

WINTER 2009

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eCommunications

The KeaneCARRIER is also available on the Internet at:

www.keanecarrier.com

If you haven't already, **please sign up for your Insider password by clicking "Join Insider" at:**

www.keanecare.com

When you sign up we request your e-mail address so we can notify you by e-mail of software releases, developments, and when a new issue of this newsletter is available online.

Keane Care Blogs!

Keane Care staff post information as it happens in blogs. Check them often at the Insider:

- **Insider FYI**
- **Clinicals blog**
- **RAM blog**
- **Keane NetSolutions**

Visit the **NEWS Hot off the Press** blog for regulatory updates at www.keanecare.com

It's a New Day in Medication Management

Paperless medication management is the next step toward an Electronic Medical Record. With the release of Keane NetSolutions ePrescribing we can offer you a complete system to eliminate paper from order entry, order updates, drug interaction checking, medication administration charting, and faxing orders/reorders to pharmacies.

Here's what happens when a physician calls in a new medication order for a resident:

The order is entered in Keane NetSolutions, automatically checked for adverse interactions, and sent electronically to the pharmacy to be filled. The new order displays in the eMAR so the resident receives it ASAP.

Any notes are available for the next med pass and the Electronic Medical Record.

Many steps disappear with this system – order forms, filing, MARs/TARs, resupply reports, and zillions of trips to the fax machine.

Gordon Oksnevad, Administrator of Alpine Fireside in Rockford, Illinois, reports that "when we had an outage and had to go back to using paper MARs, even our most resistant staff wanted their eCharting tool. We discovered it took twice as long to conduct a medication pass using the old paper system."

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One-click medication reordering

ORDER NUMBER	RESIDENT NAME	LOCATION	PHARMACY	REORDER	DESCRIPTION	DOSE	FREQUENCY	ROUTE	START DATE	END DATE	STATUS
00000-0034	1125-001-C-00023-A			<input type="checkbox"/>	TRIMETHOPRIM 20 MG-A-MO CAP (Trimethoprim Hydrochloride) Topical two times per day Shampoo						
00000-0186				<input type="checkbox"/>	Oralgen 2 items per minute via Nasal Cannula as needed for respiratory distress.						
00000-0177				<input type="checkbox"/>	Centrilin SilverTab (Nifedipine, Multitab, Multis) 1 PO QD FOR SUPPLEMENT						
00000-0739				<input type="checkbox"/>	Prevnar 23 (Pneumococcal Polysaccharide Vaccine) 1 PO QD FOR SUPPLEMENT						
00007-5079				<input type="checkbox"/>	ADRENALIN 0.3 MG TAB (Epinephrine Hydrochloride) 1 sup PO PRN for SLL 00 prescribed by ERUIC, ANH						
00045-0095				<input type="checkbox"/>	Proctolax 4.2 3 MG TAB (Cisapride Hydrochloride) 1 sup PO PRN for SLL 00 AFTER FIRST LOOSE STOOL. 1 CAPLET AFTER EACH SUBSEQUENT LOOSE STOOL. BUT NO MORE THAN 4 CAPLETS A DAY						
00045-0497				<input type="checkbox"/>	TYLENOL TABS, 325MG (ACETAMINOPHEN/325MG) 2 tabs Oral every 4 hours as needed for pain or elevated temp > 101. (Call MD if over 5102)						
00045-0000				<input type="checkbox"/>	DOUGLASS CALCIUM CAPS, 240MG (DOUGLASS CALCIUM/240MG) For Constipation 1						

To reorder a medication with ePrescribing simply click Reorder and the software sends a message or auto-fax to the resident's dispensing pharmacy.

2008 Keane Client Conference Report



Nye Senior Services, Fremont, NE, was represented by (l-r) Dottie Buer, Resident Accounts Director; Judy Hellmers, Administrative Services Director; Ja Harnisch, Controller; and Kristen Hansen, Assistant DON and MDS Coordinator.

The 2008 Keane Client Conference was a big success, drawing 200 attendees from across the country. The educational sessions got positive reviews, such as "Very informative, great questions and responses," "The conference would be a success if this was the only session I attended," and "As usual I found more ways to use my software."

We are grateful for the feedback and will study the evaluations for future conferences.

Read about the sessions and how to download materials on page 4.

News Front: Regulatory and Industry Developments

MDS transmit changes: personal IDs and dial-up

CMS set a deadline of February 1, 2009 for facilities to switch from dial-up to broadband connections for MDS transmission. If you already use a broadband connection, you are in compliance.

If you are using a dial-up connection for MDS submissions, see the information CMS posted in December 2008 including broadband setup instructions (box at right labelled "Attention Broadband Connectivity Information") at:

<https://www.qtso.com>

Personal IDs Coming

CMS soon will be requiring facilities to change the login ID and password used to transmit MDS files and access CASPER reporting. In early 2009 facilities will receive instructions for two staff to request Personal IDs and passwords. The IDs will belong to each user exclusively – sharing passwords will be considered a security violation.

HIPAA Privacy facts

OCR has published new HIPAA Privacy Rule guidance documents that discuss how the Privacy Rule can facilitate the electronic exchange of health information. The fact sheets give an overview of their topic and frequently asked questions.

The topics are Correction, Openness and Transparency, Individual Choice, Collection/Use/Disclosure Limitation, Safeguards, and Accountability. Download the documents here:

<http://www.hhs.gov/ocr/hipaa/hit/>

Therapy Caps in 2009

The 2009 Therapy Cap limits are \$1840 for PT and SLP combined and \$1840 for OT, increased from \$1810 in 2008. Therapy caps, with the Exceptions process, are in place through December 31, 2009.

ICD-10 – more information

CMS' November 2008 phone call on the ICD-10 diagnoses codes for non-physician providers reviewed the type of information that will be built into the longer (3 to 7 digits) ICD-10 codes. Implementation is scheduled for October 1, 2011.

For example, for a fractured wrist the ICD-9 labels just the fracture. If the patient returns, the ICD-9 is the same. The ICD-10 codes will indicate initial or subsequent encounter, left or right wrist, and if healing is routine, delayed, nonunion, or malunion.

With ICD-10, codes for new technologies will be available within their correct area when they are added.

Handling increased specificity and new technology requires many more codes. It is estimated that there could be 68,000 ICD-10 codes compared to 13,000 ICD-9 codes. See the CMS ICD-10 Webpage for downloads and announcements at:

<http://www.cms.hhs.gov/ICD10/>

Medicare Learning

The Medicare Learning Network's (MLN) homepage now provides links to the MLN products catalog, MLN Matters articles, Web-based training modules, and CMS mailing lists at:

<http://www.cms.hhs.gov/MLNProducts/>

Safety self-survey

Aimed at helping SNFs assess patient safety culture, track changes, and evaluate safety interventions, the Agency for Healthcare Research and Quality (AHRQ) has released a toolkit with a users' guide. Download it at:

<http://www.ahrq.gov/qual/hospculture/>

Revised MDS 3.0 form

CMS released a revised version of the draft MDS 3.0 as well as the draft data specs on October 23, 2008. Those documents combined with Rand's MDS 3.0 Final Report give a comprehensive look at MDS 3.0, the thinking behind changes, how it was tested, and test results.

See the article on page 6 for a summary. The form and reports can be downloaded at:

www.cms.hhs.gov/NursingHomeQuality-Initiatives/25_NHQIMDS30.asp

Five-Star Ratings

CMS' Five-Star Quality Rating System gives consumers a new tool for choosing a SNF. The program awards every SNF participating in Medicare and Medicaid an overall rating of 1 thru 5 stars on its Nursing Home Compare Website:

www.medicare.gov/NHCompare/Home.asp

The stars are awarded using calculations based on survey data, staffing information, and Quality Measures. A Technical Users' Guide is now available that explains the calculations. The information that follows is summarized from that Guide.

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Keane Care News

from the Leader of LTC Development

More than ever this year, our work is focusing on saving money for our clients. We will eliminate the expense of an additional database in early 2009 when we roll out our single SQL database for RAM and clinicals. Our newest products, Keane NetSolutions ePrescribing and Drug Interactions, significantly save time and reduce risk for Long-Term Care providers.

Our third major release for 2009, MDS 3.0, scheduled for October 2009, will be available to our Resident Assessment clients without additional license fees. Any out-of-pocket expense would be for third-party utility and operating system software.

Like the commercial says, knowing that your vendor will deliver a timely product is priceless. In fact we are already programming MDS 3.0 so we will be ready when CMS finalizes the specs (see the article on page 6).

Single SQL Database

At press time, beta versions of the .NET/SQL Server-based Keane NetSolutions RAM and Funds modules are being beta tested in the field. With one database you have the same seamless integration between billing and clinicals that you experience between two of our clinical modules. And with this release clients can store multiple facilities in a single application database.

We will be releasing this new product gradually through second quarter 2009 because it will take us some time to certify billing for all fifty states.

This transition to SQL Server technology affects our clients using the Access database for their clinical systems. Our programming for MDS 3.0 requires use of SQL Server.



Clients using Access have been advised and our Client Services staff are actively working with them.

An article on page 12 includes more information on SQL Server: what it is and what it does for you. Your Sales and Client Services representatives are always glad to discuss what the SQL single-server technology means to you.

Client Services news

24/7 Technical Support

Now you can receive technical assistance at any time for emergency issues or scheduled support. Call for priority technical help when necessary software functionality is not working due to an application, database, or system failure with no workaround.

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Regional Service Offices

Brea, California
800-426-2652

Hunt Valley, Maryland
877-393-6965

Indianapolis, Indiana
800-652-7719

Redmond, Washington
800-426-2680

New Webinars will bring educational sessions to your facility

2008 Keane Client Conference Training Sessions

The PowerPoints and handouts from the 2008 Keane Client conference are available in the Insider, the clients-only Website (password required). Take a look at sessions from all tracks: RAM, Clinicals, General Financials, Technical, and Other Topics.

<https://keanecare.com/insider/conference.asp>

The information is useful for clients of all levels of software experience. The screenshots you see may be of Keane NetSolutions, but the information is usually pertinent to VistaKEANE too, since both systems use the same behind-the-scenes processing.

Webinars Bring Sessions Home

The next best thing to attending the Conference are Keane Care's new Webinars based on Conference educational sessions. The schedule isn't confirmed yet, but as soon as it is, we will let all our clients know via e-mail and the Insider.

When Worlds Collide: Billers & Clinicians Working Together

Integrated financial and clinical software increases efficiency by eliminating duplicate data entry and giving everyone the same information at the same time. In their session at the conference, Brenda Parks, RN, and Jennifer Powell, both Keane Care Senior Implementation Consultants, pointed out the stop signs that will prevent collisions with shared data.

For example, when facilities kept their clinical software separate, it didn't matter if nurses put notes, like "call son first" in the address field. With integrated systems it does matter because the address is required by

the UB-04. If a SSN is not entered, the system assigns a 900 number and when the right number isn't entered before the MDS is opened, it will have to be corrected.

Admit and Discharge dates/time are critical to billing and the MDS. If you try to change an admit date, a message displays warning about not creating a new admit that could affect ancillary orders, diagnoses, and Account Plan start dates.

Errors made in basic information can have a long and annoying life, especially since the MDS and RAM receive the most items from ADT, such as occupation, education, primary language, and marital status.

Download the PowerPoint for more examples and ways to keep your system running smoothly.

Project Management for Keane Implementations

Partners Healthcare of Boston, MA, recently implemented a Keane NetSolutions clinical and billing system using principles set out by the Project Management Institute.

In her session, Colleen Rougeaux, Partners Healthcare Project Specialist, covered the five most important items in a healthcare project, the scope of the project, project teams, their tools, project phases, and lessons learned. Partners Healthcare is a health system founded by Brigham and Women's Hospital and Massachusetts General Hospital that includes eight hospitals and three skilled nursing facilities.

The two SNFs in the project are The Boston Center and The North End



Alan Plummer, Corporate Trainer with Maine Veterans Homes (left) had a question for Colleen Rougeaux, Project Specialist for Partners Healthcare, following her presentation.

Center for Rehab, part of Spaulding Rehabilitation. They followed best practices for a successful implementation that can be a model for any facility planning a transition to an Electronic Medical Record.

You can read more about the approaches LTC facilities are taking to move to an EMR, including details on Partners Healthcare's implementation, in the article titled "Three Paths to an EMR" available in the electronic version of the KeaneCARRIER:

www.keanecarrier.com

Measuring Tools for Quality Assurance

This session shows how QA nursing staff can use VistaKEANE and Keane NetSolutions clinical software to assemble information for quality assurance and surveyors.

The session presented by Linda Spurrell, LPN, RHIT, CHP, Clinical Product Manager, started by listing data needed to comply with survey issues such as psychotropic medications. She reviewed valuable tools such

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Conference Training Sessions

continued from previous page

as the Order by Order Code report in Physician Orders that can list all orders for antipsychotic medications. The Order Text search report can list all orders for a specific drug.

The session covered how the Advanced Resident Analysis report is used to list residents whose MDS responses meet search criteria, such as all residents who take psychotropics, do not have a psychiatric diagnosis, and do have dementia or Alzheimer's.

To comply with other survey requirements, Linda showed how care plan problems can target behaviors and address risks. She reviewed how you can use Interdisciplinary Progress Notes to document survey requirements, set up categories, and use those categories to retrieve notes.

Your Input on a QA Module

A QA Reports module is on the drawing board and we need to know what reports you would like, such as Incident, Infection Control, falls program, and pain management. Please e-mail Linda with your thoughts: Linda.Spurrell@Keane.com.

Mining the Database for Faster Reporting

Kris Walter, Accountant, Brighton Consulting Group, shared how she uses Keane Analytics to save 40 hours a month on generating custom reports for a board of directors.

Working for an organization of four facilities, they have met their clients' goals to simplify and summarize the month's financial results in a form that can be presented at board meetings. Kris uses Keane Analytics to mine data from the General Ledger database to generate reports including

a Combined Summary Statement of Income (actual compared to budget), 20/20 Report, and Labor Analysis including average hours per-patient day.

Download Kris' PowerPoint with examples of the reports as well as the PowerPoint that covers the features and functions of Keane Analytics that was created by Dave Brotten, Keane National Accounts Manager.

Medicare Advantage and No Pays: A New Spin

Nikki Davis' presentation shows you exactly how to set up Payor and Plan profiles so RAM automatically follows all the No-Pay Bill rules for Medicare Advantage plans.

The PowerPoint begins with a step-by-step process for building the Medicare Advantage Part A Payor. "Since Medicare Advantage payor/plans use the Medicare RUG scores to pay, the Medicare Advantage payor/plans **must have the same payor levels.**

Instead of building each level, you can 'copy' payor levels by running a utility," explained Nikki Davis, Coordinator of SNF Billing & Systems for Metro-Health Skilled Nursing in her PowerPoint.

The presentation provides instructions for copying levels and continues with instructions for building, then copying the Medicare Part B Payor, setting up default reimbursement tables, adding an Advantage Plan to a resident's Reimbursement Table, and setting up Medicare No-Pay billing in RAM.

SQL: Maximum Performance

Scott Bowman, Keane Care Technical Consultant, presented a SQL overview in a Technical track session. Topics included SQL Server versions and cost, including a comparison between

SQL Express and Access. Also covered was upgrading from Access to SQL, and from SQL Express to SQL Standard or Enterprise Editions.

Disaster Recovery Planning & Log Shipping

Shawn Johnson's presentation covered why facilities need Disaster Recovery Planning, how to do it, and how to document so the plan is available when needed. As the Director of Information Technology for Augustana Care Corporation, Shawn has real-world experience with recovery hardware and software, and the hosted service option.

He covered log shipping, a feature in SQL Enterprise Edition for automatic data backup. With log shipping, every change in the database creates a transaction that is stored in logs that are shipped to other servers for storage.

Download these and all the conference presentations at: ■

<https://keanecare.com/insider/conference.asp>

Drawing Winners



Rick Bova, from St. Mary's at Felician Village, is congratulated by Ed Meehan, Keane HSD VP of Sales and Marketing, for winning \$100 in the drawing held at the Client Conference. Other winners: Alan Plummer, Maine Veterans Homes; Scott Hendricks, Dock Woods Community; Robin Clemmons, Catholic Health Services; and Sue Prostko, Brookside Care Center.

Preparing for MDS 3.0

It's less than a year until MDS 3.0 implementation on October 1, 2009, and even though the assessment is not final, it's close enough that if your job involves the MDS it's time for an update on what's new and why.

Keane Care is designing and coding with the understanding that revisions will be needed after the final versions are released. Experience has taught us that it's better to revise than start from scratch with deadlines looming.

The MDS 3.0 form released October 23, 2008 has dozens of changes compared to the April 2008 version, including a few additions and changes in numbering, wording, and placement. Although there are bound to be more changes in the final, due March 1, 2009, we anticipate they will be small.

We haven't seen it all yet

MDS data is used for payment, RAPs, surveys, and Quality Measures. CMS is working on revisions to make them compatible with MDS 3.0. Final versions of the following are set for release March 1, 2009:

- Data Specifications, including items identified by CMM RUG analysis
- Final MDS 3.0 forms including Admission, Quarterly, Discharge
- Resident Assessment Instrument Manual with coding instructions
- Items selected for RAPs, Quality Measures, and Quality Indicators

Problems and goals

MDS 2.0 had a problem with unclear wording. The intervention was to rewrite with a goal of clarity and relevance rather than brevity.

Another problem was that MDS 2.0 tried to do too much. MDS 3.0 will

focus on initial screening for common geriatric syndromes. Follow-up is the job of RAPs and the care plan.

Look-backs and present-on-admission items

Another goal for MDS 3.0 is to standardize look-back periods. Draft materials released to date indicate that specifics are not in place yet. The MDS 2.0/3.0 crosswalk shows a 7-day look-back period instead of the 5-day shown in the April 2008 draft. In the October 2008 draft form the look-back period tends to be 7-days or is not specified.

More items in MDS 3.0 are meant to distinguish resident status before and after admission. The latest form includes a new item, "Is this assessment the first (OBRA or PPS) since the most recent admission?"

Resident interviews

A major goal in creating MDS 3.0 was to increase the resident's voice through more resident interviews. Interviews are included in these sections of MDS 3.0:

Cognitive Patterns, Mood, Customary Routine & Activities, Pain, and Return to Community/Overall Goals.

Faster, more accurate

Because of unfamiliarity, it was expected that testers would take longer to complete MDS 3.0 than 2.0 – but no, the average time was **61.5 minutes for MDS 3.0** (including 9.2 minutes on resident interviews), compared to **111.6 minutes for MDS 2.0**. In national testing MDS 3.0 reduced by 45 percent the time to complete it.

The Rand report pointed to sections C, D, E, F, G and J as receiving major revisions in MDS 3.0 and devoted a chapter to each section.

Cognitive Patterns – C

The draft MDS 3.0 Cognitive Patterns section includes two assessment tools that in testing were found to yield more accurate results than MDS 2.0.

The Brief Interview for Mental Status (BIMS) consists of asking the resident

continued on next page

A first look at MDS 3.0 in Keane Care software

Symptom	1. Symptom Presence	2. Symptom Frequency	Enter Scores in Score
A. Little interest or pleasure in doing things	1	2	
B. Feeling down, depressed, or hopeless	0		
C. Trouble falling or staying asleep, or sleeping too much	0		
D. Feeling tired or having little energy	0		
E. Poor appetite or overeating	0		
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0		
G. Trouble concentrating on things, such as reading the newspaper or watching television	1	2	
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	1	2	
I. Thoughts that you would be better off dead, or of hurting yourself in some way	1	2	

It's not final, but this draft MDS 3.0 Section D - Mood screen gives you an idea of how the new form will look. The assessor goes through the checklist of nine symptoms with frequency. The software then calculates a depression severity: 5-9 is mild, etc.

MDS 3.0 Preparation

continued from previous page

to repeat three words, name the year, month and day of the week, and then recall the three words. For detecting delirium, MDS 3.0 uses the Confusion Assessment Method (CAM), a standardized instrument.

Depression items - D

Geriatric experts have concluded that MDS 2.0 Section E was not adequate for depression screening. Its replacement is the PHQ-9, Patient Health Questionnaire, a checklist of nine symptoms of depression that is completed as a resident interview.

Section D0300 – Total Severity Score is the sum of responses, including frequency. It will be totaled for you by Keane Care software (see draft screen at left). A key translates scores to a depression severity level.

Behavior items – E

Draft MDS 3.0 Section E, Behavior, includes items on Psychosis, Rejection of Care, Wandering, and an assessment of all behavioral symptoms compared to the prior assessment.

Customary Routine – F

Because they did not help with care planning, most of MDS 2.0 AC and N were dropped. MDS 3.0 Section F is a resident interview.

Gait and Falls – G and J

Draft MDS 3.0 Section J separates fall items into a fall history on admission and falls since last assessment, if any. For residents with falls since the last assessment, data is collected on numbers and outcomes, categorized by 0, 1, and 2 or more falls.

Balance in Section G

Input from Physical Therapists and

fall experts resulted in balance items designed to guide staff in identifying parts of gait and transition related to fall risk. Balance is rated during actions such as moving from seated to standing. Training videos were made.

Pain items – J

Studies have shown that MDS 2.0 does not support good pain assessment and management. Self-reporting has been found to be feasible and the most reliable method. Draft MDS 3.0 Section J includes items about pain management and a resident interview.

Other areas changed

Activities of Daily Living – G1

In draft MDS 3.0 the ADL section is simplified with instructions to code for most dependent episode. It also combines the separate coding for Self-Performance and for Support in MDS 2.0 into one response.

Continence in Bladder/Bowel – H

Draft MDS 3.0 clarifies wording, covers trial toileting programs, and replaces “usually” with definite numbers. The fecal impaction item was dropped. Constipation is addressed with a yes/no response to bring staff attention to it as a common side effect.

Swallowing/Nutrition Status – K

Experts believe the MDS can help staff detect swallowing problems that might be addressed with therapy or dietary modifications. A Swallowing Disorder item (K1) was added to list symptoms.

Oral/Dental Status – Section L

A staff examination of the mouth was added with six possible groups of findings including dentures, inflamed gums, and mouth pain.

Skin Changes – Section M

Experts agreed that MDS 2.0 items

CMS MDS 3.0 Website

CMS had eight documents posted on its Website as of December 2, 2008, including the MDS 3.0 form. It is called Draft MDS 3.0 Item Set Draft and was posted October 23, 2008. You will also find Rand's MDS 3.0 Final Report that includes detailed information on testing of the draft MDS 3.0 and results. Find them here:

www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

did not deliver necessary data on pressure ulcers. In response, MDS 3.0:

- Does not allow reverse staging
- Assesses unstageable ulcers separately
- Bases pressure ulcer staging on deepest anatomical change
- Collects data on pressure ulcers present on admission
- Added PUSH items for tissue type for most advanced stage, and measurements at each stage for 2-4

New items in MDS 3.0 include determination of pressure ulcer risk, and onset dates of oldest and newest Stage 3, 4, and unstageable ulcers.

Restraints – Section P

Restraint information now has its own section, designed to be clearer. A definition of restraints is on the form and items are divided into Used in Bed and Used in Chair/Out of Bed. A choice of Other was added to both.

Participation & Goal Setting – Q

The MDS 2.0 item was changed to an interview question: “Do you want to talk to someone about the possibility of returning to the community?”

More information

This article is an abbreviated version of the paper available from the Keane Care Website homepage and the online version of the KeaneCARRIER: ■

www.keanecarrier.com

Introducing the most complete system available for LTC:

Keane NetSolutions Electronic Medication Management

continued from cover

A complete Electronic Medication Management solution includes these Keane NetSolutions applications:

- **ePrescribing** for orders/re-orders through electronic messages or auto-faxes to pharmacies
- **eCharting** for electronic documentation of order administration and vitals with eMAR
- **Physician Orders** for entering and maintaining medication orders
- **Drug Interaction and Patient Education** to check for adverse interactions and provide medication information to residents and family

Applications are available separately. All require Keane NetSolutions Physician Orders and the NDC library.

ePrescribing

Keane NetSolutions ePrescribing replaces trips to the fax machine to send pharmacy orders with electronic messages and auto-faxes. It works in the background to handle the process invisibly by following the rules you set up.

Electronic messages and auto-faxes are triggered automatically by software activity, including new orders, reorders, and discontinued orders for medications. Depending on the resident's pharmacy's setup data, ePrescribing sends either:

- Electronic messages in NCPDP format
- Auto-faxes directly from your server to the pharmacy's faxing solution.

ePrescribing gives Long-Term Care providers a paperless process for ordering and reordering medications

that increases accuracy and efficiency by eliminating illegible handwriting and tasks such as faxing, filing, and pulling charts. Its flexibility means facilities can work with multiple pharmacies and send orders electronically even if a pharmacy does not have ePrescribing capability.

How ePrescribing works

Keane NetSolutions ePrescribing works by using the information set up in your system for every resident and pharmacy. For example, each resident profile identifies the pharmacy used by the resident.

Each pharmacy's profile includes whether they will receive NCPDP messages or auto-fax.

Reorders: like shopping online

You can reorder a resident's medications from either Physician Orders or eMAR. Simply click "Reorder" – it's similar to putting an item in an Internet "shopping cart." Your request is added to a list you can review and edit before sending to the pharmacy.

Certified to use LTC NCPDP

Keane NetSolutions is the first e-prescribing solution certified using the new Long-Term Care message elements to facilitate the secure electronic transmission of the following NCPDP SCRIPT messages:

- New prescription
- Resupply medication request
- Cancel/discontinue prescription

continued on next page

One click to check drug interactions, reorder meds, open eMAR, chart PRNs, and more

EDIT	DEL	D/C	CODE	ORDER TEXT	TIME	START DATE	STOP DATE	IMAGES	I/O
	X			SYMBYAX 25 MG-6 MG CAP (Fluoxetine Hydrochloride/Ola...	BID	01/10/2008			Rx History
	X			1-BUTANOL LIQ (Butyl Alcohol) Oral three times ever...	3X/WK	01/10/2008			Rx History
	X			1-HEXANOL LIQ (Hexyl Alcohol) Topical four times ea...	4X/WK	01/10/2008			Rx History
	X			TYLENOL TABS, 325MG (ACETAMINOPHEN/325MG) 2 tabs Ora...	Q4HP	12/26/2007			Rx History
	X			No concentrated sweets		12/26/2007			
	X			May be see by dentist of choice		12/26/2007			
	X			weekly weights on monday	PRN	12/26/2007			
	X			THIORIDAZINE HCL 15 MG TAB (Thioridazine Hydrochlori...	5X/D	12/24/2007			Rx History
	X			VITAL SIGNS EVERYDAY		12/21/2007			
	X			Oxygen tubing to be changed every WED.		12/21/2007			
	X			Mechanical Soft		12/21/2007			
	X			Oxygen 2 liters per minute via Nasal Cannula as need...	PRN	12/21/2007			Rx History

DIAGNOSES	ALLERGIES	PHYSICIANS
201.50 Hodgkin's disease, nodular scler... 830.5 Accident to watercraft causing sub... 800.01 Fracture of vault of skull, closed (v... 008. Intestinal infections due to other or... 290. Senile and presenile organic psychot... 311. Depressive disorder, not elsewhere... 331.0 Other cerebral degenerations, Alzh... 710. Diffuse diseases of connective tissue	IBUPROFEN, PCN, ACETAMIDOETHYL PG-... TRIMONIUM CHLORIDE, ALKYLATOR, NITROGEN MUSTARD, (3-... ...	Blount, Andy Johnson-Smithsonian, Prudence Z

This Physician Orders page is the hub of an electronic medication management system. Click on the links above the list to add and edit orders, chart PRN order results, check drug interactions on demand, open the eMAR/eTAR, and reorder medications.

Look no further for a list of all the orders for a resident and information on diagnoses, allergies, advance directives and physicians.

Medication Management

continued from previous page

Keane will expand ePrescribing in 2009 by adding Census and Resident information and exploring Eligibility, Formulary, and Fill Status messages.

Orders can be sent directly to the pharmacy or to the Pharmacy Health Information Exchange. The Exchange will in turn send requests to the resident's dispensing pharmacy.



eMAR/eTARs for point-of-care charting

Keane NetSolutions eCharting with eMAR/eTAR replaces the paper notebook on your medication cart with point-of-care documentation when you use a portable PC connected wirelessly to your network and the Electronic Medical Record.

By keeping order information up-to-the minute online it **replaces the end-of-month turnover**, and assures each eMAR is current, saving time, reducing risk of error, and improving quality of care.

How eMAR/eTAR works

For each med pass, the software builds lists of medications due by resident, color coded to indicate administration status. It gives you the tools to identify residents by photo and/or barcode. With one click you chart a medication delivered. Another click brings up windows for notes and charting vitals.

You can flag orders to require documentation and/or vitals at the time of delivery. The data is shared with Keane NetSolutions Progress Notes.

New eMARs with up-to-the-minute updates are generated for each pass,

An eMAR session list – saving time, improving quality

MEDICATION	TIME	PERFORMED	DOCUMENTATION	STATUS	REORDER
ZINC SULFATE 220 MG CAP Zinc Sulfate 1 PO QD DX: PRESSURE WOUND * DO NOT CRUSH*	08:00 AM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Document...	LATE History	<input type="checkbox"/>
NEURONTIN 300MG CAPSULE (GABAPENTIN) 2 PO TID DX: MULTIPLE SCLEROSIS (DOSE = 600 MG)	05:00 PM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Document...	History	<input type="checkbox"/>
ZANAFLEX 2 MG TAB Tizanidine Hydrochloride 1 PO BID DX: MUSCLE SPASMS	05:00 PM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Document...	History	<input type="checkbox"/>
LORCET 10/650 650 MG-10 MG TAB Acetaminophen/Hydrocodone Bitartrate 1 PO Q6HR DX: PAIN	06:00 PM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Document...	UPCOMING History	<input type="checkbox"/>
SMZ-TMP CONCENTRATE 80 MG/ML-16 MG/ML SOL (Sulfamethoxazole/Trimethoprim) 1 PO QID	06:00 PM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Document...	UPCOMING History	<input type="checkbox"/>
ZANAFLEX 4 MGTAB (TIZANIDINE HYDROCHLORIDE) 1 PO QD PRN MUSCLE SPASMS	Shift 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Document...	SHIFT History	<input type="checkbox"/>
PROVIGIL 200 MG TAB (MODAFINIL) 1 PO Q AM PRN FALLING ASLEEP INAPPROPRIATELY	Shift 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Document...	SHIFT History	<input type="checkbox"/>

Complete resident information is available at a glance during the med pass. Boxes are color coded to highlight orders that need attention, such as late, upcoming, or due during the shift. PRN orders are shown in a separate list below scheduled items.

replacing paper forms that can stay in a notebook for a month.

Summary reports from eMAR provide new insights for workflow management. The software offers risk management tools such as individualized nursing alerts. Reports give you information that would take hours to gather with paper, such as how many PRN Acetaminophen were delivered in a day.

Drug Interactions and Patient Education

Keane NetSolutions Drug Interactions automatically checks for risk when you enter a medication in Physician Orders by screening for drug-drug, drug-allergy, drug-lab, drug-disease, and drug-food alerts.

With Patient Education you can provide residents and their families with medication information written for consumers.

Physician Orders

Keane NetSolutions Physician Orders is the hub of medication management, organizing orders system-wide for use by all clinicians with authorization (see sample on previous page). The software centralizes order information, providing one-step updates that are shared throughout the electronic medical record.

Next steps

Moving to electronic medication management involves changes in workflow, hardware, policies and procedures. See the KNS System Specifications document for recommendations for a point-of-service system:

www.keanecare.com/html/products/netsol/kns-hardware-specs.pdf

Your sales representative is always glad to discuss your IT system plans. Contact them directly or at 800-426-2675. ■

Keeping the lines of communication open

Keane Long-Term Care Users' Group Meeting

The Keane Long-Term Care User's Group is a proactive independent and volunteer-based organization of Keane product users nationwide. It is an effective partner with Keane and a strong advocate for Keane users. The Users' Group meets annually at the Keane Client Conference and each subcommittee holds quarterly conference calls.

Involvement in the User's Group helps foster an ongoing relationship with Keane to help provide direction for software enhancements and development, along with providing feedback on the Conference.

At the recent Conference held in Indianapolis, new officers were elected (see below).

Matt Shelton, National Co-Chair urges you to "Get involved, there is no cost to join and you can provide valuable input and develop relationships with other Keane users. The Users' Group is only as strong as it's membership. Sign-up today!" ■

How to Join... Users' Group, Insider, Listserv

To join the Users' Group send an e-mail to one of the Co-Chairs:

Laurie Hooks: laurie.hooks@goldenliving.com

Matt Shelton: mshelton@cypresshealthcare.net

Or sign up online at the Insider: <https://keanecare.com/insider/usersgroup.asp>

To join the Insider click on Join Insider on left bar at www.keanecare.com

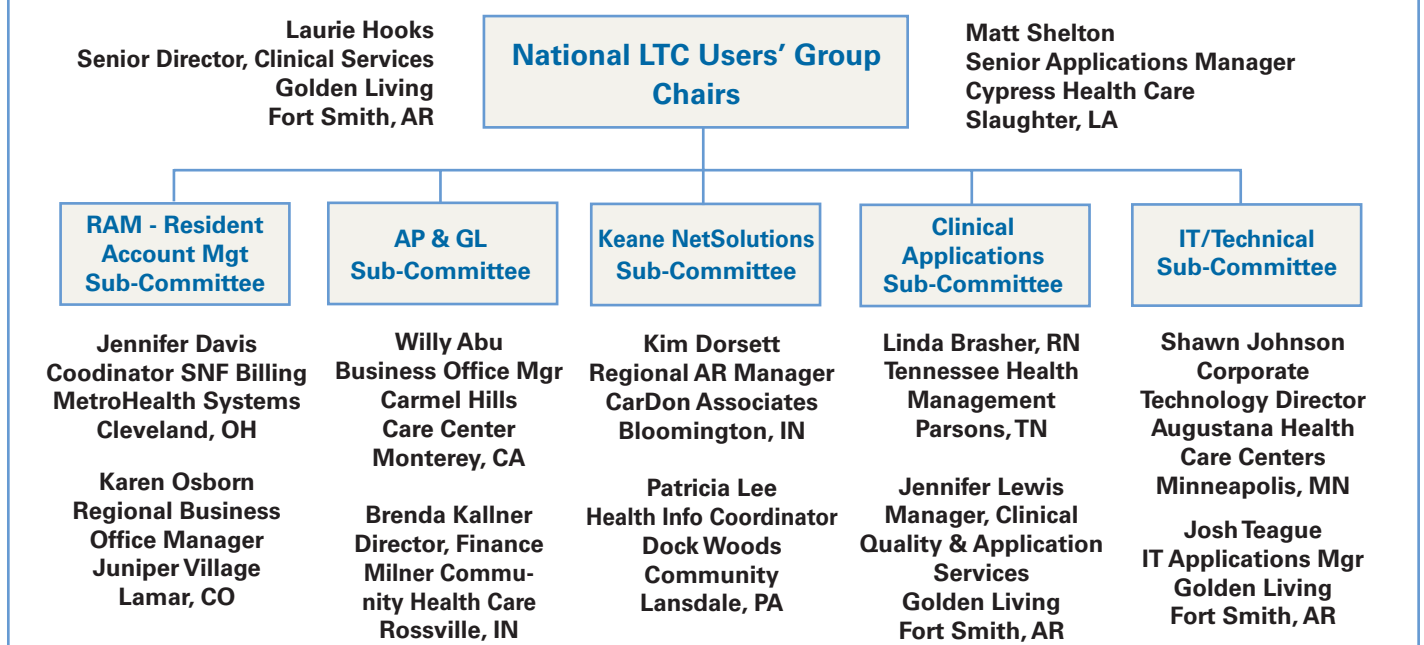
To join the listserv, click on KC-Solutions, top of page, at: <https://keanecare.com/insider/usersgroup-listserv.asp>



◀ Cypress Health Care Management staff received a software demonstration with lunch at the conference (l-r): Heidi Diem, Database Manager and Applications Support; Matt Walker, Keane Care Applications Systems Manager; Matt Shelton, Senior Application Manager; and Debra Pizzulo, Vice President of Accounts Receivable.

Keane Long-Term Care Users' Group Officers

Elected September 2008



Therapute: a new option for rehab software

Our new partnership with Therapute gives Keane Care clients another choice for software to manage therapy. Designed specifically to increase efficiency for therapy provided in Long-Term Care, Therapute:

- Gives therapists a quick way to enter minutes
- Assures the right RUG is reached
- Generates more than 200 reports on productivity, RUG status, revenue, outcomes, projected income, and more
- Offers dashboards with drill-down and roll-up tools
- Interfaces with Keane Care software to import resident data and export the file used to generate claims

Therapute can more than pay for itself by capturing full data on therapy delivered and ensuring the correct RUG is reached (see MDS Planner at lower right).

Quick data entry for therapists

Therapists' shifts begin with a worksheet that maps out their day, listing that day's patients and therapy required. At the end of the shift, therapists simply log in and enter treatment and labor information. The data is immediately available to everyone with authorization and for reporting.

Therapute clients report that therapists usually spend 5 to 10 minutes per day on this data entry.

Certifications/Recertifications

Therapute offers flexibility in documentation for certifications and recertifications. You can choose from standard forms or contract for a custom form that users complete by hand or online.

Therapy Cap tracking

Therapute automatically tracks the status of therapy caps for patients with Medicare Part B coverage. When appropriate, according to the cap exclusions, the software assigns the KX modifier for billing. The Medicare Part B Cap Modifier and Exemption Report shows cumulative totals by patient and discipline. Approaching/Exceeding Cap reports are useful for communicating with patients.

Executive Dashboard

Therapute gives managers a custom dashboard that shows key indicators vital to managing a therapy business. Start with the top level of data and drill down to more detailed reports, displayed by one, some, or all facilities.

More information

For more information or an online demonstration of Therapute, contact your Keane Care Sales Representative or Jill Moss at 800-426-2675 or info.ltc@keane.com.

Keane Care Rehab clients please note: Our partnership with Therapute does not affect our support of Keane NetSolutions and VistaKEANE Rehab Therapy. We will continue to support it and keep it current with regulatory changes, although we will not be enhancing it. ■



Enter a day's data in 10 minutes

CPT	CPT Description	Minutes	Day Total	Modifiers
97010	Hot or Cold Packs		15	
97035	Ultrasound(ea15min)		0	
97110	Thera. Exercise(ea15min)		15	
97116	Salt Training(ea15min)		0	
97150	Therapeutic Proc-Group		15	
97530	Therapeutic Act(ea15min)		0	

At the end of the shift therapists enter treatment minutes in this window. No services rendered? Choose a reason from the drop-down list. The window gives them total minutes for the day and a spot to enter any Part B modifiers, such as KX.

Ensure the correct RUG everytime

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
PT Plan														
Actual	15	30	20				48	48	48	60	60			48
Variance	15		(15)				(48)							(18)
OT Plan							48	48	48	60	60			48
Actual	45	30					48	40	30	75	60			30
Variance	45						(6)	(18)	15					(18)
ST Plan				35	35	48	48	48	60					45
Actual	30			35	35	48	48	48	60					45
Variance	30													
Total Plan	30	65	35	35	144	144	144	182	120					144
Actual	15	105	50	35	35	144	88	126	197	120				45
Variance	15	75	(15)				(56)	(18)	15					(36)
7-Day Plan Minutes		30	95	130	165	309	453	597	749	804	769	779	779	779
Actual Minutes	15	120	170	205	240	384	472	583	675	745	710	720	684	
Variance	15	90	75	75	75	75	19	(14)	(74)	(59)	(59)	(59)	(59)	
7-Day Visit PT		1	2	3	3	4	4	4	4	4	4	4	4	4
Visit OT		1	2	2	2	3	4	5	5	5	5	5	5	5
Visit SLP		1	1	2	3	4	5	6	6	6	6	5	5	5
RUGS from Plan	N	N	N	N	N	L	L	V	U	U	U	U	U	U
RUGS from Actual	N	N	N	L	L	L	H	V	V	U	V	U	V	U

Therapute takes the guesswork out of reaching the correct RUG by generating this MDS Planner for Medicare Part A residents. The MDS/PPS logic is built in, you simply enter the disciplines, ARD, assessment type, and the RUG category. The page shows actual and variances with variances color coded.

Keane Care News

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24/7 Technical Support

For Priority Support outside of regular business hours, call in-person Keane operators at: **877-532-6347 and press 6** (VistaKEANE Product Support). Assistance will be charged at an after-hours rate.

An affordable way to reduce the impact of system downtime on your staff is to schedule system maintenance for nights and weekends. Call your Technical Support representative to schedule assistance for projects such as upgrades and server migrations.

Pricing: The After-Hours rate applies to both scheduled projects and 24/7 Priority Support. The rate is \$150 an hour for clients with Annual/Monthly support agreements and \$300 an hour for hourly support agreements.

Questions? Contact Thomas Weitzel, Technical Support Manager, 800-426-2680 or at thomas.weitzel@keane.com.

Medication Management

At the request of our clients we have developed a complete package for managing medications electronically in Long-Term Care.

We started with Keane NetSolutions eCharting, released in 2007 to bring our clients point-of-care charting with an eMAR/eTAR. I'm happy to report that it has been well received with clients giving it great reviews.

Next was Drug Interactions & Patient Education. Our Keane NetSolutions ePrescribing module changed direction this year. In January 2008 we were the first vendor certified in the new messages added for LTC in the NCPDP SCRIPT format.

We found though, that not all pharmacies are set up to receive electronic messages, but all can receive faxes. So we modified the software to send auto-faxes from the computer to those pharmacies that can't receive electronic messages.

Therapute

Another welcome addition to our clinical offerings is Therapute, a web-based system for managing therapy that offers quick data entry for therapists, real-time reports, and executive dashboards. A product of Therapute, LLC, we interfaced the software with Keane Care ADT to export demographic data, with more interfaces planned.

We will continue to support Keane Care Rehab software and keep it current with regulatory changes. Read more about Therapute on page 11. ■

SQL Server: What You Need to Know

In step with technology trends, Keane Care is transitioning its systems to SQL Server.

KNS RAM and SQL Server

With the release of Keane NetSolutions RAM 6.4.0, clients will have the option of running on SQL Server instead of the Progress database. This release offers a single integrated SQL Server database for clinical functions and billing/AR. It will be able to store multiple facilities in a single application database.

VistaKEANE (windows-based) RAM will continue to require Progress.

SQL & VistaKEANE Clinicals

Microsoft SQL Server 2005 software will be required for VistaKEANE clinical software, effective with the software update needed for MDS 3.0.

Facilities using Microsoft Access as their database for clinical software have been advised that they must switch to SQL to install the update for MDS 3.0, scheduled for after March, and before October 2009. Keane NetSolutions clinical software already uses SQL.

Some smaller facilities may be able to use SQL Express, a free version. SQL Server is sold by number of seats using it, called CALs (Client Access Licenses). To assist with the change to SQL, *Client Services is offering conversion services at a discounted rate through second quarter 2009.*

What is SQL?

SQL is a database computer language designed for the retrieval and management of data. SQL stands for Structured Query Language and it is officially

called by its letters (es cue el) although many people say sequel.

More information about SQL

Scott Bowman, Keane Care Technical Consultant, presented a SQL overview session at the 2008 Keane Client Conference that covered SQL Server versions, cost, upgrading from Access to SQL, SQL Express to SQL Standard or Enterprise.

Disaster Recovery, Log Shipping

Shawn Johnson, Director of Information Technology for Augustana Care Corporation, presented a session based on real-world experience with recovery hardware and software. He also covered log shipping, a feature in SQL Enterprise Edition for automatic data backup. Get the conference PowerPoints at the Insider: ■

<https://keanecare.com/insider/insider.asp>

Client Profile

The Meadows

Fulton, Mississippi

The Meadows is a beautiful and new 130-bed state-of-the-art skilled nursing facility offering full therapy services. It is part of Daniel Health Care that includes Daniel Assisted Living.

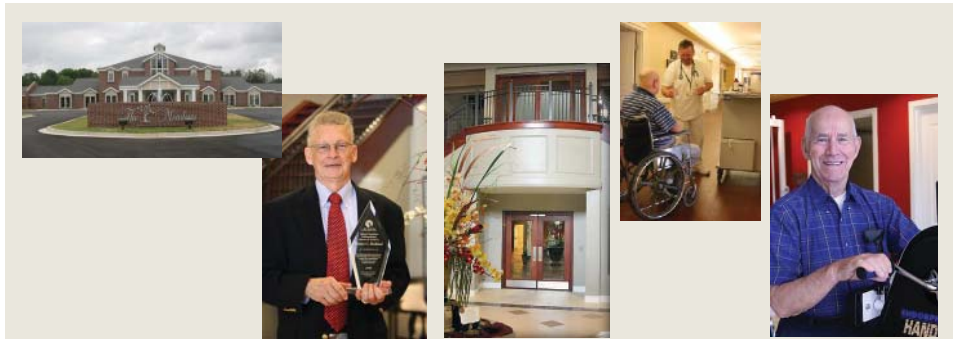
James Holland, Administrator and Owner of The Meadows, has led his organization by example, with a “proactive approach, never content with the status quo and always looking to the future.” In keeping with this philosophy, The Meadows has been computerized for 20 years, and is always one of the first sites to adopt new technologies.

Over the years many Keane Care staff have worked with The Meadows employees and all report that they are some of the nicest people they work with as well as strong software users.

Mr. Holland recalls working closely with Keane Care management in the late 1990s as Medicare changed to prospective payment using case mix. “The software improved each year to meet the needs of providers like us who were using the billing and MDS products.

“We made the decision to migrate to the browser system because we wanted to be able to document at the point of service and that was available with Keane NetSolutions. Now we have an Electronic Medical Record with all our charting done electronically on laptops and PCs throughout the building.”

The Meadows implemented their Keane NetSolutions system in Spring 2008 including RAM, ADT, Care Plan, Progress Notes, Physician Orders, eCharting with eMAR/ eTAR, Rehab Therapy, and Resident Assessment. “The installation went



The Meadows was built in 2007 as “A Vision of Hope for a Better Tomorrow” for its patients by its owner. James C. Holland (pictured at left) is shown receiving the Distinguished Service award from the American College of Health Care Administrators in 2008.

really well,” said James Holland. “You always run across glitches in a big project like that, but we have gotten beyond those and overall it went smoothly.”

Management information

As owner and administrator, Holland regularly reviews financial statements from the General Ledger software and aging reports from RAM. Every morning he receives a census report showing total resident days by pay type, level of care, admissions, transfers, discharges, and total days by pay type.

Secure workflow and faster billing

“We like being able to give system access to all who need it,” said Jackie Jones, Financial Coordinator, and employee since 1992. Each employee’s security includes their own password and assignment to a group with specialized security access.

For instance, the clinical staff have read-only access to areas on payors, change orders, and billing. The reverse is true with Business Office staff limited to read-only access for the MDS and clinical functions.

“I’ve found a few differences between windows-based RAM and Keane NetSolutions,” continued Jackie, “such as how you download and print. It definitely calculates bills more quickly – what used to take us 20 to 30 minutes has been cut in half. Resident Funds looks very different in KNS, but it works the same.”

Smaller charts

Tammy Holland, CLPN, CNAC, MDS Coordinator reports that they print much less, usually only forms that require a signature. “I’ve noticed that the size of the charts is shrinking. Most charts are about half the size they were before.”

Staff made more workflow changes in 2008 due to the implementation of point-of-care charting with eMAR. For example before eMAR, one nurse did the order entry for all residents, now each nurse does their own.

“I really do like that when you access a resident you have everything you need right there,” continued Tammy. “When you’re working on a MDS you can flip over to Physician Orders to see if they have had their flu shot and flip back to the form. It saves a lot of time.” ■

News Front

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How survey data is used

- Points are assigned according to the survey deficiency score (isolated, pattern, widespread) and severity (immediate jeopardy through to no actual harm)
- Points are added for findings of substandard quality of care
- Data is from the current and two prior surveys; the most recent survey is weighted most heavily (1/2, 1/3, 1/6)
- Number of repeat visits and complaint investigations are assigned scores and included in the rating
- After the survey score is reached, facilities are divided into states (to control for survey variation among states) and the:
 - Top 10 percent receive 5 stars
 - Middle 70 percent receive 2, 3, or 4 stars (divided equally)
 - Bottom 20 percent receive 1 star

How staffing data is used

- Data source is the OSCAR system
- Measures are adjusted for case-mix differences based on RUGs
- RN hours and total hours are combined to calculate a rating of 1 to 5

Quality Measures component

- If facilities have missing data for three or fewer long-term QMs, usually because of not enough residents for calculations, values are assigned based on the state average
- QM scores are calculated nationwide – not by state:
 - Top 10 percent receive 5 stars
 - Middle 70 percent receive 2, 3, or 4 stars (divided equally)
 - Bottom 20 percent receive 1 star
- Performance on the two ADL

measures is weighted 1.6667 times as high as others, resulting in 40 percent of the weight for long-stay QMs

- Uses the following 10 of the 19 Quality Measures (QMs) posted on Nursing Home Compare

Long-Stay QMs - Percent of residents:

- Whose need for help with daily activities has increased
- Whose ability to move about in and around their room got worse
- Who have pressure sores (and are at high risk)
- Who had a catheter inserted and left in bladder
- Who were physically restrained
- With urinary tract infection
- With moderate to severe pain

Short-Stay QMs - Percent with:

- Pressure ulcers
- Moderate to severe pain
- Delirium

Overall Five-Star Rating

After the scores for surveys, staffing, and QMs are determined, the overall five-star rating is assigned in the following steps:

1. Start with the survey five-star rating
2. Add one star if the staffing rating is four or five stars and greater than the survey rating; subtract one star if staffing is one star
3. Add one star to the step 2 result if the QM rating is five stars; subtract one star if QM rating is one star.
4. If survey rating is one star, then the overall rating cannot be upgraded by more than one star
5. If it is a Special Focus Facility and has not sustained improved compliance for 12 months, the maximum rating is three stars

Download the 22-page Technical Users' Guide at: ■

www.cms.hhs.gov/CertificationandCompliance/Downloads/usersguide.pdf

Calendar of Events

Keane Care staff will be attending the following conventions in 2009. Please stop by to say hello.

February 10 - 12, 2009

Aging Services of Minnesota
Hyatt Regency
Minneapolis, MN

March 5 - 6

AANAC Conference
Hyatt Regency Crown Center Hotel
Kansas City, Missouri

March 25 - 27

Life Services Network Convention
Navy Pier
Chicago, Illinois

May 4 - 6

Aging Services of California
Marriott Monterey Hotel
Monterey, California

May 4 - 7

Ohio Health Care Association
Columbus Convention Center
Columbus, Ohio

May 4 - 7

Washington Health Care Assn.
Hilton Hotel and Conference Ctr
Vancouver, Washington

June 24 - 25

PANPHA
Hershey Lodge and Convention Ctr
Hershey, Pennsylvania

September 21 - 22

Oregon Health Care Association
Red Lion on the River
Portland, Oregon

October 4 - 7

AHCA • NCAL Annual Convention
McCormick Place
Chicago, Illinois

November 8 - 11

AAHSA
McCormick Place Lakeside Center
Chicago, IL

Client Profile

Christian Care Communities

Louisville, Kentucky

Christian Care Communities is Kentucky's largest faith-based not-for-profit provider of housing and long-term care for older adults. Founded in 1884, its extensive network includes independent living apartments, assisted living, and skilled nursing.

To help Christian Care Communities fulfill their vision of being Kentucky's premier provider of older adult services, they have used Keane Care's software since 1995 in their four SNFs in Bowling Green, Corbin, Hopkinsville, and Louisville. In 2008 they implemented the browser-based Keane NetSolutions clinicals and RAM.

Why move to Keane NetSolutions now? Bud Byrley, CIO, said "it was a simple decision – we are always working to improve service to our residents and to give our employees the best tools. Keane NetSolutions puts us in a great position to meet our goals."

Installation of KNS

"Keane NetSolutions (KNS) installation was a success overall," said Chris Huff, Technology Manager. "To make it a success we did quite a bit of front-end work. And weeks before going live I set up a test environment so staff could become familiar with the software. At training, the staff who tried it out were definitely ahead of those who didn't."

"We converted all four SNFs on Tuesday and on Wednesday we went live and started training. We discussed training options with Keane Care and decided to do it online through interactive Live Meeting," continued Chris.

"Keane Care Implementation Consultants dialed into a computer connected to a projector so staff could observe and ask questions. It was a

smooth transition, mainly we needed to know how to find things on the browser pages and how to run reports."

Registration with KNS

Christian Care Communities staff appreciate how KNS handles the registration process. "Before, we admitted residents with RAM but that caused problems for clinical staff. With KNS ADT everyone sees the same pages so it's easier to cross-train."

Glenna Collins, RN, Resident Assessment Director, likes "that clinical staff can check the ADT Snapshot for payment data and Medicare/Medicaid numbers. If you put an extra + in a pending Medicaid number, the MDS is rejected and it is very time consuming to inactivate/resubmit a corrected MDS."

CareTracker

In 2004 CCC was the first Keane Care client to install CareTracker integrated with VistaKEANE. "At first we ran CareTracker compliance reports daily and emphasized complete charting on time. We run them less often now since

compliance is routinely above 95 percent," said Glenna.

They run CareTracker reports daily, such as depression indicators and input/outputs. Reports and alerts are used to check for fluid/food intake and elimination records so they can address potential problems quickly. When several CNAs provide care to one resident, they can't see a trend developing like CareTracker can.

"The MDS Coordinator loves CareTracker," says Glenna. "When preparing an assessment, she has a summary of all ADLs she can review and edit before entering them in the MDS."

Employee messaging

CCC uses CareTracker kiosks as secure employee message centers. When staff sign in they view messages directed to them. "We weren't sure if it would take off, but it really flies now," says Chris. "The MDS Coordinator can leave a question for a nightshift CNA, we can ask CNAs to do a one-time check, and we post messages for everyone, like notices of meetings or lost glasses." ■



A few of the many people who make Christian Care Communities Kentucky's premier provider of older adult services.