tube Feeding adeg. in protein  
06-02-00 RD IP adeg. in fluid.  
06-02-00 RD IF regimen is slightly low in calories. Monitor  
06-02-00 RD Resident's weight and tolerance.  
06-02-00 RD Monitor his weight and tolerance  
06-02-00 RD of tubefeeding.  
06-02-00 RD He is confused and disoriented.  
06-02-00 RD High risk nutritional assessment. Monitor Weight.  
06-02-00 RD Labs, and Skin Condition.  
06-20-00 NMP Investigated resident's abrasion on his R Tibia.  
06-20-00 NMP Unable to determine cause. Will have a inservice  
06-20-00 NMP to discuss proper transfer procedures for Mr. L.

This is the Window for New Comments. You can  
Free text type in comments, or input special  
codes and press enter for standard comments, or  
select from a list of comments. Each line of  
comments is assigned a date and initials of the  
user or the meeting that is being conducted.

Date: 05-29-00  
Time: 05-15-00  
Breakfast: . . .  
Lunch: . . .  
Supper: . . .  
Medica: . . .

MP Brk Lch Sup  
EE EE EE  
1 1 1  
EE EE EE  
EE EE EE  
XX XX XX  
EE EE EE  
EE EE EE  
EE 11 11  
XX XX XX  
2 2 2  
XX XX XX  
BB BB BB  
EE EE EE  
XX XX XX  
EE EE EE  
EE 09 09  
EE 6 6  
EE 8 8  
XX X X  
BB BB BB  
EE EE EE  
EE EE EE  
XX XX XX  
X X X  
EE EE EE  
EE EE EE  
EE EE EE

The F7 comment screen shown above is an integral part of the **Active System**. This is where the assessment narrative goes for all nutritional assessments. It is also where the staff puts their comments regarding the incidentals of the resident's care. All meeting minutes are placed in this section, thus allowing for the review of all comments by the interdisciplinary team. Each resident has a comment section that holds up to 830 lines of dated and initialed comments. The initials can designate who is currently signed onto the system, or the meeting which is currently being conducted. Notice that almost anything you will need to know about the resident is summarized in the margins around the comment window. This means that there's little or no jumping around the system while you are conducting a meeting or evaluating and commenting on the objective information about the resident.

Behind the comment section is a series of standard comments that can be called up using special codes, or you can press the TAB key and call up the listing of standard comments and select from an organized list. These standard comments are easy to edit and can be customized to meet your needs. The main point is that typing is minimized but you still have complete control over the content. Notice the Fax button in the upper right corner. This option allows you to either generate a Fax to the physician, or if your system is attached to a phone line, you can Fax directly from the **Active System** to the physician. This eliminates many steps and allows you to leave your assessment or meeting with the assurance that the entire cycle of communication has been completed.

## The Admission Package

ADMISSION PACKET INPUT

1	ROOM	102A
2	RESIDENT NAME	Lincoln, Abraham
101	MAIDEN NAME	
3	AGE	79
4	SEX	M
5	RACE	C
6	RESIDENT NUMBER (RESNO)	1093
7	RESIDENT ADDRESS: STREET	
8	CITY	
9	STATE	
10	ZIP	
11	COUNTY	
12	RESIDENT PHONE	-
175	RESIDENT TYPE CODE	
176	LEVEL OF CARE #2 CODE	
13	SOCIAL SECURITY NUMBER	- -

The Admission Package for the **Active System** is a long scrolling list of questions that need to be answered upon admission in order to fill out all the forms for admission. The list of questions is easily edited and updated to accommodate each facility and any future questions or forms that may be needed. Once the input of the answers is completed, the user simply presses F10 or clicks print and the entire admission package is printed out in detail and completely filled out. This is a prime example of how the **Active System** operates to streamline your work and save you time. Note that very little training would be needed to teach anyone how to use this portion of the system. You simply tell them to click Admissions on the roster and then click the Admissions Package. Then just fill out the questions on the list. When you are done, press F10 and Enter to print. Not only can you do an admission with very little training, you can fill out the paperwork in one fifth the time.

All of the information from the admission screen is automatically and instantly pushed to the resident's cardex for immediate use by all the disciplines. At least one fourth of all assessments will already be filled out.

		Admitted		Stg	Skin Assessment Record						
Date	W	Location			L	W	D	Wk	Bed/Matt	Treatments	
09-05-00	x	Coccyx		3	2.5	3.1	1.2	1	Clinitrn	Santyl	
09-12-00	x	Coccyx		3	2.0	2.7	0.9	2	Clinitrn	Santyl-Improving	
-	-										
-	-										

The Skin Section of the cardex holds up to 65 skin assessments with the bottomless window feature. This feature automatically inserts up when you input the 65th assessment. You can input your skin assessments using straight typing, duplicating and editing previous assessments, or by using key combinations. You will end up spending only a fraction of the time on paperwork and you will have a complete historical

**Individual Record** for each resident. Weekly skin reports and skin QI reports are then assembled at the touch of a button. The information is then available as a reference by simply pressing F5 on the roster, or clicking the Skin button.

11pm to 7am					7am to 3pm					3pm to 11pm				
Date	B. P.	PuI	Temp.	Rs	B. P.	PuI	Temp.	Rs		B. P.	PuI	Temp.	Rs	
09-07-00	120/80	79	99.9	12	121/90	82	100.1	14		119/86	75	98.4	13	
09-14-00	121/79	78	98.4	11	120/88	84	99.5	12		120/82	80	99.9	12	
-	-													
-	-													

		TF Flush					TF Formula					Input					
P.O.Diet	Meals		320	320	320	Snack		520	520	520	2520	Urinary Output					
Date	B	L	S	11-7	7-3	3-11	1	3	H	11-7	7-3	3-11	Total	11-7	7-3	3-11	Total
05-18-99	A	2	3	320	320	320	T	T	T	485	474	480	2399	x3	X3	X2	X8
05-19-99	4	2	2	320	320	320	T	T	T	482	470	480	2392	x3	X3	X3	X9
05-20-99	5	2	1	320	320	320	T	T	T	485	490	480	2415	500	700	850	2050

The Vital Sign Section and the Meal/I&O section of the cardex are very similar to all the other sections. CNA's adapt easily to the input of this information because it is so straight forward. It looks the same on the screen as it would if you were filling out a form manually. Physicians, ARNP's and Dietitians love to see up-to-date information in these sections.

**Why risk a citation, why not condition your staff to obtain this information in a timely manner.** The DON, ADON, and/or the Charge Nurse can press two keys and have an instant report on the status of any section of the cardex for **ALL the residents in the building.** If it is easy for you to check it, then you can cause your staff feel the expectation to record this information timely. Since the entire system is designed to be accessed remotely, detailed audits of any section of the cardex can be cross checked with the MDS's, RAPs and Care Plans.

A great deal of time and observation has gone into the design of the MDS, RAP and Care Plan Packages. You will find working with these programs to be very rewarding and productive. The MDS input is done in one large scrolling window. You can instantly jump from one section to another. The change occurs so quickly, you can barely see the screen change. You are simply there as soon as you click a section or Press Ctrl-(Section). Testing for completion of the MDS is just as fast. So is the processing of the trigger sheet, and the assembly of the MDS transmission file. RAPs are generated instantly with detailed input from the MDS, Cardex and free text input. You can print the RAPs individually, or only the triggered RAPs can be printed when you print the MDS. The **Active System** then analyzes the MDS and the Cardex to develop a **Resident Profile** of 120 specific items, each with a range to specify the level or degree. This generates a list of care plan problems that can be edited. From this, a detailed care plan is instantly generated that is very, very individualized to the resident and it is presented on the screen for immediate review and editing.

2	Orientation	3	Paralysis	3	Surgical Incs		Fluid Restr
2	Understands	3	Ambulation	3	Activity	4	Uision Impd 5
2	Understood	3	Appetite	3	Mobility	4	Glasses
	Remembers Ins		Feeding	3	Pain	2	Low Albumin 3
x	Dementia		Overwgt	3	Chemo	1	Low Hb/Hct 3
	Hearing	4	Underwgt	3	Radiation		Hi FBS 3
	Hearing Aid	2	x P.O. Diet		Hemo.Dialysis		Cal/ADA Diet
	BLD Incontnce	4	x Supplements		Peri.Dialysis	x	NAS/2gNa Diet
	BWL Incontnce	4	TPN		Uent		Liquid Diet
	Foley Cath		Tube Feeding		IU		Special Diet
	Diabetes		Swallow Diff		O2		Fe Supplement
	Insulin		Chewing Diff.		Hospice	x	MUI
	Anemia		Antipsychotic	x	PT		Zinc Supplmnt
x	HTN		Antianxiety	x	OT		Uit C Suplmt
	Cancer		Antidepressan	x	ST		NG-tube
x	COPD		Hypnotic		Fall Risk	2	x Picky Eater

Vertical Version of the Resident Profile – Filled out Automatically but easy to edit

You will never miss an MDS or a PPS due date on the **Active System** because of its fail safe methods of keeping you on track. When a person is admitted, you are asked if you want to set up a Standard MDS schedule, or a PPS schedule. From that point, a three year calendar is planned for the resident. This calendar can be checked against itself when a quarterly calendar is printed and by comparing it to the schedule developed from the MDS files that have been transmitted. You can also do a Facility Status Report which is equivalent to auditing all the MDS's in the facility. This used to take days if not weeks when done manually. The **Active System** does

it in seconds and gives you a question by question analysis for every-

## Can the Active System Help at the Nursing Station ?

Wouldn't it be nice to have everything "on Computer"? In an ideal world, all information about the resident would be on computer and would be easily accessed by anyone caring for that resident. If we had this setup, we would all know what the resident needed, when he or she needed it, and when they got it last. We would also have a complete history of how much the resident ate over the past several days, their BM record, I/O record, vital signs, medications, ..... etc. etc. We have the technology to computerize all this activity, but we still do it by hand. Why? The average staff member cannot use the computer to do his or her work efficiently. This may be true for all other computer systems except the **Active System**. CNA's use the system all day long to input weights, labs, ADL's, meal consumption, vital signs, BM records and I/O's. They also print out reports for review by the charge nurse. A virtual **Data Stream** is created from the direct care staff to the **Active System** to the medical chart. This becomes an invaluable tool for resident care and quality assurance. The key is the speed, ease of use and the directness of the **Active System**.

The licensed nursing staff can use the **Active System** to do their initial assessments, daily, weekly and monthly charting. The D.O.N. and the A.D.O. N. can use the system to monitor and audit charting compliance on a daily or a shift by shift basis. This system is so fast, they could flip through all the charting for all the residents in just a few minutes. They could also use many of the audit reports to instantly determine the "state of affairs". Additionally, they could adjust standard templates to directly influence the charting of all the nurses. In other words, the **Active System** gives you complete control over all of the resident care processes, and it gives you and your staff the capability to address any concerns effectively and immediately.

Nursing Initial Assessment

Rm:	Nm:	Resno:		Sex:	Hgt:	in
DOB: - -	Adm: - -	Wgt: .	B: L: S: Sel:			cm
Phy:	- -	A.Phy:			- -	
Diet:						
COGNITIVE STATUS	Is the Resident Comatose ?					[ ] Yes [ ] No
Does the resident have a Short Term Memory Problem ?					[ ] Yes [ ] No	
Does the resident have a Long Term Memory Problem ?					[ ] Yes [ ] No	
Mark items recalled by resident:					[ ] Current Season [ ] Location of Room	
					[ ] Staff Name/Faces [ ] Location/Nursing Home	

dietary department that is hectic and stressful and one that is rewarding and beneficial to your residents.

The **Active System** also features the **ONLY** menu making module that actually knows how to spread menu items across a multitude of diets. This is like having a Dietitian looking over your shoulder to tell you which foods go on which diets and what you can substitute for all the special diets. Since all of the system menus were entered using this menu maker, they can be easily and safely adjusted to suite your needs. In fact, the system is ideal for **Catering To Your Residents** and they love to see how you can immediately implement all of their requests. You can do this, because menu adjustments are very easy to make and the **Active System** takes care of all the details.

Menu Maker Screen

ML	Category	MI#	BREAKFAST		MI#	BREAKFAST		MI#	2gNa
			1	Regular		3	Pureed		
			Fruits and Juices			Fruits and Juices			Fru
BK*	Juice	7	Orange Juice		7	Orange Juice		7	Oran
BK	Juice	8	Apple Juice		8	Apple Juice		8	Apple
			Eggs and Entrees			Eggs and Entrees			Egg
BK*	Eggs	7	Scrambled Eggs		7	Scrambled Eggs		7	Scram
BK	Eggs	14	Boiled Egg(s)		14	Boiled Egg(s)		14	Boile
			Breakfast Meats			Breakfast Meats			B
BK*	BMeats	9	Sausage Link		8	Sausage Patty			
			Cereals			Cereals			
BK*	Cereal	7	Grits		7	Grits		7	Grits
BK	Cereal	40	Cream of Rice		40	Cream of Rice		40	Cream
BK	Cereal	34	Raisin Bran					34	Raisi
			Breads			Breads			
BK*	Breads	29	Wheat Toast		8	Pureed Bread		29	Wheat
BK	Breads								
			Milk			Milk			
BK*	Beverage	8	Low Fat Milk		8	Low Fat Milk		8	Low F
BK	Beverage	31	Skim Milk		31	Skim Milk		31	Skim
			Beverages/Condiments			Beverages/Condiments			Be
BK*	Beverage	36	Coffee		36	Coffee		36	
BK*	Condimnt	24	Sugar		24	Sugar		24	Sugar
BK*	Condimnt	7	Salt & Pepper		7	Salt & Pepper		8	Peppe
BK*	Condimnt	12	Creamer		12	** ALL FOODS PUREED **		12	Cream
ML	Category	MI#	LUNCH		MI#	LUNCH		MI#	2gNa
			Regular			Pureed			L
			Entrees			Entrees			
LH*	Entree	7	Roast Beef		7	Roast Beef		7	Roast
LH	Entree	127	Sliced Turkey		127	Sliced Turkey		127	Slice
			Starches			Starches			
LH*	Starch	7	Mashed Potatoes		7	Mashed Potatoes		7	Mashe
LH	Starch								
			Vegetables & Salads			Vegetables & Salads			Ve
LH*	Vegetabl	19	Chopped Broccoli		19	Chopped Broccoli		19	Chopp
LH	Vegetabl	8	Summer Squash		8	Summer Squash		8	Summe
			Breads			Breads			

You can scroll easily from meal to meal and edit the menu as needed. Just type in a few letters of the menu item you want and then press F9 to search

## Main Features of the Active System

**Active Health Care Professionals Group LLC has been developing a comprehensive clinical package for the Long Term Care Industry for the past 10 years. This package will dramatically improve your services while controlling costs and making sure your documentation is timely and accurate. The main goals of the system are to achieve ....**

- **The Highest Quality of Care**
- **Constant Regulatory Compliance**
- **Continuous Legal Compliance**

**This has been accomplished through the complete integration of all resident care activities in one VERY EASY TO USE and FAST software package. The following are just some of the main options .....**

Complete Admission Pkg  
Complete MDS Package  
Easy Transmission  
Fail Safe Scheduling  
Six Versions of RAPS  
Three Care Plan Methods  
Reference Roster  
Resident Cardex  
Real Time Charting  
Real Time Shift Reports  
Employee Scheduling  
Assignment Sheets  
Inservices & Templates  
Policies and Procedures  
P&P Templates  
Resident Listings  
Resident Rosters  
Variance Logs  
QA Reports & Templates  
Survey Roster  
Recommendation Tracking  
ADL Sheets  
ADL Sheet Analysis  
Attendance Tracking  
I/O Input/Calculation  
I/O Tracking/Analysis  
Meal Consumption  
Meal Consumption Analysis  
BM Input/Tracking

Housekeeping Package  
Nursing Initial Assmnt  
Weekly Summaries  
Std Note Input Templates  
Nursing Push to the MDS  
Monthly Summaries  
Braden Scale  
Norton Scale  
AIMS Test  
Restorative Programming  
Restorative Documentation  
Psychotropic Drug Report  
Restraint Report  
Catheter Report  
Infection Control Report  
Skin Report  
Skin QI Report  
Weight Variance Report  
Weekly Weights  
Monthly Weights  
Resident at Risk Meeting  
Resident Council Meeting  
ITM Meetings  
Social Svc Initial Assmnt  
Social Svc Quarterly  
Social Service Std Forms  
Transfer Form  
SS Push to MDS  
Activities Assessments

Activities Calendar  
Activities Daily Poster  
Activities Place Mats  
Activities Push to MDS  
Reminiscing Slide Shows  
Attendance Records  
Standard Rehab Forms  
Nourishment Rosters/Labels  
Nourishment Charging  
Tray Cards with/w/o Photos  
Meal Cards with/w/o Photos  
Select Menus w/w/o Photos  
Pseudo Select Menus  
Resident Photo on Roster,  
Tray Cards, Menus, Assmnts  
Resident Photo Album  
Dining Rm Seating Chart  
Dining Location Lists  
Weight Reports & Graphs  
Nutrition Summary Reports  
Usable Production Sheets  
Recipes  
Inventory  
Menu Maker and Spreading  
Spread Sheets/Nutr Analysis  
Display Menus  
Automated Nutr. Assessmnts  
Profile Care Planning  
Direct Faxing

## Personnel Management

**Employee Scheduling** is available on the **Active System**. It is simple and direct and effective in dramatically reducing the time you spend making, reviewing and adjusting the Employee Schedule. The system will not write the schedule for you, but it allows you to quickly determine if you are adequately covered on any particular day, and quickly calculate staffing ratios and total hours by employee category. This scheduling can be adjusted to accommodate any department and is therefore useful in controlling overall labor costs. Additionally, the system offers concrete documentation regarding each individual employee's attendance and work history. Each employee has a comment file for counseling and notations regarding unusual occurrences. The attendance record and comment file can be printed for review during employee evaluations and attached to the evaluation form.

Employee Schedule for North Wing as of 08-01-00 Time: 07:01 am																											
EMPLOYEE	T I T L E	PLACE	S H I F T	08 13 Su	08 14 Mo	08 15 Tu	08 16 We	08 17 Th	08 18 Fr	08 19 Sa	08 20 Su	08 21 Mo	08 22 Tu	08 23 We	08 24 Th	08 25 Fr	08 26 Sa	08 27 Su									
Sally Jones	CNA	N Wng	1	S1	S1	S1	S1	XX	XX	S2	S2	S1	S1	S1	XX	XX	S1	S1									
John Smith	LPN	N Wng	1	S1	S1	S1	S1	XX	S1	S1	S1	XX	XX	S1	S1	S1	S1	XX									

Other features of the **Active System** which will facilitate your management activities include a complete range of fancy **Appreciation Certificates** which can be printed with any employee name on them. This allows you to show your appreciation through out the year and recognize all efforts that are commendable. The system also has a complete **Inservice Package** and a **Policy and Procedure Package**. Once again, the **Active System** minimizes the effort while maximizing the result. Your inservice records for every employee will be organized and will provide you with the ability to audit each employee for attendance at the required inservices. You will be able to develop and organize lesson plans, pre and post tests and sign in sheets. The same is true for your policies and procedures. The system comes with many inservices and policy and procedures included, but you can edit these and/or add more of your own. The result is a completely customized set of inservices

## How Much Does the Active System Cost ?

Active Health Care Professionals Group, LLC (**AHPG**) is a consulting firm that offers traditional consulting services in the following areas.

- Consulting Dietitian Services
- Food Service Management Services
- Nursing Consulting Services
- Interim Administrator Services

The **Active System** is offered at no charge when your company uses **AHPG** consulting services for a year or more. The system comes with a lifetime user license with the option to subscribe to technical support services. If you are using our consulting services, then you will have the customized programming support that you have always dreamed of. This is how the entire **Active System** has been developed and is the main reason it is so useful to you. We are in the field with you, building and adding to the system to make it do exactly what you want.

You can also subscribe to the system independently from consulting services with a nominal monthly fee

Multi-facility prices and technical support contracts are available if your company wishes to purchase the system outright. For large corporations, this may be the preferred method because the system is self-perpetuating. Once a large number of employees learn the system, they can easily train new employees and maintain the system from corporate headquarters.



### Social Service Initial Assessment

Rm:	Nm:			Resno:				Sex:	Hgt:	in		
DOB:	-	-	Adm:	-	-	Wgt:	.	B:	L:	S:	Sel:	cm
Phy:				-	-	A.Phy:				-	-	
Diet:												
MOOD AND BEHAVIOR												
Rate the Following: 0=Not exhibited    1=Exhibited up to 5 days/wk    2=Exhibited almost daily												
The resident makes negative statements ..... --> [ ]												
The resident asks repetitive questions. "Where do I go ?" ..... --> [ ]												
The resident makes repetitive verbalizations. - Calling for help .... --> [ ]												
The resident has persistent anger with self or others. .... --> [ ]												
Self deprecation. "I am nothing" ..... --> [ ]												

### Social Service Admission Assessment Addendum:

Resident's Discharge Intent:

Discharge to:

<input type="checkbox"/> Home	<input type="checkbox"/> ACLF	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Other:
-------------------------------	-------------------------------	---	---------------------------------

With Assistance From:

<input type="checkbox"/> Live in Family	<input type="checkbox"/> Family Checks	<input type="checkbox"/> Home Health	<input type="checkbox"/> Other:
---	--	--------------------------------------	---------------------------------

Team's Assessment of Discharge Potential:

<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Guarded	<input type="checkbox"/> Poor
-------------------------------	-------------------------------	----------------------------------	-------------------------------

Justification:

### DISCHARGE PLAN

Rm:	Nm:			Resno:				Sex:	Hgt:	in		
DOB:	-	-	Adm:	-	-	Wgt:	.	B:	L:	S:	Sel:	cm
Phy:				-	-	A.Phy:				-	-	
Diagnosis												
Prognosis												
Medications												

## How does the Active System Facilitate Input ?

As healthcare professionals, we are all very busy. We do not have the time to learn how to use computer programs that do not help us to do our jobs faster and better. It is not adequate to use a computer system that makes our jobs harder or requires a learning curve to become an “efficient” user. We need a computer program that helps us to do our jobs faster immediately. The **Active System** does this in many ways .....

- **Direct Access to any part of the system from the Resident Roster**

On the front of this booklet, you will see a sample Resident Roster. The **ENTIRE Active System** works directly from this roster. You simply hilite the resident you wish to work with and then you can immediately jump to any aspect of the system. You can go to any particular section of the resident’s MDS, any assessment for any discipline, any section of the resident’s cardex (for weights, labs, medications, diagnosis, demographics, skin assessment, restorative, meal consumption, I/O’s etc), RAPS, care plan, face sheet, Activities Attendance, room change history, or any of hundreds of other places in the system.

- **Standard Input Lines from organized popup lists**

These standard input lines are organized to allow your staff to quickly choose the documentation that applies to the resident. The lists are not massive because they are organized and they apply to specific situations. Additionally, the lists can be easily modified by supervisory staff to directly influence the documentation for individual residents.

- **Anticipated Input with Immediate Review and Edit capabilities**

Where appropriate, the computer analyzes the data for a resident and anticipates the input for the user. The user can then determine if the input applies and change it or accept it.

- **The design and flow of the system makes all the difference**

The **Active System** is designed well enough to allow meeting minutes and data input to occur at the same time and not have the progress of the meeting slowed or interrupted. Resident at Risk Meeting minutes are inputted directly into the system as the meeting is occurring. What’s more, the weights for the residents are inputted during the meeting also. Even the skin assessments are inputted during the meeting. Not only does the meeting get finished faster, all recommendations are already processed and documented along with detailed minutes of the meeting.

- **Automatic filling out of Forms** - The **Active System** is already collecting all the necessary information to fill out most forms, so any form can be filled out **Automatically**.

## The Active System in the Activities Department

The quality of life for your residents is directly related to the efforts of those in the Activities Department. The Activities Director will benefit from the time savings offered by the **Active System** but he or she will also appreciate the help that is offered in planning, presenting and communicating the Activities calendar. The monthly calendar is easy to plan and it can be presented in a daily, weekly and monthly format. The calendar can also be printed on a fancy tray matt that is distributed by Dietary at meal time. The following are some of the calendar worksheets available to Activities. Fancy printouts are assembled from the worksheets and sent directly to the printer. This allows them to be printed from DOS or Windows based systems.

XYZ Facility Activities Calendar as of 08-24-00 (Screen Worksheet)																				
Activity		Week 1							Week 2							Week 3				
		Cat	Su	Mo	Tu	We	T $\frac{1}{2}$	Fr	Sa	Su	Mo	Tu	We	T $\frac{1}{2}$	Fr	Sa	Su	Mo	Tu	We
Rise & Shine	T0	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$	8 $\frac{1}{2}$
Coffee Social	0	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$
Church Service	0	10																		

Daily Activities Calendar for August Sunday Week 1 (Screen Worksheet)									
M	8:30 am	Rise & Shine							
O	11:30 am	Lunch Club							
R	9:30 am	COFFEE & NEWS							
N	10:00 am	LANE AVE. CHURCH							
A	4:30 pm	Come & Get It							
F	1:00 pm	EASY DOES IT							
T	2:00 pm	GAMES PEOPLE PLAY							
E	3:00 pm	TAPESTRY CLUB							

XYZ Facility Activities for TODAY Friday August 11, 2000		
Name: Jefferson, Tom		
Diet: Mech Soft		
Morning	Afternoon	Evening
8:30 am Rise & Shine 9:30 am Coffee Social	1:00 pm Easy Does It 2:00 pm Games People Play	6:00 pm Movie Time

Fancy Laser Printouts are also available for the daily, weekly and bi-weekly activities calendars for posting throughout the facility.

## MDS, RAPS and Care Plans

The **Active System** was developed before PPS, and throughout the PPS implementation. The MDS, RAP, and Care Plan packages are extremely fast and versatile. You can have the MDS filled out from the discipline assessments and/or from individual input at various work stations throughout the facility. You will find that your staff spends very little time on the computer because they can go instantly to the section of the MDS they need and fill it out. Their input is greatly facilitated by the speed of the system and the necessary information that is readily available on the system. If Nursing, Dietary, Social Services and Activities are doing their assessments on the system, then their sections are already filled out and their input automatically matches their assessments. The MDS coordinator simply needs to run a facility status check to see which MDS's are due, which are fully complete, and if not, which questions are not answered. Raps are generated automatically from the MDS input and from the information in the resident cardex. Your RAPs will be very individualized and detailed with information other than just from the MDS.

SECTION B. COGNITIVE PATTERNS			
1. COMATOSE (Persistent vegetative state/no discernible consciousness) 0.No 1.Yes (if yes, skip to Section G) -->			
	0	0	0
2. MEMORY (Recall of what was learned or known) a.Short-term memory OK-seems/appears to recall after 5 min 0.Memory OK 1.Memory problem [2] -->			
	0	0	1
b.Long-term memory OK-seems/appears to recall 0.Memory OK 1.Memory problem [2] -->			
	0	0	0
3. MEMORY/RECALL ABILITY (Check all resident was normally able to recall last 7 days e.NONE OF ABOVE are recalled e. a.Current season a.X X b.Location of own room b.X X c.Staff names/faces c.X X X d.That he/she is in a nursing home d.X X X			

MDS input program in 6-column format on screen. Prints in HCFA Format from the current col-



breakfast		SMTWTFS	10 am nourishment	SMTWTFS									
2 pm Nourishment		SMTWTFS											
3 pm Nourishment		SMTWTFS											
HS Nourishment		SMTWTFS											
Supper		SMTWTFS	Medications										
IBWR: 128 to 156 lbs Frame: % UBW: AIBW:nt-of IBW:105.5 %													
Date	Weight	% chg	Kg	Sc	*	#	<	>	+	30 days	90 days	180 days	CP
05-08-00	148.3		67.40										
05-15-00	146.7#	-1.07	66.68		1.6	Lb	LOSS			.2049	-14.16	-14.21	
05-22-00	149.9#	2.18	68.13		3.2	Lb	GAIN			2.390	-12.28	-12.33	
06-10-00	150.1<	0.133	68.22		0.2	Lb	GAIN			1.213	6.667	-12.73	
07-05-00	151.9<	1.19	69.04		1.8	Lb	GAIN			1.334	-.1315	-11.68	

The above section of the resident cardex is the Dietary Portion which is very simple and straight forward. Whatever you put in the Breakfast box goes on the breakfast card. You can click a button, or press Alt-Z to get a list of standard requests to select from. Typing is minimized with selections lists and easy duplication from one box to another.

The Weight Section of the cardex follows the Dietary Section. You can scroll to it or click a button, or press F2 to jump instantly to it. The system holds 52 weights for each resident with a "bottomless" window function. In other words, when you put in the 52nd weight, the system automatically inserts up three spaces. Notice the 30, 90 and 180 day columns. The system automatically, and instantly calculates percentage weight changes for these time frames and immediately marks any significant changes in accordance with HCFA regulations.

The medication section is a working list of pertinent medications that is derived from a master list of detailed medication information.

Pertinent Lab Values												
Date	Hb	Hct	Alb	Glu	Bun	Cre	K+	Chol	Na+	Cl-	mOsmK	
05-18-00	10.1	31.1L	2.9L	136.H	35.H	2.2H	4.7		138	101	305.H	
06-15-00	11.5	33.2L	3.0L	123.H	35.H	1.9H	5.0		135	100	299.	
07-20-00	12.2	36.5L	3.2L	121.H	29.H	1.5	5.1		140	99	307.H	

The lab section of the cardex also has the bottomless window feature. The system holds up to 30 sets of labs. High and Low markers are applied instantly and automatically once a lab is entered. The last column is for other labs. Osmolality is automatically calculated if all the pertinent labs needed for the calculation are present.

## The Dietary Section

The **Active System** features the most comprehensive Dietary Package available. It has been fully developed in the field and is so easy to use, you will be able to easily train your Diet Aides to run the entire dietary system. What's even more exciting is that the Dietary part of the system is fully and completely integrated with the rest of the system. This means that the channels of communication from the Nursing Staff to Dietary are wide open. Depending on the security levels you set up for the staff, you can allow the Nursing Staff to enter resident preferences directly into the system, or add nourishments or change diets according to physician's orders. Or .... you can have the staff use the **Internal Bulletin Board** system that is built into the **Active System**. This is used to send instant messages to the Diet Office or directly to the Tray Line if they have a computer screen there. Typing is again minimized on this portion of the system which allows a busy nurse to quickly select a common request for a particular hilited resident. They select the request, and the **Active System** fills in the rest of the necessary

All Users Must Sign On. Once Input is Made, It Cannot Be Erased.			
FACILITY BBS: Please Sign On:WJS		Speed:2	Esc=Quit
TAB=Facility Comment		BackSpace=Unit Comment	F2=Dietary Acknlde
F3=Diet Change			
08-11-00 16:20	SW:Send another tray for Mr. Lincoln		
08-11-00 16:20	SW:Send a bowl of soup to Ms. Jones		
08-11-00 16:20	SW:Change Mr. Smith to a Mech Soft Diet		
08-11-00 16:21	ACL:Send a pitcher of Orange Juice		
08-11-00 16:22	WJS:New Admit Ms. Lincoln-Send Regular Diet		

The system includes any tool that is necessary to efficiently operate a dietary department. These include interfacing with vendor ordering software, facilitated ordering, spend down sheets, inventories, recipes with HACCP guidelines and a production history section, production sheets your cooks will actually use to minimize leftovers and outages, nourishment labels, nourishment sheets, seating charts, dining location lists, a wide variety of tray card, meal card and/or select menu formats, Twenty installed cycle menus (non-select and select 4-6 weeks each), spread sheets, display menus and holiday backgrounds and borders. This package will allow you to dramatically improve your Dietary Services while reducing labor and food costs. The input is so easy, that you will hardly realize you are using the system. The system practically runs itself while you and your staff save time and money. This system makes all the difference between a

Month <input type="text"/> Year <input type="text"/>		Sft 1 = 11 pm - 7 am Sft 2 = 7 am - 3 pm Sft 3 = 3 pm - 11 pm		ADL OBSERVATION RECORD (Day of the Month)												
Sft	Description	1	2	3	4	5	6	7	8	9	10	11	12			
1 2 3	Personal Hygiene-Bathing: 0-Indep 1-Setup/Supervision 2-1 Per Ast 3-2+ Per Ast 8-N/A															
1 2 3	Grooming:Oral,Nail,Hair,Shaving.. 0-Indep. 1-Setup/Supervision 2-1 Per Ast 3-2+ Per Ast 8-N/A															
1 2 3	Dressing: 0-Independent 1-Setup 2-1 Person Assist 3-2+ Per Asst 8-N/A or Activity did not occur															
1 2 3	Eating: 0-Independent 1-Superus 2-Assistance 3-Totally Depend 8-N/A or activity did not occur															
1 2 3	Bowel Elimination: (S-M-L-D-C) 0-None 1-Contint 2-Cont/Assist 3-Toilet q 2hr 4-Inc-Not Toiletd															

The ADL sheet input program has been used by countless numbers of CNA's and it is self perpetuating. In other words, it is so easy to use that any and all CNA's can be expected to use it, and they will indoctrinate any new CNA's by showing them how to input their ADL's into the computer system. Once the ADL's are being inputted into the system, the manage-ment staff ca begin monitoring the input. Audits can be performed instantly to determine who has not put in their ADL's and/or how many holes are present. Most of all, you have accurate, up-to-date, and detailed information on all residents and their meal consumption, BM's, mobility, etc. Your MDS's will be extremely accurate and you will have ALL the docume-ntation you need to backup any answer on the MDS. This combined with the capability to instantly determine ADL recording compliance will **Elevate Your Facility to a New Standard in Regulatory and Legal Compliance**. What's more, your managerial and line staff will feel they are working less hard, and under less stressful conditions to achieve this new higher standard. CNA's prefer these computerized ADL sheets because their input is facilitated and faster than doing it manually. Nurse managers prefer it because they can immediately determine who has holes in their ADL sheets, and they have instant access to detailed information on all their residents.

Weights, Labs, I/O's, and Skin Assessments are inputted directly into the resident's cardex. All of this input is greatly facilitated with the capability to set dates, automate calculations, anticipate input and use special key combinations. Several sections of the caredex are shown on the following page.

Since the menu determines the core of any Food Service Operation, **AHPG** has spent a great deal of time, effort and planning to make sure your operation gets off to the right start and that all of your efforts are carried through to your residents. From the basis of a customized menu, the **Active System** provides you with customized spread sheets, the ability to pick and choose which diets you want on your spread sheets, fancy ways to display weekly and daily menus, seating charts, fancy tray mats, table tents, dining location work sheets, and a multitude of ways to print your tray cards. You can print tray cards in a wide variety of common formats, or you can develop your own customized format. You can put the menu on the cards or not put the menu on the cards. You can set up the system to facilitate printing on different color paper for different diets, thickened liquids, fortified foods, or by any category you want to emphasize, and/or by the different dining locations. You can also print select menus or any combination thereof. In other words, you can offer select menus to those residents who will benefit from them and tray cards to the others. The key here is that the **Active System** lets you mark which residents are which and then the system takes it from there. You get tray cards for those marked

All of the Likes and Dislikes for the resident, as well as the current diet order and nourishments are carried over to the Nutritional Assessment. There-



When you press enter on a hilited resident on the roster, you get the resident cardex as shown above. You can click the command buttons, or press the function keys to jump to various sections of the 830 line cardex which contains all the data for the resident in a straight forward form like format. Once the data for the resident is inputed, or updated, you can click *Assmnt* and get the Nutritional Assessment shown below.

Nutritional Assessment																																																																																																																																																																																					
Nursing Units:		1	to	1	Residents:		5	to	5	Print Now		Print to Screen		Setup Printer	Exit																																																																																																																																																																						
<b>XYZ Facility Nutritional Assessment</b>																																																																																																																																																																																					
Resident: 102A Lincoln, Abraham					80 M		Resno: 1093		Hgt: 66 "		IBWR: 128-156																																																																																																																																																																										
Physician: Doodittle					354-9545		Date of Adm: 09-19-96				Adm Wgt: 164.																																																																																																																																																																										
Dx: DIAB. MELL.;NON INS. DEPD OBS CVA OLD HYPERTENSION-UNSPECIFIED																																																																																																																																																																																					
Diet: TubeFeeding Glucerna 65 cc/hr 160 cc q 4hr																																																																																																																																																																																					
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<table border="1"> <tr> <td>Kcal: 1657 kcal</td> <td>1.3</td> <td>Activity Factor</td> <td>1500+-</td> <td>Receiving</td> <td>06</td> <td>04</td> <td>03</td> <td>03</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pro: 51.6 g</td> <td>1.0</td> <td>Stress Factor</td> <td>65.2</td> <td></td> <td>02</td> <td>29</td> <td>29</td> <td>04</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fluid: 2047 cc</td> <td>0.8</td> <td>g/kg Pro Factor</td> <td>2323</td> <td>BMI: 24.2</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>															Kcal: 1657 kcal	1.3	Activity Factor	1500+-	Receiving	06	04	03	03								Pro: 51.6 g	1.0	Stress Factor	65.2		02	29	29	04								Fluid: 2047 cc	0.8	g/kg Pro Factor	2323	BMI: 24.2	00	00	00	00																																																																																																																														
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