



Visual MDS

Minimum Data Set 2.0

Visual MDS 2.0 facilitates the entering, analyzing and submission of MDS 2.0 records as required by Federal regulation and Medicare reimbursement. As part of an integrated system, *Visual MDS 2.0* receives admission information from the Census module and passes billing information to Accounts Receivable.

Entering MDS Information. Each discipline completes their own section of the MDS on entry-screens that resemble the actual MDS form. The responses of the previous MDS display alongside the current MDS. Correct response for each question can be chosen from a pull-down box or by clicking on the text of the response 'printed' on the form. Incorrect choices are thus eliminated and consistency checking is performed on-line.

Quality Indicators. MDS records are analyzed by the various domains and compared to peer percentages with variances duly noted. The residents triggering the variance and the MDS questions that caused these triggers are detailed for your review.

Printing the MDS Form. At any time you may print either a blank MDS form or any completed MDS. The printed MDS form is identical to the MDS 2.0 form mandated by the Federal government.

Reporting. Visual MDS contains a rich variety of reports that help you check and analyze your MDS's before they are submitted. These reports include:

- Missing Fields Analysis
- Inconsistency checking.
- Census to MDS Comparison.
- MDS to MDS Comparisons.
- Roster Report.
- Census and Conditions.
- Scheduler for regular and Medicare.
- RUG Grouper.

Report Generator. Any field of the MDS form can be queried either alone or in conjunction with other fields. This allows you to audit any question or section across a broad range of MDSs.

Grouper Calculations. The RUGs grouper is automatically calculated by the system. The grouper is stored on the MDS form and is automatically available for Medicare Part A billing and accounts receivable.

RAP Trigger Analyses. RAP triggers are automatically calculated for the eighteen RAP Problem Areas. These responses are stored in Section V of the MDS record and on the Resident Assessment Protocol Trigger Legend form.

Submission. Any group of MDSs can be selected for submission to the government. MDSs can also be extracted for submission to JCAHO or other organizations.

Importing. MDS submission files generated by other MDS systems can be imported into the Visual MDS software. This allows you to load up your MDS data base and instantly benefit from the rich variety of MDS reports available with Visual MDS.

Integration. MDS is integrated with the Visual Census module. This allows MDSs for new admits to be initialized with demographic information from census. Also, grouper scores calculated by Visual MDS are automatically passed to accounts receivable for Medicare Part A billing.

Language and Platform. The *Visual Progress Notes* system is a point-and-click fully integrated GUI Windows based system that operates on Microsoft NT networks and attached Windows or NT PCS.



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The system is a Web-based solution operating within the Microsoft Internet Explorer. Active Server Pages combining HTML, reusable ActiveX components, Java and Visual Basic scripting provide a graphical point-and-click user interface. The data-base is Microsoft's SQL Server and printing of reports is accomplished with the user-friendly Crystal Reporting.

Information. To obtain more information, or to arrange for a demonstration please contact our sales and marketing division at:

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Item	Description	Score	Checkmarks
a. BOWEL CONTINENCE	Control of bowel movement, with appliance or bowel continence programs, if employed 0. Continent 1. Usually Continent 2. Occasionally Incontinent 3. Frequently Incontinent 4. Incontinent	3	4
b. BLADDER CONTINENCE	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed 0. Continent 1. Usually Continent 2. Occasionally Incontinent 3. Frequently Incontinent 4. Incontinent	3	3
H2. BOWEL ELIMINATION PATTERN	c. Diarrhea d. Fecal impaction		✓ ✓
H3. APPLIANCES AND PROGRAMS	a. Any scheduled toileting plan b. Bladder retraining program c. External (condom) catheter d. Indwelling catheter i. Ostomy present		✓ ✓ ✓ ✓ ✓