



## Newsletter

### October 2008

Greetings from the team at BlueStep™ Systems. Since the last newsletter, our efforts have been focused on enhancing usability and productivity for our clients, while developing some great new online tools. You may have noticed the addition of new forms and reports in BlueStep, but you may not be aware of the behind-the-scenes updates taking place almost continually. Our client care staff adds these improvements and upgrades to your system free of charge, as new functionality becomes available.

Please read the highlights of some advancements made in the last few months. We're anxious for all users of BlueStep products to get the most from Relate™, Connect™, Team™ and HQ™, so please post this document in your organization's Shared Files, e-mail it to users who may benefit from the information or cover this material in your staff meetings. You will also find this newsletter and help documentation at the client care site, [clientcare.bluestep.net](http://clientcare.bluestep.net). If you have any questions about any of the items mentioned, please don't hesitate to contact us and we'll be happy to help you.

### Latest Upgrades


#### Medication System

One of our most recent upgrades is in the **Medication-MAR system**. It has several important advancements that you will want your medication staff to be aware of.

1. Edits to the Medication-Prescribed form will now take effect immediately, allowing changes to be instant and seamless. Staff will no longer need to wait for the new MAR to be created at midnight.
2. The result of any change that affects the MAR can be viewed immediately, so correctness can be determined before any administration mistake is made.

**Please note:** *Changes in the rescheduling of an administration time should be considered carefully. For instance, if the AM med pass is complete and an evening medication is moved to be a morning administration, the MAR will immediately display that medication as having been missed in the morning and no longer scheduled for evening, possibly resulting in a missed dosage altogether. Conversely, if a morning medication is administered, then the dosing time moved to evening, the evening administration will appear on the MAR, opening the possibility of doubling the dose administered that day. **We recommend making any administration time changes early in the morning, before any medications are administered.** As always, the MAR record should be reviewed after making any changes to the Medication-Prescribed form to be sure the result is correct.*

3. Since MAR generation is done many days in advance, and can be re-generated at any time, there is plenty of opportunity for any MAR generation problems to be corrected before they impact the current day's MAR. Again, please counsel your medication staff to check the MAR results of any new medications, additions, edits or DCs.
4. The daily MAR will always populate instantly when the day rolls over at midnight. Please remind your evening staff that medications administered before midnight should be recorded on the MAR for that day. Medications administered after midnight should be recorded on the new day's MAR, regardless of the fact that all administrations were during a single shift. In the event that recording has been missed, the staff may still go to the resident's MAR record, call up the previous day and enter the correct administration times.
5. Dosage scheduling for Coumadin and similar medications can now be entered more easily into the system.

Please click the orange question mark  next to the Administration Instructions field for instructions on this new function.

In another major MAR advancement, the **Custom MARs** speeds and simplifies the **Daily Meds Report**. The first screen of this upgrade allows the logged-in staff member to select the med pass(es) on which he/she is working. The second screen displays only the requested med pass or passes. Administering from the Daily Meds Report is exactly the same as previously, but by shortening the Daily Meds screen, load times for your computer and transmission times from our servers are reduced by more than half. This will be especially noticeable for large populations and/or large numbers of medications. Please train your staff to begin using this new feature, as the old system will eventually be phased out.

In conjunction with the new MARs is the **Future MARs report** on the resident record, which allows the next 10 days of MAR records to be viewed for accuracy. Any time a new medication is entered into the system or an existing Medication-Prescribed form is changed, this report will display the results immediately, giving the user an opportunity to verify the effects of scheduling, instructional or other changes on future MARs, thus catching any errors before they impact the resident.

The **Medication Prompts form** on the individual resident records is used to create a header on all MAR records and forms. This header displays such information as, "Mix medications with food", "Take blood pressure before administering meds", etc., when the appropriate selection box is checked. Included is the ability to create customized prompts tailored to the individual's needs and have them appear or disappear in the header based upon checking the selection box. Having this critical data visible on the MAR ensures that staff members are aware of this information at the time they most need it.

Additionally, the Medication Prompts form contains a **Contraindicated field**. This provides a place to record medications, OTC drugs, therapeutics or naturopathic substances that *should not* be taken by the individual due to medication interactions or other negative drug consequences. These contraindications will display in red in the Medication Prompts header and also on the individual's Face Sheet.

Similarly, the **Temporary Warnings form** in the Daily Nursing section of the resident record creates a header for most non-MAR forms and for the Face Sheet. It is designed to display such critical items as "On suicide watch", "Wandering risk", "Currently infectious", etc., or other customizable warnings as needed by the individual. As with the Medication Prompts, the Temporary Warnings appear based upon clicking the appropriate selection box on the form.

A new, automated **C2 Medication tracking/reporting system** is available through Medication Reports and on the resident record. The **C2 Medication Inventory report** provides a printable summary of the last 30 days of medication counts. The **C2 Inventory Count Needed report** lists all those taking controlled medications. By clicking on the Select link, users are able to enter the count for each drug. Since the law requires two signatures on C2 inventories, the system allows a second staff member to enter the same report and verify the number before the count is recorded on the permanent inventory record. Conscientious use of this system helps provide protection for the facility and for honest staff members in the event of controlled substance discrepancies reported to law enforcement, the State or the FDA.

There are a number of new forms and reports that cover simple functions and meet daily needs within the system. Look for the **Medication Side Effects form**, the **Medication Error form** and the **Physician Standing Orders/Recertification form**. There is a printable **Standing Orders report** (in the resident record) and a **90-day Medication Error report** (in Medication Reports) to help you manage and summarize these events. The forms and reports are fairly self-explanatory, but will ease the process of recording, organizing and storing this information.

## HQ Advancements

In a major step forward, updates are currently being implemented in each organization to add a **Personal Document Library** associated with each individual in your system. This will greatly simplify locating documents for a specific person, client or staff, and substantially increase the security of these items. Every folder and all content in the new Personal Library will belong to the individual record with which you are working. Users will now load library contents from the new document fields (replacing the existing media fields) on the various forms where they currently occur. The uploading and usage process for the new document fields is exactly the same as the existing fields. Permission to access these documents will be the same as permission to the field. All current documents will be transferred to the new system during the upgrade, leaving such items in the general Media Library as Connect™ site graphics, HQ logos and system media files. Please do not bulk-load individual photos or documents into the general Media Library, as some have done in the past; this will sidestep the new feature and


make the content unavailable to the Personal Library.

**Q2 Checks**, sometimes called **Safety Checks**, are recorded through a group entry form accessible from the Resident Database. This timesaving feature lets staff members select the names of assigned residents, choose a location for each from a customizable list, then save the entry to all selected resident records with a single click. Once saved, these records can be viewed from the individual record or reported on a query, if desired.

A multi-faceted **Lead Tracking system** is being built in the Marketing/Inquiry Database. As it comes online, you'll notice that the functions allow users to enter records for leads and create follow-up tasks that populate a Task Calendar. The forms provide for the storage of contact data, resident profile, financial information and other pertinent data in an easy-to-access format. Lead sources can be professional or non-professional and are searchable. Additionally, leads and associated tasks are easily edited, searched or closed.

## General Updates

### Extended Hints

Extended pop-up hints and/or directions are now available any time you see an orange question mark  on a form or report. These are added to the system where additional data or expanded explanations would be helpful to the user. To access the information, be sure your pop-up blocker is disabled for the BlueStep site, then simply click the question mark.

### Answering Service

As of July 15, BlueStep began using a highly experienced answering service to take your emergency weekend or after-hours support calls. This answering service can be reached at our regular phone number, (801) 336-3043. They will ask for your name, phone number and pertinent information, then contact an individual from our roster of technicians to address the question and return your call. We hope that this change will increase our ability to meet your needs and help provide the unmatched support we strive to offer.

The features discussed in this newsletter represent major advances in the BlueStep system and were designed to increase the ease of use for your staff, the safety of medication administration and the accessibility of your data. More great systems and functions are on our development calendar and will be coming to you soon. As always, we sincerely appreciate the opportunity to work with you and your organization. Please let us know how we may best serve you.

## Getting to Know Us

To help you know our management, engineering, configuration and support staff, we'll be featuring some of our employees each month. Each one is anxious to answer your questions or help you get the most out of the BlueStep System anytime you contact our office.

### Roy D. Rasband – President of BlueStep Systems

Roy was trained as a Database Administrator and has wide experience in enterprise technology management. He is a licensed private pilot and ham radio operator. Roy and his wife, Catharine, have seven children and they all enjoy boating, skiing and spending family time together. Roy grew up in Provo, Utah, but has also lived in cities north of Atlanta, Georgia and in central Italy, with travels to Asia and the Pacific.

### Scott Walker – Client Care Manager

Scott has worked with computers for as long as he can remember, dealing with PC hardware, packaged and online software, WiFi systems and many other applications. A Utah native, his first full-time computer job was as co-manager for an Internet Service Provider located outside of Denver, Colorado. He plays racquetball each week, plays paintball when he can and is a fan of the series Stargate SG-1. Scott and his wife, Anna, both regularly enjoy target practice at the local rifle range and have just purchased their first home.