



Reliable Health Systems, LLC

PRESENTED BY: MICHELLE ZELCER

VISUAL EMR

NEW FEATURES RELEASE
NOVEMBER 2017

Facility Assessment Tool

Reliable Health Systems has developed a complex Facility Assessment Tool, as per the requirements of CMS. Assessments should be conducted annually, or upon a facility significant change. RHS has broken down the Assessment into three parts:

Resident Profile

Services and Care Provided

Resources Required for Services and Care

RHS will pre-populate the assessment with data derived from Census, MDS, and EMR.

Additional information from CMS regarding the Facility Assessment can be found here:

http://qioprogram.org/sites/default/files/editors/141/Facility_Assessment_2017_08_18_Final.docx

Facility Assessment Tool

Date of assessment or update: 11/15/2017
 Date assessment reviewed with QA/QAP committee:

Part 1: Our Resident Profile

1.1 Facility Capacity:

1.2 Average Daily Census (2017):

1.3 Average Persons Admitted (2017): Weekday: Weekend:

Average Persons Discharged (2017): Weekday: Weekend:

1.3 Document common diagnoses or conditions in order to identify the types of special and essential resources necessary to meet the needs of residents living with these conditions.

Diagnosis Category	Number of Residents
Certain infectious and parasitic diseases (ICD-9-CM)	29
Neoplasms (ICD-9-CM)	19
Diseases of the blood and blood-forming organs and related disorders including the immune mechanism (ICD-9-CM)	28
Toxicologic, nutritional and metabolic diseases (ICD-9-CM)	264
Mental, behavioral and neurodevelopmental disorders (ICD-9-CM)	42
Diseases of the nervous system (ICD-9-CM)	136
Diseases of the eye and related structures (ICD-9-CM)	33
Diseases of the ear, nose and throat (ICD-9-CM)	103
Diseases of the respiratory system (ICD-9-CM)	54
Diseases of the digestive system (ICD-9-CM)	26
Diseases of the skin and subcutaneous tissue (ICD-9-CM)	26
Injury (ICD-9-CM)	24
Health status	23
Diseases of the genitourinary system (ICD-9-CM)	30
Programs, residents and the practitioner (ICD-9-CM)	10
Organized health care activities and administrative activities (ICD-9-CM)	19
Medical, legal and behavioral classification and administrative coding, not elsewhere classified (ICD-9-CM)	42
Items, procedures and codes other components of internal revenue code 991	4

3.4 List (or refer to or provide a link to) all staff training and competencies needed by type of staff

Training Topic	License	Nursing	Therapy	Administration	Social Work	Activities
Communication - effective communications for direct care staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident's rights and facility responsibilities - ensure that staff members are educated on the rights of the resident and the responsibilities of a facility for property care for its residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse, neglect, and exploitation - training that all assessment modules must address (C1) Activities that constitute abuse, neglect, exploitation, and reintegration of resident property. (C2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the reintegration of resident property. and (C3) Casemanagement for persons with dementia and resident abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection control - a facility must include as part of its infection prevention and control program mandatory training that includes the infection standards, policies, and procedures for the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture change that is person-centered and person-directed (C4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required in-service training for nurse aides. In-service training must: (1) be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. (2) include dementia management training and resident abuse prevention training, or address areas of weakness as determined by nurse aide performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff. (3) offer nurse aide proficiency services to maximize skill/competency requirements, and address the care of the residents assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required training of feeding assistants - through a state-approved training program for feeding assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of medical changes in condition, including how to identify medical issues appropriately, how to determine if symptoms represent problems in need of intervention, how to identify when medical interventions and calling upon them being rather suffering and improve quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competency: ability of organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person-centered care - This module includes but not be limited to person-centered care planning, education of resident and family resident representative about personality and needs, assessment, development of resident treatment plan, end-of-life care, and advance care planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities of daily living: bathing or a tub/shower; use of toilet; bed-making (occupancy and unoccupied); bedtime, dressing, feeding, nail and hair care; personal care (shampoo and soap); mouth care (denture care or dentures); providing resident patient's range of motion (upper or lower extremities); transfers; using gait belt; using mechanical lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation planning and procedures - active shower; equipment, fire, blood, power outage, hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection control: hand hygiene, isolation, resident movement procedures including use of personal protective equipment, MRSA/VRE/CDI precautions, environmental cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation administration - ingested, oral, subcutaneous, topical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observations: blood pressure, orthostatic blood pressure, body temperature, verbally judged including urinary drainage bags, height and weight, intake and output (daily, inspirations, recording intake and output, urine test for glucose/ketone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entrance Conference Worksheet

DOH Surveyors will ask for the information on the Entrance Conference Worksheet. RHS has incorporated this worksheet into VISUAL EMR. Some data will be pre-populated where applicable, ie, Beneficiary Notice and EHR Information. In the case where the surveyors will require a report, instructions are printed on the Worksheet on how to get the information.

Entrance Conference Worksheet

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE

1. Census number.
2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
3. An alphabetical list of all residents (omit any resident out of the facility).
4. A list of residents who smoke, segregated smoking areas, and locations.

ENTRANCE CONFERENCE

5. Conduct a brief Entrance Conference with the Administration.
6. Information regarding full time DNV coverage (verbal confirmation is acceptable).
7. Information about the facility's emergency waste service (verbal confirmation is acceptable).
8. Signs announcing the survey that are posted in high-visibility areas.
9. A copy of an updated facility floor plan, if changes have been made.
10. Name of Resident Council President.
11. Provide the facility with a copy of the CAPEP 3.

INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

12. Schedule of meal times, location of dining rooms, copies of all contract menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from outside.
13. Schedule of Medication Administration team.
14. Number and location of staff storage rooms and rest cars.
15. The actual working schedule for licensed and registered nursing staff for the survey time period.
16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
17. If the facility employs paid feeding assistants, provide the following information:
 - a) Whether the paid feeding assistant training was provided through a state-approved training program by qualified professionals as defined by state law, with a minimum of 8 hours of training;
 - b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating needs and/or meals;
 - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
19. Admissions packet.
20. Delineate Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
21. List of qualified staff providing benzodiazepine or assistance for prefrontal lobotomy treatments, if applicable.
22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
23. Does the facility have an in-state emergency certified EMT/EMT?
24. Resident Agreement and Policies and Procedures for each language used (name of facility designee) who coordinate(s) services with benefit providers.

ENTRANCE CONFERENCE WORKSHEET

25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
26. Infection Prevention and Control Program Standards, Policies and Procedures.
27. QAA committee information (name of contact, number of members and frequency of meetings).
28. QAPI Plan.
29. Abuse Prevention Policy and Procedures.
30. Description of any experimental research occurring in the facility.
31. Facility assessment.
32. News and mailing materials.
33. List of rooms meeting any one of the following conditions that require a variance:
 - Less than the required square footage
 - More than four residents
 - Below ground level
 - No window to the outside
 - No direct access to an exit corridor

INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

34. Provide each surveyor with access to all resident electronic health records - do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHR outside of the conference room. Please complete the attached form on page 4 which is titled "Electronic Health Record Information."

INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

35. Completed Medicare/Medicaid Application (CMS-67).
36. Completed Consent and Conditions Information (CMS-67C).
37. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months."

Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expedited, or were transferred to an acute care facility or another DIF during the survey date range).

Resident Name	Discharge Date	Home/Leave Care	Discharged to:
1.			Remained in facility
2.			

ENTRANCE CONFERENCE WORKSHEET

ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team before the end of the first day of survey.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using soft EHR and hard copy system) for the initial and repeat survey periods. Surveyors require the same access (staff member name to retrieve EHR) in a read-only format.

Example Medications: EHR, Orders - Reports - Administration Board - eMAR - Confusion data range - Pain Report

Example Hospitalization: EHR, Census (will show account of facility) MDS (will show discharge MDS) Prog Note - View All - Census - Current Data Range - Enter time period leading up to hospitalization - Save (will show where and why resident was only)

1. Previous shares	
2. Dialysis	
3. Infection	
4. Nutrition	
5. Falls	
6. ATE notes	
7. Blood and bladder	
8. Hospitalizations	
9. Equipment	
10. Change of condition	
11. Medication	
12. Diagnosis	
13. PASSAD	
14. Advance directives	
15. Hospice	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

Matrix

The Matrix Report is used to identify care categories for all new admits in the last 30 days, and also for all other residents. The list of residents and their room numbers must be completed by the facility, as well as columns 1-20. The blank columns are for surveyor use only. Where applicable, RHS will pre-populate the data.

Matrix

MATRIX For Providers

Name	Room	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
																							State of Admission or Admission Date
Kaba, Joseph	101																						
Doe, John	102																						
Jones, Rose	103																						
Barbados, Jason	104	11/13/2017																					
Chang, Lon	104	11/8/2017																					
Waiser, Albert	104																						
Doe, Jane	105																						
Germany, Billy	105																						
China, Kelly	108	11/8/2017	✓																				
America, Steve	122	10/23/2017																					
Admission, Test	128																						
Laconia, Resident	130																						
TRENTON, MELISSA	130																						
Harper, John	131																						
Green, Resident	132																						
Pink, Resident	132																						
Teo, Mike	133																						
Harris, Donald	133																						
Blond, Resident	134																						
Doe, John	134																						
Camel, Resident	135																						

'Facility' Tab

The 'Facility' Tab is a resource for reporting in all different areas, including many brand new areas. Some reports are interactive, other display intuitive graphs:

Census Analysis Tool

DX&RX

Physicians

Vital Signs

Summaries

Ulcers

Vents

And many more!

'Facility' Tab

The screenshot displays the 'Facility' tab interface in a Visual EHR system. At the top, there is a navigation bar with various menu items like 'HOME', 'PATIENTS', 'ALERTS', and 'Barbados_Jason'. Below this is a search bar and a 'RECENT' dropdown. The main content area shows a form for 'Training Facility' under the 'Facility Information' section. The form includes a 'General Information' sub-section with the following fields:

Field ID	Field Name	Value
1	NAME	Training Facility
2	Address	2410 Neerland Ave
3	City	Brooklyn
4	STATE	NY
5	ZIP	11210
6	Phone	718-338-2400
7	Fax	
8	Administrator	Matty Zetar
9	Email	mzetar@statelifehealth.com
10	Bed Capacity	300
11	Facility Group	
12	Assisted Living	No

A 'SAVE' button is located in the top right corner of the form area. The background of the interface is light gray with a blue header bar.

Multi-Browser App

RHS has released a version of VISUAL EMR which can work in **any** browser!

This includes Safari, Chrome, any smartphone, even Kindles.

The Multi-Browser App has many features on it already, including:

Resident Profile

Photo Upload

Physicians Orders

Progress Notes

Provider Panel

CNA

Cabinet

MDS

STOP AND WATCH

Facility Assessment Tool

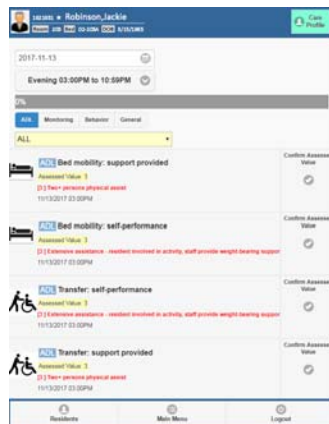
Multi-Browser App



Mobile CNA

Facilities can now choose to have their CNAs document on any device. The latest trend is to have two wall kiosks per every 40 beds, plus two tablets at the nursing station. Some facilities choose to use only tablets, and this replaces the clipboard for the CNAs, and allows for accurate documentation at the true point of care.

Mobile CNA



Interoperability

Reliable Health Systems's VISUAL EMR works together in various ways with many different outside vendors, working towards the greater goal of interoperability:

Pharmacy

Lab

Radiology

RHIO

Rehab

Analytics

INTERACT

INTERACT: STOP AND WATCH

The screenshot displays the 'Stop and Watch' interface, which is an early warning tool. On the left, there is a 'Residents' list with columns for Resident, Room, and Bed. The main area shows a 'Stop and Watch Documentation' form for a resident named Barbara Jason. The form includes fields for ID, Name, DOB, Gender, Room, Bed, and Admit date. Below these fields, there is a 'STOP AND WATCH' section with a list of symptoms and a 'Nurse response' field. The symptoms listed are: Seems different than usual, Overall needs more help, Ate less, Drank less, Agitated or nervous more than usual, Change in skin color or condition, and Help with walking, transferring, toileting more than usual. The nurse response field is currently empty. The interface also shows a 'Created by' field (Five, Rhs) and a 'Reported to' field (Nathan, Yehuda).

INTERACT: Change In Conditions

Care alert Change in condition 11/15/2017 3:08:14 PM

Search

Symptoms & Signs		
Immediate	Non-Immediate	
Abdominal Pain	Abdominal pain (acute or chronic), OR with fever, vomiting	Low intensity or no abdominal pain, unrelieved by antacids or laxatives
Abdominal Distention (1)	Abdominal distention, OR presence of marked tenderness, fever, vomiting, GI bleeding	Progressive or persistent distention not associated with symptoms
Abdominal Tenderness (e.g. bloating, cramps, etc.)	Associated with fever, continuous GI bleeding or other acute symptoms	Persistent discomfort not associated with evidence of acute infection
Abrasion	Accompanied by significant pain or bleeding	If bleeding continues or if associated with evidence of acute infection
Agitation (2)	Abrupt onset of significant change from usual OR associated with fever or new onset abnormal neurological signs	Continued progression or persistence of symptoms
Altered Mental Status	Abrupt significant change in cognitive function from usual with or without altered level of consciousness	Persistent change from usual cognitive function with no other criteria met for immediate notification
Appetite diminished	No oral intake 2 consecutive meals	Significant decline in food and fluid intake in resident with ongoing hydration and nutritional status
Asthma	Acute episodes with wheezing, dyspnea, or respiratory distress	Not asthma episode that was more extensive or less responsive to treatment than the usual
Back, injuries and complaints	Abrupt onset of severe pain secondary to fall or injury, OR pain with new abnormal neurological signs	Persistent pain not responding to existing or progressive orders
Behavioral Symptoms	New or worsening physical/verbal aggression (going beyond cursing, screaming, etc.) or other change to self or others	New or worsening non-aggressive physical/verbal symptoms posing no danger to self or others
Blowing, rectal (present)	Presented, or accompanied by dyspnea, tachycardia, significant orthostatic BP drop	Resident self-administered black stool or mucus without change in vital signs, stool positive for occult blood on routine testing
Blisters	Secondary to any burn more than a minor one	New onset large tense blisters with fever
Bowel Sounds (absent or hyperactive)	Associated with acute abdominal pain/abdominal distention with or without fever or vomiting	Continued progression or persistence of symptoms
Burns	Any burn other than a minor first degree burn with no significant pain	Minor first degree burn in past twenty-four hours
Chest Pain, pressure or tightness	New abrupt onset, unrelieved by current medications, OR accompanied by dyspnea, change in vital signs or new ECG changes	Relieved by antacids or nitroglycerin, without other symptoms, but recurring more often than usual
Common Cold symptoms (6)	None without respiratory distress, severe cough, or T _a 100.5 F	Change in color of sputum or phlegm
Complaint, medical, by family or patient	Demanded to speak to a physician or have a medical assessment without delay	Persistent need for symptom relief
Confusion	New Altered Mental Status	Any persistent or recurrent complaint that might need a physician's attention
Consciousness altered (2)	Sudden change in level of consciousness or responsiveness	New Altered Mental Status
		Gradual change in level of consciousness not associated with other criteria for immediate

INTERACT: Alerts

Alerts Change in condition - Vital Signs - Laboratory Tests/Diagnostic Procedures - Symptoms & Signs # of Residents Alerts

Residents: Status Out All Alerts (6) ID 1581268 Name Germany, Billy DOB 4/15/1978 Gender M Room 105 Bed 01-105A Admit 6/16/2017 Table 11/15/2017 4:02:30 PM

Resident	Room	Bed	Alert	Date/Time reported	Reported by	Description	Immediate	Non-Immediate	Values
Germany, Billy	105	01-105A	Labs	11/9/2017 10:45:11 AM	RHS Staff	Complete Blood Count	- WBC = 14000		14000
			Vital Signs	11/9/2017 11:16:24 AM	RHS Staff	Temperature	Oral temp = 100.5 F		97.7
			Vital Signs	11/9/2017 11:31:51 AM	RHS Staff	Temperature	Oral temp = 100.5 F		97.7
			Symptoms & Signs	11/9/2017 4:28:08 PM	RHS Staff	Abdominal Pain	Mild diffuse or localized pain, unrelieved by antacids or laxatives		
			Vital Signs	11/9/2017 4:31:37 PM	RHS Staff	Blood Pressure	Diastolic BP > 90 mmHg		95
			Symptoms & Signs	11/9/2017 4:36:41 PM	RHS Staff	Abdominal Distention (1)	Progressive or persistent distention not associated with symptoms		

THANK YOU!

Keep an eye out in your inbox for News Releases from the VISUAL EMR team!

As always, please feel free to reach out to our helpdesk 24/7/365 at
718-338-2400 or at emrsupport@reliablehealth.com