

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 Charting
with Guidelines**

**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**

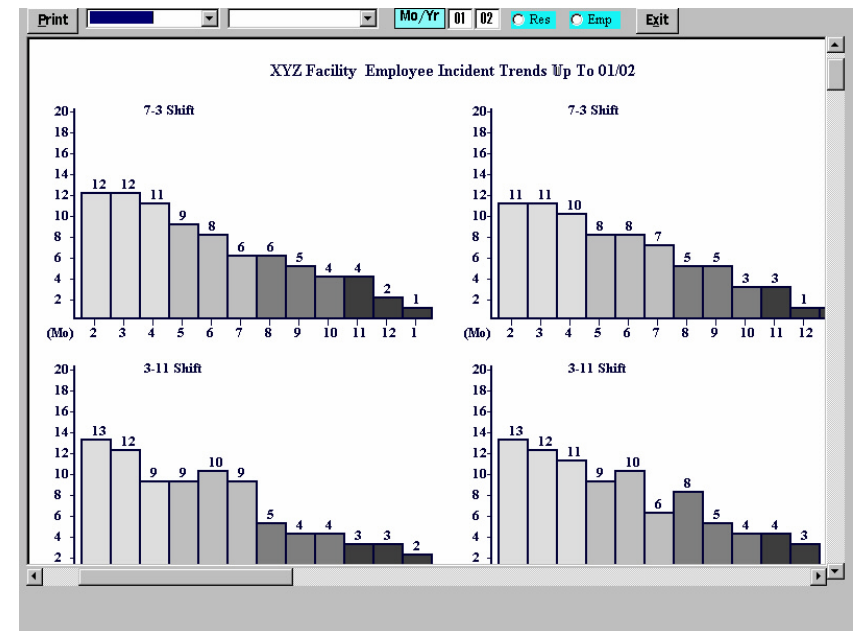


Figure 10. Incident Report Trending

[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

Text4 Text5 Text6 Text7 Text8 Text9 Text10 Text11

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	20
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																				
7-11 CNA Initials																				

Figure 8. ADL Sheets

Incident Reports

Print HP LaserJet 1100 02/20/21 New Incident Trending Delete Edit Category Exit Help

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

F2-Wgts MDS TrayCard B/G MealCn *F8-Rstv *Orders *RTTrust Certif. TAB-Nxt

5-MoWts F12-Prp NOCATs Restore I/ORee *F8-Sum *F9-Spnd Asmt= Galendar

4-WkWts S-RAPS DiningLoc TTransfr Q-I-Meal *F5-Skin IBulBrd *F1-PaySe SectionK Photo Off

NMPmnu F7-Comnt FluidRes Q-Roster Qk-Meals *Z-SkinL TempRec *F2-UB32 Addendum Setup

WtGraph F9-Likes Hydrate *ALL ~ShiftRp *TDRN Mock *F9-MKad 8-DRec Signatire

WYlog PicCards RRep Album *ADLS *Events Survey Manual TPN Margins

SigWtCh *F5-Label @Inv 6-Profits ClinReps ACTGal *Census P/P TUBE *F7-Bkup

MDSwk NurShts #WWMenu F4-Labs ExecReps Attend *Incident I-Forms *IFPlan PutPic

RAPS QuickTol F9-Admit F10-Meal WklySum *F4-QI *Sched BkSp-Prg IPAddr

CarePlan 9-Menu Transfr F11-Vital Nurinstr *F12-Fax *Avents Insv Colors Upload

Adm:Ros QA/MDS MD: Nsg JDiect Wgt JAct/SS HSK Emp Tjr Help/ Exit PopUp Jmp

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	Tubefeeding
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	Tubefeeding
105B	Reagan, Ronald	872	REGULAR
106A	Clinton, Bill	2431	Tubefeeding
106B	Eisenhower, Ike	2309	Mech Sft
107A	Carter, Jimmy	2360	Mech Sft
107B	Nixon, Richard	2468	Tubefeeding
108A	Bush, George	2334	Regular
108B	Johnson, Lyndon	2687	Regular
109A	Adams, Quincy	543	REGULAR
109B	Resident # 20	2077	Regular
110A	Resident # 21	663	Tubefeeding

Start [Icons] Nursing Unit #1 North ... H/laak Capture 1:45 PM

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.

MDS Questions in Condensed Format		Allowed
AA1a. Resident First Name		
AA1b. Resident Middle Initial		
AA1c. Resident Last Name		
AA1d. Resident Name Suffix (Jr/Sr)		
AA2. Gender 1. Male 2. Female		
AA3. Birth Date		
AA4. Race/Ethnicity		
AA5a. SSM		
AA5b. Medicare Number		
AA6a. Facility Provider State Number		
AA6b. Facility Provider Federal Number		
AA7. Medicaid Number + if pending N if None		
AA8a. Prim Reason 1. Adm 2. Ann 3. SigCh 4. SigCor 5. Qlty 10. SigCor 0. None	0123	
AA8b. PPS Code 1. Sd 2. 30d 3. 60d 4. 90d 5. ReAdm 6. 0thSt 7. 14d 8. 0th	1234	
AB1. Date of Entry		
AB2. Admt Frm 1. Hm-NoSv 2. Hm-Sv 3. ACLF 4. NH 5. HS 6. PsyHs 7. RHs 8. 0th	1234	
AB3. Lived Alone 0. No 1. Yes 2. In other Facility	012	
AB4. Zip Code of Primary Residence	0123	
AB5a. RESIDENTIAL HISTORY: Prior Stay at this NH	X	
AB5b. Other Residential Facility	X	
AB5c. NH/PSychiatric Setting	X	
AB5d. MR/DD Setting	X	
AB5f. NONE OF ABOVE	X	
AB6. Life Time Occupation		
AB7. Educatn: 1. None 2. 8th 3. 9-11 4. HS 5. Tech 6. SmeCol 7. BA/BS 8. MS/PH	1234	
AB8a. Primary Language: 0. English 1. Spanish 2. French 3. Other	0123	
AB8b. If Other Primary Language, Specify		
AB9. History of MR, Mental Illness, Dev. Disability 0. No 1. Yes	01	
AB10a. No MR/DD	X	
AB10b. Down's Syndrome	X	
AB10c. Autism	X	
AB10d. Epilepsy	X	
AB10e. Other Organic Condition related to MR/DD	X	
AB10f. MR/DD with no organic condition	X	
AB11. Date Background Information Completed		
AC1a. ACT: Stays up late at Night (after 9pm)	X	
AC1b. Naps regularly (at least 1 hr)	X	
AC1c. Goes out 14 days/week	X	

Figure 2. MDS Worksheet

MINIMUM DATA SET (MDS) — VER. 2.0
FOR NURSING HOME RESIDENT ASSESSMENT AND
BASIC ASSESSMENT TRACKING FOR

SECTION AA. IDENTIFICATION INFORMATION

1. RESIDENT NAME	a. (First) b. (Middle Initial) c. (Last) d. (Jr/Sr)
2. GENDER	1. Male 2. Female
3. BIRTHDATE	Month Day Year
4. RACE/ETHNICITY	1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin
5. SOCIAL SECURITY AND MEDICARE NUMBERS (In 1" box if non med. no.)	a. Social Security Number b. Medicare number (or comparable railroad insurance number)
6. FACILITY PROVIDER NO.	a. State No.

9. Signatures of Person Tracking Form

I certify that the accompanying information for this resident dates specified. To the best of my knowledge, this information is accurate and complete. I certify that I am authorized to sign this information.

Signature and Title

a. _____
b. _____
c. _____
d. _____

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.

Quality Indicator Report for Mo:01 Week:1 Year:00

MO/WK/YR: 01/1/00 Print ReAssemble Summary Res. Table Exit

HP LaserJet 1100

XYZ Facility Quality Indicator Report for Mo:01 Week:1 Year:00

Domain/Quality Indicator	Numer	Denom	Fac %	Group %	%ile Rank	Comments/Recommendations
Accidents/New Fractures	0	0	0			
Accidents/Falls	0	104	0			
Behav Patrn/Affec Others	1	104	.961			
Behav Patrn/High Risk	1	104	.961			
Behav Patrn/Low Risk	0	104	0			
Behav Patrn/Depression	0	104	0			
BehavPatrn/Dep No AntiDep	0	104	0			
Clin Mgt/9 or more Meds	0	104	0			
Cog Patrn/New Cog Imprd	0	2	0			
Elim-Incont/High Risk	0	0	0			
Elim-Incont/Low Risk	0	0	0			
Elim-Incont/No ToiletPln	0	0	0			
Elim-Incont/Indwl Cath	0	104	0			
Elim-Incont/Impaction	0	104	0			
Infection Control/UTI	0	104	0			
Nutrition/Weight Loss	0	104	0			
Nutrition/Tubefeeding	0	104	0			
Nutrition/Dehydration	0	104	0			
Phys Func/Bedfast	0	104	0			
Phys Func/Decline in ADL	0	0	0			

Figure 6. Quality Indicator Report

XYZ Facility Resident Quality Indicator Summary for Mo:01 Wk:1

Resident Name	Date	AA	AA	Accidents	Behavioral	Clin	Cogn	Elimination/Continence	Infection	Nutrition	Phys Func
Washington, Ge	11-29-01	1	1	1	1	1	1	1	1	1	1
Hamilton, Alex	11-21-01	1	1	8	1	1	1	1	1	1	1
Adams, John	11-21-01	1	1	8	1	1	1	1	1	1	1
Jefferson, Tom	11-29-01	1	1	1	1	1	1	1	1	1	1
Lincoln, Abrah	11-21-01	1	1	8	1	1	1	1	1	1	1
Grant, U.	11-21-01	1	1	8	1	1	1	1	1	1	1
Roosevelt, Fra	11-21-01	1	1	8	1	1	1	1	1	1	1
Roosevelt, Ted	10-05-01	1	1	1	1	1	1	1	1	1	1
Kennedy, John	11-29-01	1	1	1	1	1	1	1	1	1	1
Truman, Harry	11-08-01	1	1	2	1	1	1	1	1	1	1
Bush, George	11-21-01	1	1	8	1	1	1	1	1	1	1
Reagan, Ronald	11-08-01	1	1	2	1	1	1	1	1	1	1
Clinton, Bill	11-21-01	1	1	8	1	1	1	1	1	1	1
Eisenhower, Ik	11-29-01	1	1	1	1	1	1	1	1	1	1
Carter, Jimmy	11-08-01	1	1	2	1	1	1	1	1	1	1
Nixon, Richard	11-21-01	1	1	8	1	1	1	1	1	1	1
Bush, George	11-21-01	1	1	8	1	1	1	1	1	1	1
Johnson, Lyndo	11-21-01	1	1	8	1	1	1	1	1	1	1

Figure 7. Quality Indicator Resident Table

The MDS can be entered into the Active System in two different ways depending on the preference of the user. Both methods update the same database, but they each offer different advantages. The first method is the MDS Worksheet method shown in Figure 2. Notice the resident's picture is show at the top of the screen. This serves as a tremendous memory aide for the user. Additionally, the the work sheet shows the complete history of ALL MDS's for the resident in the system. The MDS's are shown to the right of the current MDS being entered. This gives the used the ability to see all previous entries for all questions on the MDS. This guards against erroneous entries that make logical sense, but are not logical for this particular resident. A complete logic check of all answers is instantly performed each time the user presses enter.

The worksheet also condenses the MDS into one line per MDS question. This allows the experienced used to more efficiently enter responses and move through the MDS.

The traditional presentation of the MDS is shown in Figure 3. All MDS pages are available from the drop down list, including the Discharge Tracking form, Re-Entry Form, and Significant Correction form. These forms are the exact forms downloaded from the CMS (HCFA) website. This program ensures you are working with the exact forms intended by CMS and it allows for instant updating of the system when new versions are released.

Both versions of the MDS input programs offer instant completion checks and transmission file creation. Printing options are as easy as a click of the Print button and are very fast and direct to any printer.

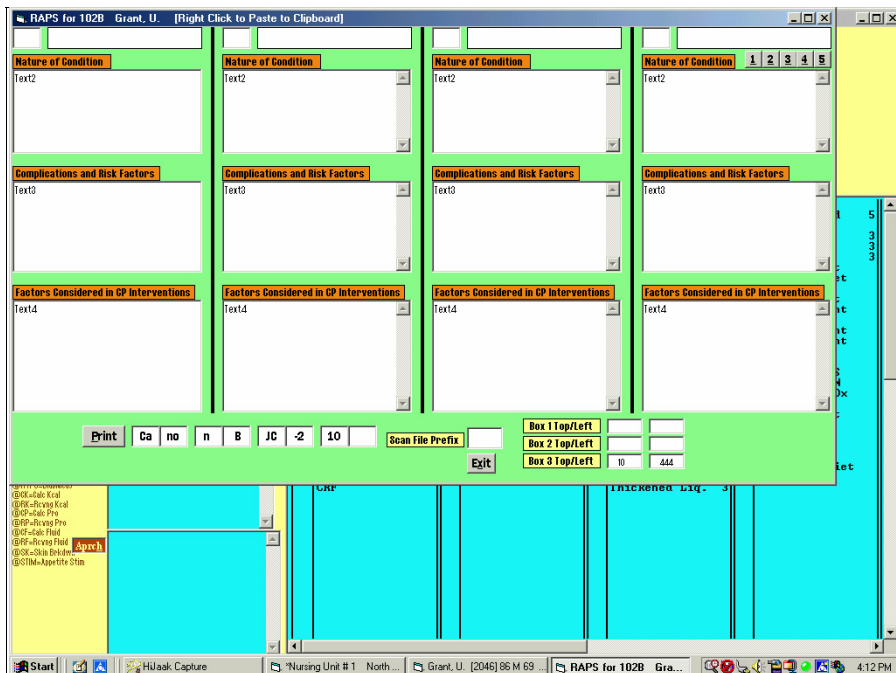


Figure 4. Working RAPs

RAPs can be worked in groups with a myriad of information on the resident at your finger tips, and viewed in the margins of the screen, or just an instant click away. Figure 4 shows the grouping of RAPs according to the wishes of the user. It also allows for free text typing of information in the three RAP areas, and/or the automated assembly of very individualized information base on the residents two hundred item profile.

Many RAP formats are available. You can print Rap Keys, Rap Modules, Active System RAPs, or set your system to print anywhere on the page of RAPs provided by another source, or scanned into the Active System.

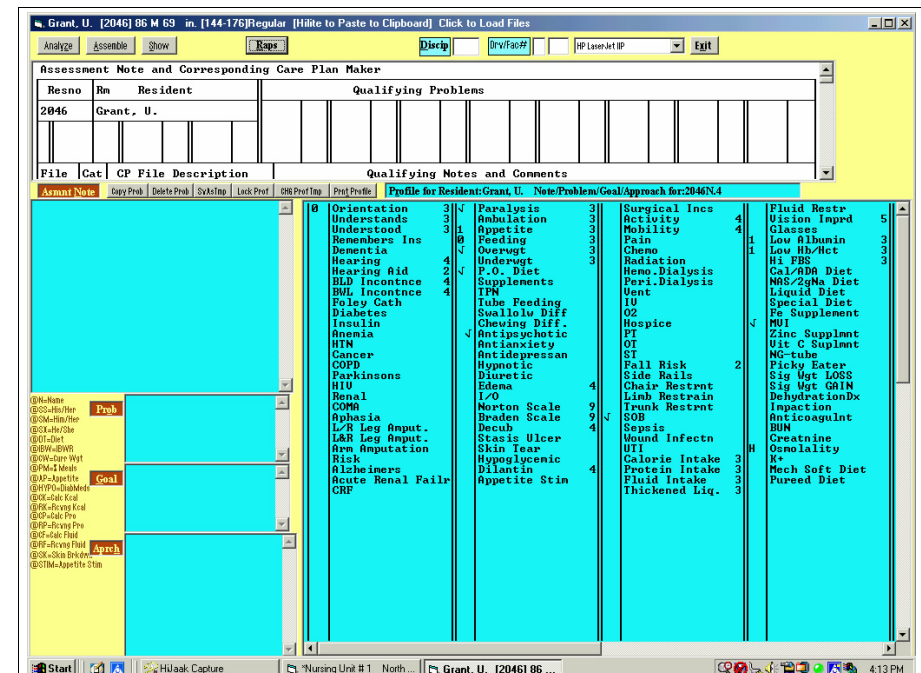


Figure 5. Profile Care Planning

Profile Care Planning is unique to the Active System. It is basically a very elaborate desktop or workshop to greatly facilitate the development of a very individualized and detailed care plan for each resident. The program instantly assembles a marked profile for the resident and searches the database for assessment and care plan material that matches the exact profile for the resident and offers plausible notes and care plans for the resident. The profile is very detailed and included up to 200 pieces of clinical information about resident. The system also allows you to create templates that match the profile as you work. These templates would then be available to all other residents in the system and to all other users.

All input from the profile is displayed on the screen for instant review, editing and printing.