## Overall System Benefits

- Customizable clinical documentation templates are based on Medicare Benefit Policy Manual guidelines.
- The system interfaces with other hospital systems to decrease duplicate data entry.
- Clinical documents print only complete areas of the document template (no blank rows or documents).
- Unlimited free text areas ensure individualized documentation.
- FIM® documentation is part of daily documentation, and the system suggests ratings based on regular interactions with the patient. (Users do not have to go into multiple areas to document FIM® ratings.)
- The copy forward feature enters consistent information into new documents without the need for full data reentry, saving valuable time for clinicians.
- The software’s annual cost includes all future system enhancements, any required updates related to Medicare Benefit Policy Manual changes and updated coding (e.g., ICD-10), and various levels of ongoing technical and clinical support.
- The system is sensitive to the ever-changing requirements placed on IRFs and will continue to be enhanced to meet the guidelines of governing bodies regardless of the tool being adapted for reimbursement. These changes will be made without additional costs for subscribers.
- The system’s interface with the UDS-PROi® software allows users to use one system to complete IRF-PAI FIM® items, demographic items, and diagnosis codes; view the IRF PAI; and sign off on the IRF-PAI.
- Online help provides complete, comprehensive, context-sensitive online documentation for the entire system.
- The system’s LDAP (Lightweight Directory Access Protocol) integration allows users to use the same username and password they use to log in to Windows. This feature eliminates the need to remember different usernames and passwords and provides better security controls for IT professionals.

## Pre-admission (description includes details for the UDS-PROi® software and the UDS-PRO Doc™ System)

- The pre-admission documentation module, which can be accessed from any place with an Internet connection, is based on Medicare Benefit Policy Manual guidelines.
- Built-in flags quickly identify records that need to be reviewed and signed by the physician prior to admission.
- The module’s built-in FIM® screen tool predicts the patient’s CMG and burden of care at admission.
- Users can create reports about the types of patients admitted and the reasons patients are not being admitted to the IRF and then use these reports to examine trends in the data.

## Patient Admission: The First 4 Days

- Clinical documentation templates are built to help clinicians capture accurate FIM® ratings for all interactions with the patient as part of their daily documentation.
- Development of all plans of care is automated based on problems, goals, and interventions documented by the clinicians in their assessments.
- The SmartFIM™ module combines all FIM® documentation collected by members of all disciplines over the first 3 days into one area. This module, using logic based on CMS’s guidelines, displays the suggested IRF-PAI ratings. Users can review the ratings and save them to the IRF-PAI form in the UDS-PROi® software without opening multiple systems or documents.
- The SmartFIM™ module ensures that FIM® ratings are supported by clinician documentation, resulting in greater accuracy for determining length of stay, CMG assignment, and reimbursement.
- Physicians can use the copy forward feature to create an overall plan of care. This feature pulls overall goals from all disciplines, after which the physician can review the plan, modify it as needed, and sign off on it.
- The patient listing offers multiple filter options and can identify each patient whose overall plan of care requires a signature to comply with CMS’s 2010 guidelines.
- The system’s 2011 enhancements include reports that track physician and clinician compliance with documentation completion guidelines and automatic physician flags for documents with pending signatures.
- The system’s clinical document grid allows clinicians to verify at a glance that all required clinical documents are completed within CMS’s time frames.
## Clinical Documentation: Daily Workflow

- Our easy-to-use, intuitive documentation templates comply with all regulatory and accrediting agencies.
- Our implementation specialists can customize all clinical documents to meet your facility’s specific needs.
- The FIM® rating assistant built into every clinical document helps clinicians determine the correct FIM® ratings.
- The clinical documentation grid’s various flags facilitate interdisciplinary communication by identifying complete records, incomplete records, and records with pending signatures, encounter alerts, or attachments.
- Clinicians can create patient lists to help them manage tasks—for example, patients in treatment, patients with pending discharge summaries, and patients with pending reauthorization of secondary payor source.
- The system’s weekly team conference documentation template, which is based on CMS’s 2010 guidelines, allows participating clinicians to use the copy forward feature to easily pull pertinent weekly updates from clinical documents. This process can be automated according to your facility’s preference.
- Therapy treatment time is automatically calculated and captured in real time to ensure compliance with the 3-hour rule and then displayed in an easy-to-read CareTrend PRO™ grid.
- The cosignature module allows users to quickly review and sign off on documents pending cosignature.
- The system’s optional billing module can be integrated with its clinical documents and interfaced back to the facility’s billing system. The billing details will remain with the supporting clinical documentation as part of the medical record and can be compared to the total treatment time recorded in the CareTrend PRO™ module.
- Users can scan or upload additional patient information documents, exercise programs, and other documents as attachments to a particular clinical document.
- Post-discharge patient information can be added to the system based on the unique needs of the facility.
- The system’s robust copy forward feature saves time and reduces duplicate data entry.
- Clinicians can enter daily schedules on the patient listing.

### CareTrend PRO™ Module

- Users can use this module to trend important patient information within a user-defined time frame.
- The module tracks multiple pieces of pertinent interdisciplinary daily documentation, including therapy treatment time logs, patient education, patient vitals, FIM® documentation, pain management, and safety checks.
- The CareTrend PRO™ views can be customized according to the facility’s needs.

### Clinical Summary

- This module provides a customized display of pertinent patient information from multiple sources of clinical documentation and allows users to quickly see both the last charted information, such as vitals and FIM® ratings, and a listing of clinical documents that are flagged, such as documents that require cosignatures.
- Clinical summaries can be set up on a per user basis. When a user logs in to the system, the clinical summary module will display the items that are pertinent to the user’s specific clinical practice.

### Implementation Process and Support

- UDSmr’s implementation team meets on-site with the facility’s leadership team to determine implementation goals, identify the facility’s needs, and develop a detailed training schedule and detailed scope of work for any necessary customizations.
- The implementation team offers a variety of on-site and off-site training according to the facility’s needs.
- Because UDSmr’s dedicated support staff provides technical and clinical support for the UDS-PRO Doc™ System and the UDS-PROi® software, questions of all types can be answered with one phone call or e-mail.

### Integration

- The system’s HL7® capabilities allow it to interface with many HIS vendor systems.

### Post-implementation

- UDSmr offers multiple annual conferences for IRF rehabilitation professionals. These meetings focus on the challenges, outcomes, and successes of more than 800 facilities that subscribe to UDSmr.
- UDSmr maintains close communication with CMS and other governing bodies to ensure that our products continue to meet the needs of our subscribers.
- The UDS-PRO Doc™ System was developed with change in mind. We will continue adapting it to best meet the needs of IRF clinicians, regardless of the tool CMS selects for post-acute payment reform.