

MDS 3.0 Delayed: More time to get acquainted

CMS has announced that implementation of MDS 3.0 is postponed to October 2010. During the Open Door Forum call of March 5 officials said they are working to revise the MDS 3.0 timeline and that data specs that were due for release in March 2009 will be released in October 2009.

In response to questions about training, CMS officials pointed out that it's still too early, since all the documents posted on their Website are draft. Check out the CMS MDS 3.0 Website.

Looking for a shortcut to learn what's in draft MDS 3.0 and why?

Keane Care has summarized the MDS 3.0 Final Report from Rand in a 4-page paper describing changes made in each section, the reasons, and how they did in testing. Read it here.

What's in the Economic Stimulus Law for LTC?

Medicaid: The Stimulus bill increases Medicaid funding to states by 6.5 percent for 27 months, 10/1/08 thru 12/31/10. Additional bonuses are available based on the state's unemployment rate.

Health Information Technology (HIT) Stimulus Funding: \$19 billion was authorized, with another \$2 billion for jumpstarts, to encourage electronic HIT. The bill authorizes funding and a deadline of December 31, 2009 for the adoption of an initial set of technological standards, implementation specifications, and certification criteria for a nationwide HIT infrastructure.

Loans for LTC to Buy HIT: States will be awarded grants to develop loan programs to further widespread adoption of certified EHR (Electronic Health Record) technology. The loans will be awarded to healthcare providers, including SNFs and other LTC facilities, to purchase certified EHR technology, upgrade certified EHR technology, and train personnel.

Electronic Medication Management: a new day

Managing medications accounts for more than its share of paper in LTC. 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:

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Briefly...

Seen Keane NetSolutions Lately?

See for yourself how easy it is to navigate KNS' browser pages, including everyone's favorites – the Snapshots. Our updated catalog highlights eMAR/eTAR, ePrescribing, and Drug Interactions software. Request your free online catalog.

Therapute: Keane Care partner

Check out Therapute, a complete software solution that gives therapists a quick way to enter data and ensure the correct RUG. Read about it in the catalog (above) or download a flyer.

Pain Survey Guidance - March 31

The revised guidance for LTC surveyors, including Pain Management, released in Appendix PP of the State Operations Manual in January 2009 is effective March 31, 2009. Download the document.

CareTracker and Keane Care's Platinum Partnership

Connecting CareTracker's touchscreen point-of-care devices to Keane Care's MDS software gives you maximum ability to import responses for these MDS Sections: G, E, H, K3, N, and P3. For more information click here.

Five Star Rankings: how are they calculated?

How exactly did CMS come up with the number of stars it shows for your facility on the Nursing Home Compare Website? We've boiled it down to just the facts in the following, based on CMS' Technical Users' Guide. Stars are assigned using survey data, staffing information, and Quality Measures.

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Electronic Medication Management (continued)

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. Notes are available for the next med pass and the Electronic Medical Record (EMR).

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

Gordon, a LTC Administrator in Rockford, Illinois, reports that “when we had an outage and had to go back to paper MARs, even our most resistant staff wanted their eMAR. We discovered a paper medication pass took twice as long.”

How it works

These Keane NetSolutions applications work together to deliver electronic medication management:

ePrescribing – no more faxing orders

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

eMAR/eTARs for point-of-care charting

eCharting with eMAR/eTAR replaces the paper notebook on your medication cart with point-of-care documentation that is available instantly to your network and the EMR.

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

Drug Interactions and Patient Education

Drug Interactions software automatically checks for risk when you enter a medication in Physician Orders. Patient Education provides information written for consumers.

Physician Orders

Keane NetSolutions Physician Orders is the hub of medication management, organizing orders system-wide.

More Information

Learn more in the Electronic Medication Management brochure or request full product information.



Five Star Rankings: How They're Calculated (continued)

How survey data is used

- Points assigned according to the survey deficiency score and severity
- Points 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
- Uses number of repeat visits and complaint investigations
- After the survey score is reached, facilities are divided into states (to control for variation among states). The top 10 percent receive 5 stars, middle 70 percent receive 2, 3, or 4 stars (divided equally), and the bottom 20 percent receive 1 star

How staffing data is used

- Data source is the OSCAR system, updated annually
- Measures are adjusted for case-mix differences
- RN and total hours are combined for a rating of 1 to 5

Quality Measures component

- If facilities have missing data for 3 or fewer long-term QMs, usually because of not enough residents, 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), and bottom 20 percent receive 1 star
- Performance on the two ADL measures is weighted 1.6667 times as high as others

The following 10 (of 19) **Long-Stay QMs** are used: increased need for help with ADLs, worsened ability to move about in room, pressure sores (and are at high risk), catheter inserted and left in bladder, physically restrained, urinary tract infection, moderate to severe pain

Short-Stay QMs: percent with pressure ulcers, moderate to severe pain, delirium

Overall Five-Star Rating

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

1. Start with the survey five-star rating
2. Add 1 star if staffing rating is 4 or 5 stars and more than the survey rating; subtract 1 star if staffing is 1 star
3. Add 1 star to the step 2 result if the QM rating is five stars; subtract 1 star if QM rating is 1 star
4. If the survey rating is one star, then the overall rating cannot be upgraded by more than one star