

CARE Prototype Screens


Draft 7/16/2007

Notes

- Screens designed for minimum 800x600 screen resolution
- Most subsections are displayed on their own screen.
- Data displayed is for demonstration purposes only.

Home Page

Select Provider/Location from drop-down list to see summary for that choice. Default box text is "Select Provider/Location"

 **CARE System**

User ID: CMSUser01
Today's Date: June 15, 2007

HomePatientsAssessmentsReportsMy AccountHelpPrintLogout

Home

Announcements
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla nonummy.

Duis molestie metus id enim. Nulla facilisis, nisi sit amet imperdiet vestibulum, eros pede commodo enim, vitae varius nisl arcu ac erat.

Status Key
F Finalized
PF Pending Finalization
C Complete
IP In Progress
! Error
NS Not Started
NA Not Applicable

> Assessment Summary For:
Marianjoy Rehabilitation Hospital **Go**

In Progress	Pending Review	Closed	Goal	Recruited	Accrual	Active	Off	Assessment Refused
0	2	2	0	2	2	2	0	0

> My Most Recent Assessments

Facility	Patient Name	Type	Status	Last Update
ENH	Doe-Smith, Jonathan	PAC Admission	IP	06/15/2007
Marianjoy Rehabilitation Hospital	Doe-Smith, Jonathan	Acute Discharge	C	06/15/2007
VNA of Fox Valley	Jones, Alexander	PAC Admission	PF	06/14/2007
ENH	Smith, Grainne	Acute Discharge	F	06/13/2007
VNA of Fox Valley	Washington, George	Expired	!	06/13/2007

> PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average (XX hours) or (XX minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Patients Page

Global navigation bar contains links that are always available.

CMS CARE System User ID: CMSUser01
Today's Date: June 15, 2007

[Home](#) | [Patients](#) | [Assessments](#) | [Reports](#) | [My Account](#) | [Help](#) | [Print](#) | [Logout](#)

[Search](#) | [New Patient](#)

Home > Patients Search

Announcements

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla nonummy.

Duis molestie metus id enim. Nulla facilis, nisi sit amet imperdiet vestibulum, eros pede commodo enim, vitae varius nisl arcu ac erat.

> Patient Search

*** Required fields**

Search Criteria

HICN:
(Includes CAN & BIC)

Beneficiary Last Name: *

Beneficiary First Name: *

Date of Birth: *
(mm/dd/yyyy)


Beneficiary Gender: ▼ *

Search

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Secondary navigation contains next level of links, determined by choice in global navigation.

Patient Search Results

 **CARE System**

User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | Assessments | Reports | My Account | Help | Print | Logout

Search | New Patient

Home > Patients Search > Search Results

Status Key

- F** Finalized
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Search Results

Click on the Assessment ID to go to patient's assessment.
Click on patient's Last Name to view patient details.

Assessment ID	Status	HICN	Last Name	First Name	Date of Birth	Gender
	IP		Doe-Smith	Jonathan	05/01/1950	Male
001234	IP		Doe-Smith	Jonathan	05/01/1950	Male
010101	C	994455678AB	Doe-Smith	Jonathan	05/01/1950	Male

Search Again

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Click on Assessment ID number to go to patient's assessment.
Click on patient's Last Name to view more details for patient.

Patient Details

 CARE System

User ID: CMSUser01
Today's Date: June 15, 2007

HomePatientsAssessmentsReportsMy AccountPrintLogout

SearchNew Patient

Home > Patients Search > Search Results > Patient Detail

Status Key

F

Finalized

PF

Pending Finalization

C

Complete

IP

In Progress

!

Error

NS

Not Started

NA

Not Applicable

> Patient Detail

Assessment ID	Type	Status	Last Update
0001234	PAC Discharge	IP	06/15/2007

HICN:
Name: Jonathan Doe-Smith
Gender: Male
Date of Birth: 05/01/1950
City/State: Baltimore, MD

> Other Assessments For This Patient

Assessment ID	Type	Status	Last Update
010101	PAC Discharge	C	06/15/2007

< Back to ResultsNew SearchNew Assessment

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This screen would show more information about patient than is shown in search results summary. It can be used to determine if this is the patient the clinician wishes to assess. A button is available to start an assessment for this patient. Clicking it can pre-populate available Patient Info in the assessment.

If other assessments exist for this patient, they will be listed and clickable to choose those assessments.

Patient Assessment (summary)

CMS/ CARE System User ID: CMSUser01 Today's Date: June 15, 2007

Home Patients Assessments Reports My Account Help Print Logout

Summary Administrative Admission Medical Cognitive Impairments Functional Engagement Frailty Discharge Other

Home > Assessments > Summary

Subsections

Status Key

- F Finalized
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- NA Not Applicable

Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith
Age: 57
Status: IP - Last Updated 06/16/2007 6:18am EDT by AJones

Status Summary


- C Administrative - Last updated 06/15/2007
- C Admission - Last updated 06/15/2007
- IP Medical - Last updated 06/16/2007
- IP Primary Diagnosis - Last updated 06/14/2007
- IP Other Diagnoses - Last updated 06/15/2007
- IP Procedures - Last updated 06/16/2007
- IP Treatments - Last updated 06/16/2007
- IP Medications - Last updated 06/16/2007
- NS Allergies
- NS Skin Integrity
- NS Physiologic Factors
- NS Cognitive
- NS Impairments
- NS Functional
- NS Engagement
- NS Frailty
- NS Discharge
- NA Other

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- Secondary navigation bar shows all main sections for assessment.
- Clickable breadcrumb provides another navigation option.
- Grey status bar remains for every screen of the assessment to show basic patient details, and overall status for the assessment including last update date. The photo is purely for decoration and will be randomly generated from a small image bank.
- Status for each section and subsection is shown. Section links will be expandable to show subsections (if any). Links take you to that section of the assessment.

Assessment – Administrative Items

(Provider Information and Assessment Type)

 **CARE System**

User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | **Administrative** | Admission | Medical | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other


Home > Assessments > Administrative > Provider Information

Subsections

- ▶ **Provider Information**
- ▶ Patient Information
- ▶ Payer Information

Status Key

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**PAC Admission Assessment #001234 - Marianjoy Rehabilitation Hospital**
Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Administrative Items

Assessment Type
Reason for assessment: 2. PAC admission ▼

Provider Information
Provider Name: Marianjoy Rehabilitation Hospital
Medicare Provider's Identification Number: 1234567890
National Provider Identification Code (NPI): 123456

< Previous | Save | Cancel | Next >

Assessment – Administrative Items (Patient Information)

User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | **Administrative** | Admission | Medical | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other

Home > Assessments > Administrative > Provider Information

Subsections

- Provider Information
- Patient Information**
- Payer Information

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PAC Admission Assessment #001234 - Marianjoy Rehabilitation Hospital
Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Administrative Items

Patient Information

Patient's First Name: Jonathan

Patient's Middle Name:

Patient's Last Name: Doe-Smith

Patient's Nickname (optional):

Patient's Medicare Health Insurance Number: 123456789

Patient's Medicaid Number: 0

Birth Date: 0
(MM/DD/YYYY)

Social Security Number (optional): 0

Gender: 1. Male

Race/Ethnicity: e. Native Hawaiian or Pacific Islander

Is English the patient's primary language? 0. No

If not, is an interpreter available? 0. No

If not, what is the patient's primary language? Greek

Advance Care Directives


Are the patient's choices concerning future treatment documented in the medical record? 1. Yes

Does the medical record document who has authority to make decisions if the patient is unable? 0. No

Does the medical record document whether to resuscitate patient if cardiopulmonary arrest occurs? 1. Yes

< Previous
Save
Cancel
Next >

Assessment – Administrative Items (Payer Information)

 **CARE System**

User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | Medical | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other


Home > Assessments > Administrative > Payer Information

Subsections

- ▶ Provider Information
- ▶ Patient Information
- ▶ **Payer Information**

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Assessment #001234 - Marianjoy Rehabilitation Hospital
Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Administrative Items

Payer Information: Current Payment Source(s)
Check all that apply

- ☐ **D1. None** (no charge for current services)
- ☐ **D2. Medicare** (traditional fee-for-service)
- ☐ **D3. Medicare** (HMO/managed care)
- ☐ **D4. Medicaid** (traditional fee-for-service)
- ☐ **D5. Medicaid** (HMO/managed care)
- ☐ **D6. Workers' compensation**
- ☐ **D7. Title programs** (e.g., Title III, V, or XX)
- ☐ **D8. Other government** (e.g., CHAMPUS, VA, etc.)
- ☐ **D9. Private insurance/Medigap**
- ☐ **D10. Private HMO/managed care**
- ☐ **D11. Self-pay**
- ☐ **D12. Other** (specify)
- ☐ **D13. Unknown**

< Previous | Save | Cancel | Next >

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Assessments – Medical Items

(Primary Diagnosis)

CMS CARE System User ID: CMSUser01 Today's Date: June 15, 2007

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Summary Administrative Admission Medical Cognitive Impairments Functional Engagement Frailty Discharge Other

Home > Assessments > Medical > Primary Diagnosis

Subsections

- Summary
- Primary Diagnosis**
- Other Diagnoses
- Procedures
- Treatments
- Medications
- Allergies
- Skin Integrity
- Physiologic Factors

Status Key

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Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Primary Diagnosis

Indicate the **primary diagnosis** for which the patient was treated during this admission. **Indicate the ICD-9 CM code**, if available. For **V - codes**, also indicated the medical diagnosis and associated ICD-9 CM code. Be as specific as possible.

Primary Diagnosis at Assessment	ICD-9 CM Code
Coma	780.01

If Primary Diagnosis was a V-code, what was the primary medical condition or injury being treated?

	ICD-9 CM Code

< Previous Save Cancel Next >

- When a section (eg, Medical) has subsections, they will be linked in left menu so user can jump around.
- Users can also navigate through the form in a linear method using "Previous" and "Next" buttons

Assessments – Medical Items (Other Diagnoses)

User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | **Medical** | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other

Home > Assessments > Medical > Other Diagnoses

Subsections

- Summary
- Primary Diagnosis
- Other Diagnoses**
- Procedures
- Treatments
- Medications
- Allergies
- Skin Integrity
- Physiologic Factors

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Assessment #001234 - Marianjoy Rehabilitation Hospital
Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Other Diagnoses, Comorbidities, and Complications

List up to 15 diagnoses being treated, managed, or monitored in this setting and associated ICD-9 codes. Include under-reported diagnoses (e.g., depression, schizophrenia, dementia, protein calorie malnutrition). If a V-code is listed, also list the medical diagnosis and the ICD-9 code for the medical diagnosis.

Diagnosis	ICD-9 CM Code
Sarcoidosis	135
Cerebral Malaria	084.9
Tapeworm	123.9

+ Add Diagnosis

Is list complete? ☐

< Previous

Save

Cancel

Next >

- Add a row by clicking the “ + Add” button

Assessments – Medical Items (Procedures)

User ID: CMSUser01

Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | **Medical** | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other

Home > Assessments > Medical > Procedures

Subsections

- ▶ Summary
- ▶ Primary Diagnosis
- ▶ Other Diagnoses
- ▶ **Procedures**
- ▶ Treatments
- ▶ Medications
- ▶ Allergies
- ▶ Skin Integrity
- ▶ Physiologic Factors

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Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Procedures (Diagnostic and Therapeutic Interventions)

Did the patient have one or more diagnostic or therapeutic procedures during this admission?
0. No (If No, skip to Treatments)

List up to 15 procedures (diagnostic and therapeutic interventions) performed during this admission and report the appropriate procedure code. Indicate if an orthopedic procedure was bilateral (e.g., bilateral knee replacement, bilateral hip replacement).

Procedure	ICD-9 CM Procedure Code	Bilateral
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

+ Add Procedure

Is list complete?

< Previous

Save

Cancel

Next >

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Assessments – Medical Items (Treatments)

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Treatments

Medications

Allergies

Skin Integrity

Physiologic Factors

Status Key

F

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PF

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C

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IP

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I

 Error

NS

 Not Started

NA

 Not Applicable

Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith

Age: 57

Status: IP

- Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Treatments

Which of the following treatments are required? (Please note: "Used at any time during stay" is only necessary at discharge.)

Admitted/ Discharged With	Used at Any Time During Stay	Treatment
<input type="checkbox"/>	<input type="checkbox"/>	None
<input type="checkbox"/>	<input type="checkbox"/>	Insulin Drip
<input type="checkbox"/>	<input type="checkbox"/>	Total Parenteral Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	Central Line Management
<input type="checkbox"/>	<input type="checkbox"/>	Blood Transfusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Controlled Parenteral Analgesia-Peripheral
<input type="checkbox"/>	<input type="checkbox"/>	Controlled Parenteral Analgesia-Epidural
<input type="checkbox"/>	<input type="checkbox"/>	Left Ventricular Assistive Device (LVAD)
<input type="checkbox"/>	<input type="checkbox"/>	Continuous Cardiac Monitoring
		Specify reason for continuous monitoring:
<input type="checkbox"/>	<input type="checkbox"/>	Chest Tube(s)
<input type="checkbox"/>	<input type="checkbox"/>	ET Tube Care and Management
<input type="checkbox"/>	<input type="checkbox"/>	Trach Tube with Suctioning
		Specify frequency of suctioning: Every <input type="text"/> hours
<input type="checkbox"/>	<input type="checkbox"/>	High O ₂ Concentration Delivery System with FiO ₂ > 40%
<input type="checkbox"/>	<input type="checkbox"/>	Ventilator - Weaning
<input type="checkbox"/>	<input type="checkbox"/>	Ventilator - Non-Weaning
<input type="checkbox"/>	<input type="checkbox"/>	Hemodialysis
<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal dialysis
<input type="checkbox"/>	<input type="checkbox"/>	Fistula or Other Drain Management
<input type="checkbox"/>	<input type="checkbox"/>	Negative Pressure Wound Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Complex Dressing Changes with positioning and skin separation/traction that requires at least two persons
<input type="checkbox"/>	<input type="checkbox"/>	Halo
<input type="checkbox"/>	<input type="checkbox"/>	Complex External Fixators (e.g., Ilizarov)
<input type="checkbox"/>	<input type="checkbox"/>	One-on-one 24 Hour Supervision
		Specify reason for 24-hour supervision:
<input type="checkbox"/>	<input type="checkbox"/>	Specialty Bed (e.g., air fluidized, bariatric, low air loss, or rotation bed)
<input type="checkbox"/>	<input type="checkbox"/>	Multiple IV Antibiotic Administration
<input type="checkbox"/>	<input type="checkbox"/>	IV Vaso-actors (e.g., pressors, dilators, Flolan for pulmonary edema)
<input type="checkbox"/>	<input type="checkbox"/>	IV Anti-coagulants
<input type="checkbox"/>	<input type="checkbox"/>	IV Chemotherapy
<input type="checkbox"/>	<input type="checkbox"/>	Indwelling Urinary Catheter
<input type="checkbox"/>	<input type="checkbox"/>	Intermittent Urinary Catheterization
<input type="checkbox"/>	<input type="checkbox"/>	Ostomy
<input type="checkbox"/>	<input type="checkbox"/>	External Fecal Management System

< Previous

Save


Cancel

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Assessments – Medical Items (Medications)

 **CARE System**

User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | **Medical** | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other


Home > Assessments > Medical > Medications

Subsections

- Summary
- Primary Diagnosis
- Other Diagnoses
- Procedures
- Treatments
- Medications**
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- Skin Integrity
- Physiologic Factors

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Assessment #001234 - Marianjoy Rehabilitation Hospital
Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Medications

List all current medications for the patient at the 2-day assessment period. These can be exported to an electronic file for merging with the assessment data.

Medication Name	Dose	Route	Frequency	Planned Stop Date (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Add Medication

Is list complete?

< Previous **Save** **Cancel** **Next >**