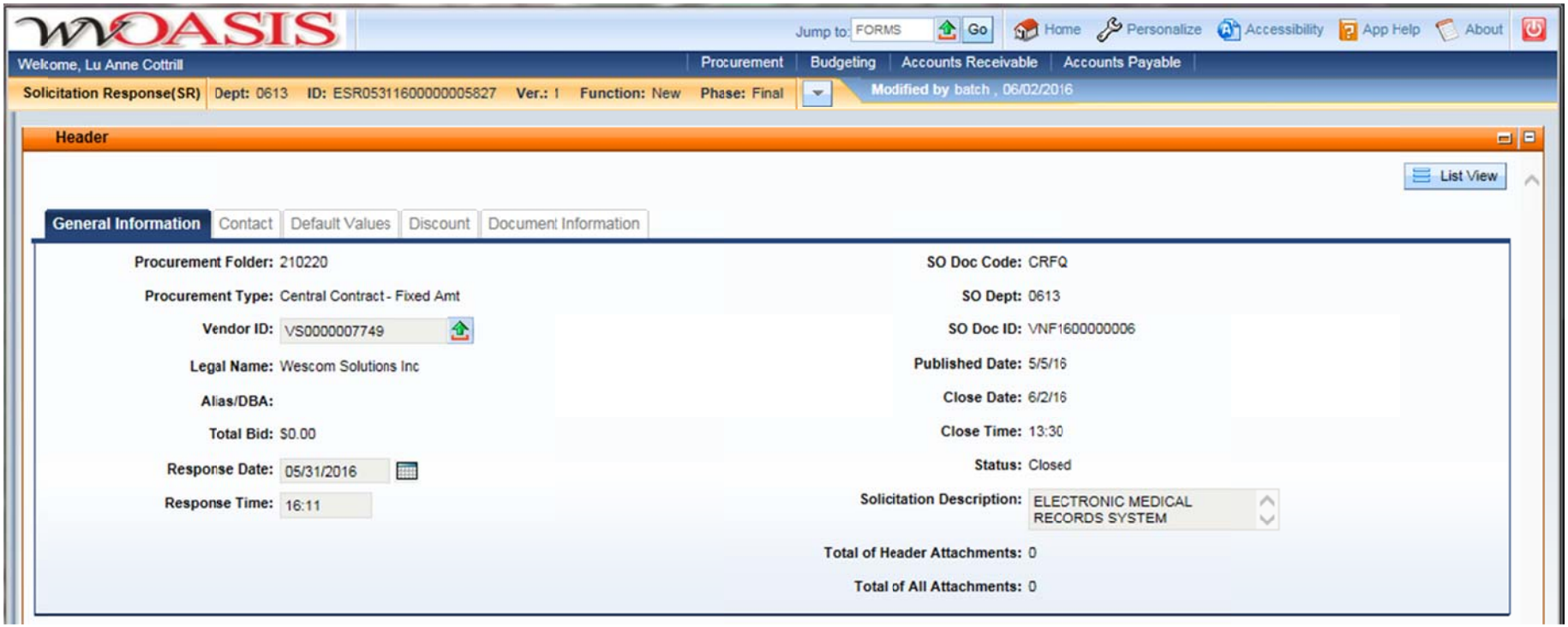
The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.


WVOASIS
Jump to: FORMS Go
Home
Personalize
Accessibility
App Help
About
Welcome, Lu Anne Cottrill
Procurement
Budgeting
Accounts Receivable
Accounts Payable
Solicitation Response(SR) Dept: 0613 ID: ESR05311600000005827 Ver.: 1 Function: New Phase: Final
Modified by batch , 06/02/2016
Header
List View
General Information
Contact
Default Values
Discount
Document Information
Procurement Folder: 210220
Procurement Type: Central Contract - Fixed Amt
Vendor ID: VS0000007749
Legal Name: Wescom Solutions Inc
Alias/DBA:
Total Bid: $0.00
Response Date: 05/31/2016
Response Time: 16:11
SO Doc Code: CRFQ
SO Dept: 0613
SO Doc ID: VNF1600000006
Published Date: 5/5/16
Close Date: 6/2/16
Close Time: 13:30
Status: Closed
Solicitation Description: ELECTRONIC MEDICAL RECORDS SYSTEM
Total of Header Attachments: 0
Total of All Attachments: 0

Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder : 210220

Solicitation Description : ELECTRONIC MEDICAL RECORDS SYSTEM

Proc Type : Central Contract - Fixed Amt

Date issued	Solicitation Closes	Solicitation No	Version
	2016-06-02 13:30:00	SR 0613 ESR05311600000005827	1

VENDOR

VS0000007749

Wescom Solutions Inc

FOR INFORMATION CONTACT THE BUYER

Crystal Rink

(304) 558-2402
crystal.g.rink@wv.gov

Signature X **FEIN #** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Electronic Medical Records	2.00000	EA	$0.000000	$0.00

Comm Code	Manufacturer	Specification	Model #
43232610			

Extended Description : Electronic Medical Records

PointClickCare®

State of West Virginia

Request for Proposal - **CRFQ VNF1600000003**

Prepared by:

Stephen Klopf

Account Executive

Stephen.Klopf@pointclickcare.com

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PointClickCare®

June 2, 2016

Crystal Rink
Purchasing Department
State of West Virginia
2019 Washington Street East
Charleston West Virginia, 25305

Dear Crystal,

Operating in an environment where being paid for services depends on adhering to complex regulatory requirements can affect both cash flow and profitability. Equally challenging is the need to ensure compliance in a multi-facility environment where staff turnover is often high, as is the risk of litigation. You know you need to improve connections with upstream providers but don't have the time or resources to implement complex systems that can solve this and other challenges. PointClickCare recognizes the unique challenges you face: the attached proposal outlines how we can help State of West Virginia.

The senior care market, with its ever-changing regulatory landscape, faces unique challenges regardless of facility size, structure or position on the senior care continuum. You know all too well how reimbursements, readmissions, compliance, errors and omissions and occupancy affect your entire organization.

To remain competitive, provide exceptional care and retain staff, you need to:

- Maximize reimbursements
- Reduce hospital admissions
- Lower staffing costs
- Improve quality of care
- Improve revenue cycles

With PointClickCare's cloud-based software platform, you gain access to the same proven EHR platform as the large providers, but select (and pay for) only those solutions you need now. As your requirements grow, you can easily add more functionality, supported by our knowledgeable, regionally-dedicated team. Staff will quickly master the new system, with the help of professional, web-based user training and intuitive design.

We are confident that State of West Virginia Veteran Homes will see the benefits of joining the over 12,000 senior care facilities North America-wide, including Skilled Nursing Facilities like yours, who have chosen to partner with PointClickCare. Our exclusive focus on, and in-depth knowledge of, the senior care sector makes us uniquely positioned to help address all your challenges. Not only do we have a large and long-term customer base, but those customers remain satisfied, as evidenced by our 98.9% lifetime customer retention rate.

I will be in touch after the bid is opened to discuss this proposal with you and outline some possible next steps.

Sincerely,

Steve Klopf
Account Executive

PointClickCare

Office: 815 334 1128 Mobile: 513 236 0788 Fax: 815 334 1154
email: steve.k2@pointclickcare.com

PointClickCare

Executive Summary

Helping the State of West Virginia to enrich the lives of seniors and having to re-enter data is both time-consuming and error prone, whether entering ancillary charges or communicating with clearinghouses. Data needs to be supported with clinical details, and both planned and unplanned activities have to be captured. All this information needs to be presented in comprehensive but understandable bills that reflect the agreed-upon services. We thoroughly understand the environment in which Skilled Nursing Facilities like yours operate and deliver solutions that will help your organization thrive.

The Challenges You Face

In our 15 years of work in the senior care marketplace, we have come to understand much about this challenging sector. We recognize how difficult it is to balance the competing pressures of regulatory compliance, staff retention and service provision. Some of the key issues we believe you face are outlined below.

Inability to maximize reimbursements

Without accurate and timely access to data about services you are providing to patients, it can be difficult to ensure that claims are complete. You may be missing an opportunity to receive the funding you are entitled to, reducing your profit margin and limiting your ability to make facility improvements. Lost funding opportunities also make it difficult to attract and retain vital staff.

Ever-changing and expanding regulatory rules

CMS and regulatory rules are constantly changing and becoming more complex and demanding. You need to be aware of the current state of regulations so you can ensure systems are in place to guarantee compliance. Failure to do so can lead to fines, rate cuts and a lower score on the CMS Five-Star Quality Rating System, risking the overall performance of your facility.

Inefficiencies of paper charting

Paper charting can easily fail to capture all necessary data, particularly in busy work environments. Without full and accurate documentation of provided care, patients may be inadvertently put at risk. You may also not be in full compliance with regulations. Documentation and medication issues can be particularly costly when it comes to the annual State Survey.

Competition for occupancy rates

You face competition for patients from all sources in the community, primarily for those leaving hospitals. To attract and retain patients you need to maintain a high score on the CMS Five-Star Quality Rating System, increase positive community perception and keep readmission rates to a minimum.

The Outcomes You Desire

All of our thousands of customers, regardless of size, structure or location, share some common business goals. We are confident that PointClickCare can help State of West Virginia, as we have helped other Skilled Nursing Facilities, achieve those goals, some of which are described below.

Maximize reimbursements

With maximized reimbursements comes increased cash flow and profit margins. That reduces your risk and ensures business stability. It also means you can provide better care to patients, which improves the overall morale and reputation of your facility.

Reduce hospital readmissions

When you can demonstrate fewer readmissions, hospital partners recognize that you provide quality care. The result? Increased referrals from hospital networks, resulting in higher Medicare census. This leads inevitably to higher revenue and increased profit.

Decrease staffing costs

Your staff are one of your highest cost centers, being both highly regulated and difficult to keep in proportion to census levels. Increasing the efficiency of staff reduces costly overtime and may even lead to a reduction in FTE count. It also allows caregiver time to be allocated to higher value tasks.

Enhance quality of care

Devoting more time to patient care and less to administrative tasks inevitably leads to improved quality of care. Decision making based on accurate, real-time data also contributes to improved care outcomes. All those involved in care, including physicians, should have access to the data they need to perform their jobs accurately and thoroughly.

Improve revenue cycle

Visibility into collections and eligibility, along with reduced errors and claim rejections, leads to smooth, predictable cash flow and revenue streams. With the confidence this provides, you can better plan and execute long-term strategic plans.

Our Proposed Solution

PointClickCare's proven solutions are designed specifically for the senior health market: developing, improving and supporting our cloud-based software platform is our sole focus. Since we offer a SaaS model, you can start reaping the benefits of the software with minimal or no hardware investment. We work with you to implement the selected services so they reflect your individual needs and offer a variety of training alternatives for fast and easy adoption.

Care Delivery Management Solutions

At the heart of the PointClickCare Solution is the Electronic Health Record (EHR). The EHR allows you to effectively document and manage the entire lifecycle of patient care, seamlessly connecting clinical, billing and administrative processes and data. Capture a large amount of information, including assessments, care/service plans, incidents and more, in a single electronic repository. Staff use the Point of Care function to access key information, tasks lists and schedules, and to complete documentation, all while in close proximity to the patient.

Additional functionality that we recommend to meet State of West Virginia's needs:

- Save time and reduce errors by having staff enter and review medication, lab, diagnostic, and diet and non-medication orders electronically with Medication Management. Medication orders are transmitted directly to certified pharmacy systems.
- Encourage collaboration and increase response times between healthcare professionals with Secure Conversations. This HIPAA-compliant text message solution captures the content of conversations and updates patients' EHRs automatically.
- Enhance meal service, increasing patient satisfaction and staff productivity while reducing meal costs, with Nutrition Management. Maintain the nutritional profile for each patient centrally, while producing automated snack and ancillary item labels for individual patients.
- Maximize the time healthcare practitioners spend with patients using Practitioner Engagement. This groundbreaking solution allows healthcare professionals to access patient information and deliver care anytime, anywhere, through a mobile device. With connected, coordinated care comes better decision-making and, as a result, better patient outcomes.

Quality and Compliance

Reduce hospital readmissions with better transitions between care settings and enhanced care in the home thanks to eINTERACT. Understand and help avoid incidents with the Risk Management Incident Reporting module which logs incident details, including follow-up actions.

Financial Management Solutions

PointClickCare's Financial Management solutions provide comprehensive, integrated tools that bolster the financial health of your business:

- Easily produce accurate patient billing for major payers (private, Medicare, Medicaid, managed care, and other commercial insurance) including reporting and data export. (Accounts Receivable and Billing module)
- Quickly create and communicate important documentation (admission, transfer and discharge) for clinical and billing purposes. (Census Management module)
- Improve the accuracy and efficiency of your collections with visibility into detailed account tracking. (Collections module)
- Enhance financial transparency by managing vendor information, invoices, adjustments and checks. (General Ledger & Accounts Payable module)
- Ensure the accuracy of claims and reduce errors, getting the right claims to the right organization, at the right time. (Claims Management module)
- Efficiently manage patient trust accounts, including maintenance charges and patient banking. (Trust module)

Why Choose PointClickCare?

With its exclusive focus on the senior care marketplace, innovative software and depth of experience, PointClickCare offers you some unique advantages:

The advantages of SaaS (Software as a Service) are well-known. SaaS lets you choose just the functionality you need, requires minimal infrastructure investment and provides simpler license management. The first and only pure SaaS provider in the senior care market, we have a proven record of responding to changing customer needs in an ever-evolving regulatory landscape.

Benefit from our extensive experience implementing solutions for senior care organizations of all sizes and structures. Since PointClickCare is found in so many institutions, you can engage technology partners to provide support to your implementation if necessary. You can also easily hire staff who have used PointClickCare before, eliminating or reducing the learning curve for new hires.

PointClickCare helps you save time and avoid errors by importing rather than keying-in ancillary charges. Use the Trust module to ensure that patient monies are being managed appropriately at all times. Thanks to integrated clinical and billing systems, bills contain all the appropriate information and can be produced at the click of a button.

We have listened closely to your specific challenges and experiences and feel that this proposal clearly explains how PointClickCare will offer benefits throughout your organization. We are confident that State of West Virginia will recognize, as 12,000 other senior care facilities have, the value of choosing to partner with PointClickCare.

Request for Proposal – CFRQ Requirements and Responses

3.1.1 The awarded vendor must have a minimum of two years' experience in completing similar projects. References, copies of any staff certifications or degrees applicable to this project. Proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project and what the project goals and objectives, where and how they were met.

PointClickCare opened in 2000 and as of 2016, has been in business for sixteen years. Our development staff experience ranges from 25 years in the software development field to new graduates. We annually, commit 750,000 development hours to our product. In addition, we currently service nine (9) of the ten (10) largest long term health care providers and over 10,800 of the existing 17.000 long term care facilities in the United States.

For more information about PointClickCare, see Corporate Overview, attached.

3.1.2 The product must be capable of processing clinical and financial audits for all portions of software.

The Clinical and Financial applications can produce audits.

3.1.3 Vendor must be able to list the security reports the product provides prior to go-live to meet all auditing and HIPAA reporting needs.

In response to HIPAA guidelines and HIPAA audit, please see SAS16 Audit Wescom SOC1 Report 2012 (FINAL) in the Appendix. Our data center audit findings are contained in the Equinix (IBX+) - 2012 - SOC 1 (SSAE 16 - ISAE 3402) Type 2 – Report.

3.1.4 The system must have the ability to create new security rights/roles based on new workflows or enhancements (e.g. customer-developed content such as psych notes or departmental flow sheets.)

The system creates role-based access controls for users are incorporated into the PCC application

3.1.5 The system must have the ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected.

Yes

3.1.6 The system must have the ability to lockout users (for upgrades, security breaches, employee terminations, etc.).

Yes

3.1.7 The installation and integration must be complete within 120 days after award.

Yes. PointClickCare has the resources to complete the implementation. The facility must ensure that the necessary resources are available for the implementation as per the Implementation Overview, attached.

3.1.8 The agency will accept that the system is complete and operational for 120 calendar days without any errors. After that time period is up, the vendor will submit a change order to start the first (1st) year maintenance.

A more detailed explanation is required before we can complete the above response.

3.2 At a minimum, vendor's application must provide the following data protection:

3.2.1 The system must be capable of securing patient's data at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).

Yes. PointClickCare complies.

3.2.2 The system must be capable of securing patient data when accessed via handheld devices (e.g., secured through SSL websites, iPhone apps, etc.)

Multi-layered security restricting access to authorized users

3.3 The business operations system or billing system must provide the following functionality at a minimum:

3.3.1 The system must allow for and account electronic deposits, withdrawals and transfers between Resident Trust Funds.

Yes

3.3.2 System must be capable of calculating eligibility percentages using demographic data.

More information required.

3.3.3 System must provide standard billing reports for the user to query and aggregate individual patient financial information from resident trust funds.

Yes

3.3.4 System must have the ability to create resident trust funds within application. Also have drop down boxes with prefilled descriptions of deposits/debits/credits.

Yes through picklists in the trust module.

3.3.5 The system must be capable of creating and running on demand custom reports, such as resident trust fund and census throughout the course of the day. Ability to run quarterly reports on resident trust funds and have the ability to input and run reports by inputting multiple residents at one time. The system must be able to print bulk invoices for filling resident assessment/invoices in a format compatible with generally accepted accounting principles.

Yes

3.3.6 Must have the ability to print from a specified date in ledger and summary areas, as well as yearly reports by printing individualized or print on demand resident numbers of five (5) to ten (10) at one given time.

Yes.

3.3.7 Must have the ability to input changes to resident account from any field. Shall have the ability to choose a multiple list of residents by different fields such as resident number, address, phone number or responsible party and print that information for the group of chosen residents.

Yes

3.3.8 The system must utilize initial intake data for display of a resident account, providing the Business Office with a minimum of the following information:

3.3.8.1 Resident number - Yes

3.3.8.2 Resident name - Yes

3.3.8.3 Address - Yes

3.3.8.4 County of residence - Yes

3.3.8.5 Social security number - Yes

3.3.8.6 Gender - Yes

3.3.8.7 Date of birth - Yes

3.3.8.8 Age - Yes

3.3.8.9 Branch of Armed Forces - Yes

3.3.8.10 70% service connect status - Yes

3.3.8.11 Room number/location - Yes

3.3.8.12 Language preference - Yes

3.3.8.13 Religion reference - Yes

3.3.8.14 Home phone - Yes

3.3.8.15 Cell phone - Yes

3.3.8.16 Other phone - Yes

3.3.8.17 Resident type - Yes

3.3.8.18 Current status (current resident, death, bed hold, etc.) with an attached date of status update. - Yes

3.3.8.19 Reports shall be set up to run automatically as well as routed to a specific person within the office. All reports must be exportable to Excel or Equal, or have customizable query option in the Business Office operations system.

Yes. Some of the most commonly used reports are exportable to Excel.

3.4 In addition to industry accepted base functionality in current resident assessment instrument the Minimum Data Set 3.0, the system:

Yes

3.4.1 Must have ability to have Resident Assessment Instrument Manual in the application.

Yes. The manual is automatically updated as MDSs are released.

3.4.2 The vendor must provide to the customer a version release, patches and scheduled anticipated down times for the next 12 months one week ahead of time.

Yes

3.4.3 Vendor must provide to the customer projected upgrade/migration times when the next version of the Minimum Data Set is released.

Yes

3.4.4 The application must have the ability to conduct, as needed, the following reports: Accounting/Financial Reports, Clinical Reports, Therapy Reports, Medical Records, Activities Reports, Dietary Reports and Pharmacy Reports.

Yes, for more information about reports see List of Reports, attached.

3.5 System must have the ability to automate and coordinate clinical documentation through an integrated clinical documentation system including the deployment of an electronic point of care documentation system.

Yes. The application provides auditing features that notify the staff of any incomplete tasks and other activities that are required through point of care. All ADL-related activities will flow into the resident MDS assessments.

3.5.1 System must be able to automate and coordinate information from collection and reporting to create improved documentation of in care planning and resident assessments by using an electronic MDS 3.0 documentation system.

Yes. All documentation collected can flow into all clinical modules and can be used to improve the documentation of care planning.

3.5.2 System must have the ability to automate and electronically integrate business functions with clinical and reporting systems such as clinical census and invoice reporting.

Yes, the application Billing module integrates with clinical modules.

3.5.3 Must create a seamless integration of all applications including therapy, pharmacy and other business applications.

Yes, provided the integrations are with certified PointClickCare Business Partners. Along with its certified business partners, PointClickCare currently supports over 100 direct connect integrations.

3.5.4 The system must provide administrative tools, such as drop downs or flags that give the recommended answer from the clinical information gathered for organizing to build care plans, guidelines and protocols for use during patient care planning and care.

Yes.

3.5.5 System must generate and automatically record in the care plan document, patient- specific instructions related to pre- and post-procedural and post-discharge requirements.

Yes

3.6 The system must provide an electronic mechanism to document, record and produce documentation of MDS quality indicators QI (quality indicators).

Yes.

3.6.1 The system must allow for auto alerts for MDS for the 175 quality indicators, quick reporting, tracking and trending.

Yes

3.7 The vendor must provide the following Computerized Physician Order Entry (CPOE) features and functionality:

3.7.1 A list of templates in PDF format, as they relate to Physician Orders with bid.

Note: Approximately 200 baseline order templates combined into (20) order sets are provided in the baseline order package. In addition, because these templates are user-definable they can be modified. For more information see Examples of Order Groups, Order template library and Order templates PE attached.

3.7.2 The system must allow multiple resolvable items to be mapped to a single orderable item (e.g., skin tests have multiple antigens [resolvable] which must map to a single orderable item code).

PointClickCare can provide a user-defined menu of standard Care Plans for single and multiple diagnoses.

3.7.3 The system must allow free text ordering by allowing handheld devices such as cell phone, IPad, Notebook, laptop and more, to be used by the physician to write orders and must have ability for the Physicians electronic signature on those orders.

Yes. Specific applications are available in I-Tunes which are specifically for physician documentation.

3.7.4 Must allow the end user the ability to cancel pending medical orders, send an outbound interface message result, and send the cancellation message to third party systems.

Yes, but must be connected to a certified business partner.

3.7.5 Provide International Classification of Disease Tenth Edition (ICD-10) conversion plans, including: current pre-loading of ICD-9 codes, risk mitigation plan for the ICD-10 conversion, estimated down time and the communication plan with customers.

PointClickCare converted its US customers to ICD 10 on October 1, 2015.

3.7.6 System must allow customization questions per order to be developed, and demonstrate how these items are built and managed by the customer and allow for these items be classified as “required” or “optional” to complete.

Yes

3.7.7 Must allow recurring/standing orders per user or specialty.

Yes

3.7.8 Must provide reporting tools capable of monitoring all Computerized Physician Order Entry steps (e.g. unsigned orders, overdue orders, etc.)

Yes

3.8 The vendor must provide the following e-Prescribing (e-Rx) features and functionality:

PointClickCare can display order summaries on demand to allow the clinician to review/correct all orders prior to transmitting/printing the orders for processing by the receiving entity.

3.8.1 Must provide which local pharmacies interface with the system.

Yes the application has an existing interface agreement with QS1 and Framework pharmacy software to provide ePrescribe capability. Fully supports bi-directional – census, order, fill refill, cancel messaging with pharmacies. Please note that this functionality is available, however the pharmacy must first become a certified business partner.

3.8.2 Must incorporate fax server in the software application.

For added flexibility, our software integrates with many fax modem systems to allow for the electronic faxing of all printable system output.

3.8.3 Must provide the security audit logs and policies embedded in the software to govern who can eRx.

Yes

3.8.4 Must provide regular medication updates such as recalls, medication interactions, and medication side effects.

Yes. Through black box warnings.

3.8.5 Must provide a way to distinguish the name, roles and date a medication is added to the system. (MD, RN, MA, PA/NP)

Yes

3.8.6 Audit features must include a running history of prescription renewal changes.

Yes

3.8.7 Must provide a security role for the consultant pharmacist.

Yes, Role-based access controls for users are incorporated into the PCC application.

3.9 The vendor must provide information on the following infrastructure and technology requirements and any associated costs that may be incurred to ensure the software will operate as designed:

Yes. Data in transit is encrypted using a 2048 bit digital certificate.

3.9.1 Must provide direct SaaS (Software as a Service) solutions included in bid.

PointClickCare was the first Long Term Care software provider to establish the SaaS delivery model, and currently we have over 12,000 buildings under contract. PointClickCare follows a SaaS model, patching is non-interruptive. Patches are applied, as required. As a SaaS model, there are no remote maintenance requirements. Clients are expected to maintain patch levels on the end user's browsers and operating systems.

3.9.2 Must name all third party vendors required to provide the solution, including those that host any part to the connective and processing of the data.

Not applicable. PointClickCare is a SaaS delivery model.

3.9.3 Must provide all levels of technical support 24/7 phone calls and on-site.

24 x 7 x 365 support is provided to all clients. On-site support is optional and quoted separately.

The following support options are included in PointClickCare support.

- PCC Standard Service hours are 8:00am to 7:00pm EST, followed by emergency after-hours from 7:00pm to 8:00am EST
- Weekends and holidays are covered by PCC emergency after-hours support.
- A PCC emergency after-hours representative can be reached by calling into our regular toll-free number.
- Average response times for support calls are targeted around our call resolution SLA outlined in the following table.

Severity Level	Description	Priority
Urgent/Critical	A condition that prevents users from accessing or using a critical function of PointClickCare	Same day resolution
High/Serious (Major)	A condition that prevents users form meeting production processes/schedules or is making production materially more difficult or costly for the user.	Next day resolution
Medium/Important	A condition in which PointClickCare is performing in an unpredictable manner or is producing incorrect results, but is not materially impacting production or business processes/schedules.	Two day resolution
Low/Inconvenient (Minor)	A condition in PointClickCare that inconveniences the user.	Three day resolution

Incidents to our Customer Support Services department will be logged and analyzed by a first Call Resolution (FCR) Representative to determine complexity of the issue.

- The FCR representative will resolve and close all T1 level issues with the client.
- The FCR representative will escalate all T2 level issues to a case manager for further analysis.
- The Case Manager may work with T3 – level support or SMEs as required to resolve incidents.
- The Case Manager will contact customer inquiry contact to implement resolution.
- New releases and software maintenance are part of the support agreement.

3.9.4 Must provide all tiers and descriptions of the service level agreements available to customers to be included with the bid.

The Service Level Agreement listed below is the only SLA offered, and is accessible to all clients. All clients are treated equally.

This Service Level Agreement serves as a set of guidelines to better understand PointClickCare's Help Desk support services. Service priorities are defined below. Priorities that cannot be immediately determined by our Help Desk representative are escalated in accordance with Wescom's staff escalation process. The "Initial Response Time" is the time in which the customer

reporting the service request is provided with an initial diagnosis of the request and provided with a "Service Request" number (SR#) to track the request. The" Target Resolution Time" is the expected timeframe that the Service Request will be resolved. Help Desk support is available 24 hours a day, 7 days a week, and 365 days a year.

For more information, see PointClickCare's Service Level Agreement, attached.

Priority Level	Problem Description	Initial Response Time	Target Resolution Time	Commitment
Urgent (Critical)	A condition that is halting production without an economically feasible alternate method to run PointClickCare or prevents users from accessing or using a critical function of PointClickCare. *Examples:* *- Users cannot login to the application (does not include Users forgetting or losing their password).* *- Data is corrupted in the PointClickCare database.*	1 hour, 24 x 7 x 365	1-2 business days	The problem will be worked on 24 x 7 x 365 until fixed or a reasonable workaround is applied.
High (Serious)	A condition that is deterring user from meeting production processes/schedules, is seriously impacting the use of PointClickCare, is making production materially more difficult or costly for user, or results in material corruption of any of user's Data. *Examples:* *- Charge generation process does not run.* *- MDS submission process does not run.* *- Interfaces to ERP, census, etc. do not run*.	1 hour during primary support hours	Mutually agreed to time	The problem will be worked on during primary support hours until fixed or a reasonable workaround is applied.
Medium (Important)	A condition other than those described above in which PointClickCare is performing in an unpredictable manner or is producing incorrect results but is not materially impacting production or business processes/schedules. *Examples:* *- Quick ADT does not clear bed when a resident is discharged.*	1 hour during primary support hours	Mutually agreed to time	PCC will work with customer to mutually prioritize and schedule resolutions into regular release cycles.

Low (Inconvenient)	A condition other than those described above in which inconsistencies, irregularities and/or limitations in PointClickCare or an Application that cause inconvenience to user.	1 hour during primary support hours	Mutually agreed to time	PCC will work with customer to mutually prioritize and schedule resolutions into regular release cycles.

Notes:

1. *PointClickCare does not reset passwords for users. You will need to contact your immediate supervisor.*
2. *PointClickCare only supports users who have been trained on the application. If you have not yet been trained, please contact your Internal/Corporate training resources.*
3. *If you are currently in the implementation process, please contact your trainer.*
4. *When entering the description on the support form, examples and steps to recreate the issue are extremely important to help resolve issues more quickly. All valuable information is appreciated.*
5. *It is extremely important to get the urgency of your case set correctly. PointClickCare reserves the right to reprioritize any SR# without notice.*

3.9.5 Must provide a list to customers of required or recommended firewall technology on the client side to be included with the bid.

Fire walls externally, internal based on role. There are currently seven layers of physical device security at the PointClickCare Data center. Including but not limited to: Geo-Location Filtering, DOS protection, SSL hijacking protection, Multi-Vender Access controls limiting access to specific application port needed, AV, IDS Multiple layers of account controls, Client based access control inside of the PointClickCare application allow for additional IP address filtering to the client's address controlling possible access to client's specific database.

3.9.6 Product must have the ability to be securely accessed from any location with an Internet/broadband connection, also must provide security requirements for remote users.

Yes. PointClickCare's software allows you to remotely access a centralized database from multiple locations.

3.9.7 Vendor shall list all security enhancements which must be accommodated on client workstations e.g. Internet sites trusted, active x controls enables, Dot New versions supported, registry modifications, etc.)

For more information, see PointClickCare Technical Requirements document attached. All notices of enhancements are posted to the client's home page.

3.9.8 Product must support the following external devices:

- USB Devices
- Scanners (Manufacturer/Model)
- Handheld (i.e. Barcode, PDA, BlackBerry Devices, etc.)
- Card Readers (i.e. Smart Card, Security)
- Other Input Devices

Mobile Device Hardware:

- IPhone 5 or newer
- IPad 3rd generation or newer
- IPad mini
- IPod Touch 5th generation or newer

Mobile Device Software:

- iOS8.x, iOS 7.x

3.10 Prior to going live, product must provide the minimum workstation requirements to run the software including:

- Manufacturers/Models
- Processor
- Storage
- Memory
- Operating System

PointClickCare Network and Operation System

Server Operating System - There are no server platforms required. The Replicated Reporting Database runs on SQL server in our hosted solution.

PointClickCare Operating Environments

A standard browser is required for support of the full application. Touch screen tablets are supported for the eMAR and Point of Care modules. The latest Apple iPad OS is supported for collecting MDS Assessment data.

For more information about Technical Requirements, see the attached Technical Requirements document.

3.11 Prior to going live, vendor must provide required type of client (i.e. Citrix, Oracle, Clientware, Cisco VPN, etc.) to utilize software.

Following is a list of PCC recommended hardware specifications. These specifications represent an ideal hardware platform based on current market availability.

Workstation

- Processor – Pentium Core 2 Duo 2 GHz
- RAM – 4 GB DDR-2
- Hard Drive – 80 GB SATA
- Video – Supports 1024x768 screen resolution
- Monitor – 17” Flat Panel
- Mouse – USB Optical Scroll Mouse
- Keyboard – USB Standard
- Wireless a/b/g/n Adapter

Operating System – Vendor supported operating systems (not Windows XP) with browser capability for Internet Explorer (IE), FireFox, Chrome or Safari

Internet – 4 Mb/s Broadband DSL / Cable Redundant Internet

Connections - Facility Internet Bandwidth – T1 or Fractional T1

Minimum Hardware Requirements

Workstation

- Processor – Pentium 4 2GHz
- RAM – 256 MB DDR2
- Hard Drive – 40 GB IDE
- Video – Supports 1024x768 screen resolution
- CDROM – 48x
- Monitor – 17” CRT (this type of monitor pre-dates flat panels)
- Mouse – PS2 Track Ball Mouse
- Keyboard – PS2

Operating System – Vendor supported operating systems (not Windows XP) with browser capability for Internet Explorer (IE), FireFox, Chrome or Safari

Facility Internet Access –Broadband DSL or Cable

The PointClickCare application contains eMAR and Point of Care modules that support touch screen devices. The recommended device specification is shown below.

Screen - 17”/22” TFT SXGA/WSXGA LCD Wide Angle Display (larger displays available for custom solutions)

- Drive Storage - 2.5” 4GB SATA Solid-State Drive (SSD)
- WiFi - Intel® WiFi Link 5100 PCIe Mini Card (supports a/b/g/n)
- Processor - Intel® AtomTM N270 1.60 GHz (2.5W) CPU
- Memory - 1.0 GB (up to 2.0 GB) OnBoard DDR2 SODIMM SDRAM
- Dimensions - 17” : 372 x 324 x 53 mm / 22” : 510 x 352 x 55 mm
- Weight - 4.19 Kgs (9.2 lbs) / 5.79 Kgs (12.8 lbs)

PointClickCare is compatible with many mobile tablet devices and the specifications for our mobile solutions are currently under review. Current mobile pilot facilities are leveraging iOS devices including ipod/iPhone, mini ipads and ipads.

3.12 Product vendor must list all applications supported and/or need to be installed on the workstations including release and version include with the bid. For example:

- Java
- Flash
- Adobe reader
- Microsoft (i.e., Word, Excel, etc.)
- Antivirus
- Which folders/files must be excluded from active scanning?
- Crystal Reports
- Open Office
- Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support.

No additional software is needed to run PointClickCare. What is needed to access the application is a support internet browser on a workstation running the latest Windows or Apple operating systems.

3.12.1 Prior to going live, list any and all Open Database Connectivity drivers or Standard query Language applications that need to be loaded on workstations.

Individual workstations only require internet access to run PointClickCare.

3.12.2 Vendor/Program shall list all scheduled application migrations scheduled within the next six months to one year.

New product releases are done on a quarterly basis, and any updates or patches are done as they are required. Historically, PointClickCare has released on average three (3) updates per year since its inception as a company.

3.12.3 Two weeks prior, vendor must list expected downtime/testing/release timing to customer.

Yes. Advance notice is provided through the customer home page.

3.12.4 Vendor must provide all data usage policies including details on how data is saved and stored to the administrator or designee prior to installation.

Customer data resides in a Tier III Datacenter. Facilities are manned 24x7x365. Facility access requires pre-clearance authorization along with proper identification. Access beyond lobby area requires two factor authentications including a biometric check. Access to the servers additionally requires knowledge of combination lock for each rack.

3.12.5 Software must be able to download and distribute the patient's health record.

Yes. A copy of the resident's chart can be downloaded depending on the security role of the end user.

3.12.6 Product must upload patient-provided records (either paper or electronic format, radiology, medical records, lab data, etc.)

Yes, radiology and lab results are received electronically, through certified business partners, both as structured data, PDF reports and images (where supported). Note: These images of low resolution and should not be used for diagnosis, but rather as reference only. Facilities can also

manually enter radiology results and view both manually entered and electronically received radiology test results.

3.12.7 Product must export information to CD/DVD in Comma Separate Values (CVS) or comma text delimited format, CCD, Computer Design Activity, Extensible Markup Language format.

There are several different areas within our software in which you can export data via CSV or other flat file format. An example of this is GL export files to a Financial Vendor like Great Plains or PeopleSoft.

3.12.8 Must provide a schedule of daily maintenance performed on remote system including backups, updates, performance monitoring and enchantments.

As a SaaS model, there are no remote maintenance requirements. Clients are expected to maintain patch levels on the end user's browsers and operating systems.

Standard Maintenance is done Wednesday and Saturday mornings from 2:00 AM to 5:00 AM EST. In the case of application upgrade maintenance; this is performed in a rolling fashion which allows for a non- customer impacting or minimized disruption. Maintenance is announced one week in advance including change window length and expected outage disruptions, if any, inside of the change window.

For Infrastructure upgrades, service is switch flipped to backup components and service levels are verified prior to primary systems upgrade. Services are flipped back to the primary systems upgrade and functional testing is completed. Service levels are verified again before the backup units are upgraded. Again this procedure is designed to minimize client impact and service disruptions.

Emergency maintenance can be announced for any day of the week but we always attempt to execute maintenance windows from 2:00 AM to 5:00 AM EST.

3.12.9 Must provide within 24 hours a contingency strategy or disaster recovery plan in the event internet service is lost and customer is unable to access your system and application.

Disaster Recovery is provided by PCC and we take this responsibility seriously. We can provide 24 hour limited (two users per site) and 72 hour full disaster recovery at an alternate data center. We can provide data recovery to within two hours of the incident. Monthly costs cover the administration, validation, bandwidth and shipping of the data to the DR site. We can manage redirection of the DNS to the DR location and will test procedures on a semi-annual basis.

3.12.10 Data must be gathered during Internet outages and uploaded into the system when Internet is restored either manually or automatically and provide verification when the information has been uploaded.

All PointClickCare customers are recommended to have a failover Internet connection of a different media type (e.g. Cable and DSL, not 2 of the same type). The failover device should provide two wired connections – a primary and secondary with load balancing for speed and failover to the secondary if the primary fails. In addition, the failover device should notify the organizations IT team within 10 seconds of a problem.

3.12.11 Vendor Must provide immediate notification if the site is unavailable, must provide resolution including steps the customer must take to mitigate operations to business, and a time estimate to restore the system to full functionality within 24 hours.

Disaster Recovery is provided by PCC and we take this responsibility seriously. We can provide 24 hour limited (two users per site) and 72 hour full disaster recovery at an alternate data center. We can provide data recovery to within two hours of the incident. Monthly costs cover the administration, validation, bandwidth and shipping of the data to the DR site. We can manage redirection of the DNS to the DR location and will test procedures on a semi-annual basis.

For more information, see PointClickCare Service Level Agreement attached.

3.12.12 Vendor must provide a list of outages due to infrastructure issues in the last 24 months with bid.

PointClickCare has maintained an uptime of 99.7% SLA in regards to service in the past 24 months.

3.12.13 Vendor must have redundant internet providers.

PointClickCare has redundant internet connections and the customer is also responsible for redundant internet connections.

3.12.14 Vendor must provide a detailed list of network infrastructure requirements with bid.

For more information, see PointClickCare Technical Requirements, attached.

3.12.15 Vendor must provide a test environment prior to go-live for the customer to use on-site at the facility.

Yes - Training databases are a copy of the client's production database and can be refreshed.

3.12.16 Vendor must provide documentation of proper encryption and antivirus on vendor servers, including policies that describe the audit process to identify attempted accesses with bid.

PointClickCare has an annual SOC 1 audit report which would validate the encryption/anti-virus.

3.12.17 Vendor must provide proof of off-site disaster recovery location for the vendor server farm and frequency of testing with bid.

The Production Servers are located in the Chicago, IL Data Center for US Customers and the Toronto, ON Data Center for Canadian Customers.

3.13 The vendor must provide information on the following technical service level agreements and vendor support with bid.

3.13.1 Must provide all levels of each technical, training and service support with your standard service level agreement for each support program for the life of the contract.

Yes

3.13.2 Must provide support statistics (# of support calls to the % of resolutions at each severity level.

For the last fiscal year (November 1, 2014 through October 31, 2015), the following stats were reported:

- Avg. Case Total/Month 8813
- First Call Resolution (%) 63%
- Avg. Call Wait Time (min) 0.2 hr.
- Avg. Urgent Case Resolution Time (hrs.) 1.7 hr.

3.13.3 Vendor must provide 24/7 customer technical support throughout the life of the contract.

Yes.

3.13.4 Must provide to the facility response timeframes per severity level. 24 hour maximum time frame to include phone, email, and fax.

Yes. We understand that it is imperative for you have support coverage available to you on a regular basis. Our standard service support hours are 8:00 am to 7:00 pm EST, followed by emergency after-hours from 7:00 pm to 8:00 am EST. Weekends and holidays are covered by our emergency after-hours support. A PCC emergency after-hours representative can be reached by

calling our regular toll-free number. The following process is followed when responding to all support incidents.

- Incidents to our Customer Support Services department will be logged and analyzed by a First Call Resolution (FCR) Representative to determine the complexity of the issue.
- The FCR representative will resolve and close all T1 level issues with the client.
- The FCR representative will escalate all T2 level issues to a Case Manager for further analysis.
- The Case Manager may work with T3 level support or SMEs as required to resolve incidents.
- The Case Manager will contact customer inquiry contact to implement a resolution.
- New releases and software maintenance are part of the support agreement. New functionality may be purchased as an additional service.

3.14 Vendor must provide the ownership of the following with bid:

Data – Customer owns the data

Software – Customer leases the software and owns the content

Enhancements or customizations paid for by the customer – The monthly subscription fees include application updates. New product releases are quoted on an as-requested basis for clients that want to expand usage outside of the core application.

Hardware – Customer owns the hardware

Servers – SaaS model. PointClickCare owns the servers.

Workstations – Customer owns the workstations. PointClickCare does not provide hardware as part of our product offering. It is the responsibility of the client to procedure the hardware.

3.15 Vendor must provide a list/menu of additional fee based services with bid.

Yes. PointClickCare is a monthly recurring subscription fee based on licensed beds. There is a one-time professional service fee associated with training and implementation.

3.16 Vendor must provide their enhancement request model with bid.

The process that you would use to request an enhancement to a product would be to submit an enhancement request though the facility's national account manager or you can send the request through our web-based e-support solution. Enhancement requests are reviewed by the appropriate product line manager and prioritized accordingly.

3.17 Vendor must provide ongoing maintenance schedule, timelines and procedures to include: upgrade process, testing and product enhance requests through the life of the contract.

Yes. PointClickCare provides maintenance/enhancement schedules through the home page.

3.18 Vendor must include all phases of training and testing from selection through going live including the following services:

Please note: The training method is our Best Practice model based on our experience of installing approximately 120 facilities per month. PointClickCare has successfully installed the application in

almost 12,000 facilities). Our approach is a proven method based on Adult Learning Education characteristics and idiosyncrasies.

Our **Train the Trainer** approach is designed to ensure effective knowledge transfer, preparation and support is in place prior to system go live and beyond.

A pilot approach is used to ensure that your staff receive effective training. This includes Super Users and the Core Project team to be trained.

Training sessions will be combination of on-site training and WebEx based conference calls, and will include your PointClickCare SME to complete each one of the courses listed in the syllabus below one time with your Corporate Trainers and Super Users for the Pilot facility or campus.

We recommend that the project team have status calls either weekly or biweekly to ensure all tasks are being completed and there are no pressing issues, which could delay the Go Live date from target. The status calls will be discontinued after the pilot is complete.

After the course syllabus has been completed with the pilot, it will be the responsibility of your internal Trainers and Super Users to push out the training to the remaining of your rollout. Your SME will be there for import support, to ensure that your modules are turned at and set for the correct date, along with a review of your main configuration.

After the 2nd facility/campus is rolled out, your team will be turned over to the PointClickCare Help Desk for general questions regarding the application.

Kick off Call: The Kick-off call should include the Core Project Team, the Clinical lead, Financial Lead, IT lead, and the Project Manager. During this call the rollout schedule of the phases best suiting your staffing needs will be discussed, a walk-through of the Smartsheet (project schedule tool), arrange status calls, and identify any other issues or concerns.

Business Process Review: The Business Process Review is designed for the SME (Subject Matter Expert) to work with your team leads to gain an in-depth understanding of your business and how it operates. The SME uses this information to assist with the best practice for configuring PointClickCare to best suit your needs. For future reference, this information will be documented and attached to your project.
Discovery: The Discovery process is tied to the Business Process Review. This is where the Chart of Accounts, Payer types, UDAs, processes and workflows are identified.

Configuration Sessions: Configuration sessions are done with the team members that are responsible for making the decisions for the corporation, as they are starting to build out the EMC (Enterprise Management Console). This is also known as Corporate Scoping.

Super User Sessions: Super User sessions are used for training the Corporate Trainers, Super Users and staff of the Pilot facility on the system. PointClickCare recommends that the Super Users of the next facility sit in on the training sessions as this has proven successful.

Shadow and Support: SMEs will be available for the first facility after the pilot. They will review your configuration and be there for guidance.

Transition to Help Desk: Once the pilot and first facility have gone live with the implementation, your team will be transitioned to the help desk for support.

3.19 The development and training environment will be provided on-site immediately after contract is awarded.

Yes. A sandbox training environment will provided however we need to further understand what is meant by “immediately after the contract is awarded”.

3.20 Access must be granted to the development/training environment for testing during upgrades and training.

Yes. A training database will be created for you.

3.21 Training must be provided through the following delivery channels, but not limited to one format: video, web based training, facilitator/consultant led training session, training documents.

Yes, PointClickCare offers the following sources for online help and training which will be available 24/7 - 365 during the length of contract

- User Guides by module and feature
- Searchable Help files by module
- Tutorial videos for New Releases
- Scripted On-demand eLearning (overview of each end-user module)
- Checklists by course and module
- Discovery documents

3.22 Vendor must provide clarification on when materials or specialty training is created by the vendor or the consumer to the facility.

PointClickCare is responsible for the educational content which is standard and continuously updated as the application is updated.

3.23 Workflow assessments will be completed by the vendor and included with bid.

As part of the discovery process, PointClickCare will work with the facility to understand its unique needs and build a schedule around those needs. A portion of the training will include configuration, which PointClickCare will train the users to configure the application to the facility's specific needs.

3.24 Vendor must provide during testing and go-live recommendations and workflows for abstracting and/or bulk loading data from paper charts into electronic health records.

A sandbox is provided as part of the subscription. Please note that the customer will be responsible for providing the data to PointClickCare.

3.25 Vendor must provide contractual availability to access the live electronic medical records prior to going live for build or pilot purposes with bid.

During training the client will have access to the live environment. PointClickCare implements over 100 buildings each month. Please see the attached SmartPath Implementation Overview for our proposed plan. We believe that interactive training is the most beneficial form of education and learning.

3.26 Vendor must provide a detailed statement of work to include: superior training, cost of training, on-site training and post-live training and support. The statement of work will include number of hours, number of resources, on-wit and off-site hours, on-site and off-site resources assigned to this project with bid.

For more information see the West Virginia Project Scope statement of work, attached.

3.27 Vendor must provide a going live assessment to be completed within 90 days after transition from the level of going live support to 'normal' support level with bid.

PointClickCare Project Managers and Account Managers will provide a transition plan to support services up to the completion of implementation. The client will receive a regularly scheduled business process review of their database to ensure that they are utilizing the application in its entirety.

3.28 In addition to standard contract terms and vendor guarantees, the vendor at a minimum must also provide during the life of the contract period:

3.28.1 Customer must be allowed to perform acceptance testing of the product 24 hours prior to go live training. If unacceptable, vendor will be required to make necessary adjustments.

PointClickCare implements over 120 buildings per month. For more information, see the SmartPath Implementation Overview, attached.

3.28.2 Daily, timely remedies for customer deficiencies resulting from upgrades that cause critical workflows to break or unable to perform quality reporting.

Product upgrades are pushed out to all customers using tested and controlled scripting to ensure accuracy. Deployment is executed after hours to minimize staff and customer disruptions.

3.28.3 Vendor must provide upon request an escalation channel if training is not conducted in agreed upon time frame and/or training materials are not adequate or delivered per contract deliverables.

Yes.

3.28.4 Vendor must provide upon request a mitigation plan if implementation is not completed by the vendor in the agreed upon time frame due to issues related to the vendor (staffing conflicts, software problems, etc.)

Yes. A timeline will be created upon receipt of an executed contract.

3.28.5 Vendor must provide replacement of hardware during transport if purchased through vendor or while vendor is on-site during installation.

Not applicable

3.28.6 Vendor must provide upon request a mitigation plan if incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software.

See Technical Requirements document, attached. Hardware is not a part of this RFP.

3.28.7 Vendor must provide to the facility remedies if data corrupted during the course of normal use and operation of product upon request for the life of the service.

System transaction mechanisms are in place to ensure data integrity. PointClickCare verifies committed or transaction roll backs.

3.28.8 Vendor must warranty any functionality and/or work provided by any company on your behalf (implementation, upgrades, etc.)

Application updates and maintenance are included as part of the monthly fee.

4. **Mandatory Requirements**.

4.1 Mandatory Contract Services Requirements and Deliverables: Contract Services must meet or exceed the mandatory requirements listed below.

4.1.1 Vendor must provide documentation of ONC-ATCB (Office of the National Coordinator – Authorized Testing and Certification) certification.

Yes. For more information about PointClickCare certifications go to: http://www.pointclickcare.com/us/company/about-us/certifications.

4.1.2 Vendor must provide information on any outstanding lawsuits or judgments within the last five (5) years. Indicate any cases that vendor cannot respond to as they were settled with a non-disclosure clause at the time of bid.

PointClickCare has never been engaged in any customer or supplier lawsuits and have had no disputes with customers related to training, licensing or implementation services.

4.1.3 All software applications should, at minimum, provide the same functionality or equal to Point-Click-Care.

Yes, PointClickCare complies.

4.1.4 Vendor must provide detailed explanation for all licensing options to be included with bid.

Based on our understanding during the pre-bid meeting on Dec. 8, 2015, we were led to understand that the Clarksburg facility has (120) active residents and that the Barboursville facility also has (120) active residents. PointClickCare is a monthly recurring subscription fee based on licensed beds. There is a one-time set up fee. NOTE: We do not charge a license fee based on users.

4.1.5 Vendor must define 'user' if it relates to the licensing model by obtaining the authority to use software without purchasing (i.e. FTE MD, all clinical staff, etc.).

PointClickCare does not charge a license fee for users. The number of users has no bearing on the price of the software. PointClickCare fees are based on the total number of beds. This fee is inclusive of service, support, maintenance, data backup and recovery, and access to an unlimited number of users.

4.1.6 Vendor must provide a detailed explanation of how the system licensing shall account for residents, part time clinicians and mid-level providers.

Not applicable. This does not apply to our pricing policy (see above).

4.1.7 Vendor must disclose to the customer additional licensing per workstation and any handheld devices count towards this licensing.

Not applicable. With our SaaS model, license is based on the number of beds.

4.1.8 If the system is a concurrent licensing system, the vendor must provide an account of when the licenses are released by the system, (i.e., when the workstation is idle, locked, or only when user logs off)

Not applicable. With our SaaS model, license is based on the number of beds.

4.2 At a minimum, vendor must provide the following detailed security features at go-live and during life of the contract:

4.2.1 Meet all HIPPA (Health Insurance Portability Act), HITECH (Health Information Technology for Economic and Clinical Health) security requirements.

Yes. For more information, see HIPAA Compliance documentation, attached.

4.2.2 Product must provide different levels of security based on User Role, Site, and/or Enterprise settings.

Role-based access controls for users are incorporated into the PCC application.

Contract Manager: Steve Klopf, Account Executive

Telephone Number: (815) 224 – 1128

Fax Number: Fax: 800 – 716 – 0995

Email Address: stephenklopf@pointclickcare.com

PointClickCare®

State of West Virginia

Pricing Quotation - **CRFQ VNF1600000003**

Software Cost

Lump Sum for Installation/Integration	$125,547.76
Year 2 maintenance	63,972.12
Year 3 maintenance	65,251.56
Year 4 maintenance	66,556.59
Overall Bid Total	$ 321,328.03

Admission Orders	**Standard Orders** • Activity Level (SPECIFY) • Admit to Nursing Center • Admit to Skilled Level of Care • Admit to SNF under Hospice • Admit to SNF under Respite Care • Admit to Special Care Unit with (Diagnosis) • May use generic Drugs (yes/no) • Rehab Potential: (SPECIFY)
Assistive Devices	**Standard Orders** • 1/2 Set • 1/4 Set • Assitance Stick • Bedrails/Siderails • Full Set • Geri Chair • Hand Mitts • Lap Cushions • Lap Trays • Merri Walker • Release every 2 hours for exercise and activity, check for areas of irritation. • Soft Ties
Catheters	**Standard Orders** • (SIZE) FR 2 way Foley Catheter with (AMOUNT) cc balloon for (DIAGNOSIS) • (SIZE) FR Catheter with (AMOUNT) cc balloon for (DIAGNOSIS) • Catheter Irrigation: (AMOUNT) cc's at a time, maximum (AMOUNT) cc's per irrigation • Change catheter (FREQUENCY) and PRN if dislodged or plugged and unable to clear with irrigation • In and out 14 FR Coude Tip Red Rubber Catheter three times per day • Leg Bag - may convert to leg bag while up PRN

	• Suprapubic Catheter
Consultants	
	Standard Orders
	• CONSULTS: Audiology services as needed
	• CONSULTS: Dietary consult/evaluation as needed
	• CONSULTS: Drs. Anderson and Oatman for podiatry every 2 months as needed
	• CONSULTS: ENT consult as needed
	• CONSULTS: May have Psychiatry services as needed
	• CONSULTS: May have Psychological services as needed
	• CONSULTS: May see in-house Dentist as needed
	• CONSULTS: May see in-house Optometrist as needed
	• CONSULTS: May see in-house Podiatrist as needed
	• CONSULTS: Respiratory Therapy as needed
	• CONSULTS: Wound Consult as needed
Discharge/Death	Corporate
	Standard Orders
	• Discharge resident to Assisted Living Facility
	• Discharge resident to home with discharge instructions and meds
	• Discharge resident to skilled nursing facility
	• Release body to mortuary
Enteral	Corporate
	Standard Orders
	• Additional Formula: Indicate formula name, amount, frequency and method of administration
	• Change (TYPE) (SIZE) (FREQUENCY) and PRN if dislodged or plugged and unable to clear with irrigation
	• Change syringe daily
	• Check and record residuals qshift
	• Check tube placement before initiation of formula, medication administration, and flushing tube or at least q 8 hours
	• Complete tube site care q day
	• Continuous: Check every 4-6 hours, prior to irrigation and PRN (Confirm with physician regarding withholding feedings according to the amount of residuals).
	• Document the amount of fomula and water provided q 8 hours - total intake q 24 hours
	• Elevate HOB 30 to 45 degrees at all times during feeding and for at elast 30 to 40 minutes after the feeding is stopped

	• Enteral Nutrition via Gravity or Bolus: (name of formula) at (# of mls) q (q # of hours or # of times per day) via (bolus or gravity) per (Type of tube) at (specific times of the day) • Enteral Nutrition via Pump-(name of formula) at (# of mls) ml per hour for (# of hours) hours via pump per (type) tube. If tube feeding is cyclic/intermittent, indicate start and stop times: Start i • Flush feeding tube with (# of ml?s) ml?s of water q (# of hours) hours and with (# of ml's) ml's of water before and after medication administration. If tube feeding is bolus, gravity or cyclic via • Flush tube with 20-30ml(cc) of water before and after administration of medication pass • If closed system container is used: Change feeding administration set with each new bottle • If open system container or gravity feeding is used: Change feeding administration set daily • Intermittent: Before each intermittent feeding and PRN check for residual, if residual of 250 ml(cc) delay feeding at least one hour • Label the formula container, syringe and administration set with resident's name, date, time, and nurse's initials • Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation and breath sounds q shift • Weekly weight
Incontinence associated dermatitis (Nurses apply)	
	Custom Medications • Anti-Fungal cream or powder Incontinence associated dermatitis • Preppies Skin Barrier Wipe Autolytic Debridement • Vaseline Constance Care Moisture Barrier Cream Incontinence associated
Skin Tears	
	Standard Orders • Cleanse all skin tears with non-toxic commericial wound cleanser or normal saline • If flap remains: Gently approximate the edges of the skin tear and apply curi-strips. Leave in place for 7 days or until they fall off. • If unable to approximate edges: Apply Preppies Skin Barrier Wipe to peri-wound and allow to dry. Apply Aquaflo Hydrogel Disc Dressing to areas and secure with bandage roll such as Confc
Stage I Pressure Ulcer	
	Standard Orders • Area affected by friction and shear: apply Preppies Skin Barrier Wipe to area, allow to dry and apply Polyskin II Transparent Dressing. Change every 5 days and PRN leakage, soiling of dres **Custom Medications** • Vaseline Constant Care Moisture Barrier Cream Stage I Pressure Ulcer
Stage II Pressure Ulcer	
	Standard Orders • Intact serum-filled blister: cleanse with non-toxic commercial wound cleanser or normal saline. Apply Aquaflo Hydrogel Disc Dressing. Secure with secondary dressing or bandage roll such a

nfusion at (hour of day) and continue until (hour of day) OR until total volume is given

pump, add: flush feeding tube with (# of ml's) ml's of water before and after tube feeding administration

rm or Kerlix Roll. Change every 3 days and PRN leakage, soiling of dressing.

sing.

s Kerlix or Conform. Change every 5 days and PRN leakage, soiling of dressing.

	• Minimal to moderate drainage (clean wound bed): Cleanse with non-toxic commercial wound cleanser or normal saline. Apply Ultec Pro Bordered or Sacral Bordered Hydrocolloid Dressings **Custom Medications** • Vaseline Constant Care Moisture Barrier Cream Stage II Pressure Ulcer
Stage III & IV Pressure Ulcer Full Thickness-Deep	**Standard Orders** • Clean Granulation Tissue Minimal to Moderate Drainage (Cleanse wound with non-toxic commercial wound cleanser or normal saline): Fluff Curafil Impregnated Gauze, loosely fill cavity and • Clean Granulation Tissue Moderate to Heavy Drainage(Cleanse wound with non-toxic commercial wound cleanser or normal saline):If wound is deep or has undermining, use appropriately s
Stage III&IV Pressure Ulcer Full Thickness-Shallow	**Standard Orders** • Clean Granulation Tissue Minimal to Moderate Drainage (Cleanse wound with non-toxic commercial wound cleanser or normal saline): Apply Curafill Impregnated Gauze to open areas only. • Clean Granulation Tissue Minimal to Moderate Drainage (Cleanse wound with non-toxic commercial wound cleanser or normal saline): Apply Ultec Pro Bordered or Sacral Bordered Hydrocc • Clean Granulation Tissue Moderate to Heavy Drainage (Cleanse wound with non-toxic commercial wound cleanser or normal saline): Apply Copa, Copa Plus, Copa Island or Kendall AMD A • Clean Granulation Tissue Moderate to Heavy Drainage(Cleanse wound with non-toxic commercial wound cleanser or normal saline):If wound is deep or has undermining, use appropriately s
Therapy	**Standard Orders** • Occupational Therapy to evaluate and treat • Physicial Therapy to evaluate and treat • Speech/Language/Pathollogy to evaluate and treat
Trach	**Standard Orders** • (Trach Type),)Size), (Length) and and other (Products ID# used such as care kit)
Medrol Dose Pack Z Pack	**Custom Medications** • MEDROL DOSE PACK Day 1 • MEDROL DOSE PACK Day 2

allowing 1 inch border around entire perimeter of the wound. Change every 5 days and PRN leakage, soiling of dressing.

l any undermining with dressing. Cover with dry gauze and Curity ABD pad or Telfa (AMD) Island dressing. Change every day and PRN leakage, soiling (donates moisture).
sized Curasorb Calcium Alginate rope. Line wound bed and undermining with one continuous piece. Cover wound bed and undermining with Curasorb fill in space with fluffed dry gauze, cover with Telfa(AMD) Island or C

Cover with Telfa (AMD) Island Dressing or dry gauze and Curity ABD pad. Change every day and PRN leakage, soiling (donates moisture).
olloid Dressing (use skin prep). Change every 5 days or PRN leakage or soiling (maintains moist wound healing).
ntimicrobial Foam Dressing (use skin prep) to wound bed extending dressing 1" beyond wound edge. Change every 3 days and PRN leakage, soiling (very absorbent and maintains moist wound bed).
sized Curasorb Calcium Alginate rope. Line wound bed and undermining with one continuous piece. Cover wound bed and undermining with Curasorb fill in space with fluffed dry gauze, cover with Telfa(AMD) Island or C

Curity ABD pad. Change every day and PRN leakage, soiling. If Curasorb is not saturated may change every 48h

Curity ABD pad. Change every day and PRN leakage, soiling. If Curasorb is not saturated may change every 48h

	• MEDROL DOSE PACK Day 3 • MEDROL DOSE PACK Day 4 • MEDROL DOSE PACK Day 5 • MEDROL DOSE PACK Day 6
Foley & Colostomy Care Bowel And Bladder	Corporate **Standard Orders** • B&B: Bedside commode • B&B: Bladder scan as needed • B&B: Change ileostomy bag 1 x weekly & prn; apply skin barrier; center the pouch over the stoma and apply to skin, press area directly around stoma to ensure adherence to skin; monitor st • B&B: Change ostomy bag 1 x weekly & prn; apply skin barrier; center the pouch over the stoma and apply to skin, press area directly around stoma to ensure adherence to skin; monitor stor • B&B: Foley Catheter change PRN • B&B: Foley d/t debility w/1Occ balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Foley d/t Neurogenic bladder w/1Occ balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Foley d/t severe physical impairment w/1Occ balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Foley d/t urinary retention w/10cc balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Foley for wound management w/1Occ balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Irrigate foley catheter w/NS prn • B&B: Ostomy care qshift & prn; Empty & rinse pouch when 1/3-1/2 full w/gas or stool; cleanse skin w/cool soapy water, wipe tail opening clean, then clamp to prevent odor • B&B: Silver Tipped Foley d/t debility w/1Occ balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Silver Tipped Foley d/t Neurogenic bladder w/1Occ balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Silver tipped Foley d/t severe physical impairment w/10cc balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Silver tipped Foley d/t urinary retention w/10cc balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Silver tipped Foley for wound management w/10cc balloon to CD bag, secure with foley leg strap; change per NF policy; provide catheter care; record output qshift; Size # • B&B: Suprapubic catheter #(INDICATE) w/(Indicate) cc Balloon; change prn • B&B: Suprapubic catheter care every shift & prn • B&B: Suprapubic catheter: cleanse w/NS apply drain sponge & secure with tape daily • B&B: Suprapubic catheter: cleanse w/NS qshift LOTA • B&B: Toilet upon awakening, before and after meals, at night and as needed to decrease episodes of urinary incontinence
Isolation/Infection control protocol	 **Standard Orders** • HEALTH - Contact precautions r/t MRSA: Post See Nurse Before Entering sign on door. Provide personal B/P cuff, stethoscope, and thermometer. Wear gloves, mask, and gown as needed

:oma and surrounding skin for irritation; apply closure clip to bag

na and surrounding skin for irritation; apply closure clip to bag

. Wash hands when touching environment and with direct patient care. Infection location:

	• HEALTH - Contact precautions r/t C-DIFF: Post See Nurse Before Entering sign on door. Provide personal B/P cuff, stethoscope, and thermometer. Wear gloves, mask, and gown as needed • HEALTH - Contact precautions r/t ESBL post See Nurse Before Entering sign on door. Provide personal B/P cuff, stethoscope, and thermometer. Wear gloves, mask, and gown as needed. \ • HEALTH - Contact precautions r/t VRE: Post See Nurse Before Entering sign on door. Provide personal B/P cuff, stethoscope, and thermometer. Wear gloves, mask, and gown as needed. \
Respiratory/Trach Care	
	Standard Orders • RESPIRATORY: Bi PAP • RESPIRATORY: Change aerosol tubing & setup and clean filter every week per facility policy • RESPIRATORY: Change oxygen tubing w/oxy ears and/or setup & clean filter qweek per policy • RESPIRATORY: Change trach inner cannula • RESPIRATORY: Change tubing and rinse concentrator filter weekly on night shift • RESPIRATORY: CPAP • RESPIRATORY: For Pulse Ox less than 90% administer O2/2L NC w/oxy ears or posey strap and notify Medical Provider • RESPIRATORY: Incentive spirometry • RESPIRATORY: Oxygen @ (INDICATE) via mask w/oxy ears or posey strap • RESPIRATORY: Oxygen @ 2 L/min via NC w/oxy ears or posey strap • RESPIRATORY: Oxygen @ 2L via NC prn for SOB • RESPIRATORY: Pulse Ox as needed • RESPIRATORY: Pulse ox qshift • RESPIRATORY: Suction as needed Nasal • RESPIRATORY: Suction as needed Oral • RESPIRATORY: Trach care qshift & prn • RESPIRATORY: Trach change out • RESPIRATORY: Trach collar w/O2 bleed • RESPIRATORY: Trach Suction & lavage PRN to keep airway clear
Vitals	
	Standard Orders • VITALS daily • VITALS monthly, unless otherwise specified • VITALS qshift x3 days • VITALS weekly • VITALS: Accucheck without coverage • VITALS: B/P Weekly

1. Wash hands when touching environment and with direct patient care.

Wash hands when touching environment and with direct patient care. Infection location:

Wash hands when touching environment and with direct patient care. Infection location:

	• VITALS: Daily weight • VITALS: I & O QSHIFT • VITALS: Intake & Output qshift x48 hours • VITALS: Monthly B/P • VITALS: Monthly weights • VITALS: Record Intake qshift • VITALS: Record Output qshift • VITALS: Weekly weights • VITALS: Weekly wts x4 • VITALS: WT q 2weeks
Wound Care	**Standard Orders** • HEALTH - Staple removal (INDICATE SITE); site w/NS, blot dry remove sutures then cleanse area after removal • HEALTH - Suture removal (INDICATE SITE); cleanse site w/NS, blot dry remove sutures then cleanse area after removal • TX: Cleanse area with soap & water; apply 4x4 dressing to • TX: Monitor dressing to ensure dry and intact; monitor skin around dressing for discoloration, edema, warmth or pain qshift • TX: Pain assessment 30 minutes prior to dressing change and prn • WOUND CARE: Cleanse wound with NSS: **Custom Medications** • MULTIVITAMIN • MULTIVITAMIN W/MINERAL

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
Advanced Directive: CPR	Advanced Directive: CPR	Other	Draft	N	ALF Template Database	04/30/2014
Advanced Directive: DNR	Advanced Directive: DNR	Other	Draft	N	ALF Template Database	04/30/2014
Advanced Directive: Do Not Hospitalize (DNH)	DO NOT HOSPITALIZE (DNH)	Other	Draft	N	ALF Template Database	04/30/2014
Advanced Directive: Feeding Restrictions	FEEDING RESTRICTIONS (specify)	Other	Draft	N	ALF Template Database	04/30/2014
Advanced Directive: Living Will	LIVING WILL- please see chart for instructions.	Other	Draft	N	ALF Template Database	04/30/2014
Advanced Directive: Medication Restrictions	MEDICATION RESTRICTIONS (specify)	Other	Draft	N	ALF Template Database	04/30/2014
Advanced Directive: Other Treatment Restrictions	OTHER TREATMENT RESTRICTIONS (specify)	Other	Draft	N	ALF Template Database	04/30/2014
Advanced Directive: Release Body To Mortuary	Release Body To Mortuary	Other	Draft	N	ALF Template Database	06/03/2014
Bowel: Bisacodyl Laxative Suppository 10 MG	Bisacodyl Laxative Suppository 10 MG Insert, 1 suppository rectally as needed for Bowel Management	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Bowel: Colace Capsule 100 MG (Docusate Sodium)	Colace Capsule 100 MG Give, 2 capsule by mouth two times a day for Constipation	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Bowel: Dulcolax Suppository	Dulcolax Suppository 10 MG Insert, 1 suppository rectally every 24 hours as needed for constipation	Pharmacy	Draft	N	ALF Template Database	08/18/2015
Bowel: Milk of Magnesia	Milk of Magnesia Suspension 1200 MG/15ML Give, 1200 mg by mouth every 24 hours as needed for constipation May have one dose in 24hrs for symptoms of constipation	Pharmacy	Draft	N	ALF Template Database	08/18/2015

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
Bowel: MiraLax Powder (Polyethylene Glycol 3350)	MiraLax Powder Give, 17 gram by mouth every 0 hours as needed for Bowel Management	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Bowel: Senna Tablet 8.6-50 MG (Sennosides-Docusate Sodium)	Senna Tablet 8.6 MG Give, 2 by mouth every 0 hours as needed for Bowel Management *take with water*	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Capable of making own health decisions	Capable of making his/her own health decisions.	Other	Draft	N	ALF Template Database	08/12/2015
Consult: Dental	Dental consult as needed	Other	Draft	N	ALF Template Database	04/30/2014
Consult: O.T.	O.T. consult as needed	Other	Draft	N	ALF Template Database	04/30/2014
Consult: Ophthalmology	Ophthalmology consult as needed	Other	Draft	N	ALF Template Database	04/30/2014
Consult: P.T.	P.T. consult as needed	Other	Draft	N	ALF Template Database	04/30/2014
Consult: Podiatry	Podiatry consult as needed	Other	Draft	N	ALF Template Database	04/30/2014
Diet: Modified Diabetic / Regular	 Regular texture, May omit diet restrictions except for texture and liquid modifications on special occasions.	Dietary - Diet	Draft	N	ALF Template Database	04/30/2014
Diet: No Added Salt / Regular	 Regular texture, May omit diet restrictions except for texture and liquid modifications on special occasions.	Dietary - Diet	Draft	N	ALF Template Database	04/30/2014
Dietary Supplements: Ensure Plus		Dietary - Supplements	Draft	N	ALF Template Database	04/30/2014

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
Dietary Supplements: House Diabetic Supplement		Dietary - Supplements	Draft	N	ALF Template Database	08/12/2015
Dietary Supplements: House Supplement		Dietary - Supplements	Draft	N	ALF Template Database	08/12/2015
Discharge: Home	Discharge:Discharge resident to home with discharge instructions and medications	Other	Draft	N	ALF Template Database	04/30/2014
Discharge: Skilled Nursing Facility	Discharge resident to skilled nursing facility	Other	Draft	N	ALF Template Database	04/30/2014
Family is aware of resident conditions	Family is aware of resident conditions	Other	Draft	N	ALF Template Database	05/01/2014
Mantoux Medication	Tuberculin PPD Solution 5 UNIT/0.1ML Inject, 1 application intradermally every day shift every 365 day(s) for Screening Annual Screening Inject, 1 application intradermally every day shift for Screening for 1 Day Step 1 Inject, 1 application intradermally every day shift for Screening for 1 Day Step 2 Administer as per your protocol 7-10 days post step 1	Pharmacy	Draft	N	ALF Template Database	05/14/2014
May crush meds/open capsules	May crush meds/open capsules unless contraindicated and mix in food or liquid.	Other	Draft	N	ALF Template Database	04/30/2014
May self administer	May self administer	Other	Draft	N	ALF Template Database	04/30/2014
May use generics	May use generics	Other	Draft	N	ALF Template Database	04/30/2014
Monitor: Antianxiety Medication	MONITOR FOR DROWSINESS, SLURRED SPEECH, DIZZINESS, NAUSEA, AGRESSIVE/IMPULSIVE BEHAVIOR. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses	Other	Draft	N	ALF Template Database	04/30/2014

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
Monitor: Antianxiety Medication	Notes' and progress note findings	Other	Draft	N	ALF Template Database	04/30/2014
Monitor: Anticoagulant Medication	Anticoagulant Medication - MONITOR FOR DISCOLORED URINE, BLACK TARRY STOOLS, SUDDEN SEVERE HEADACHE, N&V, DIARRHEA, MUSCLE JOINT PAIN, LETHARGY, BRUISING, SUDDEN CHANGES IN MENTAL STATUS AND/ OR V/S, SOB, NOSE BLEEDS. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings	Other	Draft	N	ALF Template Database	04/30/2014
Monitor: Antipsychotic Medication	Antipsychotic Medication - MONITOR FOR DRY MOUTH, CONSTIPATION, BLURRED VISION, DISORIENTATION/CONFUSION, DIFFICULTY URINATING, HYPOTENSION, DARK URINE, YELLOW SKIN, N/V, LETHARGY, DROOLING, EPS SYMPTOMS (TREMORS, DISTURBED GAIT, INCREASED AGITATION, RESTLESSNESS, INVOLUNTARY MOVEMENT OF MOUTH OR TONGUE). Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings	Other	Draft	N	ALF Template Database	04/30/2014
Monitor: Behavior	Behavior Monitor: FOR THE FOLLOWING: (specify) ITCHING, PICKING AT SKIN, RESTLESSNESS (AGITATION), HITTING, INCREASE IN COMPLAINTS, BITING, KICKING, SPITTING, CUSSING, RACIAL SLURS, ELOPEMENT, STEALING, DELUSIONS, HALLUCINATIONS,	Other	Draft	N	ALF Template Database	04/30/2014

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
Monitor: Behavior	PSYCHOSIS, AGRESSION, REFUSING CARE. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings as needed as behavoir is witnessed or reported	Other	Draft	N	ALF Template Database	04/30/2014
Monitor: Diuretic	Diuretic Monitor: MONITOR FOR THE FOLLOWING: DECREASED PO INTAKE, ACUTE CONFUSION, AGITATION, DELUSIONS, AGRESSION, LETHARGY, DECREASED SWEAING, TACHYCARDIA, HYPOTENSION, ORTHOSTASIS, GENERALIZED WEAKNESS, AND/OR SUNKEN EYES. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings	Other	Draft	N	ALF Template Database	04/30/2014
Monitor: Pain	Monitor for pain status every shift (pain scale 0-10: pain scale 1-3 mild pain; 3-7 moderate pain; 8-10 severe pain) every shift	Other	Draft	N	ALF Template Database	05/21/2015
Monitor: Sedative/Hypnotic Medication	SEDATIVE/HYPNOTIC MEDICATION - MONITOR FOR BURNING OR TINGLING IN HANDS/FEET, CHANGES IN APPETITE, CONSTIPATION, DIARRHEA, DIZZINESS, DROWSINESS, DRY MOUTH OR THROAT, HEADACHE, STOMACH COMPLAINTS, TREMORS, WEAKNESS. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select	Other	Draft	N	ALF Template Database	04/30/2014

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
Monitor: Sedative/Hypnotic Medication	chart code 'Other/ See Nurses Notes' and progress note findings	Other	Draft	N	ALF Template Database	04/30/2014
Not able to make own health decisions	Not capable of making his/her own health decisions r/t.	Other	Draft	N	ALF Template Database	08/12/2015
Pain: Acetaminophen (Tylenol) 650 MG	Acetaminophen Tablet 650 MG Give, 1 by mouth every 4 hours as needed for Pain Severe (7-8 on scale of 0-10) Do not exceed 4GM in 24 hour period from all sources.	Pharmacy	Draft	N	ALF Template Database	09/14/2015
Pain: Acetaminophen (Tylenol) Suppository 325 MG	Acetaminophen Suppository 325 MG Insert, 1 suppository rectally every 4 hours as needed for Pain Mild - Moderate (1-7 on scale of 0-10), Temp Do not exceed 4GM in 24 hour period from all sources.	Pharmacy	Draft	N	ALF Template Database	05/21/2015
Pain: Acetaminophen Extra Strength Liquid 500	Acetaminophen Liquid 500 MG/5ML Give, 2 ml by mouth every 12 hours as needed for Pain Do not exceed 4GM in 24 hour period from all sources.	Pharmacy	Draft	N	ALF Template Database	05/21/2015
Pain: Fentanyl Patch 72 Hour 12 MCG/HR	FentaNYL Patch 72 Hour 12 MCG/HR Apply, 1 patch transdermally one time a day every 3 day(s) for Pain and remove per schedule	Pharmacy	Draft	N	ALF Template Database	08/18/2015
Pain: Hydrocodone-Acetaminophen Tablet 5-325 MG	Hydrocodone-Acetaminophen Tablet 5-325 MG Give, 1 by mouth every 4 hours as needed for Pain Do not exceed 4GM in 24 hour period from all sources.	Pharmacy	Draft	N	ALF Template Database	05/21/2015
Pain: Lidoderm Patch 5 % (Lidocaine)	Lidoderm Patch 5 % Apply to, topically one time a day for Pain and remove per schedule	Pharmacy	Draft	N	ALF Template Database	05/21/2015

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
PRN Medication: Guaifenesin DM Liquid 100-10 MG/5ML	Guaifenesin-DM Liquid 100-10 MG/5ML every 4 hours as needed for Cough	Pharmacy	Draft	N	ALF Template Database	04/30/2014
PRN Medication: Mylanta Suspension 200-200-20 MG/5ML	Mylanta Suspension 200-200-20 MG/5ML 30 ml every 0 hours as needed for Upset Stomach	Pharmacy	Draft	N	ALF Template Database	04/30/2014
PRN Medication: Nitroglycerin Tablet Sublingual 0.4 MG	Nitroglycerin Tablet Sublingual 0.4 MG Give, 1 tablet sublingually every 0 hours as needed for Chest Pain	Pharmacy	Draft	N	ALF Template Database	04/30/2014
PRN Medication: Robitussin DM Sugar Free	Robitussin DM Sugar Free Syrup 100-10 MG/5ML Give, 10 ml by mouth every 4 hours as needed for Cough	Pharmacy	Draft	N	ALF Template Database	04/30/2014
PRN Medication: Robitussin DM Syrup (Guaifenesin) 100-10 MG/5ML	Robitussin DM Syrup 100-10 MG/5ML Give, 5 cc by mouth every 6 hours as needed for Cough	Pharmacy	Draft	N	ALF Template Database	08/12/2015
PRN Medication: SEROquel Tablet 25 MG (QUEtiapine Fumarate)	SEROquel Tablet 25 MG Give, 1 tablet by mouth as needed	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Calcium Carbonate Tablet Chewable 500 MG	Calcium Carbonate Tablet Chewable 500 MG Give, 1 tablet by mouth two times a day	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: AmLODIPine Besylate Tablet 5 MG	AmLODIPine Besylate Tablet 5 MG	Pharmacy	Draft	N	ALF Template Database	04/30/2014

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
	Give, 1 tablet by mouth in the morning					
Routine Medication: Aspirin Tablet 81 MG	Aspirin Tablet 81 MG Give, 1 tablet by mouth one time a day	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Calcium 600 Tablet (Calcium Carbonate)	Calcium 600 Tablet Give, 1 tablet by mouth one time a day	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Carbidopa-Levodopa Tablet 25-100 MG	Carbidopa-Levodopa Tablet 25-100 MG Give, 2 tablet by mouth one time a day	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Coumadin Tablet 1 MG (Warfarin Sodium)	Coumadin Tablet 1 MG Give, 1 tablet by mouth in the evening	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Coumadin Tablet 3 MG (Warfarin Sodium)	Coumadin Tablet 3 MG Give, 1 tablet by mouth in the evening	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Coumadin Tablet 5 MG (Warfarin Sodium)	Coumadin Tablet 5 MG Give, 1 tablet by mouth in the evening	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Crestor Tablet 20 MG (Rosuvastatin Calcium)	Crestor Tablet 20 MG Give, 1 by mouth at bedtime	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Lasix Tablet (Furosemide) 20MG	Lasix Tablet 20 MG	Pharmacy	Draft	N	ALF Template Database	04/30/2014

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
	Give, 1 by mouth at bedtime					
Routine Medication: LORazepam Tablet 1 MG	LORazepam Tablet 1 MG Give, 1 by mouth at bedtime for Insomnia	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Metoprolol Tartrate Tablet 50 MG	Metoprolol Tartrate Tablet 50 MG Give, 1 tablet by mouth two times a day	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Namenda XR Capsule Extended Release 24 Hour	Namenda XR Capsule Extended Release 24 Hour 7 MG Give, 1 capsule by mouth at bedtime	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Omeprazole Magnesium Delayed Release	Omeprazole Capsule Delayed Release 20 MG Give, 1 capsule by mouth at bedtime	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Reglan Tablet 10 MG (Metoclopramide HCl)	Reglan Tablet 10 MG Give, 1 tablet by mouth one time a day	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Simvastatin Tablet 20 MG	Simvastatin Tablet 20 MG Give, 1 by mouth at bedtime	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Routine Medication: Zoloft Tablet 50 MG (Sertraline HCl)	Zoloft Tablet 50 MG Give, 1 tablet by mouth one time a day	Pharmacy	Draft	N	ALF Template Database	04/30/2014
Self Administer: Medications at Bedside	Resident may keep specified medication (s) at the bedside:	Other	Draft	N	ALF Template Database	04/30/2014

Template Description:	Medication:	Template Category:	Template Status:
		Pharmacy, DietaryDiet, DietarySupplement, Lab, Diagnostic, Other, EnteralFeed	Active, Draft

Template Description	Template Summary	Template Category	Template Status	Advanced Directive	Scope	Revision
Vaccine: Annual flu vaccine	Annual flu vaccine per CDC guidelines every day shift every 12 month(s) starting on the 1st for 3 day(s) for Vaccine	Other	Draft	N	ALF Template Database	04/30/2014
Vitals: Full Set of Vitals & Weight Monthly	Full Set of Vitals & Weight Monthly every day shift	Other	Draft	N	ALF Template Database	04/30/2014
Vitals: Weigh Daily	Weigh Daily in the Morning every day shift	Other	Draft	N	ALF Template Database	04/30/2014
Vitals: Weigh Weekly	Weigh Weekly in the Morning every day shift	Other	Draft	N	ALF Template Database	04/30/2014

Baseline Order Templates for Practitioner Engaement

All order templates are customizable to suit the customers needs. (Count: 1362)

Template Order Description

Acarbose (Precose) 100mg PO TID for diabetes

Acarbose (Precose) 25mg PO TID for diabetes
Acarbose (Precose) 50mg PO TID for diabetes
Acebutolol (Sectral) 200mg PO BID for high blood pressure
Acebutolol (Sectral) 400mg PO BID for high blood pressure
Acetaminophen (Tylenol) 650mg PO Q4H PRN for general discomfort
Acetaminophen (Tylenol) 650mg PO Q4H PRN General Discomfort

Acetaminophen (Tylenol) 650mg PO Q4H PRN Pain and 650mg PO q4h prn for Temp 100F or above

Acetaminophen (Tylenol) 650mg PO Q4H PRN Pain and 650mg PO q4h prn for Temp 100F or above
Acetaminophen (Tylenol) 650mg PR Q4H PRN for General Discomfort
Acetaminophen (Tylenol) 650mg PR Q4H PRN Pain
Acetaminophen (Tylenol) 650mg PR Q4H PRN Temp 100 or above
Acetaminophen (Tylenol) Liquid 650 mg PO Q4H PRN Fever
Acetaminophen ERT (Tylenol Arthritis ER) 650mg PO Q6H PRN
Acetaminophen PM Extra Strength (Tylenol Extra Strength PM) 1 Tab PO QHS

Acetaminophen w/ Codeine 300mg/30mg (Tylenol #3) - 2 Tab PO Q4H Severe Pain

Acetaminophen w/ Codeine 300mg/30mg (Tylenol#3) - 1 tab PO Q4H PRN Mild/ Moderate Pain
Acetaminophen X-Str 1000mg PO Q6H PRN for Pain
Acetazolamide (Diamox) 125mg PO Daily for edema
AcetaZOLAMIDE (Diamox) 250mg PO Daily for edema
Acetazolamide ER (Diamox Sequels) 500mg PO Daily for edema

Acetylcysteine (Mucomyst) 10% - 10 mL Via Mini Neb Q8H for mucous secretions

Acetylcysteine (Mucomyst) 20% - 10 mL Via Mini Neb Q8H for mucous secretions
Acetylsalicylic Acid (Aspirin) 325mg PO Daily
Acetylsalicylic Acid (Aspirin) Chewable 81mg PO Daily
Acetylsalicylic Acid (Aspirin) EC 325mg PO Daily
Acetylsalicylic Acid (Aspirin) EC 81mg PO Daily
Acyclovir (Zovirax) 200mg PO Q4H for viral infection for ___ days
Acyclovir (Zovirax) 200mg/5ml PO Q4H for viral infection for ___ days
Acyclovir (Zovirax) 400mg PO Q4H for viral infection for ___ days
Acyclovir (Zovirax) 5% Cream - Apply to ____Q3H for viral infection for 7 days
Acyclovir (Zovirax) 5% OINT Apply to ____Q3H for viral infection for 7 days
Acyclovir (Zovirax) 800mg PO Q4H for viral infection for ___ days
Adderall XR (Amphetamine-dextro-Amphetamine) 10mg PO BID for ADHD
Adderall XR (Amphetamine-dextro-Amphetamine) 15mg PO Daily for ADHD
Adderall XR (Amphetamine-dextro-Amphetamine) 20mg ER PO Daily for ADHD

Adderall XR (Amphetamine-dextro-Amphetamine) 25mg ER PO Daily for ADHD
Adderall XR (Amphetamine-dextro-Amphetamine) 30mg ER PO Daily for ADHD
Advair (Fluticasone-Salmeterol) 100/50 Diskus - 1 Inhalation PO Q12H
Advair Diskus 250mcg-50mcg PWD (Fluticasone-Salmeterol) - 1 inhalation orally q12h
Advair Diskus 500mcg-50mcg PWD (Fluticasone-Salmeterol) - 1 inhalation orally q12h
Advair HFA 45mcg-21mcg AERA (Fluticasone-Salmeterol 45mcg-21mcg) - 1 inhalation orally BID
Advanced Antioxidant w\ Lutein (Ocuvite Lutein Caps) - 1 Cap PO Daily
Advicor (Lovastatin-Niacin) 20mg-1000mg - 1 Tab PO Daily for cholesterol control
Advicor (Lovastatin-Niacin) 20mg-500mg - 1 Tab PO Daily for cholesterol control
Advicor (Lovastatin-Niacin) 20mg-750mg - 1 Tab PO Daily for cholesterol control
Advicor (Lovastatin-Niacin) 40mg-1000mg - 1 Tab PO Daily for cholesterol control
Aggrenox (Aspirin-Dipyridamole) 25mg-200mg - 1 Cap PO BID
Albuterol 0.083% INH Soln (Proventil) - 3mL Via Nebulizer Q6h PRN for SOB
Albuterol 0.083% Soln (Proventil) 3mL via nebulizer Q4H for SOB
Albuterol 2mg PO Q4H
Albuterol 2mg/5ml Syrup - 2mg PO Q4H
Albuterol 4mg PO Q4H
Albuterol ERT (Vospire ER) 4mg PO Q12H
Albuterol ERT (Vospire ER) 8mg PO Q12H
Alclometasone Topical 0.05% Cream (Aclovate) - Apply to _____TID
Alclometasone Topical 0.05% Oint (Aclovate) - Apply to _____TID
Alendronate (Fosamax) 10mg PO Daily
Alendronate (Fosamax) 35mg PO once weekly on Mondays
Alendronate (Fosamax) 40mg PO Daily
Alendronate (Fosamax) 5mg PO Daily
Alendronate (Fosamax) 70mg PO Once Weekly on Mondays
Alfuzosin (Uroxatral) 10mg PO Daily for BPH
Allopurinol (Zyloprim) 100mg PO BID for gout
Allopurinol (Zyloprim) 100mg PO Daily for gout
Allopurinol (Zyloprim) 300mg PO Daily for gout
Alprazolam (Xanax) 0.25mg PO Q8H PRN for anxiety
Alprazolam (Xanax) 0.25mg PO TID
Alprazolam (Xanax) 0.5mg PO Q8H PRN for anxiety
Alprazolam (Xanax) 1mg PO TID
Alprazolam (Xanax) 2mg PO TID
Alprazolam ERT (Xanax ER) 0.5mg PO Daily
Alprazolam ERT (Xanax ER) 1mg PO Daily
Alprazolam ERT (Xanax ER) 2mg PO Daily
Alprazolam ERT (Xanax ER) 3mg PO Daily
Amantadine (Symmetrel) 100 mg PO BID
Amantadine (Symmetrel) Syrup 100mg PO BID
Amcinonide Topical 0.1% Cream (Cyclocort) Apply to _____TID
Amcinonide Topical 0.1% Lotion (Cyclocort) Apply to _____TID
Amcinonide Topical 0.1% OINT (Cyclocort) Apply to _____TID
Amiloride (Midamor) 5mg PO Daily
Amiloride-HCTZ (Moduretic) 5mg-50mg - 1 tab PO Daily for high blood pressure
Amiodarone (Cordarone) 100mg PO Daily for abnormal heart rhythm

Amiodarone (Cordarone) 200mg PO Daily for abnormal heart rhythm
Amiodarone (Cordarone) 400 mg PO Daily for abnormal heart rhythm
Amitriptyline (Elavil) 100mg PO Daily for depression
Amitriptyline (Elavil) 10mg PO Daily for depression
Amitriptyline (Elavil) 150mg PO Daily for depression
Amitriptyline (Elavil) 25mg PO Daily for depression
Amitriptyline (Elavil) 50mg PO Daily for depression
Amitriptyline (Elavil) 75mg PO Daily for depression
Amitriptyline-Chlordiazepoxide (Limbitrol) 12.5mg-5mg PO Daily for depression / anxiety
Amitriptyline-Chlordiazepoxide (Limbitrol) 25mg-10mg PO Daily for depression / anxiety
Amitriptyline-Perphenazine (Etrafon) 10mg-2mg PO Daily for depression / anxiety
Amitriptyline-Perphenazine (Etrafon) 10mg-4mg PO Daily for depression / anxiety
Amitriptyline-Perphenazine (Etrafon) 25mg-2mg PO Daily for depression / anxiety
Amitriptyline-Perphenazine (Etrafon) 25mg-4mg PO Daily for depression / anxiety
Amitriptyline-Perphenazine (Etrafon) 50mg-4mg PO Daily for depression / anxiety
Amlodipine (Norvasc) 10 mg PO Daily
Amlodipine (Norvasc) 2.5mg PO Daily
Amlodipine (Norvasc) 5 mg PO Daily
Amlodipine-Atorvastatin (Caduet) 10mg-10mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 10mg-20mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 10mg-40mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 10mg-80mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 2.5mg-10mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 2.5mg-20mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 2.5mg-40mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 5mg-10mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 5mg-20mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 5mg-40mg - 1 Tab PO Daily
Amlodipine-Atorvastatin (Caduet) 5mg-80mg - 1 Tab PO Daily
Amlodipine-Benazepril (Lotrel) 10mg-20mg 1 Cap PO Daily for high blood pressure
Amlodipine-Benazepril (Lotrel) 2.5mg-10mg - 1 Cap PO Daily for high blood pressure
Amlodipine-Benazepril (Lotrel) 5mg-10mg - 1 Cap PO Daily for high blood pressure
Amlodipine-Benazepril (Lotrel) 5mg-20mg - 1 Cap PO Daily for high blood pressure
AmLuzyme (Pap-Urea) Oint Apply Topically to _____ BID
Amoxapine (Asendin) 100mg PO TID for depression / anxiety / agitation
Amoxapine (Asendin) 150mg PO TID for depression / anxiety / agitation
Amoxapine (Asendin) 25mg PO TID depression / anxiety / agitation
Amoxapine (Asendin) 50mg PO TID for depression / anxiety / agitation
Amoxicillin (Amoxil) 250mg PO Q8H for 10 days for bacterial infection
Amoxicillin (Amoxil) 500mg PO TID for 10 days for bacterial infection
Amoxicillin (Amoxil) 875mg PO TID for 10 days for bacterial infection
Amoxicillin 2 grams PO Once 1 hour Prior to Dental Appt
Amoxicillin-Clavulanate (Augmentin) 250-62.5mg/5mL - 5mL PO TID for 10 days for bacterial infection
Amoxicillin-Clavulanate (Augmentin) 250mg-125mg - 1 tab PO TID for 10 days for bacterial infection
Amoxicillin-Clavulanate (Augmentin) 400mg-57mg - 1 tab PO TID for 10 days for bacterial infection
Amoxicillin-Clavulanate (Augmentin) 500mg-125mg - 1 tab PO TID for 10 days for bacterial infection
Amoxicillin-Clavulanate (Augmentin) XR 1000mg-62.5mg PO Q12H for 10 days for bacterial infection

Amoxicillin-Clavulante (Augmentin) 400mg-57mg/5ml - 5 mL PO TID for bacterial infection for 10 days
Amoxicillin-Clavulante (Augmentin) 875mg-125mg - 1 tab PO Q12H for bacterial infection for 10 days
Amphetamine-dextroAmphetamine (Adderall) 10mg PO Daily for ADHD
Amphetamine-dextroAmphetamine (Adderall) 12.5mg PO Daily for ADHD
Amphetamine-dextroAmphetamine (Adderall) 15mg PO Daily for ADHD
Amphetamine-dextroAmphetamine (Adderall) 20mg PO Daily for ADHD
Amphetamine-dextroAmphetamine (Adderall) 30mg PO Daily for ADHD
Ampicillin (Principen) 250mg PO TID for bacterial infection for 10 Days
Ampicillin (Principen) 500mg PO TID for bacterial infection for 10 days
Ampicillin 1GM IV Q12H for bacterial infection for 7 days
Ampicillin 1GM IV Q4H for bacterial infection for 7 days
Ampicillin 1GM IV Q6H for bacterial infection for 7 days
Ampicillin 1GM IV Q8H for bacterial infection for 7 days
Ampicillin 2GM IV Q12H for bacterial infection for 7 days
Ampicillin 2GM IV Q4H for bacterial infection for 7 days
Ampicillin 2GM IV Q6H for bacterial infection for 7 days
Ampicillin 2GM IV Q8H for bacterial infection for 7 days
Anagrelide (Agrylin) 1mg PO TID for thrombocythemia
Analpram HC 2.5% Cream (Hydrocortisone-Pramoxine CRE 2.5%-1%) - 1 Applicatorful PR BID
AnaMantle HC (Hydrocortisone-Lidocaine Topical 0.5%-3%) Cream - Apply to rectum BID
Anastrozole (Arimidex) 1mg PO Daily for breast cancer
Aricept (Donepezil) 10mg PO Daily for dementia
Aricept (Donepezil) 10mg PO HS for dementia
Aricept (Donepezil) 5mg PO Daily for dementia
Aricept (Donepezil) 5mg PO HS for dementia
Aripiprazole (Abilify) 10mg PO Daily
Aripiprazole (Abilify) 15mg PO Daily
Aripiprazole (Abilify) 20mg PO Daily
Aripiprazole (Abilify) 2mg PO Daily
Aripiprazole (Abilify) 30mg PO Daily
Aripiprazole (Abilify) 5mg PO Daily
Ascorbic Acid (Vitamin C) 250mg PO Daily
Ascorbic Acid (Vitamin C) 500mg PO Daily
Ascorbic Acid (Vitamin C) Liquid 250mg PO Daily
Aspirin Buffered (Bufferin) 325mg PO Daily
Atacand HCT (Candesartan-HCTZ) 16mg-12.5mg - 1 Tab PO Daily for hypertension
Atacand HCT(Candesartan-HCTZ) 32mg-12.5mg - 1 Tab PO Daily for hypertension
Atenolol (Tenormin) 100 mg PO Daily for hypertension
Atenolol (Tenormin) 25 mg PO Daily for hypertension
Atenolol (Tenormin) 50 mg PO Daily for high blood pressure
Atorvastatin (Lipitor) 10 mg PO QHS
Atorvastatin (Lipitor) 20 mg PO QHS
Atorvastatin (Lipitor) 40 mg PO QHS
Atorvastatin (Lipitor) 80 mg PO QHS
Azathioprine (Imuran) 50mg PO Daily
Azelastine (Astelin) 137mcg/Inh - 2 sprays in each nostril BID
Azithromycin (Zithromax) 250mg PO Daily for bacterial infection for 5 Days

Azithromycin (Zithromax) 500mg PO Daily for bacterial infection for 5 Days
Azithromycin (Zithromax) 600mg PO Daily for bacterial infection for 5 Days
Azithromycin (Z-Pak) 500mg Daily on day 1, then 250mg daily for 4 days for infection
Azithromycin (Z-Pak) 500mg Daily on day 1, then 250mg daily for 4 days for infection
Aztreonam (Azactam) 1gm IV Q12H for bacterial infection for 5 days
Aztreonam (Azactam) 1gm IV Q24H for bacterial infection for 5 days
Aztreonam (Azactam) 1gm IV Q8H for bacterial infection for 5 days
Baby Shampoo - 1 application to both eyelids daily, Dilute & Use to Cleanse
Bacitracin Topical Oint - Apply to _____ Daily
Baclofen (Lioresal) 10mg PO Q6H
Baclofen (Lioresal) 20mg PO Q6H
Baclofen (Lioresal) 5mg PO Q6H
Bactrim DS (Sulfamethoxazole-Trimethoprim DS) 800-160mg - 1 tab PO Q12H for infection X 7 days
Beconase (Beclomethasone) AQ Nasal 0.042mg/inh Spray - 1 spray in each nostril BID
Beconase (Beclomethasone) AQ Nasal 0.042mg/inh Spray - 2 sprays in each nostril BID
Belladonna-Opium 60mg-16.2mg - 1 Supp PR Q6H PRN for bladder spasms
Benazepril (Lotensin) 10 mg PO Daily for hypertension
Benazepril (Lotensin) 20 mg PO Daily
Benazepril (Lotensin) 40 mg PO Daily for hypertension
Benazepril (Lotensin) 5 mg PO Daily for hypertension
Benazepril-HCTZ (Lotensin HCT) 10mg-12.5mg - 1 Tab PO Daily for hypertension
Benazepril-HCTZ (Lotensin HCT) 20mg-12.5mg - 1 Tab PO Daily for hypertension
Benazepril-HCTZ (Lotensin HCT) 20mg-25mg - 1 Tab PO Daily for hypertension
Benazepril-HCTZ (Lotensin HCT) 5mg-6.25mg - 1 Tab PO Daily for hypertension
Benefiber Powder - 1 Tablespoonful PO Daily, Dissolve contents in 8 ounces of liquid
Benefiber Powder Packets - 1 Packet PO Daily Dissolve contents in 8 ounces of liquid
Bengay Greaseless Cream - Apply to _____BID
Benicar HCT (Olmesartan-HCTZ) 12.5mg-20mg - 1 Tab PO Daily for hypertension
Benicar HCT (Olmesartan-HCTZ) 12.5mg-40mg - 1 Tab PO Daily for hypertension
Benicar HCT (Olmesartan-HCTZ) 25mg-40mg - 1 Tab PO Daily for hypertension
Benzonatate (Tessalon) 200mg PO TID for cough
Beta-carotene 10000 units PO Daily
Beta-carotene 15mg PO Daily
Beta-carotene 25000 units PO Daily
Beta-carotene 30mg PO Daily
Betamethasone-Clotrimazole Topical 0.05%-1% Cream (Lotrisone) - Apply to ____ Q Shift
Betaxolol (Kerlone) 10 mg PO Daily for hypertension
Betaxolol (Kerlone) 20 mg PO Daily for hypertension
Bethanechol (Urecholine) 10mg PO TID for urinary retention
Bethanechol (Urecholine) 25mg PO TID for urinary retention
Betoptic Ophthalmic 0.5% SOLN (Betaxolol) - 1 drop to both eyes BID
Betoptic Ophthalmic 0.5% SOLN (Betaxolol) - 1 drop to left eye BID
Betoptic Ophthalmic 0.5% SOLN (Betaxolol) - 1 drop to right eye BID
Bicalutamide (Casodex) 50mg PO Daily for prostate cancer
Bimatoprost (Lumigan) 0.03% Ophthalmic Soln - 1 drop in both eyes QPM
Bisacodyl (Dulcolax) 10mg PR Daily PRN for No Results from MOM
Bisacodyl (Dulcolax) EC 10mg PO Daily for Bowel Management

Bisacodyl (Dulcolax) EC 5mg PO Daily for Bowel Management
Bisacodyl 5mg tablets - 2 tabs PO QHS PRN for constipation
Bisoprolol (Zebeta) 10mg PO Daily for hypertension
Bisoprolol (Zebeta) 5mg PO Daily for hypertension
Bisoprolol-HCTZ (Ziac) 10 mg-6.25 mg - 1 Tab PO Daily for hypertension
Bisoprolol-HCTZ (Ziac) 2.5 mg-6.25 mg - 1 Tab PO Daily for hypertension
Bisoprolol-HCTZ (Ziac) 5 mg-6.25 mg - 1 Tab PO Daily for hypertension
Blistex Apply to lips PRN as directed
Brimonidine (Alphagan P) 0.1% Ophthalic Soln - Instil 1 drop to both eyes TID
Brimonidine (Alphagan P) 0.1% Ophthalic Soln - Instil 1 drop to left eye TID
Brimonidine (Alphagan P) 0.1% Ophthalic Soln - Instil 1 drop to right eye TID
Brimonidine (Alphagan P) 0.15% Ophthalic Soln - Instil 1 Drop to both eyes TID
Brimonidine (Alphagan P) 0.15% Ophthalic Soln - Instil 1 drop to left eye TID
Brimonidine (Alphagan P) 0.15% Ophthalic Soln - Instil 1 drop to right eye TID
Brinzolamide Ophthalmic 1% SUSP (Azopt) - 1 drop to both eyes TID
Brinzolamide Ophthalmic 1% SUSP (Azopt) - 1 drop to left eye TID
Brinzolamide Ophthalmic 1% SUSP (Azopt) - 1 drop to right eye TID
Bromocriptine (Parlodel) 2.5mg PO Daily
Bromocriptine (Parlodel) 5mg PO TID
Budesonide (Entocort) EC 3mg Daily
Budesonide Nasal (Rhinocort Aqua) 0.032 mg/Inh Spray - 1 spray in both nostrils QHS
Bumetanide (Bumex) 0.5mg PO Daily for fluid retention
BumetanidE (Bumex) 1mg PO Daily for fluid retention
Bumetanide (Bumex) 2mg PO Daily for fluid retention
Bupropion (Wellbutrin) 100mg PO TID for depression
Bupropion (Wellbutrin) 37.5mg PO TID for depression
Bupropion (Wellbutrin) 75mg PO TID for depression
Bupropion SR (Wellbutrin SR) 100mg PO BID for depression
Bupropion SR (Wellbutrin SR) 150mg PO BID for depression
Bupropion XL (Wellbutrin XL) 150mg PO Daily for depression
Bupropion XL (Wellbutrin XL) 300mg PO Daily for depression
Buspirone (Buspar) 15mg PO TID for anxiety
Buspirone (Buspar) 5mg PO TID for anxiety
Calcitriol (Rocaltrol) 0.25mcg PO Daily
Calcitriol (Rocaltrol) 0.5mcg PO Daily
Calcium Acetate (PhosLo) 667mg PO TID CC Meals
Calcium Carbonate (Caltrate) 600 PO Daily for supplementation
Calcium Carbonate (Caltrate) 600mg PO BID for supplementation
Calcium Carbonate Chewable TAB (Tums) 500mg PO TID AC Meals
Calcium-Vitamin D (Caltrate 600 with D) 600mg-200units - 1 tab PO Daily for supplementation
Candesartan (Atacand) 16 mg PO Daily for hypertension
Candesartan (Atacand) 32mg PO Daily for hypertension
Candesartan (Atacand) 4 mg PO Daily for hypertension
Candesartan (Atacand) 8 mg PO Daily for hypertension
CaPOzide (CaptopriI-HCTZ) 25mg-15mg - 1 Tab PO Daily for hypertension
Capsaicin Topical (Zostrix HP) 0.075% Apply to _____TID
Capsaicin Topical (Zostrix) 0.025% Apply to _____TID

Captopril (CaPOten) 100 mg PO Daily for hypertension
Captopril (CaPOten) 12.5mg PO TID for hypertension
Captopril (CaPOten) 25mg PO TID for hypertension
Captopril (CaPOten) 50 mg PO Daily for hypertension
Captopril-HCTZ (CaPOzide) 25mg-25mg - 1 Tab PO Daily for hypertension
Captopril-HCTZ (CaPOzide) 50mg-15mg - 1 Tab PO Daily for hypertension
Captopril-HCTZ (CaPOzide) 50mg-25mg - 1 Tab PO Daily for hypertension
Carbamazepine (Tegretol) Chew Tabs 100mg PO BID
Carbamazepine (Tegretol) Susp 100mg PO BID
Carbamazepine (Tegretol) XR 100mg PO Q12H
Carbamazepine (Tegretol) XR 400mg PO Q12H
Carbamazipine (Tegretol) 200mg PO BID
Carbamide Peroxide Otic 6.5% SOLN (Debrox) - 5 drops into both ears BID for 4 days
Carbamide Peroxide Otic 6.5% SOLN (Debrox) - 5 drops into left ear BID for 4 days
Carbamide Peroxide Otic 6.5% SOLN (Debrox) - 5 drops into right ear BID for 4 days
CarBIDopa (Lodosyn) 25mg PO TID for Parkinson's Disease
CarBIDopa/Levodopa (Sinemet) 10mg-100mg - 1 tab PO TID for Parkinson's Disease
CarBIDopa/Levodopa (Sinemet) 12.5mg-50mg PO TID for Parkinson's Disease
CarBIDopa/Levodopa (Sinemet) 25mg-100mg - 1 tab PO TID for Parkinson's Disease
CarBIDopa/Levodopa (Sinemet) 25mg-250mg - 1 tab PO TID for Parkinson's Disease
CarBIDopa-Levodopa CR (Sinemet CR) 50mg-200mg - 1 tab PO TID for Parkinson's Disease
Carisoprodol (Soma) 350mg PO BID for musculoskeletal pain
Carvedilol (Coreg) 12.5mg PO BID for hypertension
Carvedilol (Coreg) 25mg PO BID for hypertension
Carvedilol (Coreg) 3.125mg PO BID for hypertension
Carvedilol (Coreg) 6.25mg PO BID for hypertension
Carvedilol CR (Coreg CR) 10mg PO Daily for hypertension, CHF
Carvedilol CR (Coreg CR) 20mg PO Daily for hypertension, CHF
Carvedilol CR (Coreg CR) 80mg PO Daily for hypertension, CHF
Carvedilol CR(Coreg CR) 40mg PO Daily for hypertension, CHF
Cefazolin (Ancef, Kefzol) 1 GM IV Q24H for infection for 5 days
Cefazolin (Ancef, Kefzol) 1 GM IV Q8H for infection for 5 days
Cefazolin(Ancef,Kefzol) 1GM IV Q 12H for infection for 5 days
Cefdinir (Omnicef) 300mg PO BID for 7 days for infection
Cefepime (Maxipime) 1 GM IV Q12H for infection for 5 days
Cefepime (Maxipime) 1 GM IV Q24H for infection for 5 days
Cefepime (Maxipime) 1 GM IV Q8H for infection for 5 days
Cefepime (Maxipime) 2 GM IV Q12 H for infection for 5 days
Cefepime (Maxipime) 2 GM IV Q8H for infection for 5 days
Cefepime (Maxipime) 2GM IV Q6H for infection for 5 days
Cefpodoxime proxetil (Vantin) 200mg PO q12h for 10 days
Cefprozil (Cefzil) 250mg PO Q12H for 10 days for infection
Cefprozil (Cefzil) 500mg PO Q12H for 10 days for infection
Ceftazidime (Fortaz) 1 GM IV Q12H for 5 days for infection
Ceftazidime (Fortaz) 1 GM IV Q24H for 5 days for infection
Ceftazidime (Fortaz) 1 GM IV Q8H for 5 days for infection
Ceftazidime (Fortaz) 2 GM IV Q12H for 5 days for infection

Ceftazidime (Fortaz) 2 GM IV Q24H for 5 days for infection
Ceftazidime (Fortaz) 2GM IV Q8H for 5 days for infection
Ceftriaxone (Rocephin) 1GM IV Q12H for 5 days for infection
Ceftriaxone (Rocephin) 1GM IV Q24H for 5 days for infection
Ceftriaxone (Rocephin) 2GM IV Q12H for 5 days for infection
Ceftriaxone (Rocephin) 2GM IV Q24H for 5 days for infection
Cefuroxime 1.5 Grams IV Q12H for 5 days for infection
Cefuroxime 1.5 grams IV Q24H for 5 days for infection
Cefuroxime 1.5 Grams IV Q8H for 5 days for infection
Celecoxib (Celebrex) 100mg PO Daily for arthritis
Celecoxib (Celebrex) 200mg PO Daily for inflammation
Celecoxib (Celebrex) 400mg PO Daily for inflammation
Centrum Silver 1 Tab PO Daily for vitamin supplementation
Cephalexin (Keflex) 250mg TID for 7 Days for infection
Cephalexin (Keflex) 250mg/5ML PO TID for 10 days for infection
Cephalexin (Keflex) 500mg PO q12h for 7 days
Cephalexin (Keflex) 500mg TID for 7 days for infection
Cetirizine (Zyrtec) 10mg PO Daily for allergy symptoms
Chlorambucil (Leukeran) 2mg PO Daily for leukemia
ChlordiazePoxide 10mg (Librium) PO TID for anxiety
ChlordiazePOxide 25mg (Librium) PO TID for anxiety
ChlordiazePOxide 5mg (Librium) PO TID for anxiety
Chlorothiazide (Diuril) 250mg PO Daily
Chlorothiazide (Diuril) 500mg PO Daily
Chlorpromazine (Thorazine) 100mg PO BID
Chlorpromazine (Thorazine) 25mg PO BID
Chlorpromazine (Thorazine) 50mg BID
Chlorthalidone (Hygroton) 100mg PO Daily for edema, hypertension
Chlorthalidone (Hygroton) 25mg PO Daily for edema, hypertension
Chlorthalidone (Hygroton) 50mg PO Daily for edema, hypertension
Cholecalciferol (Vitamin D3) 1000 IU PO Daily
Cholecalciferol (Vitamin D3) 400 IU PO Daily
Cholecalciferol (Vitamin D3) 50,000 IU PO Q 30 days
Cholestyramine (Questran Light) 4 GM Packet- 1 packet PO Daily in 8 oz Liquid
Cilostazol (Pletal) 100mg PO BID for symptoms of intermittent claudication
Cilostazol (Pletal) 50mg PO BID for symptoms of intermittent claudication
CimeTIDine (Tagamet) 300mg PO TID
CimeTIDine (Tagamet) 400mg PO TID
CimeTIDine (Tagment) 200mg PO TID
Ciprofloxacin (Cipro) 250mg PO Q12H for infection x ___Days
Ciprofloxacin (Cipro) 500mg PO Q24H for infection for 5 days
Ciprofloxacin Ophthalmic 0.3% SOLN (Ciloxan) - 2 drops in Both eyes BID for infection for 7 days
Ciprofloxacine (Cipro) 500mg PO Q12H for infection x ___Days
Citalopram (Celexa) 10mg PO Daily for depression
Citalopram (Celexa) 20mg PO Daily for depression
Citalopram (Celexa) 40mg PO Daily for depression
Citracal Caplets Plus D (Calcium Citrate-Vitamin D) 315mg-200units - 1 tab PO Daily

Clarithromycin (Biaxin) 250mg PO BID for infection for 7 days
Clarithromycin (Biaxin) 500mg PO BID for infection for 7 days
Claritin-D (Loratadine-Pseudoephedrine) 5mg-120mg ERT - 1 Tab PO Daily for allergy symptoms
Clindamycin (Cleocin) 150mg PO Q6H for infection for 10 days
Clindamycin (Cleocin) 300mg PO Q6H for infection for 10 days
Clobetasol (Temovate)0.05% Cream - Apply on legs BID for rash
Clonazepam (Klonopin) 0.125mg PO QHS
Clonazepam (Klonopin) 0.5mg PO BID
Clonazepam (Klonopin) 0.5mg PO Daily
Clonazepam (Klonopin) 1mg PO Daily
Clonazepam (Klonopin) 2mg PO Daily
Clonidine (Catapres) 0.1mg PO Daily for hypertension
Clonidine (Catapres) 0.2mg PO Daily for hypertension
Clonidine (Catapres) 0.3mg PO Daily for hypertension
Clonidine 0.1mg/24 patch (Catapres-TTS-1) - Apply 1 Patch Transdermally Q Weekly on Mon for HTN
Clonidine 0.2mg/24 hour patch (Catapres-TTS-2) - Apply 1 Patch transdermally Q weekly on Mon for HTN
Clonidine 0.3mg/24 hour patch (Catapres-TTS-3) - Apply 1 Patch Transdermally Q Weekly on Mon for HTN
Clopidogrel (Plavix) 75mg PO Daily to prevent blood clots
Clotrimazole (Lotrimin) 1% Cream - Apply to ____BID
Clotrimazole (Myclelex) 10mg Troche -1 lozenge dissolve in mouth 5 times a day for 14 days
Codeine Sulfate 15mg PO Q4H PRN for pain
Coenzyme Q-10 - 1 Cap PO Daily
Colchicine 0.6mg PO Daily for prophylaxis of gout flares
Colesevelam (Welchol) 1250mg PO QHS for cholesterol control
Colesevelam (Welchol) 625mg PO QAM for cholesterol control
Collagenase (Santyl) 250 units/g Oint - Apply to ____daily for wound care
Combivent (Albuterol-ipratropium) 90 mcg-18 mcg/Inh AERA - 2 Puffs Oral Inhalation QID for SOB
Conjugated Estrogens (Premarin) 0.3mg PO Daily
Conjugated Estrogens (Premarin) 0.45mg PO Daily
Conjugated Estrogens (Premarin) 0.625mg PO Daily
Conjugated Estrogens (Premarin) 0.9mg PO Daily
Conjugated Estrogens (Premarin) 1.25mg PO Daily
Conjugated Estrogens Synthetic A (Cenestin) 0.3mg PO Daily
Conjugated Estrogens Synthetic A (Cenestin) 0.45mg PO Daily
Conjugated Estrogens Synthetic A (Cenestin) 0.625mg PO Daily
Conjugated Estrogens Synthetic A (Cenestin) 0.9mg PO Daily
Conjugated Estrogens Synthetic A(Cenestin) 1.25mg PO Daily
Cranberry 300 mg PO BID
Cranberry 300mg PO TID
Cranberry Fruit 475mg PO Daily
Cyancobalamin (Vitamin B-12) 250mcg PO Daily
Cyanocobalamin (Vitamin B-12) 1000mcg PO Daily
Cyanocobalamin (Vitamin B-12) 500mcg PO Daily
Cyclobenzaprine (Flexeril) 10mg PO TID for muscle spasm relief
Cyclobenzaprine (Flexeril) 5mg PO TID for muscle pain
Cyclosporine (Restasis) 0.05% - 1 drop to both eyes BID for dry eyes due to inflammation
Cyclosporine (Restasis) 0.05% - 1 drop to left eye BID for dry eye due to inflammation

Cyclosporine (Restasis) 0.05% - 1 drop to right eye BID for dry eye due to inflammation
Cyclosporine Microemulsion (Gengraf) 100mg PO BID to prevent organ rejection
Cyproheptadine (Periactin) 4mg PO QID for allergies
Cyproheptadine (Periactin) 4mg PO TID for allergies
Daptomycin (Cubicin) 500mg IV Q24H for infection for 7 days
DarbePOetin Alfa (aranesp) 100mcg SQ Q 2 Weeks for anemia treatment
Darifenacin Hydrobromide (Enablex) 7.5mg PO Daily for overactive bladder
Darifenacin Hydrobromide (Enalbex) 15mg PO Daily for overactive bladder
Demeclocycline (Declomycin) 300mg PO BID for infection for 4 days
Denture Adhesive Cream (Fixodent) - Apply to Dentures Q shift for loose fitting dentures
Derma Daily Lotion - Apply to arms and legs BID for dry skin
Desloratadine (Clarinex) 5mg PO Daily for allergy symptoms
Dexamethasone (Decadron) 0.5mg PO Daily
Dexamethasone (Decadron) 0.75mg PO daily
Dexamethasone (Decadron) 1.5mg PO Daily
Dexamethasone (Decadron) 1mg PO Daily
Dexamethasone (Decadron) 2mg PO Daily
Dexamethasone (Decadron) 4mg PO daily
Dextrose 5% W / 1/2 NSS IV 60mL/hr
Diabetic Tussin EX (Robitussin Sugar Free) 10ml PO Q4H PRN for Cough
Diazepam (Valium) 1mg PO Q8H for anxiety
Diazepam (Valium) 5mg PO Q8H PRN
Diazepam (Valium) 5mg PO Q8H PRN for spasms
Diazepam (Valium) 7.5mg PO Q8H PRN
Diclofenac Sodium (Voltaren) 100mg XR PO Daily for inflammation
Diclofenac Sodium (Voltaren) 25mg PO BID for inflammation
Diclofenac Sodium (Voltaren) 50mg PO BID PRN for inflammation
Diclofenac Sodium (Voltaren) 75mg PO Daily for inflammation
Dicyclomine (Bentyl) 10mg PO QID for treatment of functional/irritable bowel syndrome
Dicyclomine (Bentyl) 20mg PO QID for treatment of functional/irritable bowel syndrome
Digoxin (Lanoxin) 0.0625mg PO Daily for heart failure
Digoxin (Lanoxin) 0.125mg PO Daily for heart failure
Digoxin (Lanoxin) 0.125mg PO QOD for heart failure
Digoxin (Lanoxin) 0.25mg PO Daily for heart failure
Digoxin (Lanoxin) 0.25mg PO QOD for heart failure
Dilantin (Phenytoin) 100mg PO Daily
Dilantin (Phenytoin) 30mg PO Daily
Dilantin (Phenytoin) Chewable 50mg PO Daily
Diltiazem (Cardizem) 30mg PO TID
Diltiazem (Cardizem) 60mg PO TID
Diltiazem (Cardizem) 90mg PO TID
Diltiazem (Caredizem) 120mg PO TID
Diltiazem CD (Cardizem CD) 120mg PO Daily
Diltiazem CD (Cardizem CD) 180mg PO Daily
Diltiazem CD (Cardizem CD) 240mg PO Daily
Diltiazem CD (Cardizem CD) 300mg PO Daily
Diltiazem CD (Cardizem CD) 360mg PO Daily

Diltiazem SR (Cardizem SR) 120mg PO Q12H
Diltiazem SR (Cardizem SR) 60mg PO q12h
Diltiazem SR (Cardizem SR) 90 mg PO q12h
Diphenhydramine (Benadryl) 2% Cream - Apply to ____TID
Diphenhydramine (Benadryl) 25mg PO Q6H for ___ days
Divalproex Sodium (Depakote) 125mg PO TID
Divalproex Sodium (Depakote) 250mg BID
Divalproex Sodium (Depakote) 250mg TID
Divalproex Sodium (Depakote) 500mg PO TID
Divalproex Sodium (Depakote) Sprinkles 500mg PO QAM
Docusate (Colace) 100mg PO BID for constipation
Docusate (Colace) 100mg PO Daily for constiapation
Docusate (Colace) 100mg PO QHS for constipation
Docusate (Colace) Syrup 100mg PO BID for constipation
Donnatal Elixir 16.2mg/5ml PO Q4H prn for nausea
Dorzolamide (Trusopt) Opth 2% - 1 drop both eyes TID
Dorzolamide (Trusopt) Opth 2% - 1 drop left eye BID
Dorzolamide (Trusopt) Opth 2% - 1 drop left eye TID
Dorzolamide (Trusopt) Opth 2% - 1 drop to both eyes BID
Dorzolamide (Trusopt) Opth 2% - 1 drop to right eye BID
Dorzolamide (Trusopt) Opth 2% - 1 drop to right eye TID
Doxazosin (Cardura) 1mg PO Daily
Doxazosin (Cardura) 2mg PO Daily
Doxazosin (Cardura) 4mg PO Daily
Doxazosin (Cardura) 8mg PO Daily
Doxepin (Sinequan) 100mg PO Daily
Doxepin (Sinequan) 10mg PO Daily
Doxepin (Sinequan) 150mg PO Daily
Doxepin (Sinequan) 25mg PO Daily
Doxepin (Sinequan) 50mg PO Daily
Doxepin (Sinequan) 75mg PO Daily
Doxycycline 100mg PO BID for infection for 7 days
Doxylamine Succinate (Unisom) 25mg PO QHS PRN for sleep
Dronabinol (Marinol) 10mg PO Daily
Dronabinol (Marinol) 2.5mg BID
Dronabinol (Marinol) 2.5mg PO Daily
Dronabinol (Marinol) 5mg PO Daily
Duloxetine (Cymbalta) 20mg PO Daily for depression
Duloxetine (Cymbalta) 30mg PO Daily for depression
Duloxetine (Cymbalta) 60mg PO Daily for depression
Duoneb (Ipratropium-Albuterol) 0.5mg-2.5mg/3ml SOLN - 3ml Via Nebulizer Q4H for SOB
Dutasteride (Avodart) 0.5mg PO Daily for benign prostatic hyperplasia
Econazole (Spectazole) Topical 1% Cream-Apply topically to___QShift
Enalapril (Vaostec) 5mg PO BID for hypertension
Enalapril (Vasotec) 10mg PO Daily for hypertension
Enalapril (Vasotec) 2.5mg PO Daily for hypertension
Enalapril (Vasotec) 20mg PO BID

Enoxaparin (Lovenox) 30mg SQ Daily to prevent blood clotting
Enoxaparin (Lovenox) 30mg SQ Q12H
Enoxaparin (Lovenox) 40mg SQ 12H to prevent blood clotting
Enoxaparin (Lovenox) 40mg SQ Daily for prevent blood clotting
Enoxaparin (Lovenox) 60mg SQ Daily to prevent blood clotting
Enoxaparin (Lovenox) 60mg SQ Q12H to prevent blood clotting
Enoxaparin (Lovenox) 80mg SQ Q12H to prevent blood clotting
Entacapone (Comtan) 200mg PO TID
Eplerenone (Inspra) 25mg PO Daily for CHF
Eplerenone (Inspra) 50mg PO Daily for CHF
Epogen Alfa (Procrit) 10,000units SQ Q Weekly on Mondays
Epogen Alfa (Procrit) 20,000units SQ Q Weekly on Mondays
Epogen Alfa (Procrit) 40,000units SQ Q Weekly on Mondays
Eprosartan (Teveten) 400mg PO Daily for hypertension
Eprosartan (Teveten) 600mg PO Daily for hypertension
Ergocalciferol (Vitamin D) 50,000 IU PO Q monthly
Ertapeneum (Invanz) 1 gram IV Q24H for infection for ___ days
Escitalopram (Lexapro) 15mg PO Daily for depression
Escitalopram (Lexapro) 20mg PO Daily for depression
Escitalopram (Lexapro) 5mg PO Daily for depression
Escitalpram (Lexapro) 10mg PO Daily for depression
Esomeprazole (Nexium) 20mg PO Daily for GERD
Esomeprazole (Nexium) 40mg PO Daily for GERD
Eszopiclone (Lunesta) 1mg PO HS for Insomnia
Eszopiclone (Lunesta) 2mg PO HS for Insomnia
Eszopiclone (Lunesta) 3mg PO HS for Insomnia
Ethacyrnic Acid (Edecrin) 50mg PO QAM
Ezetimibe (Zetia) 10mg PO QHS for cholesterol control
Famotidine (Pepcid) 20mg PO BID for acid indigestion
Famotidine (Pepcid) 20mg PO QHS for gastric ulcer
Famotidine (Pepcid) Chew 10mg PO Daily for indigestion
Felodipine ER (Plendil) 10mg PO Daily for hypertension
Felodipine ER (Plendil) 2.5mg PO Daily for hypertension
Felodipine ER (Plendil) 5mg PO Daily for hypertension
Fenofibrate (Ticor) 145mg PO AM
Fenofibrate (Ticor) 48mg PO Daily
Fentanyl (Duragesic) 100mcg/hr Patch - Apply 1 Patch Transdermally Q72H
Fentanyl (Duragesic) 25mcg/hr Patch - Apply 1 Patch Transdermally Q72H
Fentanyl (Duragesic) 50mcg/hr - Apply 1 Patch Transdermally Q72H
Fentanyl (Duragesic) 75mcg/hr Patch - Apply 1 Patch Transdermally Q72H
Fentanyl 12 mcg/hr PATCH (Duragesic-12) -Apply 1 Patch transdermally Q72H
Ferrous Fumarate (Ferro-Sequels) 50mg PO BID for supplementation
Ferrous Gluconate 324mg PO BID for supplementation
Ferrous Sulfate 325mg PO BID for supplementation
Ferrous Sulfate 325mg PO Daily for supplementation
Ferrous Sulfate 325mg PO TID for supplementation
Ferrous Sulfate Elixir 220mg/5ml - 300mg (7ml) PO Daily for supplementation

Ferrous Sulfate Elixir 220mg/5ml - 325mg (7.5ml) PO Daily for supplementation
Fexofenadine (Allegra) 30mg PO Daily for allergies
Fexofenadine (Allegra)180mg PO Daily for allergies
Fexofenadine (Allergra) 60mg PO Daily for allergies
Fibercon 1 tab PO Daily for laxative effect
Finasteride (Proscar) 5mg PO Daily
Fish Oil 1000mg PO Daily for supplementation
Flecainide (Tambocor) 100mg PO Q12H for irregular heartbeat
Flecainide (Tambocor) 150mg PO Q12H for irregular heartbeat
Flecainide (Tambocor) 50mg PO Q12H for irregular heartbeat
Fluconazole (Diflucan) 100mg PO Daily for 14 Days for infection
Fluconazole (Diflucan) 150mg PO Daily for 14 Days for infection
Fluconazole (Diflucan) 200mg PO Daily for 14 Days for infection
Fludrocoritsone (Florinef) 0.1mg PO Daily
Fluoxetine (Prozac) 10mg PO QAM for depression - Capsule
Fluoxetine (Prozac) 10mg PO QAM for depression - Tablet
Fluoxetine (Prozac) 20mg PO QAM for depression - Capsule
Fluoxetine (Prozac) 40mg PO QAM for depression - Capsule
Fluoxetine ERC (Prozac Weekly) 90mg Once Weekly on Mondays
Fluticasone (Flonase) 0.05% Nasal Spray - 1 spray in each nostril Daily
Fluticasone (Flovent) 110mcg Oral Inhalation Q12H
Fluticasone (Flovent) 220mcg Oral Inhalation Q12H
Fluvastatin ER (Lescol ER) 80mg PO QHS
Folic Acid 1mg PO Daily
Formoterol (Foradil) 12mcg Oral Inhalation BID
Fosamax Plus D (Alendronate-Cholecalciferol) 70mg-2800I.U. - 1 tab PO Q Weekly on Mondays
Fosinopril (Monopril) 10mg PO Daily
Fosinopril (Monopril) 20mg PO Daily
Fosinopril (Monopril) 40mg PO Daily
Fosinopril (Monopril) 5mg PO BID
Fosinopril (Monopril) 5mg PO Daily
Furosemide (Lasix) 10 mg IV Daily
Furosemide (Lasix) 120mg PO Daily
Furosemide (Lasix) 20 mg PO Daily
Furosemide (Lasix) 20mg PO BID
Furosemide (Lasix) 40mg PO BID
Furosemide (Lasix) 40mg PO Daily
Furosemide (Lasix) 60mg PO Daily
Furosemide (Lasix) 80mg PO BID
Furosemide (Lasix) 80mg PO Daily
Gabapentin (Neurontin) 100mg PO TID
Gabapentin (Neurontin) 300mg PO TID
Gabapentin (Neurontin) 400mg PO TID
Gabapentin (Neurontin) 600mg PO TID
Galantamine ER (Razadyne) 16mg PO Daily
Garlic Oil Gelcap 1000mg PO BID
Gatifloxacin (Zymar) Ophthalmic 0.3% SOLN - Instil 1 Drop to Both eyes QID for infection for 7 days

Gatifloxacin (Zymar) Ophthalmic 0.3% SOLN - Instil 1 Drop to Left eye QID for infection for 7 days
Gatifloxacin (Zymar) Ophthalmic 0.3% SOLN - Instil 1 Drop to Right eye QID for infection for 7 days
Gemfibrozil (Lopid) 600mg PO BID for lipid regulation
Gentamicin 0.3% Ophth. Soln - Instil 1 Drop into Both Eyes QID for infection for 7 days
Gentamicin 0.3% Ophth. Soln - Instil 1 Drop into Left Eye QID for infection for 7 days
Gentamicin 0.3% Ophth. Soln - Instil 1 Drop into Right Eye QID for infection for 7 days
Gentamicin 80mg IV Q24H for 5 Days for infection
Glimepiride (Amaryl) 2mg PO Daily for diabetes
Glipizide (Glucotrol) 10mg PO BID for diabetes
Glipizide (Glucotrol) 10mg PO Daily for diabetes
Glipizide (Glucotrol) 5mg PO BID for diabetes
Glipizide (Glucotrol) 5mg PO Daily for diabetes
Glipizide ER (Glucotrol XL) 5mg PO Daily for diabetes
Glucosamine Sulfate 500mg PO BID
Glucosamine-Chondroitin 500mg-400mg - 1 tab PO BID
Glucovance (Glyburide-Metformin) 1.25mg-250mg - 1 tab PO Daily for diabetes
Glucovance (Glyburide-Metformin) 2.5mg-500mg - 1 tab PO Daily for diabetes
Glucovance (Glyburide-Metformin) 5mg-500mg - 1 tab PO BID for diabetes
Glyburide (Diabeta) 2.5mg PO BID for diabetes
Glyburide (Diabeta) 2.5mg PO Daily for diabetes
Glyburide (Diabeta) 5mg PO BID for diabetes
Glyburide (Diabeta) 5mg PO Daily for diabetes
Glycerin 1 Supp BID PRN for constipation
Glycolax (Miralax) 17gram Packet - 1 packet PO Daily (in Liquid) for constipation
Glycolax (Miralix) 17 gram Packet - 1 packet PO BID (in Liquid) for constipation
Guaifenesin (Mucinex) ER 600MG q12h for __ days
Guaifenesin (Robitussin) 100 mg PO Q4H for cough
Guaifenesin (Robitussin) Liquid 100mg/5ml - 10mL PO Q4H PRN for Cough
Guaifenesin DM (Robitussin DM) 100-10mg/5ml - 10mL PO Q6H PRN for Cough
Guaifenesin DM (Robitussin DM) 10mL PO Q4H PRN for Cough
Haloperidol (Haldol) 0.5mg PO QHS
Haloperidol (Haldol) 10mg PO TID
Haloperidol (Haldol) 1mg PO TID
Haloperidol (Haldol) 2 mg/mL Oral Conc - 2mg PO Daily
Haloperidol (Haldol) 20mg PO Daily
Haloperidol (Haldol) 2mg PO TID
Haloperidol (Haldol) 5mg PO TID
Haloperidol Deconate (Haldol) 100mg IM Q monthly
Heparin 100 units/mL Soln (Heparin Lock Flush) 200 units IV PRN
Heparin 100 units/mL Soln (Heparin Lock Flush) 200 units IV Q12H PRN
Heparin 5000 units SQ Q12H to prevent clotting
Humalog (Insulin Lispro Recombinant) 100 units/mL - Resistant Sliding Scale SC ac meals for diabetes
Humalog Mix 75/25 75units-25units/mL - 20 units SC BID AC breakfast and dinner for diabetes
Humulin 50/50 (Insulin Isophane and Regular) - ____units SC QAM AC breakfast for diabetes
Hycodan (Hydrocodone-Homatropine) 5-1.5 MG - 1 tab PO Q4H PRN
Hycodan (Hydrocodone-Homatropine) 5mg-1.5mg/5mL Syrup - 5ml PO Q4H PRN for cough
Hydralazine (Apresoline) 10mg PO TID for hypertension

Hydralazine (Apresoline) 25mg PO Daily for hypertension
Hydralazine (Apresoline) 50mg PO Daily for hypertension
Hydrochlorothiazide (HCTZ) 12.5mg PO Daily
Hydrochlorothiazide (HCTZ) 25mg PO Daily
Hydrochlorothiazide (HCTZ) 50mg PO Daily
Hydrocortisone (Anusol) 25mg PR BID
Hydrocortisone (Cortef) 10mg PO Daily
Hydrocortisone (Cortef) 5mg PO Daily
Hydrocortisone Topical (Anusol) 2.5% - Apply to _____TID
Hydrocortisone Topical 1% Soln - Apply to facial rash TID
Hydromorphone (Dilaudid) 0.5mg IV Q4H PRN for pain
Hydromorphone 2mg (Dilaudid) PO Q4H PRN for Pain
Hydromorphone 4mg (Dilaudid) PO Q4H PRN for Pain
Hydroxychloroquine Sulfate (Plaquenil) 200mg PO Daily
Hydroxyzine HCL (Atarax) 10mg PO BID
Hydroxyzine HCL (Atarax) 25mg IM Q6H PRN
Hydroxyzine HCL (Atarax) 25mg PO Q6H PRN for Itching
Hydroxyzine Pamoate (Vistaril) 100mg PO Daily
Hydroxyzine Pamoate (Vistaril) 25mg PO Daily
Hydroxyzine Pamoate (Vistaril) 50mg PO QHS
Hyoscyamine (Levsin) 0.125mg PO Q4H PRN for increased secretions
Hyoscyamine (Levsin) 0.125mg SL Q4H PRN for increased secretions
Hyoscyamine (Levsin) 0.125mg/1ml - 1 mL PO Q4H PRN for increased secretions
Hyoscymine (Levsin) 0.125mg/5mL - 5mL PO Q4H PRN for increased secretions
Hyzaar (Losartan - Hydrochlorothiazide) 100mg-25mg - 1 tab PO Daily for hypertension
Hyzaar (Losartan - Hydrochlorothiazide) 50mg-12.5mg - 1 tab PO Daily for hypertension
Ibandronate (Boniva) 150mg PO once monthly for osteoporosis
Ibuprofen (Advil/Motrin) 200mg PO TID for inflammation
Ibuprofen (Advil/Motrin) 400mg PO TID for inflammation
Ibuprofen (Advil/Motrin) 600mg PO TID for inflammation
Ibuprofen (Advil/Motrin) 800mg PO TID for inflammation
Imipramine (Tofranil) 10mg PO HS for depression
Imipramine (Tofranil) 25mg PO HS for depression
Indapamide (Lozol) 1.25mg PO Daily for hypertension
Indapamide (Lozol) 2.5mg PO Daily for hypertension
Indomethacin (Indocin) 50mg PO Daily for inflammation
Insulin Detemir (Levemir) 100 units/mL - 10units SQ QHS for diabetes
Insulin Glargine (Lantus) 100 units/mL - _____units SC Daily for diabetes
Ipratropium (Atrovent) 0.03% Spray - 2 sprays to both nostrils TID
Ipratropium (Atrovent) 0.03% Spray - 2 sprays to left nostril TID
Ipratropium (Atrovent) 0.03% Spray - 2 sprays to right nostril TID
Ipratropium (Atrovent) 0.06% Spray - 2 sprays to both nostrils TID
Ipratropium (Atrovent) 0.06% Spray - 2 sprays to left nostril TID
Ipratropium (Atrovent) 0.06% Spray - 2 sprays to right nostril TID
Ipratropium CFC Free 17 mcg/Inh AERO (Atrovent HFA) - 2 puffs oral inhalation QID
Irbesartan (Avapro) 150mg PO Daily for hypertension
Irbesartan (Avapro) 300 mg PO Daily for hypertension

Irbesartan (Avapro) 75mg PO Daily for hypertension
Iron Polysaccharide (Niferex-150) - 1 cap PO BID for deficiency
Iron Polysaccharide (Niferex-150) - 1 cap PO Daily for deficiency
Isosorbide Dinitrate (Isordil Titradose) 10mg PO TID for hypertension
Isosorbide Dinitrate (Isordil) 2.5mg SL TID for hypertension
Isosorbide Dinitrate (Isordil) 20mg PO TID for hypertension
Isosorbide Dinitrate (Isordil) 30mg PO Daily for hypertension
Isosorbide Mononitrate (Monoket) 20mg PO BID for hypertension
Isosorbide Mononitrate ER (Imdur) 120mg PO Daily for hypertension
Isosorbide Mononitrate ER (Imdur) 30mg PO Daily for hypertension
Isosorbide Mononitrate ER (Imdur) 60mg PO Daily for hypertension
Isradipine (Dynacirc) 2.5mg PO Daily for hypertension
Isradipine (Dynacirc) 5mg PO Daily for hypertension
Isradipine (Dynacirc) CR 10mg PO Daily for hypertension
Isradipine (Dynacirc) CR 5mg PO Daily for hypertension
IV Hydration - Normal Saline 100ml/hr X 24 hours for ___ days
IV Hydration - Normal Saline 50ml/hr X 24 hours for ___ days
Kayexalate (Sodium Polystyrene Sulfonate Suspension) 15gm PO x 1
Ketaconazole (Nizoral) 2% shampoo - Shampoo scalp twice weekly on Mon and Thur for tinea versicolor
Ketorolac (Toradol) 10mg PO BID for inflammation for 5 days
Labetalol (Normdyne / Trandate) 100mg PO QID for hypertension
Labetalol (Normdyne / Trandate) 200mg PO QID for hypertension
Labetalol (Normdyne / Trandate) 300mg PO QID for hypertension
Lactase Enzyme 3000units PO TID PRN for diarrhea
Lactobacillus Acidophilus (Bacid / Flora Q) - 1 cap PO BID
Lactobacillus Acidophilus (Bacid / Flora Q) - 1 cap PO Daily
Lactulose (Enulose) 30mL PO Daily for constipation
Lamotrigine (Lamictal) 100mg PO BID
Lamotrigine (Lamictal) 200mg PO BID
Lamotrigine (Lamictal) 25mg PO BID
Lamotrigine (Lamictil) 150mg PO BID
Lansoprazole (Prevacid) 15mg PO BID
Lansoprazole (Prevacid) 30mg PO BID
Lansoprazole (Prevacid) Solutab 15mg PO BID
Lansoprazole (Prevacid) Solutab 30mg PO BID
Latanoprost (Xalatan) 0.005% Ophth Soln - 1 drop into both eyes QHS
Latanoprost (Xalatan) 0.005% Ophth Soln - 1 drop into left eye QHS
Latanoprost (Xalatan) 0.005% Ophth Soln - 1 drop into right eye QHS
Letrozole (Femara) 2.5mg PO Daily
Levalbuterol (Xopenex) 0.31mg/3ml Via Mini Neb Q8H
Levalbuterol (Xopenex) 0.63mg/3ml Via Mini Neb Q8H
Levalbuterol (Xopenex) 1.25mg/3ml Via Mini Neb q8h
Levetiracetam (Keppra) 250mg PO TID
Levetiracetam (Keppra) 500mg PO BID
Levetiracetam (Keppra) 500mg PO TID
Levetiracetam (Keppra) Liquid 100mg/1ml - 100mg PO BID
Levofloxacin (Levaquin) 250mg PO Daily for infection for 7 days

Levofloxacin (Levaquin) 500mg PO Daily for infection for 7 days
Levothyroxine (Levoxyl) 100 mcg (0.1 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 112 mcg (0.112mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 125 mcg (0.125 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 137 mcg (0.137 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 150 mcg (0.15 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 175 mcg (0.175 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 200 mcg (0.2 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 25 mcg (0.025 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 37.5mcg PO two times a week on Mon and Thur for low thyroid hormone
Levothyroxine (Levoxyl) 50 mcg (0.05 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 75 mcg (0.075 mg) PO Daily for low thyroid hormone
Levothyroxine (Levoxyl) 88 mcg (0.088 mg) PO Daily for low thyroid hormone
Librax (Chlordiazepoxide-Methscopalamine) 5mg-2.5mg PO TID AC Meals
Lidocaine (Lidoderm) Topical 5% Patch - Apply 1 patch to _____in QAM and Remove QHS
Linezolid (Zyvox) 600mg PO Q12H for infection for ___ days
Lisinopril (Prinivil / Zestril) 5mg PO Daily for hypertension
Lisinopril (Prinivil / Zestril) 40mg PO Daily for hypertension
Lisinopril (Prinivil/Zestril) 10mg PO Daily for hypertension
Lisinopril (Prinivil/Zestril) 2.5mg PO Daily for hypertension
Lisinopril (Prinivil/Zestril) 20mg PO Daily for hypertension
Lithium Carbonate 300mg PO BID
Lomotil (Diphenoxylate-Atropine 2.5 mg-0.025 mg) - 1 tab PO BID
Loperamide (Imodium) 2mg PO PRN after each loose stool
Loratadine (Claritin) 10mg PO Daily for allergy symptoms
Lorazapam (Ativan) Oral Soln - 1mg PO Q6H PRN for anxiety
Lorazepam (Ativan) 0.5mg PO BID
Lorazepam (Ativan) 0.5mg PO Q8H PRN for anxiety
Lorazepam (Ativan) 0.5mg PO QHS PRN for sleep
Lorazepam (Ativan) 1mg IM Q4H
Lorazepam (Ativan) 1mg IM Q6H
Lorazepam (Ativan) 1mg PO Daily
Lorazepam (Ativan) 2mg PO Daily
Lorsartan (Cozaar) 100 mg PO Daily for hypertension
Lorsartan (Cozaar) 25 mg PO Daily for hypertension
Lorsartan (Cozaar) 50mg PO Daily for hypertension
Lortab (Hydrocodone/APAP) 10/325 Tablet - 1 Tab PO Q4H PRN for Pain
Lortab (Hydrocodone/APAP) 2.5/325 Tablet- 1 Tab PO Q6H PRN for Pain
Lortab (Hydrocodone/APAP) 5/325 Tablet - 1 Tab PO Q4H PRN for Pain
Lortab (Hydrocodone/APAP) 5/325 Tablet - 1 TAB PO Q4H PRN Pain Scale 1-5
Lortab (Hydrocodone/APAP) 5/325 Tablet - 2 Tabs PO Q4H PRN Pain Scale 6-10
Lortab (Hydrocodone/APAP) 7.5/325 Tablet - 1 Tab PO Q4H PRN for Pain
Loteprednol (Lotemax) Ophthalmic 0.5% SUSP - 1 drop in both eyes QID
Loteprednol (Lotemax) Ophthalmic 0.5% SUSP - 1 drop in left eye QID
Loteprednol (Lotemax) Ophthalmic 0.5% SUSP - 1 drop in right eye QID
Loteprednol Ophthalmic 0.2% SUSP (Alrex) - 1 drop to both eyes Q12H prn
Loteprednol Ophthalmic 0.2% SUSP (Alrex) - 1 drop to left eye Q12H prn

Loteprednol Ophthalmic 0.2% SUSP (Alrex) - 1 drop to right eye Q12H prn
Lotrel (Amlodipine-Benazepril) 10mg-40mg - 1 cap PO Daily for hypertension
Lotrel (Amlodipine-Benazepril) 5mg-40mg - 1 cap PO Daily for hypertension
Lovastatin (Mevacor) 10 mg PO QHS for cholesterol control
Lovastatin (Mevacor) 20 mg PO QHS for cholesterol control
Lovastatin (Mevacor) 40 mg PO QHS for cholesterol control
Maalox Plus (Aluminum/Magnesia/Simethicone) 225mg-200mg-25mg/5ml - 30mL PO Q6H PRN
Magnesium Chloride (Slow Mag) 64mg PO Daily
Magnesium Hydroxide (Milk of Magnesia) 30ml PO Daily PRN for Constipation
Magnesium Hydroxide (Milk of Magnesia) 30mL PO QHS PRN if no BM in 3 days
Magnesium Hydroxide (Milk of Magnesia) 325mg Tabs - 325mg PO PRN for constipation
Magnesium oxide 400mg PO BID
Magnesium oxide 400mg PO daily
Maxzide (Hydrochlorothiazide-Triamterene) 50 mg-75 mg - 1 tab PO Daily
Maxzide-25 (Hydrochlorothiazide-Triamterene) 25 mg-37.5 mg - 1 tab PO Daily
Meclizine (Antivert) 12.5mg PO TID
Meclizine (Antivert) 25mg PO TID
Medrol Dose Pak (Day 1) Methylprednisolone PO 8mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 1) Methylprednisolone PO 8mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 1) Methylprednisolone PO 8mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 1) Methylprednisolone PO 8mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 2) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 2) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 2) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 2) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 3) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 3) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 3) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 3) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg after suppe
Medrol Dose Pak (Day 4) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg at bedtime
Medrol Dose Pak (Day 4) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg at bedtime
Medrol Dose Pak (Day 4) Methylprednisolone PO 4mg before breakfast, 4mg after lunch, 4mg at bedtime
Medrol Dose Pak (Day 5) Methylprednisolone PO 4mg before breakfast and 4mg at bedtime
Medrol Dose Pak (Day 5) Methylprednisolone PO 4mg before breakfast and 4mg at bedtime
Medrol Dose Pak (Day 6) Methylprednisolone PO 4mg PO before breakfast
Megestrol (Megace) 200mg PO Daily
Megestrol (Megace) 20mg PO Daily
Megestrol (Megace) 400mg PO Daily
Megestrol (Megace) ES 625mg/5ml - 5mL PO Daily
Melatonin 3mg PO HS
Meloxicam (Mobic) 15mg PO Daily
Meloxicam (Mobic) 7.5mg PO Daily
Memantine (Namenda) 10mg PO BID
Memantine (Namenda) 5mg PO BID
Meropenem (Merrem) 1g IV Q12H for ___ days
Mesalamine (Pentasa) 250mg PO Daily
Metaxalone (Skelaxin) 400mg PO TID for 10 Days

Metaxalone (Skelaxin) 800mg PO TID for 10 Days
Metformin (Glucophage) 1000mg PO BID
Metformin (Glucophage) 500mg PO BID
Metformin (Glucophage) XR 500mg PO Daily
Metformin (Glucophage) XR 750mg PO Daily
Methadone 2.5mg PO Q8H for pain
Methadone 5mg PO Q8H for pain
Methazolamide (Neptazane) 25mg PO Daily
Methazolamide (Neptazane) 50mg PO Daily
Methimazole (Tapazole) 10mg PO Daily
Methimazole (Tapazole) 5mg PO Daily
Methotrexate (Trexall) 10mg PO weekly
Methotrexate (Trexall) 15mg PO weekly
Methotrexate (Trexall) 2.5mg PO weekly
Methotrexate (Trexall) 5mg PO weekly
Methotrexate (Trexall) 7.5mg PO weekly
Methylcellulose (Citrucel) - 1 Cap PO BID
Methylphenidate (Ritalin) 5mg PO BID
Methylprednisolone (Medrol) 4mg PO Daily
Metoclopramide (Reglan) 10mg PO Q6H PRN
Metoclopramide (Reglan) 5mg PO QID
Metoclopramide (Reglan) Liquid 5mg PO Q6H
Metolazone (Zaroxolyn) 10mg PO Daily
Metolazone (Zaroxolyn) 2.5mg PO Daily
Metolazone (Zaroxolyn) 5mg PO Daily
Metoprolol (Lopressor) 12.5mg PO BID
Metoprolol (Lopressor) 100mg PO BID
Metoprolol (Lopressor) 25mg PO BID
Metoprolol (Lopressor) 50mg PO BID
Metoprolol XL (Toprol XL) 100mg PO Daily
Metoprolol XL (Toprol) XL 25mg PO Daily
Metoprolol XL (Toprol) XL 50mg PO Daily
Metoprolol XL (Toprol-XL) 200 mg PO Daily
Metronidazole (Flagyl) 250mg PO TID for ___ days
Metronidazole (Flagyl) 500mg PO TID for ___ days
Metronidazole (Metrogel) 0.75 Topical Gel - Apply a thin layer to _____ BID after cleansing
Miacalcin Nasal Spray 200 Intl units/Inh (Calcitonin) - 1 spray in alternating nostrils Daily
Micardis HCT (Hydrochlorothiazide-Telmisartan) 12.5 mg-40 mg - 1 tab PO Daily
Micardis HCT (Hydrochlorothiazide-Telmisartan) 12.5 mg-80 mg - 1 tab PO Daily
Micardis HCT (Hydrochlorothiazide-Telmisartan) 25 mg-80 mg - 1 tab PO Daily
Miconazole (Micatin) Topical 2% Cream - Apply to _____TID
Miconazole Topical 4% Cream (Monistat 3) - 1 Applicatorful vaginally Daily for 3 days
Midodrine (Proamatine) 10mg PO TID
Midodrine (Proamatine) 2.5mg PO TID
Midodrine (Proamatine) 5mg PO TID
Minocycline 100mg PO Daily for ___ days
Mirtazapine (Remeron) 15 mg PO HS

Mirtazapine (Remeron) 30 mg PO HS
Mirtazapine (Remeron) 45 mg PO HS
Mirtazapine (Remeron) 7.5mg PO HS
Modafinil (Provigil) 100mg PO Daily
Modafinil (Provigil) 200mg PO Daily
Monopril HCT (Fosinopril-Hydrochlorothiazide) 10mg-12.5mg - 1 tab PO Daily
Monopril HCT (Fosinopril-Hydrochlorothiazide) 20mg-12.5mg - 1 tab PO Daily
Morphine (Roxanol) Oral Liquid 10mg Q1H PRN for SOB / Pain
Morphine 20mg/ml Oral Conc (Roxanol) - 10mg PO Q4H PRN for pain
Morphine 20mg/ml Oral Conc (Roxanol)- 5mg PO Q4H PRN For Pain
Morphine SR (MS CONTIN) 15mg PO Q12H for pain
Morphine SR (MS CONTIN) 30mg PO Q12H for pain
Morphine SR (MS CONTIN) 60mg PO Q12H for pain
Morphine Sulfate 15 mg PO Daily
Morphine Sulfate 200mg PO Daily
Morphine Sulfate 5mg/mL INJ - 2mg IV Q1H PRN for anxiety / resp distress
Morphine Sulfate 60mg PO Daily
Morphine Sulfate ER 30mg PO Daily
Morphine Sulfate Oral Soln 10mg/5ml - 10mg PO Q4H PRN for pain
Moxifloxacin (Avelox) 400mg PO Daily for 10 days
Multivitamin Liquid 5ml PO Daily
Mycolog II (Nystatin-Triamcinolone) Cream - Apply Topically to ___ BID
Mycolog II (Nystatin-Triamcinolone) Cream - Apply Topically to ____ TID
Mycophenolate Mofetil (Cellcept) 250mg PO BID
Mycophenolate Mofetil (Cellcept) 500mg PO BID
Mylanta Maximum Strength (Aluminum/Magnesia/Simethicone 400 mg-400 mg-40 mg/5 mL) 10mL Q4H PRN for i
Nadolol (Corgard) 20 mg PO Daily for hypertension
Nadolol (Corgard) 40 mg PO Daily for hypertension
Nadolol (Corgard) 80 mg PO Daily for hypertension
Nafcillin 2 grams IV Q4H for infection
Naicin (Niaspan) ER 500mg PO QHS
Naproxen (Naprosyn) 250mg PO BID for inflammation
Naproxen (Naprosyn) 375mg PO BID for inflammation
Naproxen Sodium (Aleve) 220 mg PO TID for inflammation
Naproxen Sodium (Anaprox) 275mg PO TID for inflammation
Naproxen Sodium (Anaprox) 550mg PO TID for inflammation
Nasonex Nasal 50 mcg/Inh SPR (Mometasone) - 1 spray to both nostrils QHS
Nateglinide (Starlix) 120mg PO TID for diabetes
Neosporin (Bacitracin-Neomycin-Polymixin B) 400units-3.5mg-5,000units) - Apply to _____ Daily
Nepafenac Ophthalmic 0.1% SUSP (Nevanac) - 1 drop in both eyes Daily
Nepafenac Ophthalmic 0.1% SUSP (Nevanac) - 1 drop in left eye Daily
Nepafenac Ophthalmic 0.1% SUSP (Nevanac) - 1 drop in right eye Daily
Niacin (Niaspan) ER 1000mg PO QHS
Niacin 500mg PO QHS
Nicotine Patch 24 Hour 14 MG/24HR - Apply 1 patch transdermally daily for Smoking Cessation
Nicotine Patch 24 Hour 21 MG/24HR - Apply 1 patch transdermally Daily for Smoking Cessation

Nicotine Patch 24 Hour 7 MG/24HR - Apply 1 patch transdermally Daily for Smoking Cessation
Nifedipine (Procardia) 10mg PO Daily for hypertension
Nifedipine CC (Procardia XL / Adalat CC) 30mg PO Daily for hypertension
Nifedipine CC (Procardia XL / Adalat CC) 60mg PO Daily for hypertension
Nifedipine CC (Procardia XL / Adalat CC) 90mg PO Daily for hypertension
Nitrofurantion Macrocrystals (Macrodantin) 100mg PO Q6H for 10 days
Nitrofurantion Macrocrystals (Macrodantin) 50mg PO Q6H for 10 days
Nitroglycerin 0.1mg/hr Transdermal Patch - Apply 1 patch Topically QAM & Remove QHS
Nitroglycerin 0.2mg/hr Transdermal Patch - Apply 1 Patch Topically QAM & Remove QHS
Nitroglycerin 0.4mg SL Q 5 minutes x 3 doses PRN for chest Pain. If no relief, call MD
Nitroglycerin 0.4mg/hr Transdermal Patch - Apply 1 Patch Topically QAM & Remove QHS
Nitroglycerin 0.6mg/hr Transdermal Patch - Apply 1 Patch Topically QAM & Remove QHS
Nitroglycerin 2% Oint (Nitro-Bid) - Apply 1 inch to chest TID to prevent chest pain
Normal Saline 0.9% IV Flush PRN
Normal Saline 0.9% IV Flush Q12H
Nortriptyline (Pamelor) 10mg PO HS for depression
Nortriptyline (Pamelor) 25mg PO HS for depression
Nortriptyline (Pamelor) 50mg PO QHS for depression
Nortriptyline (Pamelor) 75mg PO HS for depression
Nortriptyline 10 mg/5 mL SOLN (Pamelor) - 10mg PO QHS for depression
Novolin 70/30 Insulin - ____units SQ TID AC Meals for diabetes
Novolin N 100 units/mL (Insulin Isophane) 10 units SQ QAM for diabetes
Novolin R (Insulin Regular) 100units/mL - Inject SC TID ac meals per Resistant Scale for diabetes
Novolin R (Insulin Regular) 100units/mL - Inject SC TID ac meals per Sensitive Scale for diabetes
Novolin R (Insulin Regular) 100units/mL - Inject SC TID ac meals per Usual Scale for diabetes
Novolog (Insulin Aspart) 100 units/mL - Inject SC TID ac meals per Resistant Scale for diabetes
Novolog (Insulin Aspart) 100 units/mL - Inject SC TID ac meals per Sensitive Scale for diabetes
Novolog (Insulin Aspart) 100 units/mL - Inject SC TID ac meals per Usual Scale for diabetes
Novolog (Insulin Aspart) SC - ___units AC Breakfast,___units AC Lunch,___units AC Dinner
Novolog (Insulin Aspart) SC - ___units AC Breakfast,___units AC Lunch,___units AC Dinner
Novolog (Insulin Aspart) SC - ___units AC Breakfast,___units AC Lunch,___units AC Dinner
Nystatin 100,000U/ml Susp - 5mL QID for 5 Days swish and swallow
Nystatin 100,000units/g Cream - Apply to groin after each incontinence episode and PRN
Nystatin Topical PWD 100,000units/g - Apply to _____ Daily
Olanzapine (Zyprexa) 15mg PO HS for psychotic disorder
Olanzapine (Zyprexa) 2.5mg PO QHS for psychotic disorder
Olanzapine (Zyprexa) 20mg PO HS for psychotic disorder
Olanzapine (Zyprexa) 5mg PO QHS for psychotic disorder
Olanzapine (Zyprexa) 7.5mg PO QHS for psychotic disorder
Olanzapine Disintegrating (Zyprexa Zydis) 10mg PO HS for psychotic disorder
Olanzapine Disintegrating (Zyprexa Zydis) 15 mg PO HS for psychotic disorder
Olanzapine Disintegrating (Zyprexa Zydis) 20mg PO HS for psychotic disorder
Olanzapine Disintegrating (Zyprexa Zydis) 5mg PO HS for psychotic disorder
Olmesartan (Benicar) 20 mg PO Daily for hypertension
Olmesartan (Benicar) 40 mg PO Daily for hypertension
Omega-3 Polyunsaturated Fatty Acids Ethyl Esters (Omacor) 1gram PO Daily
Omeprazole (Prilosec) DR 20mg PO QHS for acid indigestion

Omeprazole (Prilosec) OTC 20mg PO QHS for acid indigestion
Omeprazole DR 40mg PO Daily
Ondansetron (Zofran) 4mg PO Q6H PRN for nausea / vomiting
Ondansetron (Zofran) 8mg PO Q6H PRN for nausea / vomiting
Os-Cal 250 with D (Calcium-Vitamin D) 250 mg-125 units - 1 tab PO Daily for supplementation
Os-Cal 500 with D (Oyster Shell Calcium w/ Vit D) 500mg-200i.u. - 1 tab PO BID for supplementation
Os-Cal 500 with D (Oyster Shell Calcium w/ Vit D) 500mg-200i.u. - 1 tab PO Daily for supplementation
Os-Cal 500 with D (Oyster Shell Calcium w/ Vit D) 500mg-200i.u. - 1 tab PO TID for supplementation
Oxacillin 2GM IV Q4H for infection for 7 days
Oxacillin 2GM IV Q6H for infection for 7 days
Oxazepam (Serax) 10mg PO Daily for sleep
Oxazepam (Serax) 15mg PO QHS for sleep
Oxcarbazepine (Trileptal) 150mg PO BID
Oxcarbazepine (Trileptal) 300mg PO BID
Oxybutynin (Ditropan) 5mg PO BID
Oxybutynin ER (Ditropan XL) 10mg PO Daily
Oxybutynin ER (Ditropan XL) 15mg PO Daily
Oxybutynin ER (Ditropan XL) 5mg PO Daily
Oxycodone (OXY IR) 5mg PO Q6H PRN for moderate to severe pain
Oxycodone (Oxycontin) 15mg PO Q12H for moderate to severe pain
Oxycodone (Oxycontin) 30mg PO Q12H for moderate to severe pain
Oxycodone (Oxycontin) 40mg PO Q12H for moderate to severe pain
Oxycodone (Oxycontin) 5mg PO Q12H for moderate to severe pain
Oxycodone (Oxycontin) 80mg PO Q12H for moderate to severe pain
Oxycodone (Oxycontin) ER 10mg PO Q12H for moderate to severe pain
Oxycodone (Oxycontin) ER 20mg 1 PO Q12H for moderate to severe pain
Oxycodone (Oxycontin) ER 40mg PO Q12H for moderate to severe pain
Oxycontin (Oxycontin) 60mg PO Q12H for moderate to severe pain
Oyster Shell Calcium (Oscal) 500mg PO Daily
Pantoprazole (Protonix) 20mg PO Daily
Pantoprazole (Protonix) 40mg PO Daily
Paroxetine (Paxil) 10mg PO Daily
Paroxetine (Paxil) 20mg PO Daily
Paroxetine (Paxil) 40mg PO Daily
Paroxetine (Paxil) CR 12.5mg PO Daily
Paroxetine (Paxil) CR 25mg PO Daily
Paroxetine (Paxil) CR 37.5mg PO Daily
Pentoxifylline (Trental) 400mg PO TID
Percocet (Oxycodone-Acetaminophen) 10mg-325mg - 1 tab PO Q4H PRN for pain
Percocet (Oxycodone-Acetaminophen) 5mg-325mg - 1 Tab PO Q4H PRN For Pain
Percocet (Oxycodone-Acetaminophen) 5mg-325mg - 2 Tabs PO Q4H PRN for Pain
Percocet (Oxycodone-Acetaminophen) 7.5mg-325mg - 1 Tab PO Q4H PRN for Pain
Perindopril (Aceon) 2 mg PO Daily
Perindopril (Aceon) 4 mg PO Daily
Perindopril (Aceon) 8 mg PO Daily
Phenazopyridine (Pyridium) 100mg PO Daily
Phenobarbital 64.8mg PO QHS

Phenol Topical 1.4% Spray (Chloraseptic) - 1 spray PO Q4H
Phenytoin (Dilantin) 100mg PO TID
Pherazine DM (Dextromethorphan-Promethazine) 15mg-6.25mg/5mL - 5mL PO q6h PRN for cough
Phytonadione 10mg PO x 1
Phytonadione 2.5mg PO x 1
Phytonadione 5mg PO x 1
Phytonadione 5mg SC x 1
Pink Bismuth (Pepto Bismol) 262 mg/15ml SUSP - 30mL Q4H PRN
Pink Bismuth (Pepto-Bismol) 262 mg Chewable Tab - 2 tabs PO Q4H PRN for loose stools
Pioglitazone (Actos) 15mg PO Daily
Pioglitazone (Actos) 45mg PO Daily
Pioglitazone (Astos) 30 mg PO Daily
Pneumococcal 23-Valent Vaccine (Pneumovax 23) - 0.5mL IM Once
Pneumococcal 23-Valent Vaccine (Pneumovax 23) - 0.5mL SC Once
Potassium Chloride 20mEq/15ml Liquid - 20mEq PO BID
Potassium Chloride ER (K-Dur 10) 10mEq PO Daily
Potassium Chloride ER (K-Dur 20) 20mEq PO Daily
Povidone-Iodine Topical 10% Soln (Betadine) Paint _____ daily
Pramipexole (Mirapex) 0.125mg PO Daily
Pramipexole (Mirapex) 0.25mg PO Daily
Pramipexole (Mirapex) 0.5mg PO Daily
Pramipexole (Mirapex) 1.5mg PO Daily
Pramipexole (Mirapex) 1mg PO Daily
Pravastatin (Pravachol) 20mg PO Daily
Pravastatin (Pravachol) 40mg PO Daily
Pravastatin (Pravachol) 80mg PO Daily
Prednisone 10mg PO Daily
Prednisone 1mg PO Daily
Prednisone 2.5mg PO Daily
Prednisone 20mg PO Daily
Prednisone 30mg PO Daily
Prednisone 40mg PO Daily
Prednisone 50mg PO Daily
Prednisone 5mg PO Daily
Prednisone taper
Prednisone taper
Prednisone taper
Prednisone taper
Pregabalin (Lyrica) 100mg PO Daily
Pregabalin (Lyrica) 150mg PO Daily
Pregabalin (Lyrica) 200mg PO Daily
Pregabalin (Lyrica) 225mg PO Daily
Pregabalin (Lyrica) 25mg PO Daily
Pregabalin (Lyrica) 300mg PO Daily
Pregabalin (Lyrica) 50mg PO Daily
Pregabalin (Lyrica) 75mg PO Daily
Premarin (Conjugated Estrogens) Vaginal Topical 0.625 mg/g Cream - 1 gram vaginally QOD

Primidone (Mysoline) 100mg PO QHS
Prinzide (Hydrochlorothiazide-Lisinopril) 12.5 mg-10 mg - 1 tab PO Daily
Probenecid 500mg PO BID
Prochlorperazine (Compazine) 10mg PO Q4H
Prochlorperazine (Compazine) 10mg PO TID PRN for nausea / vomiting
Prochlorperazine (Compazine) 25mg PR Q12H PRN for nausea / vomiting
Prochlorperazine (Compazine) 5mg PO TID PRN for nausea / vomiting
Proctofoam HC (Hydrocortisone-Pramoxine) 1%-1% - 1 application around rectal area BID
Promethazine (Phenergan) 12.5mg PR Q6H PRN for nausea / vomiting
Promethazine (Phenergan) 12.5mg Q6H PRN for nausea / vomiting
Promethazine (Phenergan) 25mg PR Q6H PRN for nausea / vomiting
Promethazine (Phenergan) 25mg Tab Q6H PRN for nausea / vomiting
Propafenone (Rythmol) 150mg PO BID
Propafenone (Rythmol) 225mg PO BID
Propafenone (Rythmol) 300mg PO BID
Propafenone ERC (Rythmol SR) 225mg PO BID
Propafenone ERC (Rythmol SR) 325mg PO BID
Propafenone ERC (Rythmol SR) 425mg PO BID
Propranolol (Inderal) 10mg PO TID
Propranolol (Inderal) 20mg PO TID
Propranolol (Inderal) 40mg PO TID
Propranolol (Inderal) 60 mg PO Daily
Propranolol (Inderal) 80 mg PO Daily
Propranolol (Innopran) XL 80 mg PO Daily
Propranolol ER (Inderal LA) 60mg PO Daily
Propranolol ER (Inderal LA) 80 mg PO Daily
Pulmicort 0.25mg/2ml Via Mini Neb Q12H
Pulmicort 0.5ml/2ml Via Mini Neb Q12H
Pyridoxine (Vitamin B6) 100mg PO Daily
Pyridoxine (Vitamin B6) 25mg PO Daily
Pyridoxine (Vitamin B6) 50mg PO Daily
Quetiapine (Seroquel) 100mg PO BID
Quetiapine (Seroquel) 200mg PO QHS
Quetiapine (Seroquel) 25mg PO QHS
Quetiapine (Seroquel) 50mg PO BID
Quinapril (Accupril) 5mg PO Daily for hypertension
Quinapril (Accupril) 10mg PO BID for hypertension
Quinapril (Accupril) 10mg PO Daily for hypertension
Quinapril (Accupril) 20mg PO BID for hypertension
Quinapril (Accupril) 20mg PO Daily for hypertension
Quinapril (Accupril) 40mg PO Daily for hypertension
Quinapril (Accupril) 5mg PO BID for hypertension
Quinaretic (Quinapril-Hydrochlorothiazide) 10 mg-12.5 mg - 1 tab PO Daily for hypertension
Quinaretic (Quinapril-Hydrochlorothiazide) 20mg-12.5mg - 1 tab PO Daily for hypertension
Quinaretic (Quinapril-Hydrochlorothiazide) 20mg-25mg - 1 tab PO Daily for hypertension
Quinidine Sulfate 300mg PO Daily for abnormal heart rhythms
Rabeprazole (Aciphex) 20mg PO BID

Raloxifene (Evista) 60mg PO Daily for Osteoporosis
Ramipril (Altace) 1.25mg PO Daily for hypertension
Ramipril (Altace) 10mg PO Daily for hypertension
Ramipril (Altace) 2.5mg PO Daily for hypertension
Ramipril (Altace) 5mg PO Daily for hypertension
Ranitidine (Zantac) 150mg PO BID for GERD
Ranitidine (Zantac) 150mg PO Daily for GERD
Ranitidine (Zantac) 300mg PO HS for GERD
Ranitidine (Zantac) 75mg PO QHS for GERD
Ranolazine (Ranexa) 500mg PO BID for angina
Refresh Opth Oint - 0.25 inch outline both eyes QHS
Repaglinide (Prandin) 0.5mg PO Daily for diabetes
Repaglinide (Prandin) 1mg PO Daily for diabetes
Repaglinide (Prandin) 2mg PO Daily for diabetes
Risedronate (Actonel) 35mg PO Once Weekly
Risedronate (Actonel) 5mg PO Daily
Risperidone (Risperdal) 0.25mg PO QHS
Risperidone (Risperdal) 0.5mg PO QHS
Risperidone (Risperdal) 1 mg PO QHS
Risperidone (Risperdal) 1mg/1mL Oral Solution - 1mg PO Daily
Risperidone (Risperdal) 3mg PO QHS
Risperidone (Risperdal) M-Tab 0.5mg PO QHS
Risperidone (Risperdal) M-Tab 1mg PO QHS
Risperidone (Risperdal) M-Tab 2mg PO QHS
Risperidone (Risperdal) M-Tab 4mg PO QHS
Rivastigmine (Exelon) 1.5mg PO Daily for dementia
Rivastigmine (Exelon) 3mg PO BID for dementia
Rivastigmine (Exelon) 4.5mg PO Daily for dementia
Rivastigmine (Exelon) 4.6mg/24H Patch - 1 patch topically to skin Daily for dementia
Rivastigmine (Exelon) 6mg PO Daily for dementia
Rivastigmine (Exelon) Oral Soln 2mg PO Daily for dementia
Rivastigmine (Exelon) patch 9.5mg/24h - 1 patch topically to skin Daily for dementia
Ropinirole (Requip) 0.25mg PO TID for stiffness, tremors, muscle spasms, and poor muscle control
Ropinirole (Requip) 2mg PO TID for stiffness, tremors, muscle spasms, and poor muscle control
Rosiglitazone (Avandia) 2mg PO Daily for diabetes
Rosiglitazone (Avandia) 4mg PO Daily for diabetes
Rosiglitazone (Avandia) 8mg PO Daily for diabetes
Rosuvastatin (Crestor) 10mg PO Daily for lipid control
Rosuvastatin (Crestor) 20mg PO Daily for lipid control
Rosuvastatin (Crestor) 40mg PO Daily for lipid control
Rosuvastatin (Crestor) 5mg PO Daily for lipid control
Roxicet (Oxycodone-Acetaminophen) 5mg-325mg SOLN- 5ml PO Q4H PRN for Pain
Rozerem (Ramelteon) 8mg PO QHS for insomnia
Saccharomyces Boulardii Lyo (Florastor ProBiotic) 1 cap PO BID for probiotic
Saline Nasal Spray (Ocean Spray) 1 Spray into each nostril Q2H PRN for Congestion
Salmeterol Xinafoate (Serevent) Diskus 50mcg oral Inhalation BID for asthma or COPD
Scopolamine 1.5 mg Patch - 1 patch transdermally Q72H for nausea and vomiting

Selenium 200 mcg PO Daily for supplement
Selenium 50 mcg PO Daily for supplement
Sennasides (Senokot) 8.6mg - 2 tabs PO BID for consitpation
Sennosides Syrup 8.8mg/5ml - 5ml PO QHS
Senokot-S (Sennosides-Docusate Sodium) 8.6 mg-50mg - 1 tab PO BID for constipation
Senokot-S (Sennosides-Docusate Sodium) 8.6mg-50mg - 1 tab PO Daily for constipation
Senokot-S (Sennosides-Docusate Sodium) 8.6mg-50mg - 1 tab PO TID for constipation
Sertraline (Zoloft) 100mg PO Daily for depression
Sertraline (Zoloft) 12.5mg PO Daily for depression
Sertraline (Zoloft) 25mg PO Daily for depression
Sertraline (Zoloft) 50 mg PO Daily for depression
Sertraline (Zoloft) 75 mg PO Daily for depression
Sevelamer (Renagel) 400mg PO TID AC Meals for hypocalcemia
Sevelamer (Renagel) 800mg PO TID AC Meals for hypocalcemia
Silver Sulfadiazine Topical 1% cream (Silvadene) Apply Topically to ____ Q Shift
Simethicone (Phazyme) 125 mg PO TID for bloating , gas
Simethicone 40mg/0.6ml Liquid - 40mg PO AC Meals and QHS PRN for gas
Simethicone 40mg/0.6ml Liquid - 40mg PO AC Meals and QHS PRN for gas
Simethicone Chewable 80 mg PO QID for gas
Simvastatin (Zocor) 10mg PO Daily for cholesterol control
Simvastatin (Zocor) 20mg PO Daily for cholesterol control
Simvastatin (Zocor) 40mg PO Daily for cholesterol control
Simvastatin (Zocor) 5mg PO Daily for cholesterol control
Simvastatin (Zocor) 80mg PO Daily for cholesterol control
Sitagliptin Phosphate (Januvia) 100mg PO Daily for diabetes
Sitagliptin phosphate (Januvia) 25mg PO Daily for hyperglycemia
Sitagliptin Phosphate (Januvia) 50mg PO Daily for hyperglycemia
Sodium Chloride 1 gram PO Daily for electrolyte supplement
Solifenacin (VESIcare) 10mg PO Daily for over active bladder, urinary frequency
Solifenacin (VeSIcare) 5mb PO Daily for urinary frequency
Sorbitol 70% ___ ml PO BID
Sorbitol 70% ____ ml PO Daily
Sotalol (Betapace) 120 mg PO Daily for hypertension
Sotalol (Betapace) 160 mg PO Daily for hypertension
Sotalol (Betapace) 80 mg PO Daily for hypertension
Sotalol (Betapace) AF 120 mg PO Daily for hypertension
Sotalol (Betapace) AF 160mg PO Daily for hypertension
Sotalol (Betapace) AF 80mg PO Daily for hypertension
Spironolactone (Aldactone) 100mg PO Daily for hypertension
Spironolactone (Aldactone) 25 mg PO MON, WED, FRi for hypertension
Spironolactone (Aldactone) 25mg PO BID for hypertension
Spironolactone (Aldactone) 50mg PO Daily for hypertension
Sucralfate (Carafate) 1 gm PO TID for gastric protection
Sucralfate (Carafate) Oral Liquid - 1 gm PO TID for gastric protection
Sulfacetamide Sodium Eye 10% Soln (Bleph-10) - Instil 1 drop in right eye Q4H for infection X 7 days
Sulfacetamide Sodium Eye 10% Soln (Bleph-10) - Instil 1 drop left eye Q4H for infection X 7 days
Sulfacetamide Sodium Eye 10% Soln (Bleph-10) - Instil 1 drop to both eyes Q4H for infection X 7 days

SYSTANE 0.4-0.3% EYE DROPS (Polyethyl Glycol-Propyl Glycol) Instil 1 drop in both eyes QHS
Tamsulosin (Flomax) 0.4 mg PO Daily for BPH
Tamsulosin (Flomax) 0.8 mg PO Daily for BPH
Temazepam (Restoril) 15mg PO HS for insomnia
Temazepam (Restoril) 30 mg PO HS for insomnia
Temazepam (Restoril) 7.5mg PO QHS for insomnia
Tenoretic (Atenolol-Chlorthalidone) 100 mg-25 mg - 1 Tab PO Daily for hypertension
Tenoretic (Atenolol-Chlorthalidone) 50 mg-25 mg - 1 Tab PO Daily for hypertension
Terazosin (Hytrin) 10mg PO Daily for hypertension
Terazosin (Hytrin) 1mg PO Daily for hypertension
Terazosin (Hytrin) 2mg PO Daily for hypertension
Terazosin (hytrin) 5mg PO Daily for hypertension
Terbinafine (Lamisil) Topical 1% Cream- Apply to corners of mouth BID x 7days for infection
Theophylline ER CAP (Theo-24) 100mg PO QAM for shortness of breath
Theophylline ER CAP (Theo-24) 200 mg PO QAM for shortness of breath
Theophylline ER CAP (Theo-24) 300mg PO QAM for shortness of breath
Theophylline ER CAP (Theo-24) 400mg PO QAM for shortness of breath
Theophylline ER TAB 100mg PO BID for shortness of breath
Theophylline ER TAB 300mg PO BID for shortness of breath
Theophylline ER TAB 450mg PO BID for shortness of breath
Therapeutic Multivitamin (Therems) 1 Tab PO Daily for supplementation
Therapeutic Multivitamins w/Minerals TAB (Therems-M) 1 Tab PO Daily
Thyroid Desiccated (Armour Thyroid) 120 PO Daily
Thyroid Desiccated (Armour Thyroid) 15mg PO Daily
Thyroid Desiccated (Armour Thyroid) 180mg PO Daily
Thyroid Desiccated (Armour Thyroid) 240mg PO Daily
Thyroid Desiccated (Armour Thyroid) 300mg PO Daily
Thyroid Desiccated (Armour Thyroid) 30mg PO Daily
Thyroid Desiccated (Armour Thyroid) 60mg PO Daily
Thyroid Desiccated (Armour Thyroid) 90mg PO Daily
Ticlopidine Hydrochloride (Ticlid) 250mg PO BID to prevent blood clotting
Tigecycline (Tygacil) 50mg IV Q12H for 7 days for infection
Timentin (Ticarcillin-Clavulanete 30g-1g) 3.1grams IV Q6H for 7 days for infection
Timolol (Timoptic XE) 0.5% Ophthalmic Gel Soln - Instil 1 drop into Left Eye QHS for eye pressure
Timolol (Timoptic XE) 0.5% Ophthalmic Gel Soln - Instil 1 Drop into Right Eye QHS for eye pressure
Timolol (Timoptic XE) 0.5% Ophthalmic Gel Soln- Instil 1 drop into Both Eyes QHS for eye pressure
Timoptic (Timoptic) 0.25% Ophthalmic Soln - Instil 1 Drop to Both Eyes Daily for eye pressure
Timoptic (Timoptic) 0.25% Ophthalmic Soln - Instil 1 Drop to Left Eye Daily for eye pressure
Timoptic (Timoptic) 0.25% Ophthalmic Soln - Instil 1 Drop to Right Eye Daily for eye pressure
Tiotropium (Spiriva) 18mcg Oral Inhalation Daily to prevent bronchospasm
Tizanidine (Zanaflex) 2mg TAB PO TID for muscle relaxant
Tizanidine (Zanaflex) 4mg TAB PO TID for muscle relaxant
Tizanidine (Zanaflex) 6mg CAP PO TID for muscle relaxant
Tobramycin 0.3% Eye Oint (Tobrex) Apply into Conjunctival Sac of Both Eyes TID for infection X 7 day
Tobramycin 0.3% Eye Oint (Tobrex) Apply into Conjunctival Sac of Left Eye TID for infection X 7 days
Tobramycin 0.3% Eye Oint (Tobrex) Apply into Conjunctival Sac of Right Eye TID for infection X 7 day
Tobramycin 0.3% Ophthalmic Soln (Tobrex) Instil 1 Drop into Both Eyes QID for infection X 7 days

Tobramycin 0.3% Ophthalmic Soln (Tobrex) Instil 1 drop into Left Eye QID for infection X 7 days
Tobramycin 0.3% Ophthalmic Soln (Tobrex) Instil 1 drop into Right Eye QID for infection X 7 days
Tobramycin inhalation Soln (Tobi) 300mg/5ml - 300mg Oral Inhalation Q12H for 28 days
Tolterodine (Detrol) 1mg PO BID for urinary frequency, urgency and incontinence
Tolterodine (Detrol) 2mg PO BID for urinary frequency, urgency and incontinence
Tolterodine LA (Detrol LA) 2mg CAP PO Daily for urinary frequency, urgency and incontinence
Tolterodine LA (Detrol LA) 4mg CAP PO Daily for urinary frequency, urgency and incontinence
Topiramate (Topamax) 100mg PO Daily
Topiramate (Topamax) 15mg SPRINKLE PO Daily
Topiramate (Topamax) 200mg PO Daily
Topiramate (Topamax) 25mg PO QAM
Topiramate (Topamax) 25mg SPRINKLES PO Daily
Topiramate (Topamax) 50mg PO Daily
Torsemide (Demadex) 100mg PO Daily for edema
Torsemide (Demadex) 10mg PO Daily for edema
Torsemide (Demadex) 20mg PO Daily for edema
Torsemide (Demadex) 5mg PO Daily for edema
Tramadol (Ultram) 25mg Q4H PRN for moderate to severe pain
Tramadol (Ultram) 50mg PO QID for moderate to severe pain
Tramadol (Ultram) 50mg Q4H PRN for moderate to severe pain
Tramadol (Ultram) ER 100mg PO Q12H for moderate to severe pain
Tramadol (Ultram) ER 200mg PO q12h for moderate to severe pain
Tramadol ER (Ultram ER) 300mg PO Q12H for moderate to severe pain
Trandolapril (Mavik) 1mg PO Daily for hypertension
Trandolapril (Mavik) 2mg PO Daily for hypertension
Trandolapril (Mavik) 4mg PO Daily for hypertension
Travoporst (Travatan) 0.004% Ophthalmic Soln 1 Drop in Right Eye QHS
Travoporst (Travatan) 0.004% Ophthalmic Soln 1 Drop om Left Eye QHS
Travoporst (Travatan)0.004% Ophthalmic Soln 1 Drop in Both Eyes QHS
Trazodone (Deseryl) 100mg PO Daily
Trazodone (Deseryl) 150mg PO Daily
Trazodone (Deseryl) 50mg PO QHS
Triamcinolone 0.1% Cream Apply to ___ BID
Triamcinolone 0.1% Oint Apply to ___ QHS
Triamterene-HCTZ (Dyazide) 37.5mg-25mg PO Daily
Triazolam (Halcion) 0.125mg PO HS insomnia
Triazolam (Halcion) 0.25mg PO HS for insomnia
Trospium (Sanctura) 20mg PO BID for urinary incontinence
Tuberculin Purified Protein Derivative 5 Tuberculin units/0.1ml SOLN (Tubersol) Intradermally Once
Tylenol #3 (Acetaminophen-Codeine) 300mg-30mg - 1 tab PO Q6H for pain
Tylenol #4 (Acetaminophen-Codeine) 300mg-60mg - 1 Tab PO Q6H for pain

Tylenol PM (Acetaminophen Extra Strength-Diphenhydramine) 500mg-25mg - 1 Tab PO QHS PRN for insomina
Ultracet (Tramadol-APAP) 37.5mg-325mg - 1 Tab PO Q6H PRN for Pain
Valacyclovir (Valtrex) 1gm PO HS for 7 days for cold sores, shingles, or genital herpes
Valacyclovir (Valtrex) 500mg PO HS for 7 days for cold sores, shingles, or genital herpes
Valsartan (Diovan) 160mg PO Daily for high blood pressure

Valsartan (Diovan) 320mg PO Daily for high blood pressure
Valsartan (Diovan) 40mg PO Daily for high blood pressure
Valsartan (Diovan) 80mg PO Daily for high blood pressure
Valsartan-HCTZ (Diovan-HCTZ) 160mg-12.5mg - 1 Tab PO Daily for high blood pressure
Valsartan-HCTZ (Diovan-HCTZ) 160mg-25mg - 1 Tab PO Daily for high blood pressure
Valsartan-HCTZ (Diovan-HCTZ) 320mg-12.5mg - 1 Tab PO Daily for high blood pressure
Valsartan-HCTZ (Diovan-HCTZ) 320mg-25mg - 1 Tab PO Daily for high blood pressure
Valsartan-HCTZ (Diovan-HCTZ) 80mg-12.5mg - 1Tab PO Daily for high blood pressure
Venlafaxine XR (Effexor XR) 150mg PO Daily for depression
Venlafaxine XR (Effexor XR) 37.5mg PO Daily for depression
Venlafaxine XR (Effexor XR) 75mg PO Daily for depression
Verapamil (Calan) 120mg PO Daily for high blood pressure
Verapamil (Calan) 40mg PO Daily for high blood pressure
Verapamil (Calan) 80mg PO Daily for high blood pressure
Verapamil ER (Calan SR) 120mg PO Daily for high blood pressure
Verapamil ER (Calan SR) 180mg PO Daily for high blood pressure
Verapamil ER (Calan SR) 240mg PO Daily for high blood pressure
Vicodin (Hydrocodone-APAP) 10mg-300mg - 1 Tab PO Q4H for pain
Vicodin (Hydrocodone-APAP) 5mg-300mg - 1 Tab PO Q4H for pain
Vicodin (Hydrocodone-APAP) 7.5mg-300mg - 1 Tab PO Q4H for pain
Visine Ophthalmic Drops - Instil 1 drop in both eyes Daily for minor eye irritation
Vitamin E 400 IU PO Daily for deficiency
Vytone (Hydrocortisone-Iodoquinol) Topical 1%-1% Cream - Apply to ____ Daily for skin condition
Vytorin (Ezetimibe-Simvastatin) 10mg-10mg - 1 Tab PO HS for cholesterol control
Vytorin (Ezetimibe-Simvastatin) 10mg-20mg - 1 Tab PO HS for cholesterol control
Vytorin (Ezetimibe-Simvastatin) 10mg-40mg - 1 Tab PO HS for cholesterol control
Vytorin (Ezetimibe-Simvastatin) 10mg-80mg - 1 Tab PO HS for cholesterol control
Warfarin (Comadin) 10mg PO HS for treating/preventing blood clots
Warfarin (Coumadin) 0.5 mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 0.5mg Every Other Night for treating/preventing blood clots
Warfarin (Coumadin) 1 mg PO Every Other Night for treating/preventing blood clots
Warfarin (Coumadin) 1mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 2.5mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 2.5mg PO Weekly on Mon, Wed, Fri for treating/preventing blood clots
Warfarin (Coumadin) 2mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 3 mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 3.5mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 4mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 5 mg PO Weekly on Tues, Thurs, Sat, Sun for treating/preventing blood clots
Warfarin (Coumadin) 5mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 6mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 7 mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 7.5mg PO QHS for treating/preventing blood clots
Warfarin (Coumadin) 8mg PO QHS for treating/preventing blood clots
Witch Hazel Apply to Hemorroids Q2H PRN pain
Xenaderm Oint Apply to ____ BID
Zinc Oxide Topical 10% OInt Apply to ____ BID and PRN for skin condition

Zinc Oxide Topical 10% OInt Apply to ____ BID and PRN for skin condition
Zinc Sulfate 220mg PO Daily for zinc deficiency
Zolpidem (Ambien) 10mg PO QHS for difficulty sleeping
Zolpidem (Ambien) 5mg PO QHS for difficulty sleeping
Zolpidem CR (Ambien CR) 12.5mg PO QHS for difficulty sleeping
Zolpidem CR (Ambien CR) 6.25mg PO QHS for difficulty sleeping
Zosyn (Piperacillin-Tazobactam) 2.25GM IV Q12H for infection for 7 days
Zosyn (Piperacillin-Tazobactam) 2.25GM IV Q6H for infection for 7 days
Zosyn (Piperacillin-Tazobactam) 2.25GM IV Q8H for 7 days for infection
Zosyn (Piperacillin-Tazobactam) 3.375GM IV Q6H for infection for 7 days
Zosyn (Piperacillin-Tazobactam) 4.5GM IV Q6H for infection for 7 days
Zyrtec-D ERT (Cetirizine-Pseudoephedrine) 5mg-120mg - 1 Tab PO Daily for allergies

Statement of Work

Project Management Office

Version 2 | June 2, 2016 | Professional Services

This document provides the starting point for information to establish the Comprehensive Implementation Project Plan and Scope used by the Project Management team for project management.

Prepared by:

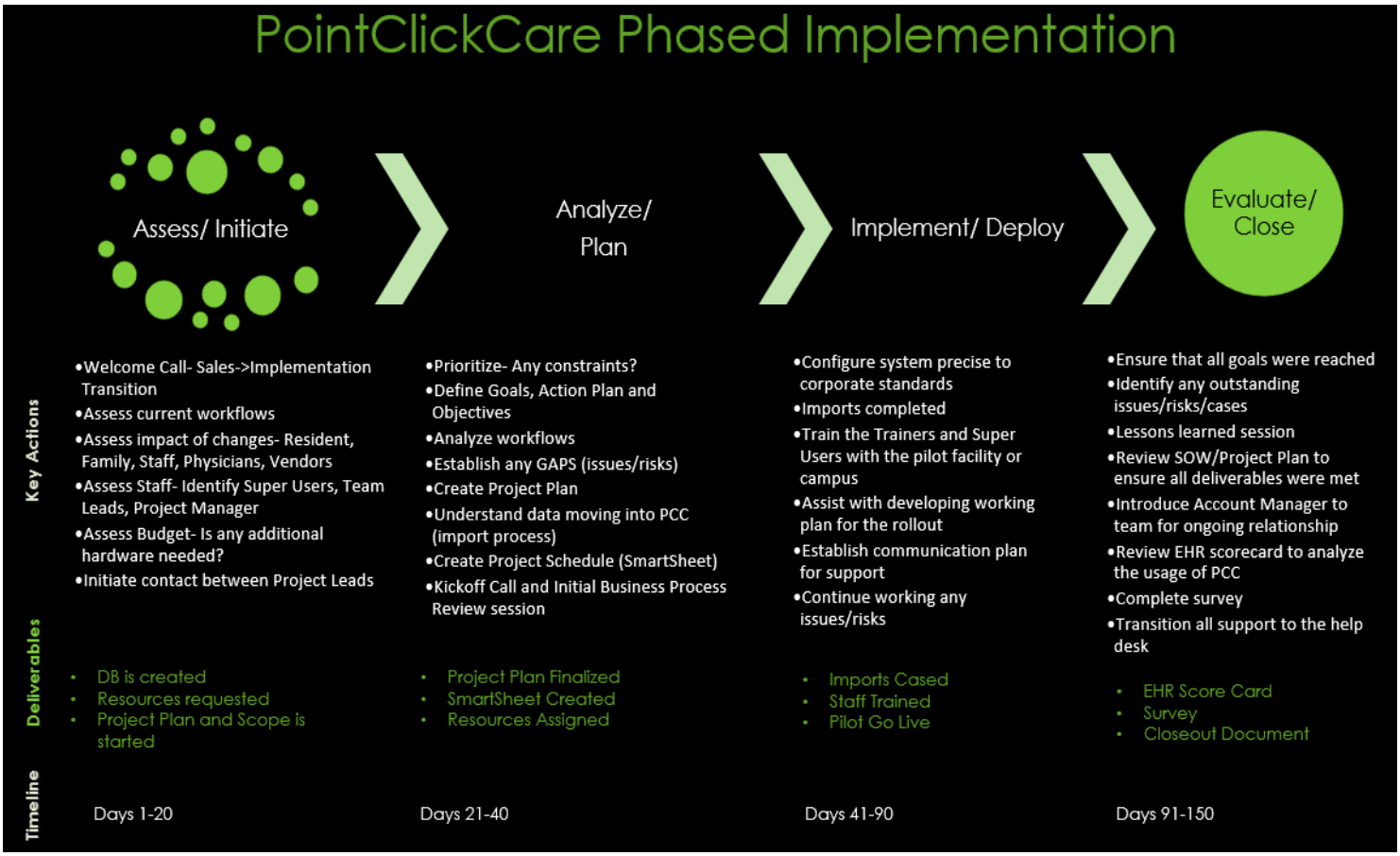
Lisa Mianecki, CEAL
Sr Project Manager | Team Lead - Senior Living Implementations

1.0 Scope of Work

Project Information

Contract Details	
Client Name	
Account Executive	
Professional Services Rep	Lisa Mianecki, CEAL, Sr. Project Manager
Date Prepared	06.02.16

High- Level Overview of Implementation



1.1 Training Approach

- The **Train the Trainer** approach is designed to ensure effective knowledge transfer, preparation and support is in place prior to system go live and beyond.
- All configuration sessions will be completed via WebEx and conference calls, and will include the PointClickCare SME to complete each one of the courses listed in the syllabus below one time with your Corporate Staff responsible for standardizing corporate configuration. This is during normal business hours. This applies to all modules.
- There are 5, business hour days quoted for Green Belt Training the clinical team (financial team not included for onsite training). The PointClickCare clinical SME will come onsite for 5 days and train the corporate trainers/ super users and facility super users. It is then the responsibility of your internal trainers to ensure the remaining end users on all shifts are trained.
- All training sessions for financial will occur via WebEx and conference calls, and will include the PointClickCare SME to complete each one of the courses listed in the syllabus below one time with your Corporate Staff an pilot home super users. This is during normal business hours.
- At this time PointClickCare recommends that the project team have status calls either weekly or biweekly to ensure all tasks are being completed and there are no pressing issues, which could delay the Go Live date from target. The status calls will be discontinued after the 2nd home is complete.
- After the course syllabus has been completed onsite for clinical, we will repeat the process a second round as needed via WebEx and conference calls. It will be the responsibility of your internal Trainers and Super Users to push out the training to the remaining staff, either with live sessions or recorded sessions. Your SME will be there to shadow with your trainers for this exchange of information.
- After the facility is rolled out, your team will be turned over to the PointClickCare Help Desk for general questions regarding the application.

1. Welcome Call: The Welcome call is a short 30 minute call for your sales executive to introduce your project manager to your project manager and team leads. Briefly review the contract and the scope of the work.
2. Kick off Call: The Kick-off call should include the Core Project Team, the Clinical lead, Financial Lead, IT lead, and the Project Manager. During this call the rollout schedule of the phases best suiting your staffing needs will be discussed, a walk-through of the SmartSheet (project schedule tool), arrange status calls, and identify any other issues or concerns.
3. Business Process Review: The Business Process Review is designed for the SME (Subject Matter Expert) to work with your team leads to gain an in-depth understanding of your business and how it operates. The SME uses this information to assist with the best practice for configuring PointClickCare to best suit your needs. For future reference, this information will be documented and attached to your project.
4. Discovery/ Business Process Review: The Discovery process is tied to the Business Process Review. This is where the Chart of Accounts, Payer types, UDAs, processes and workflows are identified.
5. Configuration Sessions: Configuration sessions are done with the team members that are responsible for making the decisions for the corporation, as they are starting to build out the EMC (Enterprise Management Console). This is also known as Corporate Scoping.

6. Super User Sessions: Super User sessions are used for training the Corporate Trainers, Super Users and staff of the Pilot facility on the system. PointClickCare recommends that the Super Users of the next facility sit in on the training sessions as this has proven successful.
7. Shadow and Support: SMEs will be available for the first facility.
8. Transition to Help Desk: Once the facility has gone live with the implementation, your team will be transitioned to the help desk for support.

1.2 Corporate Standards Configuration for Enterprise Web Based- Clinical

Clinical courses set up to configure your system at EMC and facility level.

- General Configuration
- Care Plan Configuration
- Tasks for Paper Flow Sheets Configuration
- Dashboard Configuration
- Medical Diagnoses Configuration
- Immunizations Configuration
- Progress Notes Configuration
- Risk Management Configuration
- Assessments and SPN Configuration
- POC
- eMAR Configuration
- MDS 3.0 Configuration
- Physician Orders Setup
- Weights and Vitals Configuration Setup

1.3 Fixed Price Web Based Clinical/ eMAR/ POC Implementation

Clinical courses for this implementation include:

- Quick Start
- Resident Data
- Medical Diagnoses
- Immunizations
- Physician Orders
- Order Management
- Weights and Vitals
- MDS Data Entry for MDS 3.0
- MDS 3.0 Mgt. and Submission
- ARD Planner
- Assessments and Structured Progress Notes
- Progress Notes
- Care Plans and Care Plan Reviews
- Tasks
- Therapy Minutes
- POC Kiosk Training
- Pro-Tracking

1.4 Corporate Standards Configuration for Enterprise Web Based- Financial

Clinical courses set up to configure your system at EMC and facility level.

- Security Configuration
- Admin Organizational Configuration 1
- Admin Organizational Configuration 2
- Admin Billing Configuration 1
- Admin Billing Configuration 2
- Set Up Review
- Admin Collections Configuration (see also AR-CO-01 Collections Setup)
- Admin Trust Configuration (see also AR-TR-01 Trust in US Financial Training)

1.5 Fixed Price Web Based Financial Implementation

** This is completed in one full cycle via webex.*

Financial courses for this implementation include:

- Resident Setup
- Online Census
- Resident Setup Review
- Trust Fund
- Balance Forward
- Batch Entry
- Private Billing
- Medicaid Billing
- Medicare/Insurance Ancillaries
- Medicare/Insurance Billing
- Month-End Close
- Collections Setup
- Collections Module
- Eligibility Verification

1.6 Fixed Price Web Based IRM Implementation

** These will be completed 1 in full round*

IRM Configuration and Super User Training include:

- Configuration
- Inquiry and Referral Entry
- Marketing and Reports

1.7 GLAP Configuration/ Super User Courses

** These will be completed 1 in full round*

GL/AP Configuration and Super User Training include:

- Configuration
- Invoices
- Payments

- Configuration, Processing and Reports
- Financial Statements
- Reconciliation and Month End Process

1.8 Assumptions

	Assumptions
Implementation Approach	• A phased approach ensuring successful product adoption will follow Best Practices as presented by PointClickCare. • Web-based configuration sessions, based on syllabus. • SmartPath as supplemental training. For missed sessions, onboarding new staff and refresher classes.
Hardware and Infrastructure	• The client is responsible for the procurement and implementation of hardware and infrastructure. (PCC can provide recommended vendors). • Hardware must be in place for the agreed upon project start date. • Hardware infrastructure meets the minimum technical requirements.
Imports	• PointClickCare provides the specs and templates for the imports that are accepted, it is client responsibility to either extract the data from their current electronic or contract with a 3rd party vendor that specializes in that area. PointClickCare is not responsible for accuracy of data that is imported. PointClickCare will advise client after imports are completed and it is the client responsibility to review for issues and accuracy.
Client Resources	• Client provides resources with knowledge of internal processes and ability to make the decisions for the corporate scoping. • Client establishes strong leads for financial and clinical, along with a main project lead that can account for overall project.
Training	• PointClickCare will provide training resources and support conducted through online, web-based sessions and Group Training sessions. • Training resources may be delivered through an in-house PointClickCare Trainer or delivered by a certified training partner. • All training will be delivered through online, web-based sessions during normal business hours. • There are 5 days onsite included in quote, which includes up to 2 trips with travel expenses. May be used for 3 day and 2 day trip. Will need to make travel decision dates at minimum 3 weeks prior to travel. • "Train the Trainer" approach. Each syllabus (Financial and Clinical) will be run through one time. The Client can request the SME to record the WebEx sessions for future use (financial). The client is responsible for requesting a recording. • Upon completion of initial training of the super users, the client will be responsible to train additional staff for the actual pilot facility. • All scheduled training requires 24 hours cancellation notice, or will be billed for, in full. • The client will work with PointClickCare to schedule training courses within a timely manner, and ensure client participation.

	• The client has an opportunity to provide feedback on training once delivered. • Training not delivered within six months of the initial implementation is considered forfeit and any additional training will be re-negotiated.
Project Management	• The Project Plan and scope will define Business expectations, key milestones and implementation approach in additional detail. • Projects will be considered complete upon a final delivery of the items identified in this Project Plan/ SOW, and a formal 'Closeout' review with your project manager.
Databases	• A training database is best practice for ongoing training and onboarding of new staff. It is a requirement if moving forward with POC module. This will be created after the configuration is completed in the production database and after there is resident data entered or imported.

1.9 In Scope Summary

- EHR Full Advantage- DX, ADT, Service Plans, UDA, Progress Notes, POC, Weights, Vitals, MDS, Immunizations, Orders, eMAR (integrated), Billing, Collections
- Sandbox (Training DB)- This can be refreshed one time per rollout, to allow updated training db. After that requests can cost $350/refresh. This can also be requested when there are major releases.
- Fixed Rate Training- Course Syllabus will determine if training is completed, not hours.
- Total of 7 days onsite (exclusive of travel of expenses)
- UDA creation- includes up to 20

1.10 Out of Scope Summary

- Pharmacy Integration
- Travel Expenses
- Secure Messaging
- HL7 5pk- includes therapy integration
- Pro-tracking

1.11 Project Management

Deliverables from Project Management Team

- Welcome Call- Transition Sales to PMO
- Kick Off Call
- Comprehensive Project Plan and schedule
- Communication Plan
- Access to Smart Sheet- Tool used to maintain the schedule, tasks, contacts, risk/issue log
- Status Calls/ Reports
- Official Close-out document/call

INSTRUCTIONS TO VENDORS SUBMITTING BIDS

1. REVIEW DOCUMENTS THOROUGHLY: The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification of Vendor's bid.

2. MANDATORY TERMS: The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory term in the Solicitation will result in bid disqualification.

3. PREBID MEETING: The item identified below shall apply to this Solicitation.

☐ A pre-bid meeting will not be held prior to bid opening

☐ A **NON-MANDATORY PRE-BID** meeting will be held at the following place and time:

☑ A **MANDATORY PRE-BID** meeting will be held at the following place and time:

December 8, 2015 at 1:00 PM EST

West Virginia Veterans Nursing Facility
One Freedoms Way
Clarksburg, WV 26301

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one person attending the pre-bid meeting may represent more than one Vendor.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. The State will not accept any other form of proof or documentation to verify attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing.

Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility

to locate the attendance sheet and provide the required information. Failure to complete the attendance sheet as required may result in disqualification of Vendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. VENDOR QUESTION DEADLINE: Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are nonbinding.

Submitted e-mails should have solicitation number in the subject line.

Question Submission Deadline: December 18, 2015 at 4:00 PM EST

Submit Questions to: Crystal Rink
2019 Washington Street, East
Charleston, WV 25305
Fax: (304) 558-4115 (Vendors should not use this fax number for bid submission)
Email: crystal.g.rink@wv.gov

5. VERBAL COMMUNICATION: Any verbal communication between the Vendor and any State personnel is not binding, including verbal communication at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.

6. BID SUBMISSION: All bids must be submitted electronically through wvOASIS or signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The Purchasing Division will not accept bids, modification of bids, or addendum acknowledgment forms via e-mail. Acceptable delivery methods include electronic submission via wvOASIS, hand delivery, delivery by courier, or facsimile.

The bid delivery address is:
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

A bid that is not submitted electronically through wvOASIS should contain the information listed below on the face of the envelope or the bid may be rejected by the Purchasing Division.:

SEALED BID:
BUYER: Crystal Rink
SOLICITATION NO.: CRFQ VNF1600000003
BID OPENING DATE: December 29, 2015
BID OPENING TIME: 1:30 PM EST
FAX NUMBER: 304-558-3970

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus n/a convenience copies of each to the Purchasing Division at the address shown above. Submission of a response to a request for proposal is not permitted in wvOASIS. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: (This only applies to CRFP)
☐ Technical
☐ Cost

7. BID OPENING: Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when confirmation of delivery is provided by wvOASIS (in the case of electronic submission) or when the bid is time stamped by the official Purchasing Division time clock (in the case of hand delivery).

Bid Opening Date and Time: December 29, 2015 at 1:30 PM EST

Bid Opening Location: Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

8. ADDENDUM ACKNOWLEDGEMENT: Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

9. BID FORMATTING: Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

10. ALTERNATES: Any model, brand, or specification listed in this Solicitation establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.

11. EXCEPTIONS AND CLARIFICATIONS: The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

12. COMMUNICATION LIMITATIONS: In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State of West Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.

13. REGISTRATION: Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the $125 fee, if applicable.

14. UNIT PRICE: Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.

15. PREFERENCE: Vendor Preference may only be granted upon written request and only in accordance with the West Virginia Code § 5A-3-37 and the West Virginia Code of State Rules. A Vendor Preference Certificate form has been attached hereto to allow Vendor to apply for the preference. Vendor's failure to submit the Vendor Preference Certificate form with its bid will result in denial of Vendor Preference. Vendor Preference does not apply to construction projects.

16. SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES: For any solicitations publicly advertised for bid, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to contract award to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.

17. WAIVER OF MINOR IRREGULARITIES: The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.

18. ELECTRONIC FILE ACCESS RESTRICTIONS: Vendor must ensure that its submission in wvOASIS can be accessed by the Purchasing Division staff immediately upon bid opening. The Purchasing Division will consider any file that cannot be immediately opened and/or viewed at the time of the bid opening (such as, encrypted files, password protected files, or incompatible files) to be blank or incomplete as context requires, and are therefore unacceptable. A vendor will not be permitted to unencrypt files, remove password protections, or resubmit documents after bid opening if those documents are required with the bid.

19. NON-RESPONSIBLE: The Purchasing Division Director reserves the right to reject the bid of any vendor as Non-Responsible in accordance with W. Va. Code of State Rules § 148-1-5.3, when the Director determines that the vendor submitting the bid does not have the capability to fully perform, or lacks the integrity and reliability to assure good-faith performance."

20. ACCEPTANCE/REJECTION: The State may accept or reject any bid in whole, or in part in accordance with W. Va. Code of State Rules § 148-1-4.5. and § 148-1-6.4.b."

21. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to

include any “trade secrets” as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

GENERAL TERMS AND CONDITIONS:

1. CONTRACTUAL AGREEMENT: Issuance of a Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.

2. DEFINITIONS: As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.

2.1. "Agency" or **"Agencies"** means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.

2.2. "Bid" or **"Proposal"** means the vendors submitted response to this solicitation.

2.3. "Contract" means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.

2.4. "Director" means the Director of the West Virginia Department of Administration, Purchasing Division.

2.5. "Purchasing Division" means the West Virginia Department of Administration, Purchasing Division.

2.6. "Award Document" means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.

2.7. "Solicitation" means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

2.8. "State" means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.

2.9. "Vendor" or **"Vendors"** means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. CONTRACT TERM; RENEWAL; EXTENSION: The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

☐ **Term Contract**

Initial Contract Term: This Contract becomes effective on _____ and extends for a period of _____year(s).
Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to _____ successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed _____ months in total. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Delivery Order Limitations: In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

☐ **Fixed Period Contract:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within _____ days.

☑ **Fixed Period Contract with Renewals:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within 120 Calendar days.

Upon completion, the vendor agrees that maintenance, monitoring, or warranty services will be provided for one year thereafter with an additional four (4) successive one year renewal periods or multiple renewal periods of less than one year provided that the multiple renewal periods do not exceed forty-eight (48) months in total. Automatic renewal of this Contract is prohibited.

☐ **One Time Purchase:** The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

☐ **Other:** See attached.

4. NOTICE TO PROCEED: Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Award Document will be considered notice to proceed.

5. QUANTITIES: The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

☐ **Open End Contract:** Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

☐ **Service:** The scope of the service to be provided will be more clearly defined in the specifications included herewith.

☑ **Combined Service and Goods:** The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

☐ **One Time Purchase:** This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

6. PRICING: The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

7. EMERGENCY PURCHASES: The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute of breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.

8. REQUIRED DOCUMENTS: All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.

☐ **BID BOND:** All Vendors shall furnish a bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

☐ **PERFORMANCE BOND:** The apparent successful Vendor shall provide a performance bond in the amount of _____. The performance bond must be received by the Purchasing Division prior to Contract award. On construction contracts, the performance bond must be 100% of the Contract value.

☐ **LABOR/MATERIAL PAYMENT BOND:** The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Purchasing Division prior to Contract award.
In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under $100,000. Personal or business checks are not acceptable.

☐ **MAINTENANCE BOND:** The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

☑ **INSURANCE:** The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award and shall list the state as a certificate holder:

☑ **Commercial General Liability Insurance:** In the amount of $1,000,000.00 _____ or more. **- Please see Insurance certificates (General Liability and Workmen's Compensation, attached.**

☐ **Builders Risk Insurance:** In an amount equal to 100% of the amount of the Contract.

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The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

☑ **LICENSE(S) / CERTIFICATIONS / PERMITS:** In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

☑ Business License - Please see PointClickCare business license, attached.

☑ ONC-ATCB Certification **- View PointClickCare certifications at: http:// http://www.pointclickcare.com/about-pointclickcare-software/company-certifications/**

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The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

9. WORKERS' COMPENSATION INSURANCE: The apparent successful Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

10. LITIGATION BOND: The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or $5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.

11. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount of n/a

for n/a.

This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

12. ACCEPTANCE: Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

13. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.

14. PAYMENT: Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears.

15. TAXES: The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

16. CANCELLATION: The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules §§ 148-1-6.1.e.

17. TIME: Time is of the essence with regard to all matters of time and performance in this Contract.

18. APPLICABLE LAW: This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.

19. COMPLIANCE: Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

20. PREVAILING WAGE: Vendor shall be responsible for ensuring compliance with prevailing wage requirements and determining when prevailing wage requirements are applicable.

21. ARBITRATION: Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

22. MODIFICATIONS: This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

23. WAIVER: The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

24. SUBSEQUENT FORMS: The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

25. ASSIGNMENT: Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.

26. WARRANTY: The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

27. STATE EMPLOYEES: State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

28. BANKRUPTCY: In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

29. PRIVACY, SECURITY, AND CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/default.html.

30. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

31. LICENSING: In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

32. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Award Document from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.

33. VENDOR CERTIFICATIONS: By signing its bid or entering into this Contract, Vendor certifies (**1**) that its bid or offer was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (**2**) that its bid or offer is in all respects fair and without collusion or fraud; (**3**) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (**4**) that it has reviewed this Solicitation in its entirety; understands the requirements, terms and conditions, and other information contained herein.

Vendor's signature on its bid or offer also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency. The individual signing this bid or offer on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or offer or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

34. PURCHASING CARD ACCEPTANCE: The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

☑ Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

35. VENDOR RELATIONSHIP: The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

36. INDEMNIFICATION: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

37. PURCHASING AFFIDAVIT: In accordance with West Virginia Code § 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of $1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.

38. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE: This Contract may be utilized by other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). Any extension of this Contract to the aforementioned Other Government Entities must be on the same prices, terms, and conditions as those offered and agreed to in this Contract, provided that such extension is in compliance with the applicable laws, rules, and ordinances of the Other Government Entity. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.

39. CONFLICT OF INTEREST: Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

40. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

☑ Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

☐ Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.

41. BACKGROUND CHECK: In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision. The State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

42. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open heath, basic oxygen, electric furnace, Bessemer or other steel making process. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:
c. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars ($2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
d. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

43. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars ($50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a "substantial labor surplus area", as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Wescom Solutions dba PointClickCare

(Company)

Jeff Wright, Director of Sales Engineers

(Authorized Signature) (Representative Name, Title)

905 858-8885 905-858-2248 Dec. 18, 2015 /June 2, 2016

(Phone Number) (Fax Number) (Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF1600000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

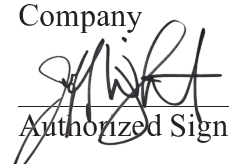
Addendum Numbers Received:
(Check the box next to each addendum received)

[X] Addendum No. 1	[ ] Addendum No. 6
[X] Addendum No. 2	[ ] Addendum No. 7
[X] Addendum No. 3	[ ] Addendum No. 8
[ ] Addendum No. 4	[ ] Addendum No. 9
[ ] Addendum No. 5	[ ] Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Wescom Solutions dba PointClickCare

Company



Authorized Signature

December 18, 2015 /June 2, 2016

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

    a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: http://www.state.wv.us/admin/purchase/vrc/agencyli.html.

    b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).

    c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.

    d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.

    e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.

g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.

h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.

i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.

j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. **Permitted Uses and Disclosures.**

a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.

b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.

c. **Further Uses and Disclosures**. Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. **Obligations of Associate.**

a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.

b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.

c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:

i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;

ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;

iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;

iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.

d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.

e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. **Support of Individual Rights.**

i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.

ii. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.

iii. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:

- the date of disclosure;
- the name of the entity or person who received the PHI, and if known, the address of the entity or person;
- a brief description of the PHI disclosed; and
- a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.

iv. **Request for Restriction**. Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."

v. **Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

g. **Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.

h. **Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.

j. **Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.

k. **Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.

l. **Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or https://apps.wv.gov/ot/ir/Default.aspx.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

m. **Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. **Addendum Administration.**

a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.

b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.

d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.

e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. **General Provisions/Ownership of PHI.**

a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.

b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.

c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.

d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.

e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.

g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.

h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency: WV Veterans Nursing Fac Name of Associate: _____

Signature: Sherri A Reed Signature: _____

Title: Assistant Administrator Title: _____

Date: 9/28/15 Date: _____

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY Of June 20 15
Patrick Morrisey
Attorney General
BY _____

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: _____

Name of Agency: WV Veterans Nursing Facility

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

PHI is any information that could or would be communicated electronically, verbally, or written that contained resident information. This information would include, but not limited to, treatment, medications, diagnosis, and personal information such as birthdates, social security numbers, phone numbers, trust fund balances, family contact information, and monthly assessment costs.

Rev. 04/14

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with ***West Virginia Code***, §5A-3-37. (Does not apply to construction contracts). ***West Virginia Code***, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the ***West Virginia Code***. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. Application is made for 2.5% vendor preference for the reason checked:

____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**

____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**

____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. Application is made for 2.5% vendor preference for the reason checked:

____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. Application is made for 2.5% vendor preference for the reason checked:

____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. Application is made for 5% vendor preference for the reason checked:

____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules.*

____ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Wescom Solutions, Inc. dba PointClickCare **Signed:** _____

Date: December 18, 2015 /June 2, 2016 **Title:** Vice-President, Sales

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

Acct#: 1178140

DATE (MM/DD/YYYY): 09/02/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Lockton Companies, LLC **5847 San Felipe, Suite 320** **Houston, TX 77057**	PHONE (A/C No.Ext): 888-828-8365	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC
INSURER-A: Indemnity Insurance Co. of North America	43575
INSURER-B:	
INSURER-C:	
INSURER-D:	
INSURER-E:	
INSURER-F:	

INSURED
Insperity, Inc. L/C/F
WESCOM SOLUTIONS, CORP
19001 Crescent Springs Drive
Kingwood, TX 77339

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS MADE / OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMP/OP AGG	$
	POLICY / PRO-JECT / LOC						PROFESSIONAL LIABILITY	$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per Person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS MADE						AGGREGATE	$
	DED / RETENTION $							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N			C48190613	10/01/2014	10/01/2015	X WC STATU-TORY LIMITS / OTH-ER	
	OFFICER/MEMBER EXCLUDED? (MANDATORY IN NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE – EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE – POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach Acord 101, Additional remarks Schedule, if more space is required)

CERTIFICATE HOLDER

WESCOM SOLUTIONS, CORP
6975 CREDITVIEW RD UNIT 4
MISSISSAUGA L5N8E9

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

Acct#: 1169949

DATE (MM/DD/YYYY): 09/02/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lockton Companies, LLC
5847 San Felipe, Suite 320
Houston, TX 77057

CONTACT NAME :
PHONE (A/C No.Ext): 888-828-8365
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC
INSURER-A: Indemnity Insurance Co. of North America	43575
INSURER-B:	
INSURER-C:	
INSURER-D:	
INSURER-E:	
INSURER-F:	

INSURED
Insperity, Inc.
19001 Crescent Springs Drive
Kingwood, TX 77339
*SEE BELOW

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMP/OP AGG	$
	POLICY PRO-JECT LOC						PROFESSIONAL LIABILITY	$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per Person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS MADE						AGGREGATE	$
	DED RETENTION $							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N			C48153628	10/01/2014	10/01/2015	X WC STATU-TORY LIMITS / OTH-ER	
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	(MANDATORY IN NH) If yes, describe under						E.L. DISEASE – EA EMPLOYEE	$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach Acord 101, Additional remarks Schedule, if more space is required)
WESCOM SOLUTIONS, CORP (3070500) IS INCLUDED AS A NAMED INSURED THROUGH ENDORSEMENT

CERTIFICATE HOLDER

WESCOM SOLUTIONS, CORP
6975 CREDITVIEW RD UNIT 4
MISSISSAUGA L5N8E9

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

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PointClickCare®

Hardware, Software, and Browser Requirements

These specifications represent the ideal hardware, software, and browser requirements for PointClickCare EHR and eMAR. PointClickCare Point of Care requirements are listed in a separate document.

Recommended Workstation Hardware

- Processor – 2 GHz processor or faster
- RAM – 2 GB for 32-bit Windows® / 4 GB for 64-bit Windows®
- Hard Drive – 100 GB (with at least 20 GB of free space outside of other non-core windows applications)
- Video – Supports 1024x768 screen resolution or higher
- Monitor – 17" Flat Panel
- Mouse – USB Optical Scroll Mouse
- Keyboard – USB Standard
- Operating System – Windows 7 Professional (32 - 64 - bit editions) or higher

The following additional software must be installed on each workstation:

- Meadco Active X Control version 7.2.0.0 or higher – ONLY for Internet Explorer Browsers to support report printing
- Adobe PDF Reader 9 or higher – to support viewing of reports produced in Adobe PDF format

The following additional software must be installed on each workstation:

- WinZip or 7Zip –on workstations used for eMAR and other system backups
- Adobe Flash Player (the latest version) – on workstations that will access EMC dashboards
- Microsoft Excel Reader – on workstations that will view PointClickCare output in Excel format

Supported Browsers

Internet Explorer

- Versions 9, 10, and 11
- PointClickCare recommends applying all Microsoft hotfixes

To ensure that you have the best experience with our application in Internet Explorer we could recommend the following settings in your browser.

Setting Trusted Sites and Configure browsing History

From your browser open Internet Options (Tools>Internet Options)
On the General Tab please make sure that the option "Delete browsing history on exit" is NOT selected.
On the Security Tab Select "Trusted Sites"
Then Select Sites
add the following website https://*.pointclickcare.com
(if you are a Canadian Customer, you ALSO need to add https://*pointclickcare.ca)
Select Close to complete this operation.

Turning Off Pop-up Blockers

On the Internet Options Window,
Go to the Privacy Tab
Uncheck "Turn on Pop-up Blocker"

Saving Encrypted Pages to Disk

On the Internet Options Window
Go to the Advanced Tab
Scroll Down until you find the option "Do not save encrypted pages to disk"
This option should be Unchecked.
Click Ok to save the new settings

Configuring Compatibility View Settings

On the Menu bar (if you can't see the Menu bar, press ALT key on your keyboard)
Go to Tools>Compatibility View Settings
Add *.pointclickcare.com in the textbox and select Add
(if you are a Canadian Customer, you ALSO need to add *.pointclickcare.ca)
Click Close to finish
Your browser is now correctly configured.

Disable SSL 3.0 and enable TLS 1.0, TLS 1.1, and TLS 1.2.

In the Internet Options dialog box, click the Advanced tab.
In the Security cateory, uncheck Use SSL 3.0 and check Use TLS 1.0, Use TLS 1.1, and Use TLS 1.2 (if available).

Google Chrome

- Most recent stable version
- Google Chrome applies updates automatically. PointClickCare makes every effort to test and support the most recent version

Mozilla Firefox

- Most recent stable version
- PointClickCare makes every effort to test and support the most recent version

Apple® Safari

- Most recent stable version
- PointClickCare makes every effort to test and support the most recent version

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Please note the following:

- The above browsers fully support the PointClickCare EHR on both desktop and laptop computers. Additionally, the Point of Care and eMAR modules are designed to function in a mobile environment through the Safari browser on the iPad. While other portions of the PointClickCare EHR may also be accessible on mobile devices, they are currently not optimized for that type of user experience.
- Old Physicians Orders and eMAR legacy screens are only supported in Internet Explorer (with no plans to make them cross browser compatible since those screens are deprecated)
- JavaScript and Cookies must be enabled
- Some third-party Web browser plug-ins and extensions can interfere with the functionality of PointClickCare. If you experience malfunctions or inconsistent behavior, disable all of the Web browser's plug-ins and extensions and try again
- Refer to the documentation for those products for specific information

Internet Bandwidth Requirements and Port Settings

For PointClickCare EHR

- Upload – 1.0 MB/S
- Download – 1.0 MB/S
- Packet loss rate – Less than 1%
- Port - HTTPS - 443

For PointClickCare EHR with eMAR

- Upload – 1.5 MB/S
- Download – 1.5 MB/S
- Packet loss rate – Less than 1%
- Port - HTTPS - 443

For PointClickCare eMarbackup and other file sharing services

We currently support the SFTP protocol on Port 22
US FTP Server Name - ftpus.pointclickcare.com
CDN FTP Server Name - ftpcdn.pointclickcare.com

Please note the following:

- These recommended capabilities are for PointClickCare application traffic only
- For measuring network capability and packet loss we recommend the AppNeta device
- Although we do not officially support Citrix or Terminal Services, PointClickCare has several large customers who are using this architecture

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Printing from PointClickCare

Meadco Script

For optimal report printing results with Internet Explorer, the following Active X is required on your computer. Please use the link below to install the script on any computer within your facility that will be printing from PointClickCare with Internet Explorer. If you do not have administrative rights to Windows you will need to contact your IT professional to have them to do the installation.

You can download the latest Meadco 32-bit installation file from the following link:
http://scriptx.meadroid.com/download/user-upgrade-to-current-version.aspx
Under the Manual Section select Download ScriptX.msi

Adobe PDF Reader

Our newer reports are all provided in PDF format and you will be required to have Adobe PDF Reader 9 or higher installed to be able to view the reports. You can select the appropriate version of Adobe Reader from your computer from http://get.adobe.com/reader/otherversions/ If you do not have administrative rights to Windows you will need to contact your IT professional to have them to do the installation.

Recommended Mobile Device Specifications

Application	Ipad®	Ipad® Mini	Iphone®	Ipod® Touch
MDS App 3.0	2 or newer	1st Gen or newer	N/A	N/A
Point of Care	3 or newer	1st Gen or newer	4 or newer	5th Gen or newer
ChartPic	N/A	N/A	4 or newer	5th Gen or newer
Practitioner Engagement	3 or newer	1st Gen or newer	4 or newer	5th Gen or newer

Mobile Device Software:

iOS 8.x, iOS 7.x

(MDS App 3.0 is compatible with iOS 5 or higher.)

Mobile Device Network Connectivity

PointClickCare recommends approved iOS devices to be connected via the facility WIFI network. The WIFI network should be listed as an approved IP address from which users can access the PointClickCare System. This is a setting that the PointClickCare administrator from your Organization will have access to modify through the Setup Configuration options.

Please note the following:

- PointClickCare recommends a process to regularly check for and update/apply all device drivers or operating system service packs and patches
- The specifications above are for running PointClickCare applications; computers running additional software packages may degrade system performance

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Links to our Applications

US

General Application - https://login.pointclickcare.com/

eMar - https://login.pointclickcare.com/emar/userLogin.xhtml

POC - https://login.pointclickcare.com/poc/userLogin.xhtml

CDN

General Application - https://login.pointclickcare.ca

eMar - https://login.pointclickcare.ca/emar/userLogin.xhtml

POC - https://login.pointclickcare.ca/poc/userLogin.xhtml

Certificates

PointClickCare takes great care to insure your organization's critical health information is secure.

The application is fully certified to prevent individuals outside your organization from accessing this information.

Our Certificate Authority is GeoTrust Global CA.

About PointClickCare

PointClickCare helps healthcare providers meet the challenges of senior care by enabling them to achieve the business results that matter – enriching the lives of their residents, improving financial and operational health, and mitigating risk. Recently recognized as the #1 long-term care software vendor by KLAS Research, PointClickCare's cloud-based software platform takes a person-centered approach to managing senior care, connecting healthcare providers across the senior care continuum with easy to use, regulatory compliant solutions for improved resident outcomes, enhanced financial performance, and staff optimization. Over 10,000 skilled nursing and senior living facilities use PointClickCare today, making it the North American healthcare IT market leader for the senior care industry. For more information on PointClickCare's ONC certified software solutions, please visit **www.pointclickcare.com.**

CERTIFIED EHR TECHNOLOGY
ONC 2014
BY CCHIT
EHR MODULE ELIGIBLE PROVIDER

PointClickCare Version 3.7 is now compliant with the ONC 2014 Edition criteria and was certified as an EHR Module on October 23, 2013 by the Certification Commission for Health Information Technology (CCHIT®).

Scan this QR code for additional information

@pointclickcare /pointclickcare pointclickcareEHR

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Project Implementation

SmartPath Kick-off Playbook

Project Management Office

Version 8.27.15

PointClickCare®

Welcome to the PointClickCare family

- PCC Family - Partner on our team
- Web based system
- Quality check points throughout the implementation

AGENDA

- SmartPath
- Overview of implementation
- Project team & Responsibilities
- Implementation timelines
- Milestones
- Overview of online education system
- Optional services
- Hardware
- Next steps

PointClickCare®

Overall Goals for Implementation

- Understand your current business processes and ensure your system gets set up with your preconfigured database to meet your facility needs

- Provide education and training on how to use PointClickCare (Online group, recorded and one on one coaching sessions)

- Schedule training and milestones effectively to ensure you implement on time

PointClickCare®

Congratulations on Choosing SmartPath!

Welcome to the best and most innovative implementation and training system available for your facility!

- A proven approach leveraging best practices, consistency and a learn as you go model.
- An implementation method that blends a dedicated project manager, pre-configured database, online group and recorded training sessions and individualized coaching sessions.
- SmartPath was specifically designed based on the Adult Training principles allowing you to learn in mini (2 hours or less) training sessions versus traditional all-day trainings.

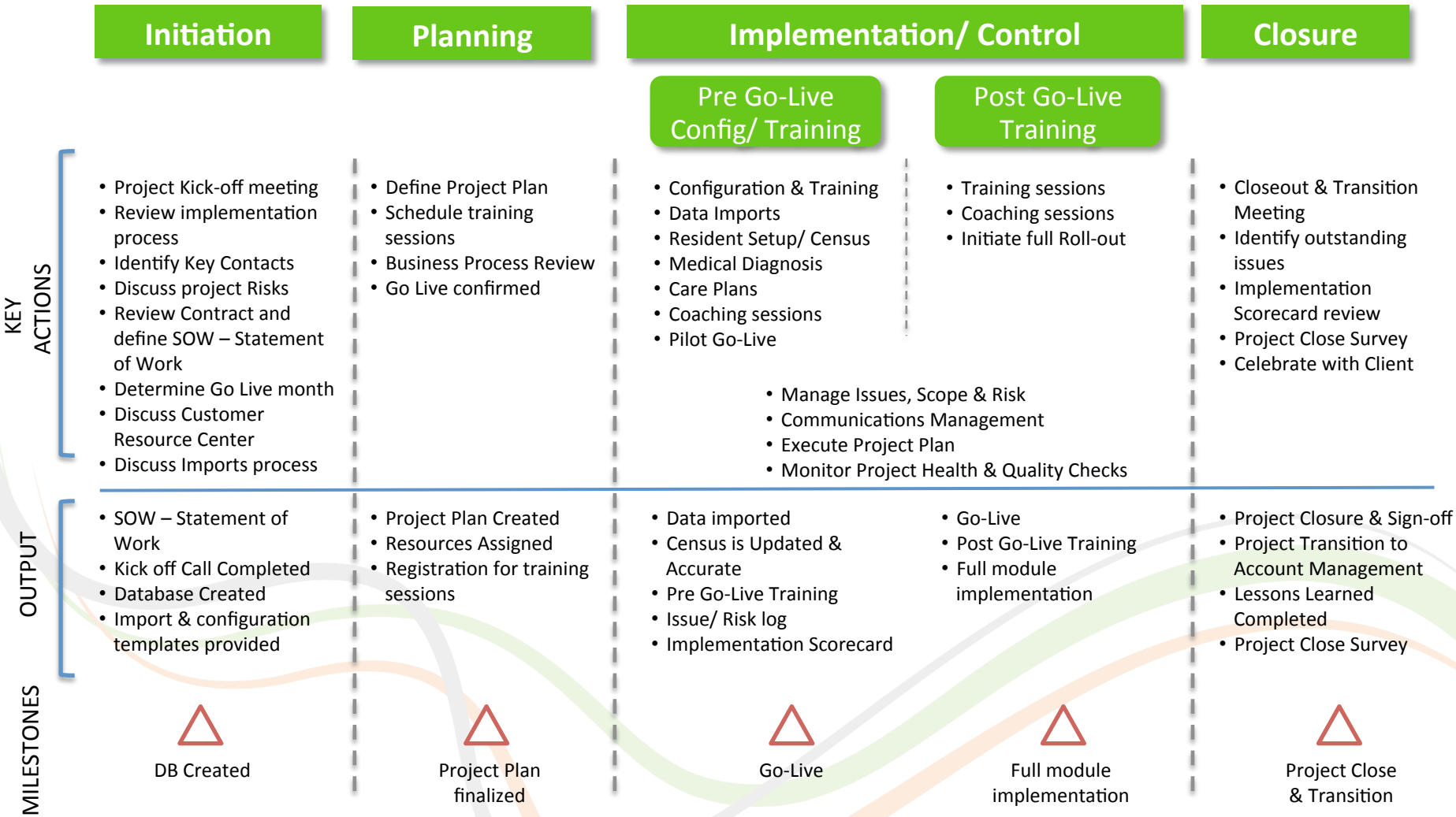
PointClickCare®

Why SmartPath?

The Benefits of the SmartPath Model

- Flexibility – You have unlimited access to our extensive and continuously growing library of our recurring online live trainings as well as our recorded training sessions that you can access anytime/anyplace.
- Personalized - Individual staff have their own logins to the SmartZone learning system making registering for training and attending training quick and easy.
- eCourses – Self-directed online learning that includes a combination of eLearns, recorded training videos and quick reference guides with interactive, role based simulations.
- Group Trainings - Learn from other clients, ask questions and get inspired to use different areas of PointClickCare
- Enroll new hires and contract employees in SmartPath courses for new hire training or take refresher courses as necessary at no additional cost.

Project Management Methodology



PointClickCare®

Project Team

PointClickCare Team	Your Team
Project Manager	Project Lead (Administrator, IT, PM)
Implementers ▪ Financial Coach	Leads ▪ Financial Lead (Business Office Manager)
▪ Clinical Coach	▪ Clinical Lead (DON/ MDS Coordinator)
Group Trainers	Key Users
Account Manager	Executive Sponsor (Administrator)

(Typical lead recommendations)

Additional Team Members as needed

- Data Services (data imports)
- GLAP & IRM Implementer
- Vendor Integration (Therapy, Pharmacy, ADT)

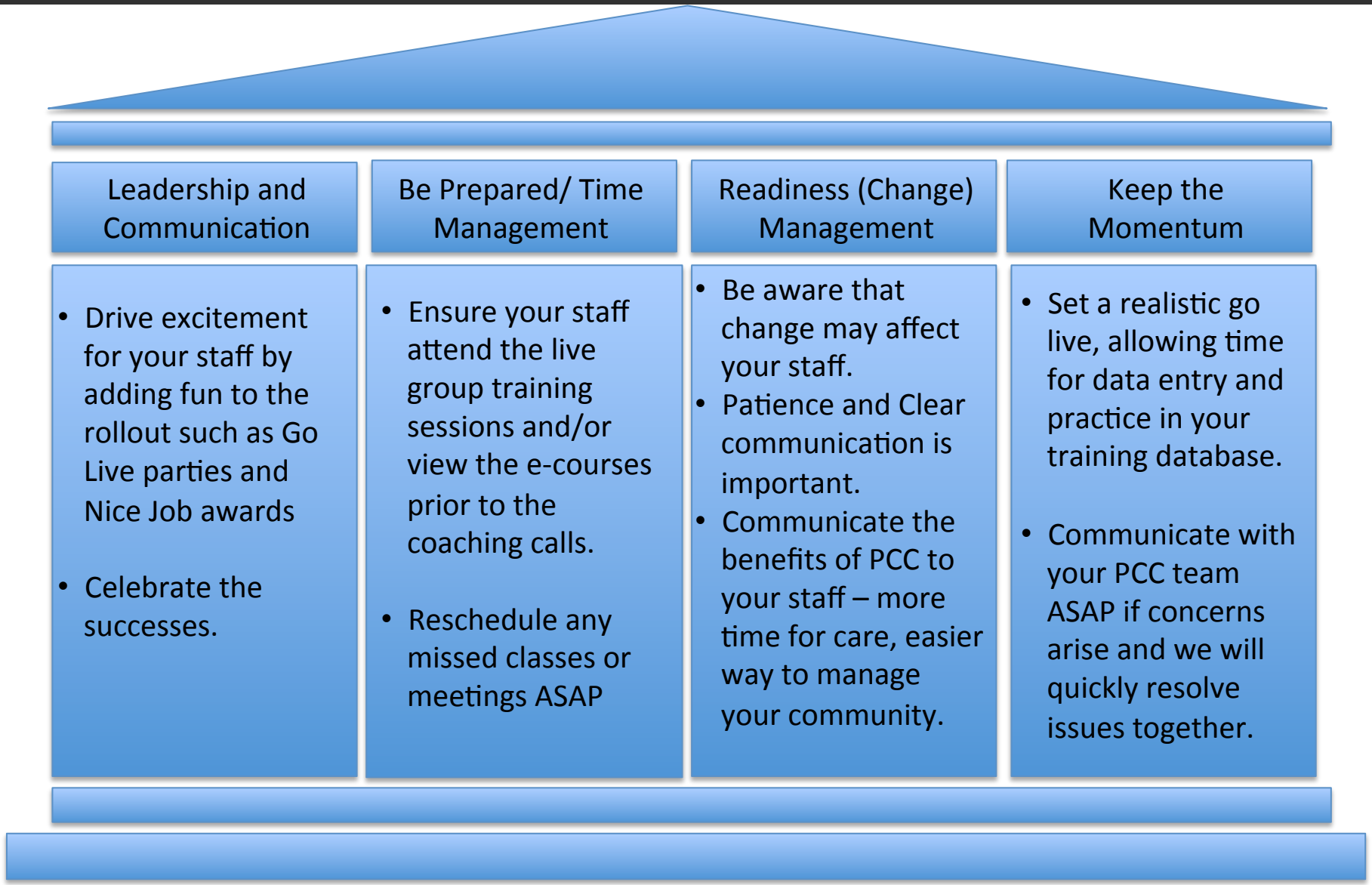
PointClickCare®

Responsibilities

PointClickCare	Client
Confirm schedule	Follow schedule
Manage resources	Assign a dedicated team and ensure staff are available
Manage deliverables and milestones	Gather information and complete facility preparation
Hold status calls and resolve issues	Communicate issues and concerns
Data imports	Gather information and template Hardware and infrastructure in place if applicable
Configuration and training	End user training
Ensure successful implementation	Ensure successful implementation

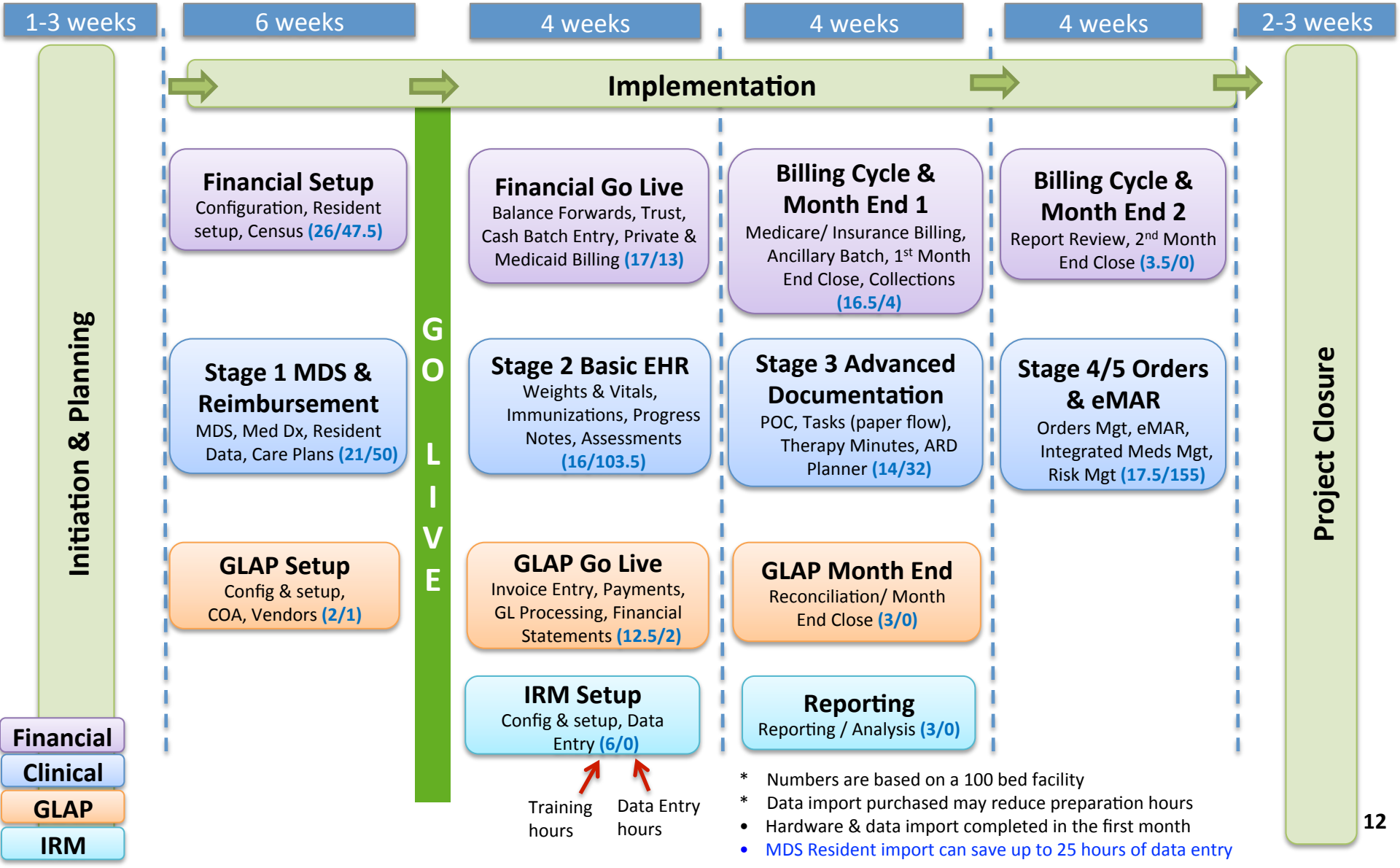
PointClickCare®

Critical Success Factors



Leadership and Communication	Be Prepared/ Time Management	Readiness (Change) Management	Keep the Momentum
• Drive excitement for your staff by adding fun to the rollout such as Go Live parties and Nice Job awards • Celebrate the successes.	• Ensure your staff attend the live group training sessions and/or view the e-courses prior to the coaching calls. • Reschedule any missed classes or meetings ASAP	• Be aware that change may affect your staff. • Patience and Clear communication is important. • Communicate the benefits of PCC to your staff – more time for care, easier way to manage your community.	• Set a realistic go live, allowing time for data entry and practice in your training database. • Communicate with your PCC team ASAP if concerns arise and we will quickly resolve issues together.

Implementation Model – High Level



* Numbers are based on a 100 bed facility

* Data import purchased may reduce preparation hours

- Hardware & data import completed in the first month
- MDS Resident import can save up to 25 hours of data entry

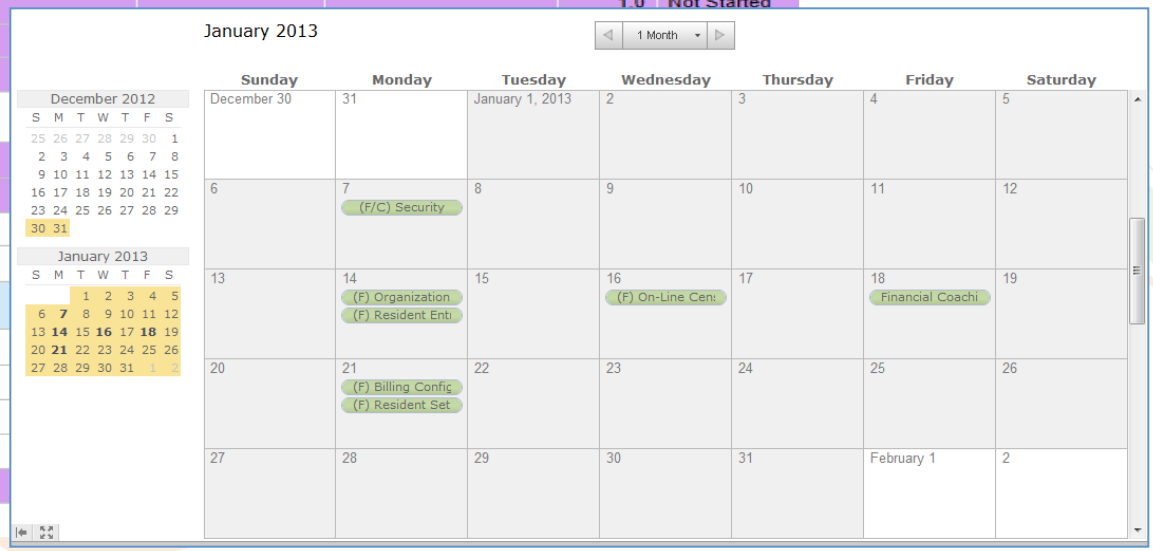
Project Planning – High Level

A Project Plan will be built to suit your needs

PointClickCare uses Smartsheet to track your implementation process

- Calendar View and Task View
- Contains Key Milestones, training dates and coaching calls

Task Name	Course	Scope	Class Date (ET)	Sched Time (ET)	Length (hrs)	Status
PointClickCare Implementation Go Live:					168.3	Not Started
SmartZone Online Training System https://customer-pointclickcare-gre						
Implementation						
Financial Discovery/Configuration					10.0	Not Started
Welcome e-mail sent						
(F/C) Security	AR-SC-01		01/22/15	10:00am	1.5	Not Started
Coaching - Security Review					1.0	Not Started
(C) Business Process Review	AR-SU-01 -02					
(F) Organization Configuration 1/2	AR-SU-01 & AF					
(F) Internal Configuration from Information Package						
(F) Billing Configuration 1	AR-SU-03					
(F) Billing Configuration 2	AR-SU-04					
Clinical Discovery/Configuration						
Welcome e-mail sent						
(C) Business flow review/ Configuration						
Internal Configuration						
Financial Training						
(F) PCC Quick Start	AR-QS-00					
(F) Resident Setup	AR-RS-01					
Coaching - Resident Entry / Census						
(F) On-Line Census Medicare	AR-RS-02					



Pre Go-Live Setup
Timeline: 6 weeks

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	hrs
Financial	**Configuration Meeting with Coach**	Business Process Review (3) Organization (2)	Billing Config #1 (3)		Billing Config #2 (3)			11
	Online Group Training	Quick Start (2) Security (1.5)	Resident Setup (2)		Census (2)		Resident Setup Review (2)	9.5
	Coaching Session	Security Review (1)	Resident Entry (1.5)		Census Review (1.5)		Pre Go-Live Review (1.5)	5.5
	Set Up and Data Entry	User setup (2) Organization setup (2.5)	Resident Entry (25) Rate Templates (2), Payer Rules (3)		Census (8), Billing setup (2)		Resident review - Demographic/ Payers (3)	47.5.5
Clinical	**Configuration Meeting with Coach**	Welcome email	Business Process review/ Configuration (2) Coach configuration (1)		*MDS Import*			2
	Online Group Training	Quick Start (1)		Resident Data (2) Diagnosis & Allergies (2)	Standard Assessments (2)	MDS Data Entry (2) MDS CAA's (2)	Care Plans/ Reviews (2) Diagnosis Sheets (2)	15
	Coaching Session			Resident Data, Med Dx/ Allergy (1)	Standard Assessments (1)	MDS Entry & Pre Go-Live review (2)	Care Plan/ Diag Sheets (2)	6
	Set Up and Data Entry			Resident data review (25), Medical Dx (30), Allergy (15) Data Entry (1)			Care Plans (2) * Data Entry (2) * Service Plans – approx. 1 hour per resident as they come due	75
GLAP	**Sessions**	Config - Discovery (1) Coach Config , COA, Vendors, Imports (4)					Config - Setup Review (1)	2
	Preparation						Review COA and Vendors (1)	1

GO LIVE

Financial GoLive/Basic eHR/GLAP & IRM Timeline: 4 weeks

		Week 7	Week 8	Week 9	Week 10	hrs
Financial	**Online Group Training**	Balance Forward Entry (2) Trust (2)	Cash Batch Entry (1.5)	Private Billing (2)	Medicaid Billing (2)	9.5
	Coaching Session	Balance Forward (1) Trust (1.5)	Cash Batch Entry (1)	Private Billing (1.5)	Medicaid (2.5)	7.5
	Set Up and Data Entry	Balance Forwards (8) Trust (3)	Cash Batch entry(2)			13
Clinical Stage 2	**Online Group Training**	*MDS Submission (2) stage 1* *MDS for RNAC & ARD Planner (2)*	Weights & Vitals (1)	Immunizations(1) Creating User Defined Assessments (2)	Assessment Management (2) Progress Notes (2)	12
	Coaching Session	*MDS Submission (1) stage 1* *MDS for RNAC & ARD Planner (1)*	*MDS GAP import*	Weights & Vitals, Immunizations (1)	Assessments & Progress Notes (1)	4
	Set Up and Data Entry		Weights & Vitals (50) , Data Entry(1.5)	Immunizations, (50) Data Entry(1)	Data Entry(1)	103.5
Clinical Stage 3	**Configuration Meeting with Coach**				POC Configuration (2)	2
GLAP	**Online Group Training**	Training – Invoice Entry (2)	Training – Payments (2) Coaching – Check layout, AP Questions (1.5)	Training – GL Processing & Reports (2) Coaching Reports (1.5)	Training – Financial Statements(2) Coaching – Financial Statements (1.5)	12.5
	Data Entry	Invoice Entry (2)				2
IRM	**Configuration Meeting with Coach**	Discovery call (1)	Coaching– Configuration (1)		Coaching – Data Entry (1)	3
	Online Group Training		Training – IRM Configuration (1)	Training – Inquiry & Referral Entry (2)		3

Billing, Tasks, POC, GLAP Month End & Reporting Timeline: 4 weeks

		Week 11	Week 12	Week 13	Week 14	hrs
Financial	**Online Group Training**	Medicare / Insurance Billing (2) Ancillary Batch Entry (2)	Month End (2)		Collections Setup/ Module (2)	8
	Coaching Session	Ancillary (1.5) Medicare (2.5)	1st month close (2.5)		Collections (2)	8.5
	Data Entry	Ancillary Batch Entry (2)			Collection letter (2)	4
Clinical Stage 3	**Online Group Training**	POC eCourse (2) POC End User (2) or Tasks (2) (for paper)	POC Task Mgt (2) Therapy Minutes (1)	MDS for RNAC & ARD Planner (2)		9
	Coaching Session	*POC Discovery (2)*	POC / Task Review, Pre-Go Live (2)	ARD Planner/ Therapy (1)	**POC Go Live**	5
	Data Entry		Task Mgt (1) Tasks (30) Data Entry (1)			32

Clinical Stage 4	**Configuration Meeting with Coach**				PointClickCare - Orders Mgt configuration (1)	1
	Training				Risk Mgmt (2)	2
GLAP	**Sessions**		Training – Reconciliation / Month End Close (2) Coaching - Reconciliation & Month End(1)			3
IRM	**Sessions**			Training – Marketing and Reports (2)	Coaching – Reporting (1)	3

Second Month End & Billing, Orders & eMar Timeline: 4 weeks

		Week 15	Week 16	Week 17	Week 18	Week 19	hrs
Financial	**Coaching Session**	2nd month close (1.5)	Final Financial transition coaching (2)				3.5
Clinical	**Training**	*Risk Mgmt (2)* Order Entry (2)	Orders Setup (2) Orders Mgt(2)	eMAR End User (2)			10
	Coaching Session	PointClickCare - Orders Mgt configuration (1) Risk Mgmt (0.5)	Orders Coaching (1) eMAR Config (1)	eMAR (0.5)	*DB review before Go-Live (0.5)* Coaching Closeout/ Transition (1)	**eMAR Go Live** Blocked support (2)	7.5
	Data Entry	Pick list (4) Orders Entry (150)		Data Entry(1)			155

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Timeline –Clinical/Project Closure

		Week 20	Week 21	Week 22	Week 23	hrs
Clinical Closure	**Training**			Security Overview (2)		2
	Coaching		Manager Insight Overview (1)	Coaching Closeout/ Transition (1)		2
	Preparation					
Project Management Closure					Scorecard Review/ Transition to account management (1)	1

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Additional Services

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Therapy	Discovery Call (1)		PointClick Care – Integration Configuration (1)					GO LIVE

	Week 1	Week 2	Week 3	Week 4
Eligibility Verification	Can go live before IRM or with IRM, timing would change – VIS to integrate with IRM mod	Welcome Call/Discovery Document (.5) Configuration/payer mapping/basic training (1		Training/Support (2)

	Week 3	Week 4	Week 5
Pro Tracking	Welcome Call/Discovery Document (1)	**PointClickCare – Integration configuration (1)**	Configuration/ Training (2)

	Week 3	Week 4	Week 5
Tray Card	Welcome Call/Discovery Document (1)	Configuration (1.5)	Training (1.5)

	Week 3	Week 4
Secure Conversations	Welcome Call/Discovery Document (.5)	**PointClickCare – Integration configuration (.5)** Training (2)

	Week 17	Week 18
Practitioner Engagement	Welcome Call/Discovery Document (1)	**PointClickCare – Integration configuration (.5)** Training (2)

Key Milestones – Pre Go Live

Milestone	Timing
Implementation Kick off call	1-2 weeks prior to 1st week of implementation
Schedule confirmed	1 week prior to 1st week of implementation

AR Billing Deadlines	Timing
Business Process Review Meeting	Week 1
Chart of accounts / Charge Codes finalized	Week 1
Security Users setup	Week 2
Organization Config complete	Week 2
Residents entered	Week 3
Billing Config completed	Week 4
AA Census lines created	Week 5
OLC Census lines created	Week 6

Clinical Deadlines	Timing
Business Process Review Meeting	Week 2
Initial MDS import (18 months)	Week 4
Diagnoses entered and sheets created	Before month end
MDS Entry training	Week before Go Live

Go Live Achieved	Financial –census changes and billing are managed through PCC Clinical - diagnosis and all MDS are managed through PCC

Balance Forwards file sent to PCC	Week 8	MDS Submission Training	Week after Go Live

Key Milestones – Post Go Live

Milestone	Timing
Balance forwards entered	1-2 weeks after go live
MDS gap import	After last MDS submission from old system
Successful MDS submission from PointClickCare	14 days after Go Live
Private statements created	3-4 weeks after Go Live
Integrations completed, if applicable	Week 6
Successful claims submitted	6 weeks after Go Live
Complete remaining training	As per project plan
Transition to Support and Account Management	30 days after last training class

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Any Questions?

- Based on the proposed schedule – how will you ensure that staff are available to attend the training sessions and that they have time to complete the data entry?
- What can we do to help you?

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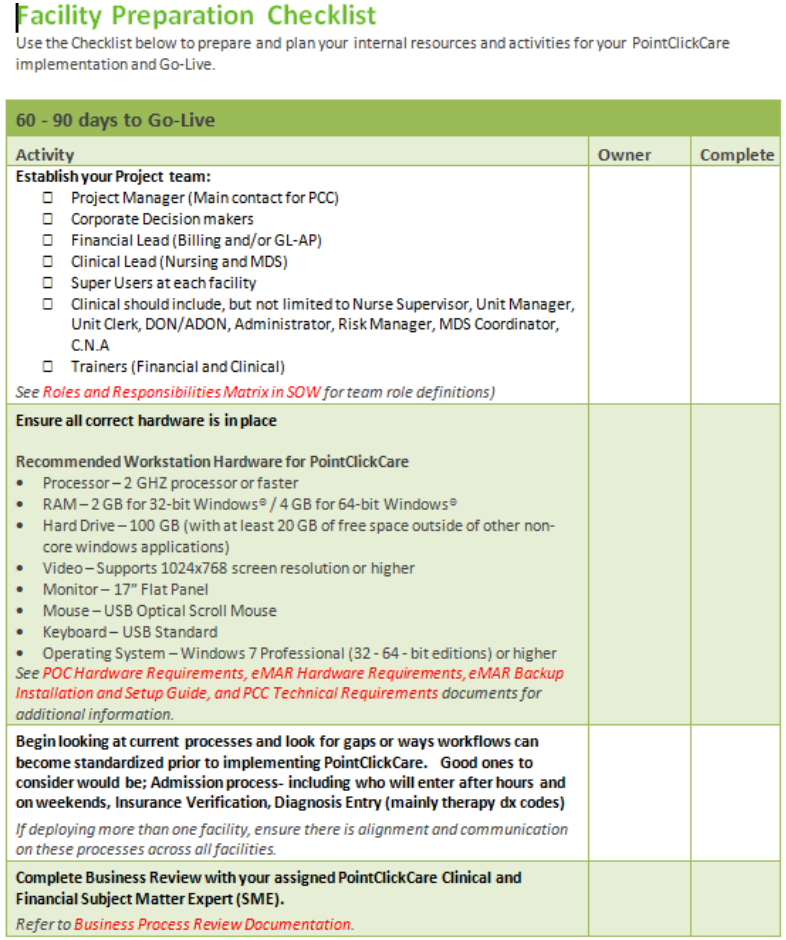
Facility Preparation Checklist

- 30 / 60 / 90 day detailed checklist to help you prepare
- Review with internal staff, and your PointClickCare Project Manager throughout your implementation



Facility Preparation Checklist

Use the Checklist below to prepare and plan your internal resources and activities for your PointClickCare implementation and Go-Live.

60 - 90 days to Go-Live		
Activity	**Owner**	**Complete**
Establish your Project team: ☐ Project Manager (Main contact for PCC) ☐ Corporate Decision makers ☐ Financial Lead (Billing and/or GL-AP) ☐ Clinical Lead (Nursing and MDS) ☐ Super Users at each facility ☐ Clinical should include, but not limited to Nurse Supervisor, Unit Manager, Unit Clerk, DON/ADON, Administrator, Risk Manager, MDS Coordinator, C.N.A ☐ Trainers (Financial and Clinical) *See Roles and Responsibilities Matrix in SOW for team role definitions)*		
Ensure all correct hardware is in place **Recommended Workstation Hardware for PointClickCare** • Processor – 2 GHZ processor or faster • RAM – 2 GB for 32-bit Windows® / 4 GB for 64-bit Windows® • Hard Drive – 100 GB (with at least 20 GB of free space outside of other non-core windows applications) • Video – Supports 1024x768 screen resolution or higher • Monitor – 17" Flat Panel • Mouse – USB Optical Scroll Mouse • Keyboard – USB Standard • Operating System – Windows 7 Professional (32 - 64 - bit editions) or higher *See POC Hardware Requirements, eMAR Hardware Requirements, eMAR Backup Installation and Setup Guide, and PCC Technical Requirements documents for additional information.*		
Begin looking at current processes and look for gaps or ways workflows can become standardized prior to implementing PointClickCare. Good ones to consider would be; Admission process- including who will enter after hours and on weekends, Insurance Verification, Diagnosis Entry (mainly therapy dx codes) *If deploying more than one facility, ensure there is alignment and communication on these processes across all facilities.*		
Complete Business Review with your assigned PointClickCare Clinical and Financial Subject Matter Expert (SME). *Refer to Business Process Review Documentation.*		

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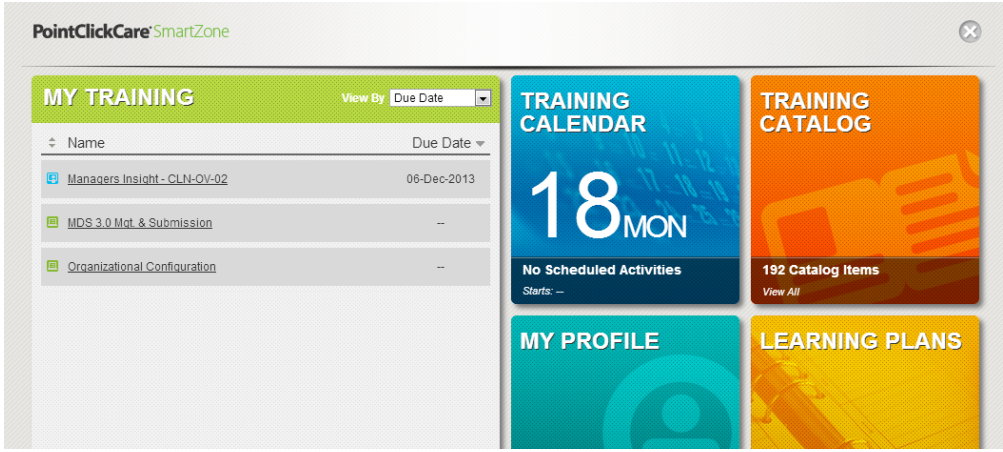
What is SmartZone?

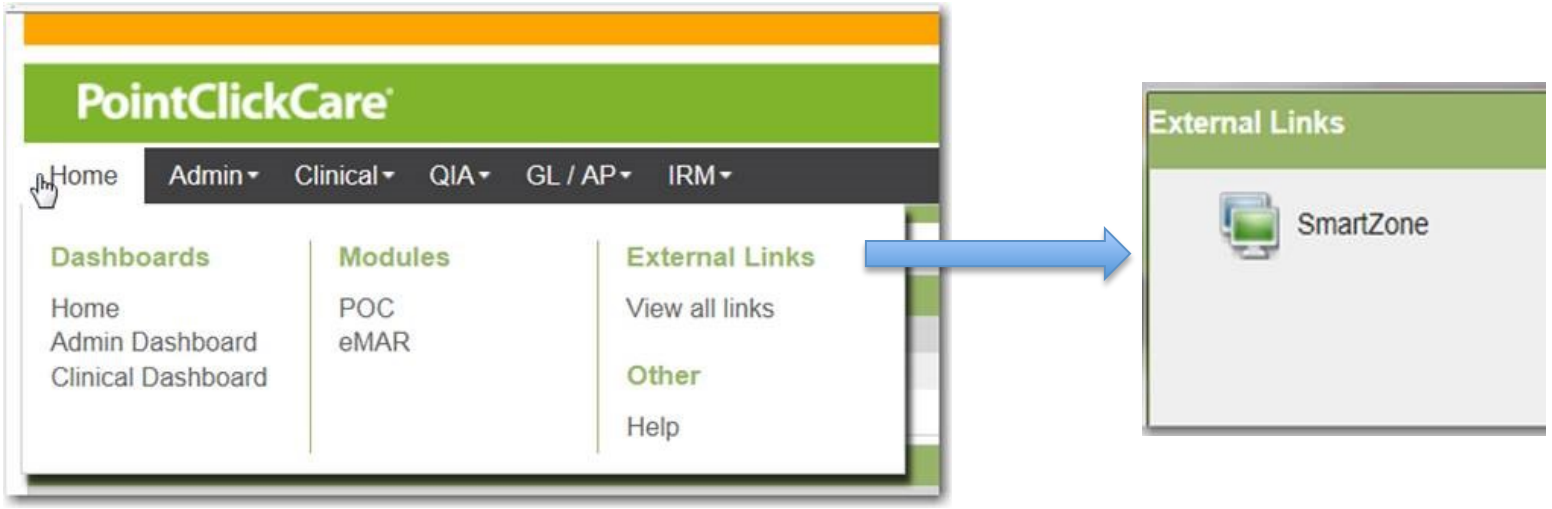
- Online learning system to access education and training
- Syllabus contains an overview of all the classes available (sent in separate email)
- Instructions and tutorials available
- Access live virtual instructor led and recorded training
- Logins and passwords provided for all staff
- Reporting for Supervisors/Managers – check training activity, progress & completion of staff.



How to Access SmartZone

Access to SmartZone is one click away!

To make the login experience easy, a link to the SmartZone login page has been added to your PointClickCare dashboard. The link can be found in the home tab, under external links.



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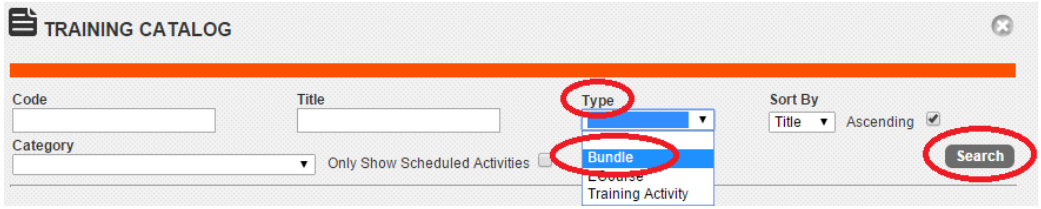
SmartZone:
How to search for and enroll in training

Learners have 3 options available to search and enroll in training:

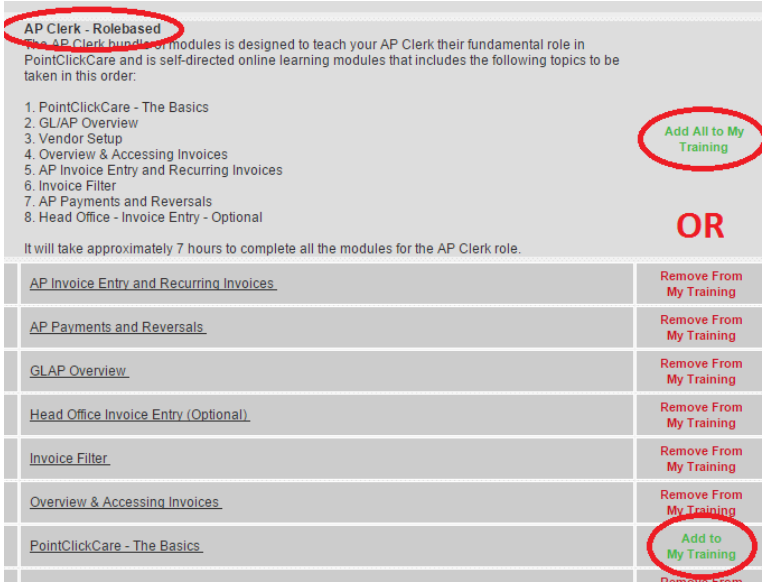
1. Bundles - a group of required eCourses related to key roles at your facility (ie. Nurse, Social Worker, etc.)
2. eCourse – Recorded virtual training sessions
3. Training activity – Live virtual training sessions – search and register for the course, date and time that meets your needs

⊟	**Trust Manager** The Trust Manager eCourse is self-directed online learning modules that includes the following to be taken in this order: 1. PointClickCare - The Basics 2. Trust Setup 3. Trust Profile 4. Trust Portal It will take you approximately 2.5 – 3.5 hours to complete the Trust Manager eCourse	Add All to My Training
↳	PointClickCare - The Basics	Add to My Training
↳	Trust Portal	Add to My Training
↳	Trust Profile	Add to My Training
↳	Trust Setup	Add to My Training
	4 of 4 items	

Smartzone: How to access the bundles



1. Click **Training Catalog** on the homepage of SmartZone.
2. In the **Type** drop down, select **Bundle**. Click Search.
3. Scroll to **role** and click **Show All** or select the **plus sign** to expand the bundle**.**
4. Click **Add All to My Training** to add all the eCourses in the bundle or select **Add to My Training** for individual eCourses in the bundle.
5. **Close** the Training Catalog by clicking Close
6. The eCourses will now be in the **MY TRAINING** list on the homepage of SmartZone.



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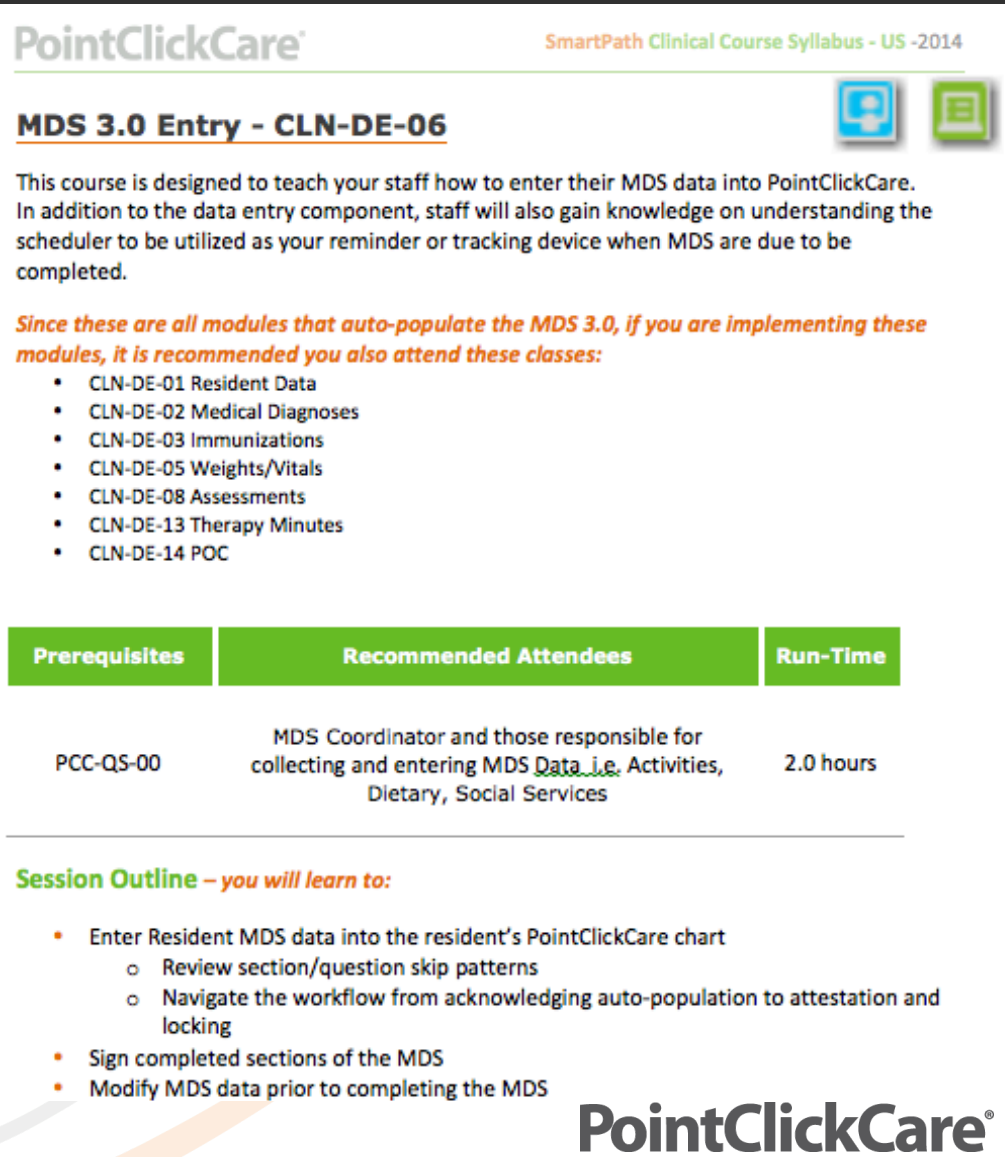
SmartPath Course Syllabus

- The Course Syllabus has all the detailed information about each course that is currently available to you



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SmartPath Clinical Course Syllabus - US -2014

MDS 3.0 Entry - CLN-DE-06

This course is designed to teach your staff how to enter their MDS data into PointClickCare. In addition to the data entry component, staff will also gain knowledge on understanding the scheduler to be utilized as your reminder or tracking device when MDS are due to be completed.

Since these are all modules that auto-populate the MDS 3.0, if you are implementing these modules, it is recommended you also attend these classes:

- CLN-DE-01 Resident Data
- CLN-DE-02 Medical Diagnoses
- CLN-DE-03 Immunizations
- CLN-DE-05 Weights/Vitals
- CLN-DE-08 Assessments
- CLN-DE-13 Therapy Minutes
- CLN-DE-14 POC

Prerequisites	Recommended Attendees	Run-Time
PCC-QS-00	MDS Coordinator and those responsible for collecting and entering MDS Data i.e. Activities, Dietary, Social Services	2.0 hours

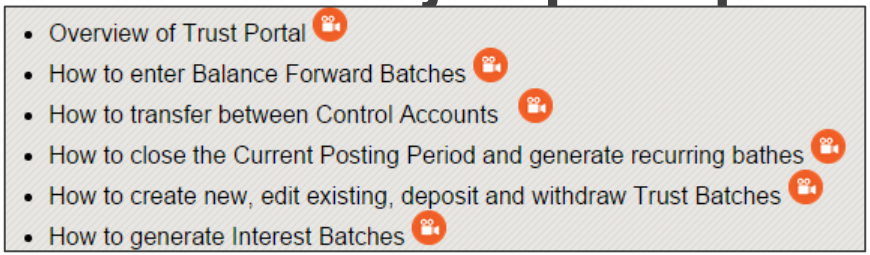
Session Outline – ***you will learn to:***

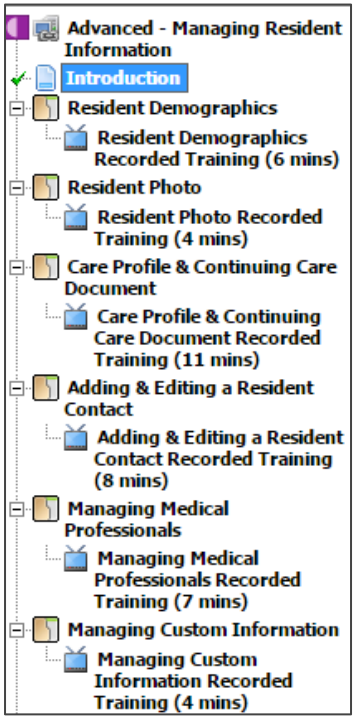
- Enter Resident MDS data into the resident's PointClickCare chart
  - Review section/question skip patterns
  - Navigate the workflow from acknowledging auto-population to attestation and locking
- Sign completed sections of the MDS
- Modify MDS data prior to completing the MDS

PointClickCare

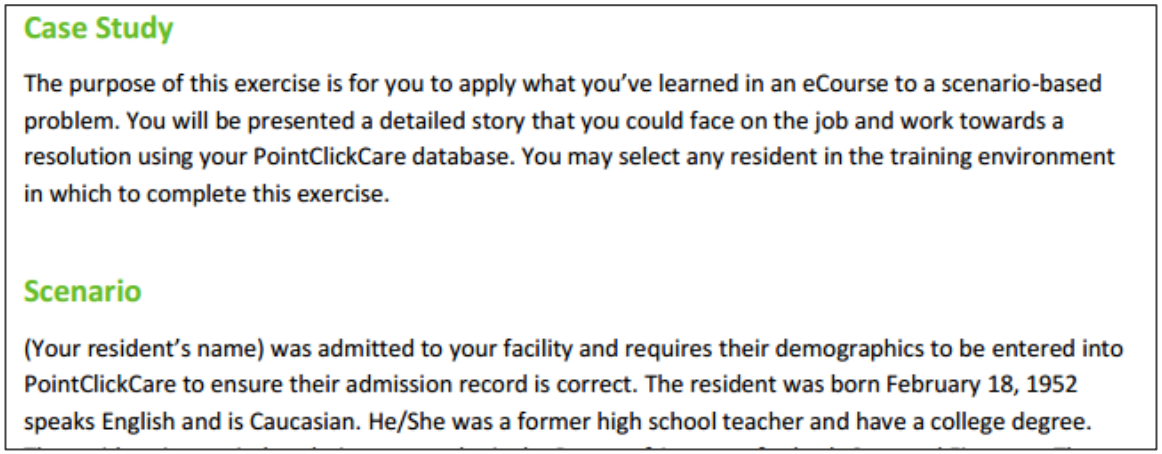
New Features in Role Based eCourses

- **Micro-lessons that jump to specific information**





- **Enhanced Case Studies with real-life scenarios**



Case Study

The purpose of this exercise is for you to apply what you've learned in an eCourse to a scenario-based problem. You will be presented a detailed story that you could face on the job and work towards a resolution using your PointClickCare database. You may select any resident in the training environment in which to complete this exercise.

Scenario

(Your resident's name) was admitted to your facility and requires their demographics to be entered into PointClickCare to ensure their admission record is correct. The resident was born February 18, 1952 speaks English and is Caucasian. He/She was a former high school teacher and have a college degree.

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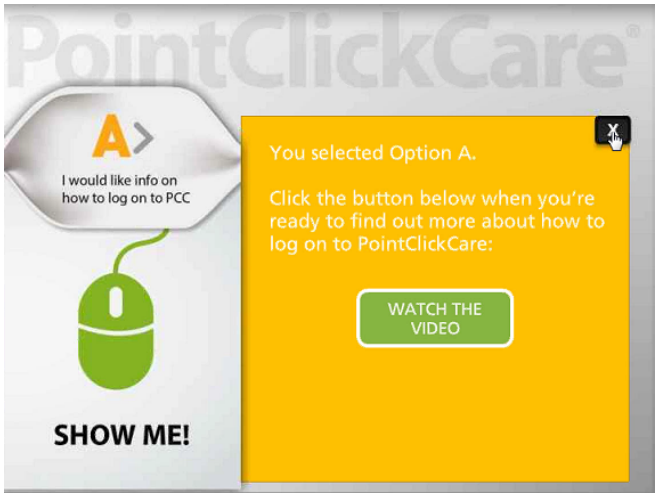
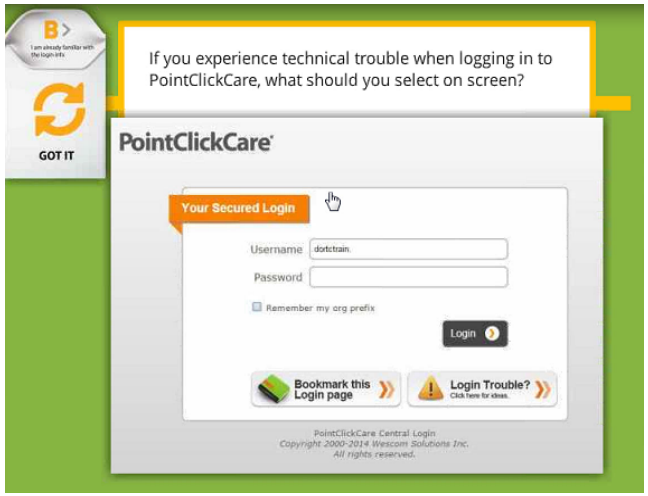
Continued - New Features in Role Based eCourse

- eLearns with show me / try me scenarios





- Tailored to their role and job specific tasks

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EHR Scorecard

- Quality metrics to monitor your implementation progress

Current State			Stage 1					Stage 2							Stage 3		Stage 4			Stage 5
Facility	Fac ID	Home Score	MDS	Diag	Care Plans	AR	GLAP	Immun	W/V	PN	UDA/ SPN	Collect	Trust	IRM	POC	ARD Planner	RM	Phys Orders	eMAR (non)	eMAR (int)
	1	47	4	3	3	3	1	4	4	4	3	3	4	1	1	1	1	4	3	0
	4	38	3	2	2	3	1	1	4	4	3	2	2	1	1	2	1	3	3	0

0	Not Purchased Yet	3	Basic Utilization
1	Not Utilized (Last 60 days)	4	Consistent Utilization
2	Inconsistent Utilization		

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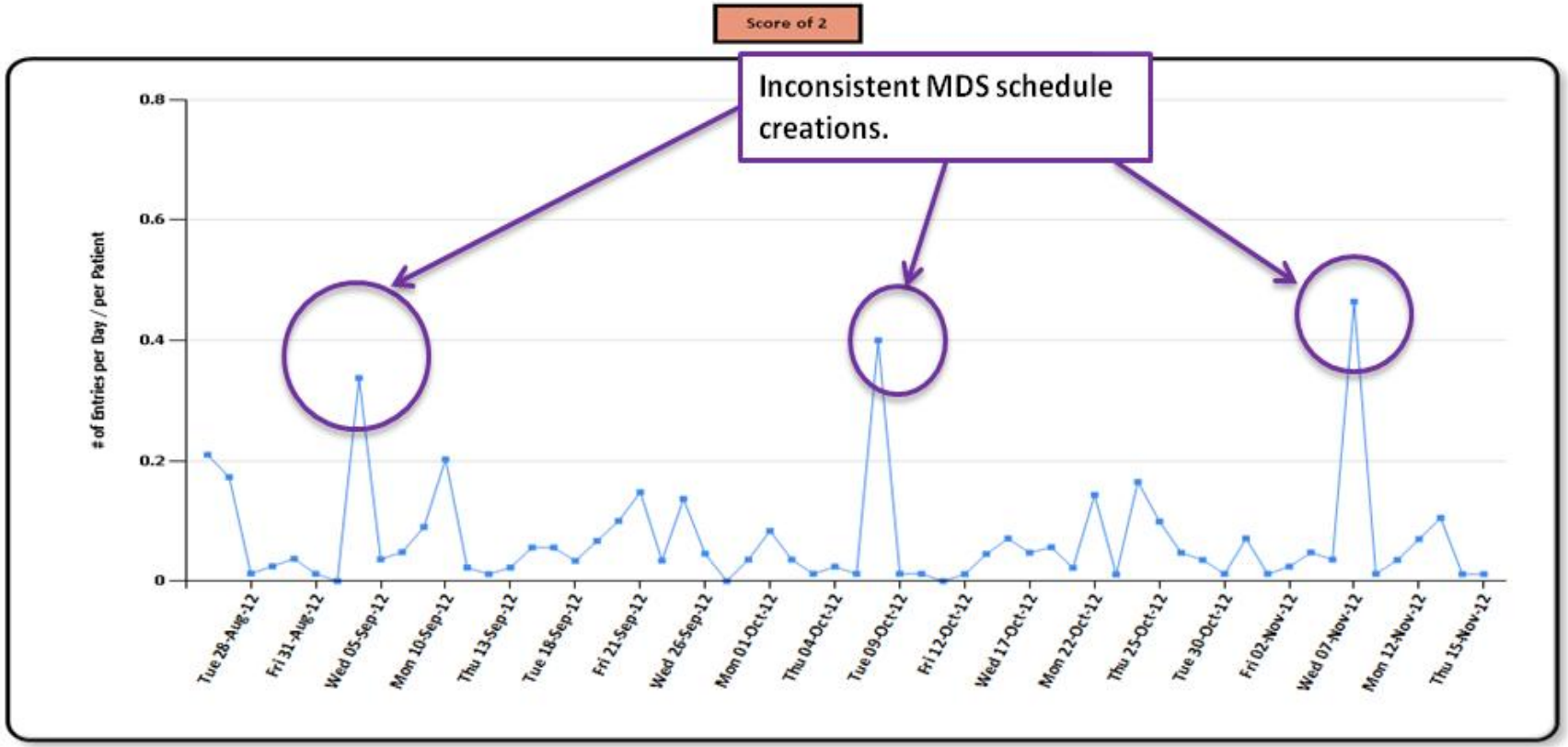
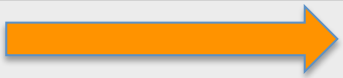
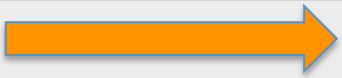
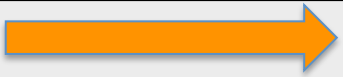
EHR Scorecard Scoring

- System utilization focuses on consistency of usage

Stage 1 : MDS – Score of '2'



Import Packages

Bronze	Silver	Gold	Platinum
Database creation			
MDS Imports - Initial and Gap			
Basic Resident Import from MDS			
MDS Resident Import • Can save each facility up to 25 hours of resident data entry	Additional Data Imports • Choose up to 5	Additional Data Imports • Choose up to 10	Additional Data Imports • Choose up to 20

Available Data Imports

Allergies	A/R Balance Forward	AR Chart of Accounts	Census Information	Census Level of Care	Charge Codes Library
Client Provider Link	Clinical Provider Link	Contacts	Diagnosis Information	External Providers	External Providers Link
Floor/Unit/Room/ Bed Information	Init CCRS (CND only)	Init MDS	IRM External Providers	IRM Professional Contacts	Master Insurance Companies
Medical Professional Client Link	Medical Profs	PAP (CDN only)	Residents	Security User Roles	Security Users
Weights and Vitals					

- PointClickCare provides templates with layout specifications for the facilities to extract their data
- Trainers coordinate the timing of the imports with client and Data Services
- Imports are completed prior to Go Live

Demonstration Resources

PointClickCare has the following demonstration resources available for your staff

Topic	Link
PCC Overview	https://player.vimeo.com/video/122556294
Clinical EHR Overview	https://player.vimeo.com/video/122542765
Admin Overview	https://player.vimeo.com/video/122534994
Marketing Overview	https://player.vimeo.com/video/129062471

Train and educate all stakeholders

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Next Steps …

Step	Tasks
Preparation	Review information package and complete initial preparation
First Contact and Scheduling	Implementers will contact your leads to: ▪ Schedule and complete Business Process Review ▪ Schedule coaching call sessions ▪ Confirm training schedule
Demo for Key Team Leads	Ensure team leads are familiar with PointClickCare
Confirm Webex connection	Confirm all computers will be able to connect to training sessions, ensure you have WebEx installed. ▪ Go to http://www.webex.com/lp/jointest/ ▪ Enter your name and email address to join a sample meeting to test your browser settings. ▪ How to Use WebEx help guide available

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Glossary of Terms

Term	Definition
Business Process Review (BPR)	First key meeting with your coach. A detailed document is then followed to gain valuable information for configuration. It also allows your coach to incorporate PointClickCare processes into the facility's workflow.
Case Studies	Document supplied for each module that is followed to practice what has been learned in classes. The educational database is used. This document can also be referred to when working in the live database.
Coaches	Subject Matter Experts who guide you through the implementation. Their sessions are one on one and they reinforce what you learned from the group trainers and apply what you learned to populate areas in the application.
Ecourses	Recorded classes found in the SmartZone
Educational Database	Area (temporary database) where you enter a fictitious resident and practice what you learned in classes using the case studies provided.
Go Live	Refers to the time when you use PointClickCare to manage census and enter MDS at the very least. Go Live can also refer to the time you start using any module.
Imports	Files that are populated and uploaded into PointClickCare. Eg, Residents, Contacts, Census, Balance Forwards and MDS files are the most common.
Integrations	Allow information to move between PointClickCare to other applications. Common integrations include Therapy (Rehab Optima/Casamba), Dietary and 3rd Party MDS Verification.
Kick-off Call	Formal kick-off meeting of the implementation to review playbook, SmartZone and SmartSheet and to set-up the business process review. Recommend that all key staff attend.
Org Code	The code before your name in your user login in the PointClickCare application and SmartZone.
Syllabus	The outline and summary of the topics to be covered in the SmartPath training courses.

Glossary of Terms

Term	Definition
Playbook	A guide to your PointClickCare implementation that contains all the steps and references to help ensure a successful deployment of the system
Role-Based Education	eCourse based training scheduled weekly by role allowing for flexible training at your own schedule and pace
SmartPath	Training approach using a preconfigured setup, a standard schedule, group trainings and recordings and a one on one coach to guide your implementation and use of PointClickCare.
SmartSheet	Interactive Implementation schedule and project plan
SmartZone Upload Form	A form that is filled out by the project lead prior to the kick-off call. This allows staff to access the Smartzone.
Tracks	The recommended set of classes that are preset for trainees to follow. Recurrent training classes and ecourses allow further flexibility.
Trainers	PointClickCare staff who teach you how to use modules within the application. They lead live group classes (training Activities) and also present on the recordings (eCourses).
Training Activities	Recurrent live classes found in the SmartZone
Welcome Call	Transition meeting from sales to implementation to review the contract, complete the readiness assessment, review the SmartZone import form and schedule the kick-off call.

RFQ No. CRFQ VNF16000

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Wescom Solutions, Inc. dba PointClickCare

Authorized Signature: _____ Date: December 18, 2015 /June 2, 2016

State of Province of Ontario

County of Mississauga, to-wit:

Taken, subscribed, and sworn to before me this 18 day of December, 2015.

My Commission expires Dec 31, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC _____

PointClickCare

Help Desk Support Service Level Agreement

This Service Level Agreement serves as a set of guidelines to better understand PointClickCare's Help Desk support services. Service priorities are defined below. Priorities that cannot be immediately determined by our Help Desk representative are escalated in accordance with Wescom's staff escalation process. The "Initial Response Time" is the time in which the customer reporting the service request is provided with an initial diagnosis of the request and provided with a "Service Request" number (SR#) to track the request. The" Target Resolution Time" is the expected timeframe that the Service Request will be resolved. Help Desk support is available 24 hours a day, 7 days a week, 365 days a year.

Priority Level	Problem Description	Initial Response Time	Target Resolution Time	Commitment
Urgent (Critical)	A condition that is halting production without an economically feasible alternate method to run PointClickCare or prevents users from accessing or using a critical function of PointClickCare. *Examples:* *- Users cannot login to the application (does not include Users forgetting or losing their password).* *- Data is corrupted in the PointClickCare database.*	1 hour, 24 x 7 x 365	1-2 business days	The problem will be worked on 24 x 7 x 365 until fixed or a reasonable workaround is applied.
High (Serious)	A condition that is deterring user from meeting production processes/schedules, is seriously impacting the use of PointClickCare, is making production materially more difficult or costly for user, or results in material corruption of any of user's Data. *Examples:* *- Charge generation process does not run.* *- MDS submission process does not run.* *- Interfaces to ERP, census, etc. do not run*.	1 hour during primary support hours	Mutually agreed to time	The problem will be worked on during primary support hours until fixed or a reasonable workaround is applied.
Medium (Important)	A condition other than those described above in which PointClickCare is performing in an unpredictable manner or is producing incorrect results but is not materially impacting production or business processes/schedules. *Examples:* *- Quick ADT does not clear bed when a resident is discharged.*	1 hour during primary support hours	Mutually agreed to time	PCC will work with customer to mutually prioritize and schedule resolutions into regular release cycles.
Low (Inconvenient)	A condition other than those described above in which inconsistencies, irregularities and/or limitations in PointClickCare or an Application that cause inconvenience to user.	1 hour during primary support hours	Mutually agreed to time	PCC will work with customer to mutually prioritize and schedule resolutions into regular release cycles.

Please note:

1. PointClickCare does not reset passwords for users. You will need to contact your immediate supervisor.
2. PointClickCare only supports users who have been trained on the application. If you have not yet been trained, please contact your Internal/Corporate training resources.
3. If you are currently in the implementation process, please contact your trainer.
4. When entering the description on the support form, examples and steps to recreate the issue are extremely important to help resolve issues more quickly. All valuable information is appreciated.
5. It is extremely important to get the urgency of your case set correctly. PointClickCare reserves the right to reprioritize any SR# without notice.

Ontario

Master Business Licence

Date Issued: 2015-10-06
(yyyy-mm-dd)

Business Number:

Business Name and Mailing Address:
POINTCLICKCARE
6975 CREDITVIEW ROAD UNIT 4
MISSISSAUGA, ON CA L5N 8E9

Business Address: SAME AS ABOVE

Telephone: **Ext:** **Fax:**

Email:

Legal Name(s): WESCOM SOLUTIONS INC.

Type of Legal Entity: CORPORATION

Business Activity: SOFTWARE SOLUTIONS FOR SENIOR CARE

Business Information	Number	Effective Date (yyyy-mm-dd)	Expiry Date (yyyy-mm-dd)
BUSINESS NAME REGISTRATION	131124067	2003-10-09	2018-10-06
INCORPORATED (ONTARIO)	1942457	2015-10-01	

To the Client: Clients should do a corporation search to ensure that the information pertaining to corporations contained on this Master Business Licence is correct and up to date.

To the Client: When the Master Business Licence is presented to any Ontario business program, you are not required to repeat information contained on this licence. Each Ontario business program is required to accept this licence when presented as part of its registration process.
If you have any questions about this Master Business Licence call the ServiceOntario Contact Centre at 1-800-565-1921 or 1-416-314-9151 or TTY 1-416-326-8566.
For more information, or to access other business-related services, call the Business Info Line, a collaboration between ServiceOntario and Industry Canada, at 1-888-745-8888 or 1-416-212-8888 or TTY 800-268-7095.
A business name registration is effective for 5 years from the date that it is accepted for registration. It is the registrant's responsibility to renew the business name prior to the expiry date and to pay the required fee.

To the Ontario business program: A client is not required to repeat any information contained in this licence in any other form used in your registration process.

List of Available Reports

Activity reports

Referral and admissions activity by facility

Referral and admission activity by current location/Hospital

ADT Profiles

Action summary

Bed certifications

Kardex

Daily census

Weekly census

Detailed monthly census

Detailed yearly census

Census vs budget

Length of stay

Length of stay by discharge reason

Level of care

Age summary and average age

Admit/Discharge to/from summary report

Admission record

Transfer/discharge record

Resident list

Birthday list

Language list

Resident external facilities setup

Religion list

Customer resident labels

Resident contacts

Resident contacts mailing labels

Medical professionals

Medical professionals mailing labels

Medical professionals' resident listing

Staff list

Staff detail

User defined information

Facility common codes

Online document storage report

Inquiry admission

Assessments

Assessment history

Resident response analyzer

Resident response list

Resident response comparison

Custom assessments

Assessments schedule cancellations

Assessment scoring

MMQ summary

Assessments notifications

Assessments warning report

Case-mix detail

Assessment/Rates reconciliation

Kardex report

MDS Clinical summary

MDS QM/QI reports

MDS RAPS summary

RUGS summary

Look-back report

Target ARD list report

List of Available Reports

Behavior and side effects

Behavior flow sheet

Side effect flow sheet

Billing

Bill groups

Billing messages

Resident bill setup

Diagnosis sheets

Resident census history

Resident insurance setup

Resident rates

Assessment/Rates reconciliation

Resident rent roll

Resident rent

MDS billing calendar

Benefit days remaining

Bed hold/LOA days remaining report

Payer setup information

Recurring transactions

Eligibility transaction history

G/L account number history

Transaction analysis

Care Plans

Care plan focus summary

Care plans

Task list report

Care plan item/task listing

Care plan library

Task library report

Kardex

Care plan reviews

Intervention schedule

Flow sheets

Service schedule report

Collections

Collection activity

Enterprise Console Reports

Admission from ECC account hospitals

Financial

Balance sheet

Balance sheet – detailed

Income statement

Monthly operating statement

Transaction history

Unbilled Transactions

Summary transaction report

Payer billing log

Medicare A billing log

Medicare B billing log

Print statements

Revenue reconciliation

UB bills

1500 claims

Therapy caps report

A/R aging

A/R goal report

A/R reconciliation

List of Available Reports

Cash variance report

Cash receipts journal

Journal entries

Revenue journal

Rate type summary

Rate type detail

Reimbursement reduction

Charge/adjustment codes

Payer rules and rate schedules

Payers

Payer information report

Managed fee schedule report

Bank activity report

Transaction history

Trust statements

1099 INT report

General Clinical Reports

General print chart

Diagnosis report

Diagnosis sheets

MD/Nursing communications

Alert listing report

Physician visits

Online documentation storage reports

Allergy report

Allergy/Reaction library

Immunization report

Progress notes

Shift report

24-hour summary

Missing entries report

Therapy minutes report

General notes

GL/AP

A/P trial balance

A/P account history

A/P G/L transactions

Check register

Expiring discounts

Invoice search

Vendor transactions

Vendor purchases

Vendor list

Vendor labels

Vendor ledger

G/L Reports

G/L transactions

G/L account history

Orders

Administration record

Diet type record

Drug record book

Formulary item listing report

Lab and diagnostic report

Legacy orders with report options report

Location of administration

Medication administration audit report

List of Available Reports

Medication review report

Order listing report

Drug information sheet

Order recap report

Order summary report

Pharmacy admission

Pharmacy discharge

Pharmacy requisition

Printed prescription

PRN sheets

Signature list

Telephone/Verbal order form

Other reports

Referral non-admit

Admission stats

How did you hear

Monthly how did you hear

Customer flow analysis

Point of Care

Alert listing report

Assignment bed list report

Audit report

Behavior report

Complex alert documentation report

Follow up question report

Look-back report

Nutrition report

Priority report

Response rate report

Signature list

Triger summary report

ADL index report

ADL signature change analysis report

Documentation/server report

POC documentation compliance report

RUG analysis report

Service time utilization

Actual vs planned service time utilization by resident

Actual vs planned service time utilization by shift

Actual vs planned service time utilization by task for a resident

Planned service time utilization

Planned service time utilization by task and shift

Trust

Current account balances

Min/max balances

Trust messages

Recurring transactions

Audit report

Weights and Vitals

Weights and vitals exceptions

Weights and vitals summary

Weight calculations range report

Current weights and vitals

Weight summary report

List of Available Reports

Monthly weight report

1099 reports

1099 Vendor purchases review report

1099 Miscellaneous review report

PointClickCare is the leading provider of cloud-based software solutions for the long-term and post-acute care (LTPAC) industry.

Our customers – including over 10,000 skilled nursing, senior living, and continuing care retirement communities – rely on PointClickCare to enable them to deliver the highest quality of care, optimize financial performance, and simplify their regulatory burden.

www.PointClickCare.com

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PointClickCare

Big or small. Independently owned or part of a national enterprise, PointClickCare has spent over a decade working alongside the industry's leading LTPAC providers to build its award-winning electronic health record (EHR) Platform.

Addressing the global challenge of senior care.

The senior care industry is in a period of transition. Global trends in senior care are drawing attention to the challenges facing providers, their network of supporting organizations, governments and even families.

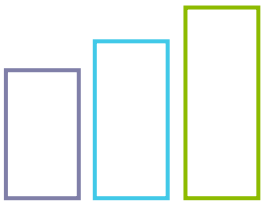
Just as the numbers of the aging population are on the rise, so are the associated costs for providing senior care.

Changes to reimbursement models and payment landscapes are adding more pressure. Knowing not just the business of care, but the value of care being delivered, and how to demonstrate it, is pivotal for providers. Additionally, as acuity levels rise among seniors in formal care settings, providers need to better manage transitions across the care continuum.

Technology that enables healthcare providers to more easily manage and coordinate care, throughout the lifecycle of a resident and regardless of care setting, represents a key to solving these challenges.

Technology that enables healthcare providers to more easily manage and coordinate care.

Built for senior care professionals by senior care professionals.



Increase in Aging Populations and Life Expectancy

Rising Healthcare Expenditures

Elevating Acuity Levels Across Senior Care Settings

How PointClickCare Can Help.

Empower person-centered care.

Built by design to map to the shifting trends in senior care, our person-centered platform provides a holistic view to all involved in the care of the resident. Direct connections enable you to share information across care settings and access the most current resident data that is searchable and accurate, ensuring that the intelligence of the health record flows with the resident – with all care partners having access to the right information when they need it, anytime and anyplace. It's your work done smarter, faster, with better oversight.

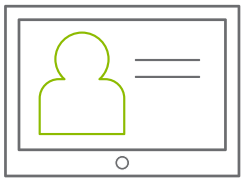
A focus on both quality and financial performance.

Quality of care shouldn't be realized at the expense of profitability, and an attractive bottom line cannot sustain itself without focused attention on resident outcomes. PointClickCare is designed to unite the care delivery and business operations of your organization in order to optimize both. Ensuring care services are accurately documented and automatically connected to billing; maximizing reimbursement through best practices and intuitive workflows; optimizing resident safety and outcomes to mitigate risk; accessing and analyzing quality reports to market your business performance to industry stakeholders (ie. hospital referral partners, physician groups or ACOs) -- it's all built in to the PointClickCare platform. Because we understand that you can't have healthy seniors without a healthy business.

Future–proof your technology investment.

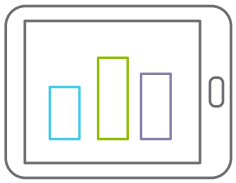
In today's healthcare environment, Health Information Technology (HIT) is no longer a luxury but a necessity. Decisions you make today can impact you for years to come. With PointClickCare's integrated one platform model, you are assured that your investment today comes with the flexibility to grow your system in the future, as you need it, at your own pace. Whether it's new regulatory requirements, breakthrough mobile device options, or other 3rd party solutions that you want to leverage, there's comfort knowing that the PointClickCare platform gives you an adaptable, modern infrastructure that will fully support your business as you evolve, not hold you back.

10,000 Senior Care Providers



Serving 750,000 residents each day

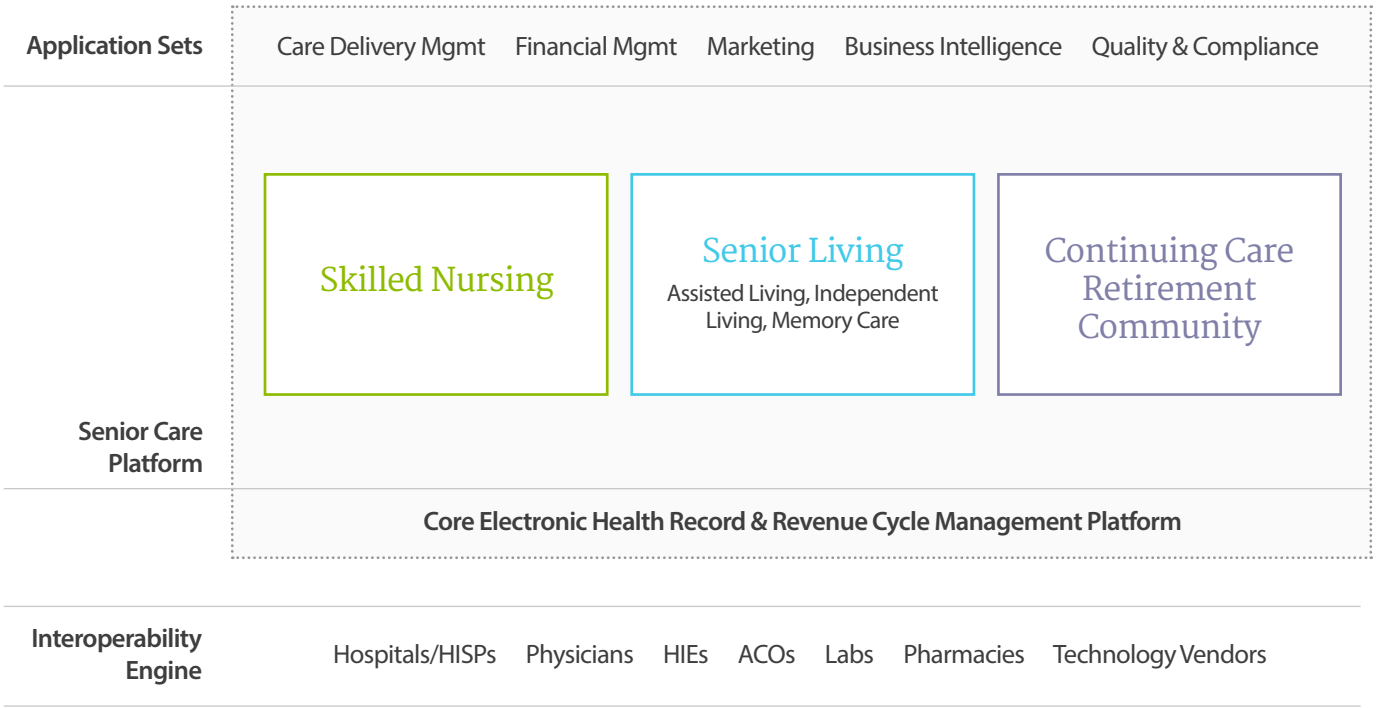
99% Customer Retention Rate



Over 1.1 million hours in dedicated R&D

Deliver care, manage your business, from one platform.

At its core is a robust electronic health record (EHR) and revenue cycle management (RCM) platform that enables senior care providers to manage the complete lifecycle of resident care – from pre-admission to discharge. Our integrated approach to connecting care services, billing, and administrative processes across a single, cloud-based platform gives you real-time visibility into your entire operations, empowering you to intervene promptly, improve billing accuracy, and enhance your decision-making capabilities.



Depending on the unique needs of your organization, PointClickCare offers a variety of application packages and services– all fully integrated and running from the same software platform.

There's no additional system learning curve for your staff when you implement new capabilities down the road. The capabilities available with the PointClickCare platform include:

Care Delivery Management

PointClickCare enables the entire multi-disciplinary care team to work collaboratively by streamlining clinical workflow and documentation while accelerating and improving the care delivery decision-making process, reducing workload and maximizing the amount of time your team spend with residents. PointClickCare's adaptable design gives your staff ultimate flexibility in terms of how and where they want to work. From -- workstations and kiosks or smartphones and tablets -- your team becomes empowered to deliver a consistent practice of connected, collaborative care.

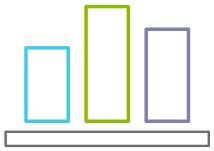
Financial Management

In today's economic climate, every dollar counts. Senior care providers cannot afford to miss out on opportunities to improve revenue and cash flow due to inaccurate documentation or inefficient billing processes. With full integration of clinical and billing components, PointClickCare enables business office teams to easily manage census, accounts receivable, accounts payable, claims, collections and trust account activities, regardless of the size of your organization.

Marketing

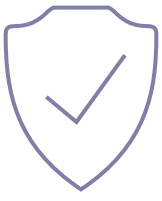
The referral and evaluation process is critical to maintaining a healthy census and working to maintain the ideal case mix. PointClickCare improves and expedites this cycle by enabling staff to manage prospective resident leads more effectively, maximize your occupancy rates, validate insurance eligibility in real-time, and more closely manage relationships with family members and referral partners.

Business Intelligence and Analytics



Data has become the new currency in today's quality focused healthcare environment. PointClickCare not only gives you full visibility into your business operations to easily identify trends and find opportunities for improvement, but our standard and custom reports give you the power of information at your fingertips to demonstrate your outcomes to critical stakeholders, such as referral partners, hospitals, ACOs, and families, who have a keen interest in your performance.

Quality & Compliance

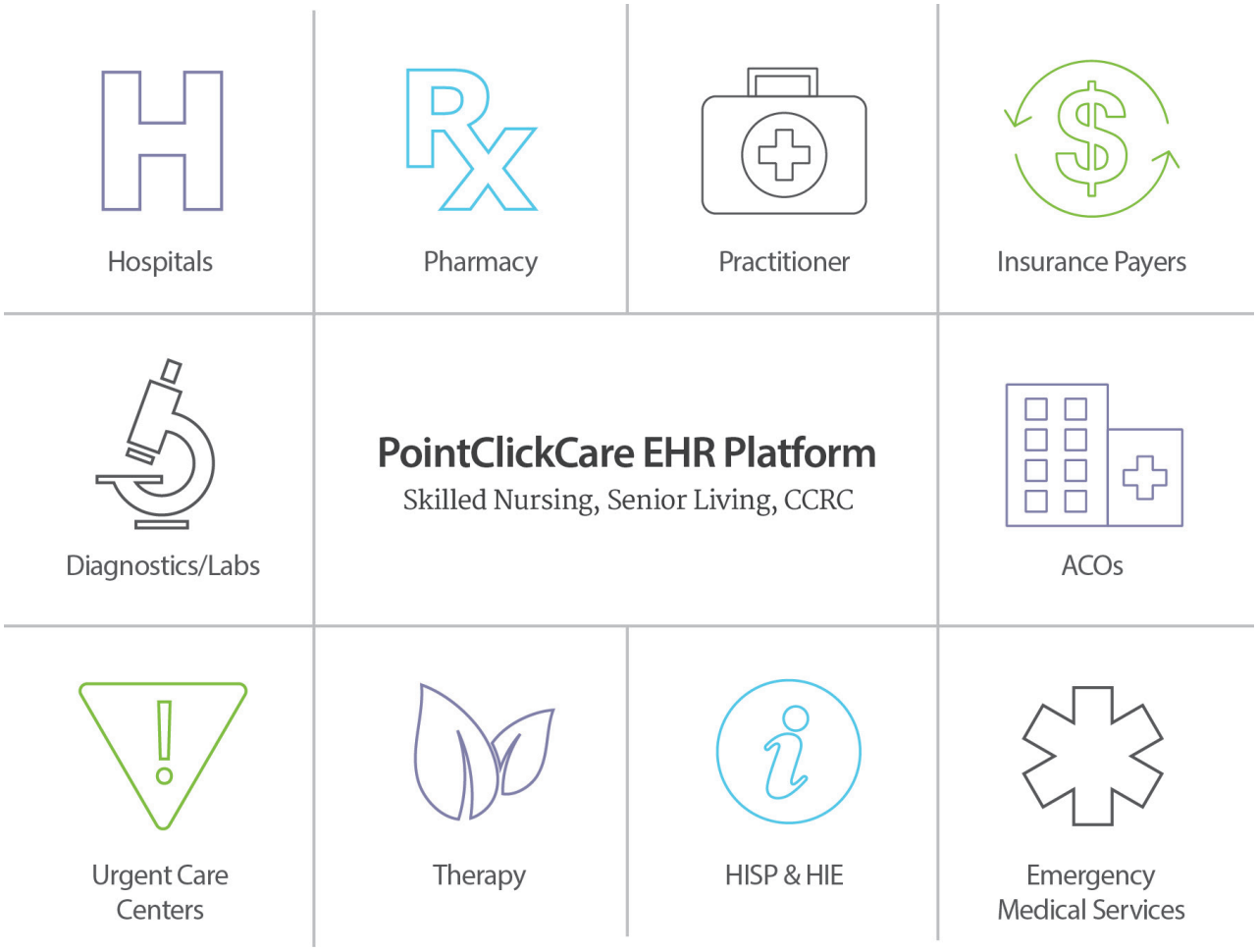


PointClickCare ensures regular updates to the platform to remain compliant with federal and state or provincial regulations. Further, you will benefit from comprehensive risk management, incident reporting and quality improvement tools directly embedded within the workflow of the PointClickCare platform, such as eINTERACT™.

Connecting you to your partners in care.

The PointClickCare platform is supported by a powerful interoperability engine that connects you to other providers within your network who contribute to the health and wellbeing of your residents, establishing a truly coordinated and collaborative approach to healthcare services across the senior care continuum. Teams are connected to the people and information they need, when and where they need to work in collaboration for the best results.

Enabling connected, person-centered care



Commitment to your ongoing success.

Our job is to be your partner with a proven formula for success.

Selecting the right technology platform for your organization's needs is only the beginning.

Ensuring that your team has all the necessary support they need to navigate the initial rollout and ongoing use of your solution is as important as what technology you've put in your users' hands. Our job is to be your partner with a proven formula for success – from day one onwards.

SmartPath – Enhancing the Learning Experience

Experience has taught us that organizations need training options to help them maximize their investment. SmartPath is a unique, subscription-based training program, offering unlimited access to online courses designed to develop and enhance your teams' skills with PointClickCare. SmartPath is an excellent solution for training new staff and for deploying refresher courses to maintain maximum utilization.

PointClickCare Pulse – Online Customer Community

All PointClickCare customers have complimentary access to an exclusive online community where the largest network of LTPAC providers gather to share best practices, learn about new trends in senior care, access the latest tips and tricks from PointClickCare experts, and develop meaningful relationships with peers.

Dedicated Account Manager -- Because your success is important to us.

Our dedicated Account Manager gives you a clear view of your utilization of the PointClickCare platform — where you're excelling and where you might need some help.

Pictured: **Kristine O'Hara,** Account Manager, PointClickCare

The PointClickCare Advantage

No long term contracts. Instead, our commitment to you.

We don't believe in forcing our customers into lengthy contracts – we prefer to earn our customers' business by delivering value that contributes to their success. Our monthly subscription model is designed with you in mind. In the words of our founder and CEO, Mike Wessinger:

"We will provide the best technology platform to improve your business performance, increase your quality of care delivery, and simplify your regulatory burden, or you can leave us anytime."

Designed to be easy for staff to learn, a pleasure to use. Change management is a key concern for many organizations.

Technology is useless if staff don't adopt it.

That's why PointClickCare takes extra care in design to provide an easy and comfortable user experience that intuitively guides users through their daily tasks, regardless of their level of computer literacy.

"Despite the initial resistance by nurses who were unfamiliar and uncomfortable with technology, nurses came on board when they no longer had to search endlessly for paper files."

Jean McGill, Clinical Services Director
American Baptist Homes of the West (ABHOW)

Pictured: **Mike & Dave Wessinger,** PointClickCare

"It was a very smooth implementation, a very easy to use process, from the nurses managing assessments down to the nursing assistants."

Teresa Martinez, Regional Director of Clinical Services Franciscan Living Communities.

Technology backed by the power of more than 10,000 senior care providers.

Large enterprise or independently owned provider, skilled nursing or assisted living focused, the same version of our core platform is used by every PointClickCare customer– all 10,000 of them. Because we're cloud-based, if an issue is discovered with one customer, or a regulatory change is required, we can easily apply the software update to all customers simultaneously. We have also built our platform based on over a decade of feedback and contributions from the industry's leading senior care providers. These combined experiences and best practices drive the evolution of our solutions, enabling every customer to leverage the collective knowledge of a network of thought leaders in senior care.

A platform you can build your business on.

With over 15 years of R&D and 10,000 EHR implementations behind us, no one understands how health information technology can support the changing LTPAC market better than PointClickCare. Delivering solutions to meet the need for collaborative, connected, people-centered care, with a deep emphasis on quality and financial optimization-- that's PointClickCare. We built our business on it, so you can build yours.

Pictured: **Trina Martin**, Client Experience Specialist, PointClickCare

PointClickCare has helped over 10,000 skilled nursing and senior living facilities meet the challenges of senior care by enabling them to achieve the business results that matter – enriching the lives of their residents, improving financial and operational health, and mitigating risk. PointClickCare's cloud-based software platform takes a person-centered approach to managing senior care, connecting healthcare providers across the senior care continuum with easy to use, regulatory compliant solutions for improved resident outcomes, enhanced financial performance, and staff optimization. For more information on PointClickCare's ONC certified software solutions, please visit www.pointclickcare.com

@pointclickcare /pointclickcare pointclickcareEHR

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www.PointClickCare.com

BFL CANADA Risk and Insurance Services Inc.
181 University Ave, Suite 1700
Toronto ON M5H 3M7
Tel: 416-599-5530
Toll Free: 1-800-668-5901
Fax: 416-599-5458

Certificate of Insurance

Certificate No: 2015-00001

This is to certify to: To Whom It May Concern

that the following described policy(ies) or cover note(s) in force at this date have been affected to cover as shown below:

Named Insured: PointClickCare Corp (formerly Wescom, Inc.), Wescom Solutions Inc., PointClickCare International Corporation, Wescom Solutions, Corp., RH Positive, Inc., Wescom Healthcare Solutions Corp., Accu-Med Services, LLC, Accu-Med Services of Washington, LLC, Meal Metrics, Inc.

Address: 6975 Creditview Road, #4, Mississauga, ON L5N 8E9

Description of operations and/or activities and/or locations to which this certificate applies:

All operations usual to the business of the Named Insured

Type	Insurer / Policy No.	Term	Limits
Commercial General Liability	Axis Reinsurance Company Policy No: CTC/757861/01/2015	Feb 04, 2015 to Feb 04, 2016	
Each Occurrence			$ 5,000,000
Products/Completed Operations Aggregate			$ 5,000,000
General Aggregate			$ 5,000,000
Employee Benefits Liability			$ 5,000,000
Tenant's Legal Liability			$ 4,000,000
Non-Owned Automobile			$ 5,000,000
Legal Liability for Damage to Hired Autos			$ 50,000
Deductible :			
Each Occurrence			$ 1,000
Umbrella Liability	Axis Reinsurance Company Policy No: CTC/769742/01/2015	Feb 04, 2015 to Feb 04, 2016	
Each Occurrence			$ 1,000,000
Products/Completed Operations Aggregate			$ 1,000,000
General Aggregate			$ 1,000,000
Errors And Omissions	Axis Reinsurance Company Policy No: CTN/757860/01/2015	Feb 04, 2015 to Feb 04, 2016	
Each Wrongful Act			$ 5,000,000
Total Limit of Insurance			$ 5,000,000
Self Insured Retention: Each Wrongful Act			$ 100,000
Commercial Property	Allianz Global Risks US Insurance Company Policy No: PML7226822	Feb 04, 2015 to Feb 04, 2016	
Policy Limit of Liability			$ 7,522,625
Deductible			$ 5,000
Directors and Officers	Chubb Insurance Company of Canada Policy No: 8242-2070	Feb 04, 2015 to Feb 04, 2016	
Overall Policy Limit: Directors & Officers Liability, Employment Practices Liability and Fiduciary Liability			$ 10,000,000
Deductible For Each Claim Except:			$ 10,000
EPL Coverage: Claim Made in the U.S. Deductible			$ 50,000

Additional Information

This certificate is issued as a matter of information only and is subject to all the limitations, exclusions and conditions of the above-listed policies as they now exist or may hereafter be endorsed.

Should one of the above-noted policies be cancelled before the expiry date shown, notice of cancellation will be delivered in accordance with the policy provisions.

Limits shown above may be reduced by Claims or Expenses paid.

BFL CANADA Risk and Insurance Services Inc.

BFL CANADA Risk and Insurance Services Inc.
181 University Ave, Suite 1700
Toronto ON M5H 3M7
Tel: 416-599-5530
Toll Free: 1-800-668-5901
Fax: 416-599-5458

Signed in Toronto this February 06, 2015

Authorized Representative

Amada De Luna

Comments on State of West Virginia's HIPAA Business Associate Addendum
by Wescom Solutions Inc. d/b/a PointClickCare
November 18, 2015

1. The second opening paragraph refers to the "underlying Agreement." Would this be PointClickCare's standard services agreement or a document provided by the State?
2. Paragraph 2(c)(iii) - our Subcontractor BAA requires that our subcontractors notify us. We would notify the Agency. The agreement will not be changed to have them notify the Agency directly (we have too many customers and too many subcontractors to be able to make that change for a single customer). Similarly, if you buy certain services, you will be receiving them via our platform but they will be provided by one of our partners, via an integration with our system. In some cases (e.g., a lab or a pharmacy) a partner might inform you directly. In others, they might inform us and we would inform you.
3. Paragraph 3(b) - For full disclosure, we provide a Quality Analytics tool (which, currently, is in its pilot stage). Facilities contribute their residents' data to a common data pool. The data is de-identified and aggregated and used to benchmark different quality measures. Each facility that uses this will be able to generate reports where they will see their own residents' results compared to an unidentifiable, aggregated group of results from other facilities' residents. Technically, this means we indirectly receive remuneration for individual's data, although it no longer qualifies as PHI because it gets de-identified. We wanted to disclose this now, so that your lawyers can determine whether you would be required to obtain individuals' authorization before using the QA tool. Please be advised that, until coding is done to enable us to keep out/remove an individual's data when we transfer an entity's data to the pool, you would not be able to use the QA tool if you require individual's authorization. Also, Paragraph 3(f)(iv) - "when the Agency determines to do so" could be problematic re: use of the QA tool. Ditto re: Paragraph 3(f)(v). Also 5(d) "No Sales" requires "the affected individual's written consent." Accordingly, if you wish to use the Quality Analytics tool, changes to this Addendum may be required.
4. Paragraph 3(c)(i) - do you distinguish between the ability of an employee to access, and actual disclosure to our employees? Our Customer Support people, for example, need to be able to access a given database so that they can look at it when someone calls with a specific problem. They do not look at databases until they are required to do so as part of their work.
5. Paragraph 3(h) - We cannot comply with this section as it currently is worded. We have many subcontractors and partners. We can provide the template BAA that we require each to sign but it will not be possible (for both legal and practical reasons) to inform any specific customer every time a new one is signed. We simply have too many customers to be able to do so. It's not scaleable.
6. Paragraph 3(k) - We would like to replace this with the following language:
   Secure PHI; Encryption of PHI. The Associate agrees to Secure PHI by using encryption to the extent that it does not negatively impact Agency's ability to use its Electronic Health Record ("EHR") platform in a timely manner, and by maintaining Agency's EHR database in a lock-controlled environment to which access is strictly limited, controlled and monitored. The Associate agrees to destroy PHI by meeting HHS standards for wiping hard drives after performing data recovery tests and by destroying hard drives (via shredding) when they no longer are useful or usable. Accordingly, the Associate meets some but not all of the technologies and methodologies which are set forth in the HHS Guidance entitled "Specifying the Technologies and Methodologies that Render PHI Unusable, Unreadable, or Indecipherable.," The Parties acknowledge that HHS has stated that "covered entities and business associates are not required to follow the guidance." See 74 Fed. Reg. 19008 (April 27, 2009). The Associate agrees to meet mandatory obligations set forth in law regarding securing and destroying PHI, including any set forth at 45 C.F.R. part 170, as may be amended from time to time.
   If you require us to use your original language, we will have to write a "written rationale, including [our] Security Risk Analysis" detailing why we have not chosen to adopt some but not

every methodology set forth in 74 Fed. Reg. 19006. The short version is that adopting all of these methodologies slows down our platform to a crawl, making it unusable. We have taken other precautions instead. If it will reassure you, our Director of Security can provide you with a copy of our security overview document, which describes our 7-layer security model. It is a high-level technical description.

7. Paragraph 3(l) - Notice will not necessarily happen "immediately upon discovery" of a Breach of unsecured PHI, nor will it necessarily happen within 24 hours of discovery of a suspected Security Incident, etc. We are a large company with many different departments. It takes time for discoveries to be communicated to all applicable teams and to be investigated by those teams to determine whether a breach actually occurred or, if it is merely "suspected," whether it meets the LoProCo test or not. The law provides us with 60 days in which to inform a Covered Entity of our discovery. We certainly would endeavor to inform the Agency MUCH more quickly than that but cannot sign a BAA which requires notification "immediately" or "within 24 hours." We also would conduct at least the preliminary investigation before providing any notification. Furthermore, any notification would comply with the provisions set forth in 45 C.F.R. §164.410(c). In a given factual scenario, we might disclose more information than required by that regulation. However, we will not agree, in a BAA without knowledge of an actual scenario, to disclose more. Additionally, if there is contributory negligence (by the Agency) involved, Associate will not bear all associated costs (similarly, in Paragraph 3(m), if there is contributory negligence by the Agency, we would not make available witnesses at no cost). Also, our subcontractor BAAs require our subcontractors to report to us. We cannot change them to have them report directly to one specific customer. Finally, we need to include in a revised paragraph 3(l), the following language:
   Notwithstanding the preceding, the parties acknowledge and agree that this section constitutes notice by the Associate to Agency of the ongoing existence and occurrence of attempted but Unsuccessful Security Incidents (as defined below) for which no additional notice to Agency shall be required. "Unsuccessful Security Incidents" shall include, but not be limited to, pings (*i.e.*, a request-response utility used to determine whether a specific Internet Protocol [IP] address or host exists or is accessible) and other broadcast attacks on the Associate's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized acquisition, access, use or disclosure of Protected Health Information.
8. Paragraph 4(b) and 5(a) (re: destruction) - If our business relationship were to end, we would return all the data in your database to you. Then, we either would destroy the database or maintain a historical copy of it for your easy access (the latter option would have to be requested by you and would involve a small fee). However, we do not - and cannot - destroy all copies of your PHI. We must retain back-up tapes (kept in a remote, secure location) for mandatory data retention periods. We like to provide notice of this in each Business Associate Agreement, rather than having to send a notification letter upon expiration or termination of any contract. (Since it is standard, we can tell you about it now rather than later.)
9. Paragraph 5(h) - please define "release order" and "change order process."
10. We would like to add an independent contractor clause at the end, to make it clear that we are not an independent contractor of yours. Most covered entities really like this clause (many already have it in their standard BAAs).