

## Resource Systems and Hi-Tech Software Present CareTracker and the Interface to the HTS Clinical Records System

Hi-Tech Software (HTS) has created an interface between its **Clinical Records System** and Resource Systems **CareTracker™**.

After you create a resident's face sheet record in the HTS system, you then transfer that information into **CareTracker**.

With **CareTracker touch** screens located throughout the facility, your staff quickly and easily records observations of residents' care and conditions in several categories, including

- ADLs
- Depression
- Behavior
- Restorative
- Activities
- Contenance
- Pain
- Wounds
- Vitals
- Weight
- Time Awake
- Nursing Rehab/  
Restorative Care

**CareTracker** provides enhancements to supportive documentation, such as:

- Picture-based screens require much less reading than text screens, paper forms, and charts.
- Staff immediately records their observations and the care given to a resident, resulting in more complete and accurate documentation for each shift.
- Reporting identifies:
  - Trends and changes in residents' conditions so that staff can adjust care plan interventions.
  - Times that observations were missed, so that staff can focus its documentation efforts.
- Demographic information in the HTS face sheet will flow into the resident's **CareTracker** record.
- The interface from **CareTracker** to the HTS Clinical Records System reduces the amount of time it takes to complete MDS and MDS-RCA records.
- Facilities that use **CareTracker** have increased their Case Mix Index, resulting in higher reimbursement that allows for better staffing and patient care.

The following pages illustrate how easy it is to record a resident's daily ADL performance. The daily responses are then tabulated and made available to the resident's MDS.

## Create Resident's Face Sheet

Through HTS, create the resident face sheet.

Assign the Resident ID number and complete the face sheet screens.

After completing all admissions, click on the icon that will copy the residents' record to **CareTracker**. This will display the **Extract** program screen that provides a variety of options for building new **CareTracker** records:

**Extract Resident Data for Care Tracker Import**

Extract By  Census Date  
 Admit Date Range

Census Date

Admit From  Thru

Levels to Extract  SNF  NF  RCF

Units to Extract  All  Select

Unit 1

Unit 2

Unit 3

Unit 4

Unit 5

## Use CareTracker to Record Observations

Log into the **CareTracker** System with your name and password, and then touch the **Touch Screen** icon shown on the right.



Select your “kiosk” or workstation for your unit.



Touch your name on the staff screen, or scan your ID card through the card scanner. This allows only *you* to record your observations.

Please enter or scan staff name or ID	Please Select Resident
Abner, Abbey A.	Bryant, Margaret
Albrecht, Leona	Buchanan, James
Alpine, Tina	Bush, George H.
Autullo, Karrie	Carter, James E.

Touch the name of the resident.

You are ready to begin recording your observations.

**Selected Staff**





Please enter category


**Selected Resident**

Show Work List


Abner, Abbey A.
Bryant, Margaret



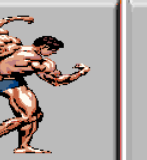
ADLs




Depression




Behavior




Restorative




Activities




Measurements



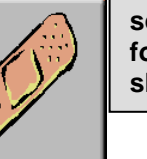
Skin



Bowel/Bladder



Charting



Supplies

?

**Yellow items must still be completed.**

**Grey items have been completed, or are not scheduled for this shift.**

**Touch the ADLs icon.**

**Enter ADLs**







Abner, Abbey A. Bryant, Margaret ADLs

 <b>Bed Mobility</b>	 <b>Transfer</b>	 <b>Walk in room</b>	 <b>Walk in hall</b>	 <b>Locomotion in unit</b>	 <b>Locomotion off unit</b>
 <b>Dressing</b>	 <b>Eating</b>	 <b>Toilet use</b>	 <b>Personal Hygiene</b>	 <b>Bathing</b>	

On the ADLs screen, touch **Bed Mobility**



Abner, Abbey A. Bryant, Margaret ADLs **Bed Mobility**

How well did resident perform this activity?

 <b>Independent</b> No help or oversight.	 <b>Supervision</b> Oversight, encouragement, cueing (all verbal).	 <b>Limited assistance</b> Guided help on maneuvering of limbs, (hands on but no weight bearing).
 <b>Extensive assistance</b> Weight bearing assistance (any weight bearing from staff).	 <b>Total Dependence</b> Full staff performance (Resident did not participate).	 <b>Activity did not occur</b> Activity did not occur during this shift.

On the **Bed Mobility** screen, touch **Extensive assistance**

How much bed mobility help did you provide?

<b>One person physical assist</b>	<b>2+ persons physical assist</b>
	

Touch **2+** persons physical assist to indicate the amount of help provided.

Touch **Finish**. Complete observations on other ADLs. When finished recording all ADLs, touch the Back arrow to return to the Category screen.

## Print Audit of CareTracker Responses

HTS provides an audit of **CareTracker** observations and the calculated MDS responses.

RESIDENT/SOURCE	ROOM	OBSERVATION PERIOD	MDS REFERENCE
		FROM THRU/TIME	FROM THRU
1301 Bryant Margaret	139-1	07/23/2001 08/21/2001	E1a E1p Indicators of Depression last 30 days
-----			
CARE TRACKER DETAIL:			
08/16/2001 E1a	10:12 AM	Negative Statements?	- Yes
08/17/2001 E1a	11:12 AM	Negative Statements?	- Yes
08/18/2001 E1a	06:36 PM	Negative Statements?	- Yes
08/19/2001 E1a	09:34 PM	Negative Statements?	- Yes
08/20/2001 E1a	09:35 AM	Negative Statements?	- Yes
08/21/2001 E1a	09:36 AM	Negative Statements?	- Yes
08/16/2001 E1b	10:12 AM	Repetitive questions?	- Yes
08/17/2001 E1b	12:13 PM	Repetitive questions?	- Yes
08/18/2001 E1b	10:39 AM	Repetitive questions?	- Yes
08/19/2001 E1b	10:04 AM	Repetitive questions?	- Yes
08/20/2001 E1b	01:37 PM	Repetitive questions?	- Yes
08/21/2001 E1b	09:36 AM	Repetitive questions?	- Yes
08/16/2001 E1c	10:39 AM	Repetitive verbalizations?	- Yes
08/17/2001 E1c	01:30 PM	Repetitive verbalizations?	- Yes
08/18/2001 E1c	06:36 PM	Repetitive verbalizations?	- Yes
08/19/2001 E1c	10:23 PM	Repetitive verbalizations?	- Yes
08/20/2001 E1c	01:37 PM	Repetitive verbalizations?	- Yes
08/21/2001 E1c	06:46 PM	Repetitive verbalizations?	- Yes
08/16/2001 E1d	04:58 PM	Persistent anger?	- Yes
08/17/2001 E1d	08:44 PM	Persistent anger?	- Yes
08/21/2001 E1d	06:46 PM	Persistent anger?	- Yes
08/16/2001 E1f	05:09 AM	Unrealistic Fears?	- Yes
08/21/2001 E1f	11:56 AM	Unrealistic Fears?	- Yes
08/16/2001 E1g	10:12 AM	Something terrible is going to happen?	- Yes
08/21/2001 E1g	11:56 AM	Something terrible is going to happen?	- Yes
08/20/2001 E1i	01:37 PM	Repetitive anxious complaints/concerns?	- Yes
08/17/2001 E1j	12:03 AM	Unpleasant mood in the morning	- Yes
08/18/2001 E1j	10:39 AM	Unpleasant mood in the morning	- Yes
08/19/2001 E1j	10:05 AM	Unpleasant mood in the morning	- Yes
08/21/2001 E1j	06:46 PM	Unpleasant mood in the morning	- Yes
08/16/2001 E1k	10:10 AM	Insomnia/change in usual sleep pattern	- Yes
08/17/2001 E1k	11:12 AM	Insomnia/change in usual sleep pattern	- Yes
08/18/2001 E1k	12:55 AM	Insomnia/change in usual sleep pattern	- Yes
08/19/2001 E1k	09:34 AM	Insomnia/change in usual sleep pattern	- Yes
08/20/2001 E1k	05:31 AM	Insomnia/change in usual sleep pattern	- Yes
08/21/2001 E1k	10:36 AM	Insomnia/change in usual sleep pattern	- Yes
08/18/2001 E1l	12:55 AM	Sad, pained, worried facial expressions?	- Yes
08/20/2001 E1l	10:38 PM	Sad, pained, worried facial expressions?	- Yes
08/21/2001 E1l	11:57 AM	Sad, pained, worried facial expressions?	- Yes
08/16/2001 E1m	10:12 AM	Crying, tearfulness?	- Yes
08/21/2001 E1m	06:46 PM	Crying, tearfulness?	- Yes
08/16/2001 E1n	10:12 AM	Repetitive physical movements?	- Yes
08/18/2001 E1n	06:38 PM	Repetitive physical movements?	- Yes
08/19/2001 E1n	10:06 AM	Repetitive physical movements?	- Yes
08/20/2001 E1n	01:37 PM	Repetitive physical movements?	- Yes
08/21/2001 E1n	11:54 PM	Repetitive physical movements?	- Yes
08/19/2001 E1o	10:06 AM	Withdrawal from activities of interest?	- Yes
08/20/2001 E1o	01:37 PM	Withdrawal from activities of interest?	- Yes
08/21/2001 E1o	06:46 PM	Withdrawal from activities of interest?	- Yes
08/16/2001 E1p	10:12 AM	Reduced social interaction?	- Yes
08/19/2001 E1p	10:24 PM	Reduced social interaction?	- Yes
08/20/2001 E1p	01:37 PM	Reduced social interaction?	- Yes
08/21/2001 E1p	06:46 PM	Reduced social interaction?	- Yes
=====			
HTS MDS SUMMARY			
E1a	Negative Statements?	2 Indicator exhibited daily or almost daily	
E1b	Repetitive questions?	2 Indicator exhibited daily or almost daily	
E1c	Repetitive verbalizations?	2 Indicator exhibited daily or almost daily	
E1d	Persistent anger?	1 Indicator exhibited up to 5 days a week	
E1e	Self deprecation?	- ** No Observation Done **	
E1f	Unrealistic Fears?	1 Indicator exhibited up to 5 days a week	
E1g	Something terrible is going to happen?	1 Indicator exhibited up to 5 days a week	
E1h	Repetitive Health Complaints	- ** No Observation Done **	
E1i	Repetitive anxious complaints/concerns?	1 Indicator exhibited up to 5 days a week	
E1j	Unpleasant mood in the morning	1 Indicator exhibited up to 5 days a week	
E1k	Insomnia/change in usual sleep pattern	2 Indicator exhibited daily or almost daily	
E1l	Sad, pained, worried facial expressions?	1 Indicator exhibited up to 5 days a week	
E1m	Crying, tearfulness?	1 Indicator exhibited up to 5 days a week	
E1n	Repetitive physical movements?	2 Indicator exhibited daily or almost daily	
E1o	Withdrawal from activities of interest?	1 Indicator exhibited up to 5 days a week	
E1p	Reduced social interaction?	1 Indicator exhibited up to 5 days a week	

RESIDENT/SOURCE			ROOM	OBSERVATION PERIOD		MDS REFERENCE		
				FROM	THRU/TIME	FROM	THRU	
1301	Bryant	Margaret	139-1	08/15/2001	08/21/2001	E4aA	E4eB	Behavioral Symptoms last 7 days
-----								
CARE TRACKER DETAIL:								
08/16/2001	E4aA	10:13 AM	Wandering?					- Yes
08/17/2001	E4aA	01:32 PM	Wandering?					- Yes
08/18/2001	E4aA	06:38 PM	Wandering?					- Yes
08/19/2001	E4aA	10:06 AM	Wandering?					- Yes
08/16/2001	E4aB	10:13 AM	Was wandering easily altered?					- Yes
08/17/2001	E4aB	01:32 PM	Was wandering easily altered?					- No
08/18/2001	E4aB	06:38 PM	Was wandering easily altered?					- No
08/19/2001	E4aB	10:06 AM	Was wandering easily altered?					- No
08/15/2001	E4bA	09:22 AM	Verbally Abusive?					- Yes
08/16/2001	E4bA	02:57 PM	Verbally Abusive?					- Yes
08/17/2001	E4bA	05:57 PM	Verbally Abusive?					- Yes
08/15/2001	E4bB	09:22 AM	Was verbal abuse easily altered?					- Yes
08/16/2001	E4bB	02:57 PM	Was verbal abuse easily altered?					- Yes
08/17/2001	E4bB	05:57 PM	Was verbal abuse easily altered?					- Yes
08/16/2001	E4cA	10:13 AM	Physically Abusive?					- Yes
08/16/2001	E4cB	10:13 AM	Was physical abuse easily altered?					- Yes
08/15/2001	E4dA	09:22 AM	Socially Inappropriate Behavior?					- Yes
08/20/2001	E4dA	01:37 PM	Socially Inappropriate Behavior?					- Yes
08/21/2001	E4dA	11:57 AM	Socially Inappropriate Behavior?					- Yes
08/15/2001	E4dB	09:22 AM	Was inappropriate behavior easily altered?					- Yes
08/20/2001	E4dB	01:37 PM	Was inappropriate behavior easily altered?					- Yes
08/21/2001	E4dB	11:57 AM	Was inappropriate behavior easily altered?					- Yes
08/17/2001	E4eA	05:57 PM	Resident Resists Care?					- Yes
08/19/2001	E4eA	08:56 AM	Resident Resists Care?					- Yes
08/20/2001	E4eA	06:28 AM	Resident Resists Care?					- Yes
08/21/2001	E4eA	06:46 PM	Resident Resists Care?					- Yes
08/17/2001	E4eB	05:57 PM	Was resistive behavior easily altered?					- Yes
08/19/2001	E4eB	08:56 AM	Was resistive behavior easily altered?					- No
08/20/2001	E4eB	06:28 AM	Was resistive behavior easily altered?					- No
08/21/2001	E4eB	06:46 PM	Was resistive behavior easily altered?					- Yes
=====								
HTS MDS SUMMARY								
E4aA	Wandering?			2	Behavior occurred 4 to 6 days in last 7 days			
E4aB	Was wandering easily altered?			1	Behavior not easily altered			
E4bA	Verbally Abusive?			1	Behavior occurred 1 to 3 days in last 7 days			
E4bB	Was verbal abuse easily altered?			0	Behavior not present or easily altered			
E4cA	Physically Abusive?			1	Behavior occurred 1 to 3 days in last 7 days			
E4cB	Was physical abuse easily altered?			0	Behavior not present or easily altered			
E4dA	Socially Inappropriate Behavior?			1	Behavior occurred 1 to 3 days in last 7 days			
E4dB	Was inappropriate behavior easily altered			0	Behavior not present or easily altered			
E4eA	Resident Resists Care?			2	Behavior occurred 4 to 6 days in last 7 days			
E4eB	Was resistance easily altered?			1	Behavior not easily altered			

RESIDENT/SOURCE			ROOM	OBSERVATION PERIOD		MDS REFERENCE		
				FROM	THRU/TIME	FROM	THRU	
1301	Bryant	Margaret	139-1	08/15/2001	08/21/2001	G1aA	G2B	Physical Function - ADL last 7 days
-----								
CARE TRACKER DETAIL:								
08/16/2001	G1aA	04:57 PM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/16/2001	G1aA	10:12 AM	How well did resident perform	Bed Mobility?	- Limited assistance			
08/16/2001	G1aA	10:36 AM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/17/2001	G1aA	08:43 PM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/17/2001	G1aA	09:08 AM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/17/2001	G1aA	12:03 AM	How well did resident perform	Bed Mobility?	- Activity did not occur			
08/18/2001	G1aA	06:35 PM	How well did resident perform	Bed Mobility?	- Activity did not occur			
08/18/2001	G1aA	10:36 AM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/18/2001	G1aA	12:55 AM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/19/2001	G1aA	05:57 AM	How well did resident perform	Bed Mobility?	- Activity did not occur			
08/19/2001	G1aA	10:02 AM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/20/2001	G1aA	01:34 PM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/20/2001	G1aA	05:30 AM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/20/2001	G1aA	10:36 PM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/21/2001	G1aA	04:40 AM	How well did resident perform	Bed Mobility?	- Activity did not occur			
08/21/2001	G1aA	06:44 PM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/21/2001	G1aA	11:53 PM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/21/2001	G1aA	11:56 AM	How well did resident perform	Bed Mobility?	- Total Dependence			
08/16/2001	G1aB	04:57 PM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/16/2001	G1aB	10:12 AM	How much bed mobility help did you provide?		- One person physical assist			
08/16/2001	G1aB	10:36 AM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/17/2001	G1aB	08:43 PM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/17/2001	G1aB	09:08 AM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/17/2001	G1aA	12:03 AM	How much bed mobility help did you provide?		- Activity did not occur			
08/18/2001	G1aA	06:35 PM	How much bed mobility help did you provide?		- Activity did not occur			
08/18/2001	G1aB	10:36 AM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/18/2001	G1aB	12:55 AM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/18/2001	G1aA	05:57 PM	How much bed mobility help did you provide?		- Activity did not occur			
08/19/2001	G1aB	10:02 AM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/20/2001	G1aB	01:35 PM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/20/2001	G1aB	05:30 AM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/20/2001	G1aB	10:36 PM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/21/2001	G1aA	04:40 PM	How much bed mobility help did you provide?		- Activity did not occur			
08/21/2001	G1aB	06:44 PM	How much bed mobility help did you provide?		- 2+ persons physical assist			
08/21/2001	G1aB	11:53 PM	How much bed mobility help did you provide?		- One person physical assist			
08/21/2001	G1aB	11:56 AM	How much bed mobility help did you provide?		- One person physical assist			
.								
.								
(Partial listing)								
=====								
HTS MDS SUMMARY								
G1aA	How well did resident perform	Bed Mobili	3	Extensive Assistance				
G1aB	How much bed mobility help did you provi		3	Two+ person physical assist.				
G1bA	How well did resident perform	Transfer?	3	Extensive Assistance				
G1bB	How much Transfer help did you provide?		3	Two+ person physical assist.				
G1cA	How well did resident	Walk in Room?	4	Total Dependence				
G1cB	How much walk in room help did you provi		3	Two+ person physical assist.				
G1dA	How well did resident	Walk in Corridor?	4	Total Dependence				
G1dB	How much Walk in Corridor help Provided?		3	Two+ person physical assist.				
G1eA	How well did resident perform	Locomotion	4	Total Dependence				
G1eB	How much Locomotion On Unit help did you		3	Two+ person physical assist.				
G1fA	How well did resident perform	Locomotion	4	Total Dependence				
G1fB	How much Locomotion Off Unit help did yo		3	Two+ person physical assist.				
G1gA	How well did resident perform	Dressing?	4	Total Dependence				
G1gB	How much Dressing help did you provide?		3	Two+ person physical assist.				
G1hA	How well did resident perform	Eating?	3	Extensive Assistance				
G1hB	How much Eating help did you provide?		3	Two+ person physical assist.				
G1iA	How well did resident perform	Toilet Use	3	Extensive Assistance				
G1iB	How much Toileting help did you provide?		3	Two+ person physical assist.				
G1jA	How well did resident perform	Personal H	4	Total Dependence				
G1jB	How much Personal Hygiene help did you p		3	Two+ person physical assist.				
G2A	How well did resident perform	Bathing?	4	Total Dependence				
G2B	How much Bathing help did you provide?		3	Two+ person physical assist.				

RESIDENT/SOURCE			ROOM	OBSERVATION PERIOD		MDS REFERENCE		
				FROM	THRU/TIME	FROM	THRU	
1301	Bryant	Margaret	139-1	08/08/2001	08/21/2001	H1a	H1b	Continence in last 14 days
-----								
CARE TRACKER DETAIL:								
08/15/2001	H1a	09:21 AM	Describe residents	continen				- Incontinent
08/16/2001	H1a	10:20 PM	Describe residents	continen				- Continent
08/17/2001	H1a	05:20 AM	Describe residents	continen				- Continent
08/20/2001	H1a	09:27 PM	Describe residents	continen				- Incontinent
08/21/2001	H1a	07:24 PM	Describe residents	continen				- Continent
08/16/2001	H1b	10:21 PM	Describe residents	continen				- Continent
08/17/2001	H1b	05:20 AM	Describe residents	continen				- Continent
08/18/2001	H1b	08:17 AM	Describe residents	continen				- Continent
08/19/2001	H1b	05:47 AM	Describe residents	continen				- Continent
08/20/2001	H1b	08:13 AM	Describe residents	continen				- Continent
08/21/2001	H1b	07:24 PM	Describe residents	continen				- Continent
08/21/2001	H1b	11:12 AM	Describe residents	continen				- Incontinent
=====								
HTS MDS SUMMARY								
H1a	Bowel		3 Bowel - Frequently Incontinent, 2-3 weekly					
H1b	Bladder		1 Bladder - Usually Continent, Incont. weekly or <					

## Pull CareTracker responses into the Resident's MDS Record

In the Hi-Tech MDS programs, screens that use **CareTracker** responses will display the



**SECTION E. MOOD AND BEHAVIOR PATTERNS**

1. Indicators of Depression, Anxiety, Sad Mood: (last 30 days)

a. Resident made negative statements	
b. Repetitive questions	
c. Repetitive verbalizations	
d. Persistent anger with self or others	
e. Self deprecation	
f. Expressions of what appear to be unrealistic fears	
g. Recurrent statements that something terrible will happen	
h. Repetitive health complaints	
i. Repetitive anxious complaints/concerns (non-health)	
j. Unpleasant mood in morning	
k. Insomnia/change in usual sleep pattern	
l. Sad, pained, worried facial expressions	
m. Crying, tearfulness	
n. Repetitive physical movements	
o. Withdrawal from activities of interest	
p. Reduced social interaction	

Care Tracker ← **Click on the Care Tracker Icon** Cancel End

When you click the icon, this displays the tabulated responses for observations recorded through **CareTracker**.

Click **Ok** to pull the data into the MDS.

See completed screen on the next page.

**CARE TRACKER MOOD AND BEHAVIOR PATTERNS**

Negative Statements?	E1a	2
Repetitive questions?	E1b	2
Repetitive verbalizations?	E1c	2
Persistent anger?	E1d	1
Self deprecation?	E1e	-
Unrealistic Fears?	E1f	1
Something terrible is going to happen?	E1g	1
Repetitive health complaints?	E1h	-
Repetitive anxious complaints/concerns?	E1i	1
Unpleasant mood in the morning	E1j	1
Insomnia/change in usual sleep pattern	E1k	2
Sad, pained, worried facial expressions?	E1l	1
Crying, tearfulness?	E1m	1
Repetitive physical movements?	E1n	2
Withdrawal from activities of interest?	E1o	1
Reduced social interaction?	E1p	1

Cancel Ok

**SECTION E. MOOD AND BEHAVIOR PATTERNS**

1. Indicators of Depression, Anxiety, Sad Mood: (last 30 days)	
a. Resident made negative statements	2 - Indicator of this type exhibited daily or almost daily
b. Repetitive questions	2 - Indicator of this type exhibited daily or almost daily
c. Repetitive verbalizations	2 - Indicator of this type exhibited daily or almost daily
d. Persistent anger with self or others	1 - Indicator of this type exhibited up to five days a we
e. Self deprecation	- - Unknown
f. Expressions of what appear to be unrealistic fears	1 - Indicator of this type exhibited up to five days a we
g. Recurrent statements that something terrible will happen	1 - Indicator of this type exhibited up to five days a we
h. Repetitive health complaints	- - Unknown
i. Repetitive anxious complaints/concerns (non-health)	1 - Indicator of this type exhibited up to five days a we
j. Unpleasant mood in morning	1 - Indicator of this type exhibited up to five days a we
k. Insomnia/change in usual sleep pattern	2 - Indicator of this type exhibited daily or almost daily
l. Sad, pained, worried facial expressions	1 - Indicator of this type exhibited up to five days a we
m. Crying, tearfulness	1 - Indicator of this type exhibited up to five days a we
n. Repetitive physical movements	2 - Indicator of this type exhibited daily or almost daily
o. Withdrawal from activities of interest	1 - Indicator of this type exhibited up to five days a we
p. Reduced social interaction	1 - Indicator of this type exhibited up to five days a we

Pull in **CareTracker** Behavioral Responses to MDS Section E. Mood and Behavior Patterns, Item 4. Behavioral Symptoms.

**CARE TRACKER MOOD AND BEHAVIOR PATTERNS**

Wandering?	E4aA	2
Was wandering easily altered?	E4aB	1
Verbally Abusive?	E4bA	1
Was verbal abuse easily altered?	E4bB	0
Physically Abusive?	E4cA	1
Was physical abuse easily altered?	E4cB	0
Socially Inappropriate Behavior?	E4dA	1
Was inappropriate behavior easily altered?	E4dB	0
Resident Resists Care?	E4eA	2
Was resistance easily altered?	E4eB	1

**SECTION E. MOOD AND BEHAVIOR PATTERNS**

2. Mood Persistence

3. Change in mood

4. Behavioral Symptoms:	(A) Frequency	(B) Alterability
a. Wandering:	<input type="text" value="2 - Behavior of this type occurred 4 to 6 days"/>	<input type="text" value="1 - Behavior was not easily altered"/>
b. Verbally Abusive:	<input type="text" value="1 - Behavior of this type occurred 1 to 3 days"/>	<input type="text" value="0 - Behavior not present OR behavior was easily altered"/>
c. Physically Abusive:	<input type="text" value="1 - Behavior of this type occurred 1 to 3 days"/>	<input type="text" value="0 - Behavior not present OR behavior was easily altered"/>
d. Socially Inappropriate/ Disruptive	<input type="text" value="1 - Behavior of this type occurred 1 to 3 days"/>	<input type="text" value="0 - Behavior not present OR behavior was easily altered"/>
e. Resists Care:	<input type="text" value="2 - Behavior of this type occurred 4 to 6 days"/>	<input type="text" value="1 - Behavior was not easily altered"/>

5. Change in Symptoms

Pull in the **CareTracker** ADL data to the Hi-Tech MDS Section G. Physical Functioning and Structural Problems.

**CARE TRACKER ADLs**

How well did resident perform Bed Mobility?	G1aA	3
How much bed mobility help did you provide?	G1aB	3
How well did resident perform Transfer?	G1bA	3
How much Transfer help did you provide?	G1bB	3
How well did resident Walk in Room?	G1cA	4
How much walk in room help did you provide?	G1cB	3
How well did resident Walk in Corridor?	G1dA	4
How much Walk in Corridor help Provided?	G1dB	3
How well did resident perform Locomotion on Unit?	G1eA	4
How much Locomotion On Unit help did you provide?	G1eB	3
How well did resident perform Locomotion Off Unit?	G1fA	4
How much Locomotion Off Unit help did you provide?	G1fB	3
How well did resident perform Dressing?	G1gA	4
How much Dressing help did you provide?	G1gB	3
How well did resident perform Eating?	G1hA	3
How much Eating help did you provide?	G1hB	3
How well did resident perform Toilet Use?	G1iA	3
How much Toileting help did you provide?	G1iB	3
How well did resident perform Personal Hygiene?	G1jA	4
How much Personal Hygiene help did you provide?	G1jB	3
How well did resident perform Bathing?	G2A	4

Cancel Ok

**SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS**

1. Activities of Daily Living:

	(A) self-performance	(B) support
a. Bed Mobility	3 - Extensive assistance	3 - Two+ persons physical assist
b. Transfer	3 - Extensive assistance	3 - Two+ persons physical assist
c. Walk in Room	4 - Total dependence	3 - Two+ persons physical assist
d. Walk in Corridor	4 - Total dependence	3 - Two+ persons physical assist
e. Locomotion on Unit	4 - Total dependence	3 - Two+ persons physical assist
f. Locomotion off Unit	4 - Total dependence	3 - Two+ persons physical assist
g. Dressing	4 - Total dependence	3 - Two+ persons physical assist
h. Eating	3 - Extensive assistance	3 - Two+ persons physical assist
i. Toilet Use	3 - Extensive assistance	3 - Two+ persons physical assist
j. Personal Hygiene	4 - Total dependence	3 - Two+ persons physical assist

	(A) self-performance	(B) support
2. Bathing	4 - Total dependence	3 - Two+ persons physical assist

Pull **CareTracker** Bowel and Bladder responses in the MDS Section H. Continenence in Last 14 Days.

1301	BRYANT	MARGARET
<b>CARE TRACKER CONTINENCE LAST 14 DAYS</b>		
Bowel - Frequently Incontinent, 2-3 weekly	H1a	3
Bladder - Usually Continent, Incont. weekly or <	H1b	1

1301	MARGARET	BRYANT
<b>SECTION H. CONTINENCE IN LAST 14 DAYS</b>		
1. Continenence Self-Control Categories: (last 14 days)		
a. Bowel continence	3 - Frequently incontinent	
b. Bladder continence	1 - Usually continent	
2. Bowel Elimination Pattern:		
a.	<input checked="" type="checkbox"/>	Bowel elimination pattern regular
b.	<input type="checkbox"/>	Constipation
c.	<input type="checkbox"/>	Diarrhea
d.	<input type="checkbox"/>	Fecal impaction
e.	<input type="checkbox"/>	NONE OF ABOVE
<b>Unknown</b> Responses to the <b>Hi-Lighted</b> questions are unknown.		
