

The

Active System

Nutrition Management Program



Overview and Philosophy:

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

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

The philosophy of The Active System is to provide the MAXIMUM assistance to the Interdisciplinary Team in order to MAXIMIZE the timeliness and quality of care in order to MAXIMIZE the QUALITY OF LIFE for your residents. The more you use The Active System, the less time you need to dedicate to the paper work of a Nutrition Management Program and the more you

Conclusion:

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

Weight Variance Report:

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

[Wt Variance QI Log] C:\wjs\assess\WVW0600.1 Census: 39 % Sig. Wt Loss:30.7 Number: 12														
Print 1 hsp deskjet 3600 series Units: 1 2 Dates: 06-01-00 03-25-04 Occurrence Log Wgt Wgt Log NMP Report EXIT														
Draft MaYr 06 00 Display All Residents Reset Email Leave Current Wgt Blank Pptk Det Units														
SupremeCare, LLC Weight Variance QI Log for 6/1/2000 to 3/26/2004														
Room	Resident Name	IBWR	Date	Weight	30 days	90 days	180 days	Skin	Medications		Int			
100A	Edwards, Senator (Doolittle) NCS	117-143	02-02-00	127.4	1.191				Altace		NMP			
			03-03-00	125.2	-1.726				SENOKOT		RD			
			04-10-00	127.4							ST			
			05-08-00	128.6	9419						OT			
			06-15-00	122.2	-4.081						Hsp			
			06-15-00	111.1*	-12.79	-11.26					CP			
102A	Hill, Senator (Doolittle) Tube Feeding Gluc	182-222	04-17-00	146.4*							NMP			
			05-01-00	146.2*							RD			
			05-08-00	148.3*	-13.22						ST			
			05-15-00	146.7*	-14.16						OT			
			05-22-00	149.9*	-12.28						Hsp			
			06-10-00	150.1*	-12.17	6.667					CP			
106A	Toricelli, Robert (Doolittle) Tube Feeding Gluc	112-136	02-14-00	196.6	-3042	.7172	2.395		Multivitamin		NMP			
			03-27-00	175.5*	-10.73				Zolof		RD			
			04-03-00	174.8*	-11.08				ATTIVAN		ST			
			04-10-00	175.5*	-10.73				DIGOXIN		OT			
			05-10-00	175.5*	-10.98				LASIX		Hsp			
			06-10-00	173.5*	-11.74				KCL		CP			
107A	Warner, John (Doolittle) Mech Sft	117-143	02-14-00	139.0	1.533	2.281	3.576		Premarin		NMP			
			03-27-00	126.2*	-9.208				Multivitamin		RD			
			04-03-00	127.4*	-6.402				LASIX		ST			
			04-10-00	127.4*	-8.345				SYNTHROID		OT			
			05-08-00	127.3*	-8.417				Oscal		Hsp			
			06-10-00	129.1*	-7.122				GLUCOTROL		CP			
107B	Claus, Santa (Doolittle) Tube Feeding Two Ca	144-176	05-15-00	103.2#	1.176	-17.04	-18.09	L Ischium Stg	Catapres		NMP			
			05-29-00	105.5*	1899	-16.26		R Outer Ft Uns	Imodium		RD			
			06-05-00	101.4#	-3.244	-22.29	-22.41	R Hip Stg 4	Macrobid		ST			
			06-19-00	102.5*	-6782	-4854	-20.17	L Ischium Stg 4	Vitamin C		OT			
			07-17-00	100.6*	-1.853	-1.372	-20.28	R Foot Unstaga			Hsp			
			07-24-00	101.7*	-7804	-2941	-20.48	Bunion/Toe Stg	MVI w/Minerals		CP			
107B	Claus, Santa (Doolittle) Tube Feeding Two Ca	144-176	05-15-00	103.2#	1.176	-17.04	-18.09	L Ischium Stg	Catapres		NMP			
			05-29-00	105.5*	1899	-16.26		R Outer Ft Uns	Imodium		RD			
			06-05-00	101.4#	-3.244	-22.29	-22.41	R Hip Stg 4	Macrobid		ST			
			06-19-00	102.5*	-6782	-4854	-20.17	L Ischium Stg 4	Vitamin C		OT			
			07-17-00	100.6*	-1.853	-1.372	-20.28	R Foot Unstaga			Hsp			
			07-24-00	101.7*	-7804	-2941	-20.48	Bunion/Toe Stg	MVI w/Minerals		CP			
304A	Girl, Model (Doolittle) Regular	108-132	03-03-00	160.0	.88	.44	-1.54		ATTIVAN		NMP			
			04-04-00	162.3	1.44	2.01	-67		VALPROIC ACID		RD			
			05-15-00	175.3*	8.01	10.53	8.34		BUSPAR		ST			
			05-16-00	165.1	1.73	4.1	2.04				OT			
			06-10-00	164.7	1.48	2.94	2.55				Hsp			
			06-17-00	140.0*	-15.2	-12.5	-12.01				CP			
	SKIM MILK/CRAX	[S]												

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

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

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

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

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

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

The entire system has been designed to be used and/or monitored from remote locations. Therefore, the benefits of using the system

Facilities from one location, or having each facility transmit update Data packages to one computer. Corporate consultants can then obtain detailed information and summary reports from each facility which can tell them exactly what is happening at each facility and what documentation is in place for any incident or situation. The System allows your corporate consultants to do in thirty minutes what would normally require a three to five day visit to a facility. What is usually done once a month or once a quarter, can now be done on a weekly basis, and in much greater detail.

Meal Consumption

Monitoring the meal consumption for your residents is the first line of defense for identifying residents at risk for weight loss. The Active System provides a very quick and easy way to input meal consumption information into the system for immediate use and evaluation by the entire Health Care Team. The figure below shows the screen that is used to input meal consumption information. It is quick and easy. Any staff member, regardless of computer knowledge, can input this information. Barcoding of Tray Tickets is also available to make input even easier and faster. Once you train your CNA's to input this information, the system becomes self perpetuating. New staff members are indoctrinated into the use of the computer without any difficulty. This is because the system is extremely easy to use. The ideal is to use The Active System to collect the meal consumption data, and then let the system take the information and present it to your staff during meetings and while doing assessments. This can be done on computers at the nursing station, or tray tickets could be brought to a central computer for quick input into the system.

304A Girl, Model ADL Sheet for Month:03 Year:04

Print Version To Screen Mo/Yr 03 04 hp deskjet 3600 series

Sign On Sign Ambulation/Transfer R/set

Text4 Text5 Text6 Text7 Text8 Text9 Girl, Model

Refused 10 20 30 40 50 60 70 80 90 100 Text10 Text11

Month/Year:03 04 Activities of Daily L

Nm:304A Girl, Model _226 80 F Hgt:64 * IBW:108-13

Phy:Doolittle Allergies:

ADL Description	1	2	3	4	5	6	7	8	9	10	11	12
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												

Discharge Summary

Dietary D/C Summary for 306B Serious, Man C:\wjs\assess\assess1\U1_2181.41

Print DT Nu MD Av SS Rh Au Print Comments Only Reset Form EXIT

hp deskjet 3600 series Use This Font Archive

SupremeCare, LLC D/C Summary for Serious, Man as of 03-26-04

Rm:306B Nm:Serious, Man Resno:_218 74 Sex:M Hgt:69 in

DOB:12-27-1929 Adm:07-13-00 Wgt: B:DD L:DD S:DD Sel: L 175.2 cm

Phy:32 Doolittle 904-366-7730 A.Phy: - -

12-10-03	2	Mech Sft NCS	6	L.Fat Renal	7	Large Por	Honey Thic
12-10-03	2	Mech Sft NCS	6	L.Fat Renal		Large Por	
10-04-03	2	Mech Sft					Puree Meat
02-14-00	2	Mech Sft	6	NCS		L.Fat	

TF:

Dx:724.0:SPINAL STENOSIS, LUMBAR 897.6:AMPUT-LEG/TRAUM/NO COMPL

LIKES AND DISLIKES	NOURISHMENTS
Brk:Sectional Plate Brk:Foam Handle Spoon Brk:2% Milk, Prune Juice Lch:Sectional Plate Lch:Foam Handle Spoon Lch:Send 2 Sl Bread Sup:Sectional Plate	10a:Hshake/M&M Cookie 2pm:Hshake/PB&J HS:Tuna Sandwich

IBWR: 91 to 111 lbs Frame: % UBW:145 AIBW: 101 IBW:88.41 % X

Date	Weight	% chg	Kg	Sc	^ 3%	+ 5%	@ 7 5%	> 10%	~ -3%	* -5%	# -7 5%	<-10%
06-15-00	112.3#	1.54	51.04									
06-19-00	112.3#		51.04									
06-26-00	110.0#	-2.05	50									
07-13-00	86.4*	-21.4	39.27									
07-24-00	89.3*	3.36	40.59									

Cardex File:_218~1 Pertinent Lab Values

Date	Hb	Hct	Alb	Glu	Bun	Cre	K+	Chol	Na+	Cl-	mOsmK
02-09-00	10.3	30.0L	4.4	171.H	16.	0.8	4.6		142	107	308.H
07-04-00	10.9	33.3L	3.3L	108.	18.	0.6L	4.5		134 L	97	289.

Date	Meals			PO Fluid/Flush			Snack			Formula/Input			Urinary Output				
	B	L	S	1st	2nd	3rd	1	3	H	1st	2nd	3rd	Total	1st	2nd	3rd	Total
- -																	
- -																	
- -																	

Date	Admitted		St	Skin Assessment Record				Treatments
	/w	Location		L	W	D	Wk Bed/Matt	
02-22-00	x	R Side	2					Surgical Incision
06-27-00	x	R 2nd toe	2					

Nutrition Management Summary:

Nutritional Assessment for 306B Serious, Man [_218]

Nursing Units: 2 / 2 Resident: NO NO Set for All: No Comments
On or After: 03-26-04 Discipline: No Clip No Firm Print: No Auto Print: No Shade Ver: 0 Retcode: EXIT

SupremeCare, LLC Nutritional Assessment

Resident: 306B Serious, Man 74 M Resno: 218 Hgt: 69 " IBWR: 91-111
Physician: Doolittle 366-7730 Date of Adm: 07-13-00 Adm Wgt: .
Dx: SPINAL STENOSIS, LUMBAR AMPUT-LEG TRAUM NO COMPL
Diet: Mech Sft NCS L Fat Renal Large Por Honey Thic
Brk[No Pork No Fish Isolation] Sectional Plate Foam Handle Spoon 2% Milk, Prune Juice
Lch/Sp: [Coffee all Meals Honey Thick Liq] Sectional Plate Foam Handle Spoon Send 2 SI Bread
10a: Hshake/M&M Cookie Afr: Hshake/PB&J
HS: Tuna Sandwich
Meds: Vancomycin 7.25 00

306B Serious, Man

Date	Wgt	30 dv	90 dv	180 dv	Date	B.I.S	10.3	H	Input	Out
06-05-00	110.6	-26.3	-25.6							
06-15-00	112.3	3.98	-23.9							
06-19-00	112.3	4.95	-23.9							
06-26-00	110.0	-4.5	-25.4							
07-13-00	86.4	-23.0	-42.4							
07-24-00	89.3	-18.8	-40.5							

Date	Hb	Hct	Alb	Glu	Bun	Cr	K+	Chol	Na+	Cl-	Osmk
02-04-00	10.1	30.0L	4.4	171.H	16.	0.8	4.6	142	107	308.H	
07-04-00	10.9	33.1L	3.1L	108.	18.	0.6L	4.5	134L	97	289.	

Lab Data: WNL Not Avail Marginal Abnormal 3 3 3 3
Conditions: None One 2-3 >4 0 0 0 0
Skin Status: Intact Stage I Stage II Stage 3-4 2 2X 2X 2X
Total Score: 10 points or above a High Risk 13 4 4 4

Historical Notes/Interdisciplinary Team Meeting Minutes/Current Assessment Notes

Appearance has not changed. New Weighing procedures in place. Continue on weekly weights. Continue to enc. meals & supplements. 3.5 lb GAIN 03-30-00 NMPD

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

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

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

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

Meal Consumption Record

Print

NutUnits: 2 / 2

Res: 1 / 80

Start Date: 3/26/2004

hp deskjet 3800 series

SupremeCare, LLC & [Station II] Meal

		Fri 03-26-2004				Sat 03-27-2004				Sun 03-28-2004				Mon 03-29-2004			
Room	Resident	Brk	Lch	Afr	Sup	Brk	Lch	Afr	Sup	Brk	Lch	Afr	Sup	Brk	Lch	Afr	Sup
300P	Cheney, Lynne																
301P	Wilson, Woodrow																
302P	Daschle, Thomas																
303P	Model, Woman																
304A	Girl, Model																
304B	Another, Model																
305A	Senator, Woman																

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

Calorie Count

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

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

Calorie Count for 304A Girl, Model C:\wjs\hccfsm\fsm1_226W.304

Print hp deskjet 3600 series Blank Copy Days 901 903 No Yr 03 04 Date 03-26-2004 Refile Reset

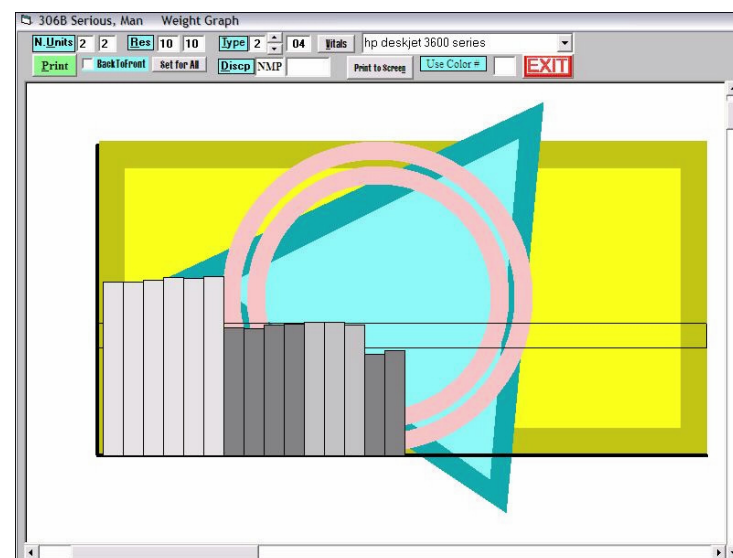
CALORIE COUNT:304A Girl, Model Regular Days:901-903

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

EXIT

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

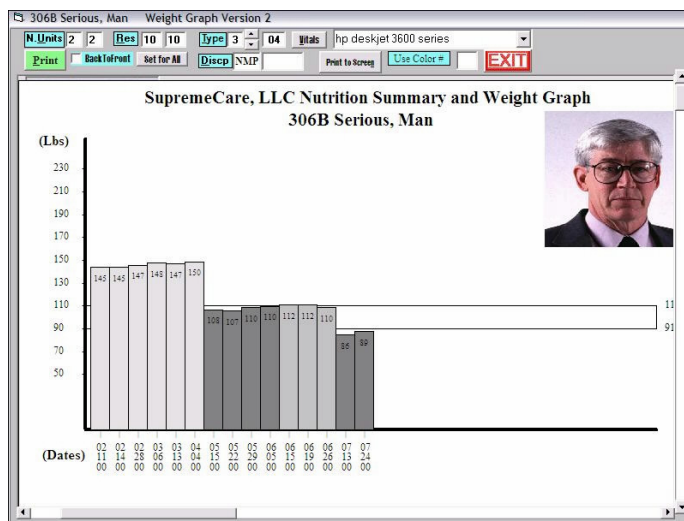
Modern Art Version of the Weight Graph



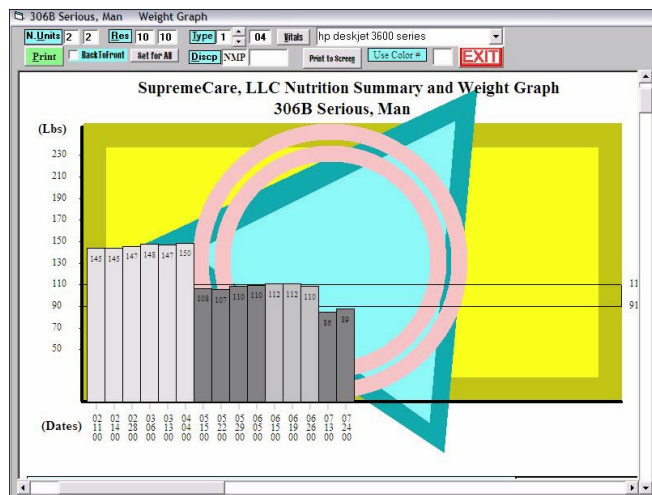
Nutrition Management Summaries:

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

Weight Graph



Weight Graph With Symbols



Weights

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

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

The screenshot displays a resident's medical chart for '306B Serious, Man'. It includes a photo of the resident, a list of medications (e.g., Vancomycin, Ibuprofen), and a detailed weight history table. The table shows dates, weights, and percentage changes over time, with columns for 30, 90, and 180-day trends.

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

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

The screenshot displays a resident's dietary preferences and meal history for '306B Serious, Man'. It includes a list of 'Likes' and 'Dislikes' (e.g., Coffee, No Milk, No Meat) and a table of meal consumption data. The table shows dates, meal types, and quantities consumed, with columns for 30, 90, and 180-day trends.

Date	Meal	Qty	30 days	90 days	180 days
02-11-00	145.0				
02-14-00	145.1	6.89			
02-28-00	147.2	1.44			
03-06-00	148.7	1.01			
03-13-00	147.6	-0.73			
04-04-00	150.1	1.69			
05-15-00	108.0*	-28.0			
05-22-00	107.0*	-0.92			
05-29-00	110.5*	3.27			

Weekly Combo Weight Sheet. Weekly and Monthly Weights

The screenshot displays a 'Resident Weights' table for 'SupremeCare, LLC Resident Weights as of 03-26-04'. The table lists residents and their weights over a 12-month period. The columns represent months from 01/00 to 12/00. The rows list residents with their birth dates and current weights.

Resident	IBWR	01/00	02/00	03/00	04/00	05/00	06/00	07/00	08/00	09/00	10/00	11/00	12/00
100A Edwards, Senato	64" 117-143	125.6	127.4	125.2	127.4	128.6	127.2	127.2	127.2	127.2	127.2	127.2	127.2
100B Kennedy, Edwar	63" 112-136	163.9	169.9	163.7	168.3	165.3	164.9						
101A Grassley, Charl	72" 160-196	200.0	204.0	205.0	203.2	198.0	192.4						
102A Hill, Senator	76" 182-222	173.2	170.9	150.0*	152.1*	146.3*	150.1*						
102B Jeffords, James	69" 144-176	222.9	216.0	217.4	216.2	217.2							
103A Larson, John	69" 90-110	99.9	101.0	97.3	98.1	98.2	96.7	100.6					

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

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

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

Weekly Weight List with Previous Weights and Dates:

Resident Weights

Units 1 Residents 1 62

Standard Version

Wgt-Date Version

Print

Print to Screen

Setup Printer

E-mail

EXIT

start Mo 1 Yr 4 NMP

Wgt-Record Version

By Physician

Alphabetically

hp deskjet 3600 series

Resident	IBWR	NMP	Date	Wgt	Date	Wgt	Date	Wgt	Date	Wgt
100A Edwards, Senator	117-143		04-10-00	127.4	05-08-00	128.6	06-15-00	122.2	06-15-00	111.1*
100B Kennedy, Edward	112-136	LG	03-03-00	163.7	04-04-00	168.3	05-08-00	165.3	06-10-00	164.9
101A Grassley, Charles	160-196		03-10-00	205.0	04-04-00	203.2	05-15-00	198.0	06-19-00	192.4
103B Hatch, Orrin	149-183	LG	12-20-99	167.0	01-10-00	164.0	02-10-00	166.0	03-10-00	166.8
102A Hill, Senator	182-222	L	05-08-00	148.3*	05-15-00	146.7*	05-22-00	149.9*	06-10-00	150.1*
102B Jeffords, James	144-176		02-28-00	219.3	03-03-00	217.4	05-08-00	216.2	06-10-00	217.2
103A Larson, John	80-110	L	06-26-00	100.1	06-10-00	98.2	07-17-00	100.6	07-24-00	99.4
103B Hatch, Orrin	149-183	LG	12-20-99	167.0	01-10-00	164.0	02-10-00	166.0	03-10-00	166.8
104A Mikulski, Barbara	130-160	GL	06-26-00	107.6<	07-05-00	108.3<	07-17-00	108.8	07-24-00	110.2
104B Roosevelt, Frank	133-163		03-03-00	210.1	04-04-00	215.5	05-08-00	218.2	06-10-00	222.4+
105A Sessions, Jeff	139-169	GL	04-04-00	167.2+	05-08-00	168.8@	06-06-00	171.3>	06-10-00	
105B Snowe, Olympia	130-160		04-03-00	155.2+	04-10-00	156.1+	05-08-00	155.1+	06-10-00	156.+

Weekly Weight Record. No Previous Weights:

Resident Weights

Units 1 Residents 1 62

Standard Version

Wgt-Date Version

Print

Print to Screen

Setup Printer

E-mail

EXIT

start Mo 1 Yr 4 NMP

Wgt-Record Version

By Physician

Alphabetically

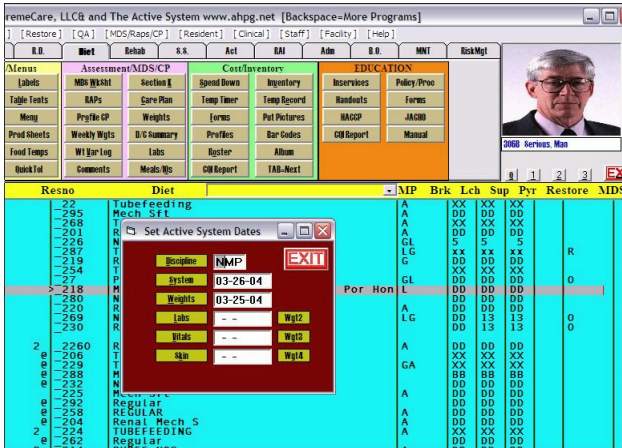
hp deskjet 3600 series

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

Conducting the NMP Meeting

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

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



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

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

"F7 Comment" Screen

The system shows you all the previous comments along with an information box that contains pertinent information on the resident for making informed decisions. You type the comments you want to record in the white box and then press Esc and you are placed back on the roster, ready for the next resident. The key to the system is getting the comments in without having to type a great deal. This is handled with standard comments that are integrated with the information on the resident cardex. For example, you can put a 'c' in the white box and press enter and a line appears that discussed the weight change from the previous weight. ie. 1.2 lb gain. Type an 'm' and press enter and you get a line stating you will monitor and encourage the resident. A 't' produces a line stating the resident is tolerating his or her tube feeding. An 'e' produces a line about encouraging meals and supplements. These lines are fully customizable by clicking the yellow NMP Comments button. Notice the user makes a conscious decision to put each line in the box and this assures appropriateness of the comment while reducing typing to a bare minimum.

Maintaining the Weekly Weight List:

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

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

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

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

Fax Recommendations:

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

Fax Recommendation		Fax Recommendation																																	
Print	<input type="checkbox"/> No Shading	<input type="checkbox"/> No Phy	<input type="checkbox"/> Use Alternate Format																																
<input type="checkbox"/> No Clip	<input type="checkbox"/> No Picture	<input type="checkbox"/> Rec ONLY	<input type="checkbox"/> Copies 1																																
From: Your Dietitian's N, R, D., L.D.		EXIT																																	
hp desktop 3600 series																																			
<p align="center">XYZ Facility Best Nursing Lane, Jacksonville, Florida Phone: 914-716-2297 Fax: . . .</p>																																			
<div style="border: 2px solid black; padding: 10px; text-align: center;"> <h1>FAX Recommendation</h1> </div>																																			
SupremeCare, LLC & 306B Serious, Man [L218] 74 M 69 " inches IBWR: 91-111 Physician:Doolittle 366-7730																																			
Resident: 306B Serious, Man		74 M Resno: 218 Hgt: 69 " IBWR: 91-111																																	
Physician: Doolittle		366-7730 Date of Adm: 07-13-00 Adm Wgt: .																																	
Dx: SPINAL STENOSIS, LUMBAR AMPUT LEG TRAUM/NO COMPL																																			
Diet: Mech Sft NCS L Fat Renal Large Por Honey Thic																																			
Brk: Sectional Plate Foam Handle Spoon 2% Milk, Prune Juice																																			
Lch/Spl: Sectional Plate Foam Handle Spoon Send 2 SI Bread																																			
10ar: Hshake M&M Cookie		Afr: Hshake/PB&J																																	
HS: Tuna Sandwich																																			
Meda: Vancomycin																																			
<table border="1"> <tr> <td colspan="2"> Kcal: 1424 kcal Pro: 55.0 g Fluid: 1377 cc </td> <td colspan="2"> 1.3 Activity Factor 1.0 Stress Factor 1.2 kJ/kg Pro Factor </td> </tr> <tr> <td colspan="2"> BMI: 13.2 </td> <td colspan="2"></td> </tr> <tr> <td> Date </td> <td> Hb </td> <td> Hct </td> <td> Alt </td> </tr> <tr> <td> 07-09-00 </td> <td> 163 </td> <td> 50.0L </td> <td> 4.4 </td> </tr> <tr> <td> 07-04-00 </td> <td> 169 </td> <td> 53.3L </td> <td> 3.3L </td> </tr> <tr> <td> 10.0L </td> <td> 171 </td> <td> 18 </td> <td> 16 </td> </tr> <tr> <td> 0.6L </td> <td> 142 </td> <td> 167 </td> <td> 308 </td> </tr> <tr> <td> 134 L </td> <td> 97 </td> <td> 289 </td> <td></td> </tr> </table>				Kcal: 1424 kcal Pro: 55.0 g Fluid: 1377 cc		1.3 Activity Factor 1.0 Stress Factor 1.2 kJ/kg Pro Factor		BMI: 13.2				Date	Hb	Hct	Alt	07-09-00	163	50.0L	4.4	07-04-00	169	53.3L	3.3L	10.0L	171	18	16	0.6L	142	167	308	134 L	97	289	
Kcal: 1424 kcal Pro: 55.0 g Fluid: 1377 cc		1.3 Activity Factor 1.0 Stress Factor 1.2 kJ/kg Pro Factor																																	
BMI: 13.2																																			
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0.6L	142	167	308																																
134 L	97	289																																	
Date	Wgt	30 dy	90 dy																																
06-05-00	110.6	-26.3	-25.6																																
06-15-00	112.3	3.98	-23.9																																
06-19-00	112.3	4.95	-23.9																																
06-26-00	110.0	-45	-25.4																																
07-13-00	86.4	-23.0	-42.4																																
07-24-00	89.5	-13.8	-40.5																																

306B Serious, Man																																																															
						-------------	--------------	---------------	----------------		Date	B I S	10.3 H	Input Q																																																	
The Following is Recommended for 306B Serious, Man																																																															
NMP Change Hshake TID to MedPas 3oz TID																																																															

Dietitian: 306B Serious, Man [-218] 74 M 69 [91-111/0/0/1] [Phys:Doolittle] [Diet: Mech SFT NCS L-Fat Renal Large]

Blank Uptd Fax Asmt Rb PT DT SLP MD 3-Restore Archive History Undo

30 174

Injectional Plate
toam Handle Spoon

SMTWTFSS
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LOSS
GAIN

NMP Standard Comments

STANDARD NMP COMMENTS >>> F10=Print

d Reviewed weight history. D/C to monthly wgt's.
Continue to monitor.
t Tolerating tubefeeding well.
e Continue to encourage meals and supplements.
f QSN is eating fair.
1 Rec:House Supplement at HS
2 Rec:House Supplement BID
3 Rec:House Supplement TID
k Rec:Add Milk and 2 juices to each meal.
p QN's Poor Appetite continues.
s Rec:ST consult.
n No ethnic or cultural preferences noted.
r MRec:Reweigh
ra Above restraints reviewed and continued by the
re committee.
sa Reviewed above skin breakdown. Treatment in
progress. Continue to monitor.
g QN has a Good Appetite. QSN is eating well.

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

Put F10 NSLAXY 0012
Standard Comments
NMP Comments
Pull Note Down SS

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

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

The standard NMP comments are not really standard. There is a slight variation in how each comment is stated each time you select it. The meaning is not changed, but the wording is slightly different. This imitates reality and avoids monotony in the documentation.

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

The Active System offers a very efficient and methodical approach to Nutrition Management. If your staff follows The Active System approach, residents will not "fall through the cracks" and all your interventions will be **TIMELY**. You will have a week by week description of what you did for every resident at risk and what the results were. This documentation is invaluable in a court of law and during survey. It can be placed in each individual resident's chart and/or summarized in a weekly NMP minutes report. The information is available on any computer on the network, so it can be used for assessments by all disciplines, MDS's, RAPs and Care Plans. All information will match and it will be exactly what is happening in the Kitchen because that is where the intervention was implemented because the Kitchen is operating off the SAME DATABASE. The potential here is enormous. Image if your staff used the system from the "back end to the front". In other words, train the Dietary, Nursing, CNA, Activities, and Social Service staff to input incidental comments into the F7 Comment section for all the incidental things they do for the resident or observe about the resident. These comments would be collected for each resident and displayed for review during the NMP meeting. Not only would the Nursing Home get credit for all the small things they do for all the residents, these comments would generate more individual discussion in the NMP meeting and make the meeting and the documentation more effective.

NMP Meeting Minutes

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

To Print the NMP Meeting Minutes, click NMP Meeting at the top of the Roster Screen.

The screenshot shows the 'Nutrition Management Program' window. At the top, there are fields for 'Nursing Units' (1, 2) and 'Residents' (1, 62). Below these are 'Date' (03-26-04) and 'Discipline' (NMP, RAR, RD). There are several print options: 'Print with Faxes' (checked), 'Print Faxes Only', 'Print Weekly Wgts', and 'Print Combo Wgts'. Buttons for 'Print', 'Print to Screen', 'Email', 'Reset', 'EXIT', and 'Clear NMP' are visible. The main area displays a report titled 'SupremeCare, LLC & Nutrition Management Program Minutes as of 03-26-04'. The report is organized into three identical sections, each with a header row for 'IBW:', 'MD:', 'Meals', 'Nourishments', 'Date', 'Wgt', 'Date', 'Hct', and 'Alb'. The data rows are currently empty.

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

Key Point: You have a great deal of control, and/or guidance you can offer staff members regarding the content of the minutes generated by this meeting and consequently the individual Nutrition Management Summaries.