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2023 FEB 17 PM 4:09
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/17/20 BY 60322/UC/BAW

K. SALY

APR 14 2023

2/17

VolkLaw

Barry K. Baker, Esq.
Michael E. Dujovne, Esq.
Board Certified Real Estate
Nicholas M. Gieseler, Esq.
Steven Geoffrey Gieseler, Esq.
David A. Jones, Esq.

Michael P. Sapourn, Esq.
Certified Insurance Counselor, Risk Manager
Of Counsel
Brian D. Solomon, Esq.
Board Certified Construction Law
David J. Volk, Esq.
15 Years Board Certified Business Litigation
Bryan J. Yarnell, Esq.

March 4, 2020

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

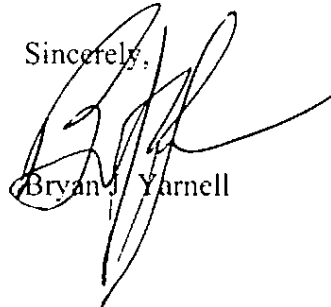
Re: Riversoft, Inc.

Dear Sir or Madam:

Enclosed please find an Application for the Registration of a Trademark or Service Mark for filing with respect to Riversoft, Inc. Our check in the amount of \$87.50 is enclosed to cover the processing fee.

Thank you for your attention to this matter.

Sincerely,



Bryan J. Yarnell

DJV/sf
Enclosures: (as stated)
cc: Riversoft, Inc. (via email)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2022

BRYAN J. JARNELL / VOLK LAW OFFICES, P.A.
ONE HARBOR PLACE
1901 S HARBOR CITY BLVD, STE. 700
MELBOURNE, FL 32901

SUBJECT: ORIB
Ref. Number: W22000155379

We have received your document for ORIB and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As per my conversation with Donna, if the mark is a downloadable software then the class is "9". If the mark is software that is not downloadable then the class is "42" and it is a Service Mark (Part I 2(a)).

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 422A00028142

RECEIVED
FEB 17 2023

VolkLaw

Michael E. Dujovne, Esq.
Board Certified Real Estate
Michael P. Sapourn, Esq.
Certified Insurance Counselor, Risk Manager
Of Counsel

David J. Volk, Esq.
15 Years Board Certified Business Litigation
Bryan J. Yarnell, Esq.

January 16, 2023

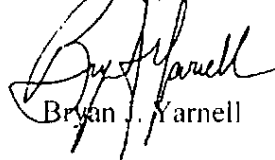
Karen A. Saly
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ORIB
Ref. Number: W22000155379
Letter Number: 422A00028142

Dear Ms. Saly:

Pursuant to your letter of December 16, 2022, we have revised the Application for the Registration of a Trademark or Service Mark to address your concerns. Please let us know if you require any further information.

Sincerely,



Bryan J. Yarnell

BJY/de
Enclosure: (as stated)
cc: Riversoft, Inc. (via email)

RECEIVED
FEB 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORIB
_____ (Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan J. Yarnell, Esq.

(Name of Person)

Volk Law Offices, P.A.

(Firm/Company)

1901 South Harbor City Boulevard, Suite 700

(Address)

Melbourne, Florida 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan J. Yarnell, Esq.

321 726-8338

(Name of Person)

at (_____) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
2023 FEB 17 PM 4:05
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Riversoft, Inc.

(b) Owner's/Applicant's business address: 1901 South Harbor City Boulevard, Suite 710
Melbourne, Florida 32901
City/State/Zip

If different, Owner's/Applicant's mailing address: _____
City/State/Zip

(c) Owner's/Applicant's telephone number: (____) _____

Check the appropriate box to indicate the Owner/Applicant is a(n):

- Individual Corporation Joint Venture Limited Liability Company
 General Partnership Limited Partnership Union Other: _____

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: P95000067311

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 59-3338100

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

ORIB

Downloadable software product

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2009 FEB 11 PM 4:10
TALLAHASSEE FLORIDA

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

The "ORIB" mark is being used to identify downloadable software known as Outcome Ranked Intervention Browser. This program is online and the mark appears on the screen when the software is used

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

Class 9

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: _____

(b) Date first used in Florida: July 1, 2019 _____

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2023 FEB 17 PM 4:10
TALLAHASSEE FLORIDA

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

ORIB

Provide the English translation of any and all terms listed #1 above, when applicable: _____

2. DISCLAIMER STATEMENT (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" _____

_____ " APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Hugh E. McCoy, III, the president of Riversoft, _____, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Hugh E. McCoy, III, president of Riversoft, Inc.
Typed or printed name of applicant

H.E. McCoy
Applicant's signature
(List name and title)

FILED
2023 FEB 17 PM 4:10
TALLAHASSEE FLORIDA

STATE OF FLORIDA
COUNTY OF Brevard

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this (numeric date) this 16 day of January, 2023 by (Hugh E. McCoy, III).



Victoria C. Mack
Notary Public's Signature

Victoria C. Mack
Notary Public's Printed Name

Personally Known OR Produced Identification

Type of Identification Produced: _____

FILING FEE: \$87.50 per class

Outcome Ranked Intervention Browser (ORIB™)

Multi-Select Interventions

Add Pathway:



Advice

Pathway Lookback

Log Out

Logout

Show Only My Pathways

Patient:

Note Type: Start Of Care PT (OASIS)

Primary Pathway:

Patient's Pathways (1), InterventionGoals (1) - InterventionGoals Not Shown(0)

Select	Pathway	IG #	Skill	Goal	Intervention	Status	Narrative - Progress Towards Goal
Owner	Physical Therapy (PT Referral)					Ongoing	Skilled PT services warranted with goal to optimize ind, decrease complaints of pain, enhance safety, decrease risks for falls, and enhance patient's ability to
Owner	Physical Therapy (PT Referral)					Ongoing	Cardiorespiratory endurance- fatigues easily with 2-4 mins of activity- impacts function and homebound status- dx with COPD
Owner	Physical Therapy (PT Referral)					Ongoing	BLE strength 4-/5 grossly graded, sit-stand 30 secs zero indicative of decrease LE strength
Owner	Physical Therapy (PT Referral)	05	PT	Patient will achieve an understanding of pain control methodologies with use of non opioid management with use foam roller/vibrating massage ball, biofreeze	Assess patient's ability to manage pain and to self report pain with established parameters. Instruct patient on methods to enhance desired response	Ongoing	- complains of back pain that radiates to his R leg 7/10 on a pain scale, - still poorly controlled with rest and meds as prescribed. Pt will see M.D. next week
Owner	Physical Therapy (PT Referral)	08	PT	Patient will demonstrate optimal balance/coordination for performance of functional activities with Berg balance score > 46/56, TUG score 12 secs and	Instruct patient on exercise to improve balance/equilibrium (). Assess patient's coordination, balance, and any neuro deficits.	Ongoing	TUG score 45 secs, Berg balance score 39/56, and functional reach test zero inches- considered high risks for falls
Owner	Physical Therapy (PT Referral)	11	PT	Patient will remain safe in home and free from injury throughout certification period.	Instruct patient/caregiver on safety issues regarding transfer techniques, gait training, fall precautions, and home exercise program for strengthening/	Ongoing	Patient education on Energy/Joint conservation techniques- balancing rest and activities, importance of daily walking short distances as tolerated
Owner	Physical Therapy (PT Referral)	12	PT	Patient/caregiver will be independent in their home exercise program by 4 weeks.	Implement a progressive exercise program and modify home exercise program as needed. Instruct patient on proper body mechanics and muscle	Ongoing	focus on sit-stand and amb short distances as tolerated
Owner	Physical Therapy (PT Referral)	15	PT	Patient will demonstrate improved gait as evidenced with able to amb approx 300 ft with a RW with no LOB/ complaints of back pain with mod ind in	Assess and instruct patient on performing gait training techniques.	Ongoing	Gait with RW- slow cadence, - forward trunk flexion, slow with turns, - unsteadiness, limited with distance due to complaints of back pain

New method of selecting interventions - Outcome Ranked Intervention Browser

The ORIB™ displays the 10 top ranked interventions for ADL improvement that were utilized on patients similar to the target patient. There are about 10,000 different interventions in use today across all RiverSoft agencies. On a monthly basis, RiverSoft uses an internal software feature called the **Outcome Ranked Interventions Factory** to analyze the top performing interventions in all agencies. We inject this data into your agency's database, making it available to your ORIB™. Your ORIB™ uses your patient's key clinical indicators to search for similar patients in all other RiverSoft agencies, and displays only the top 10 interventions used on those patients. Interventions that are highly utilized, show strong results in improving ADL outcomes, and pass the RiverSoft common sense check of directly contributing to improving a patient's ADL outcomes are certified by RiverSoft and appear at the top of the list with a RiverSoft logo in the certified column.





Each intervention row shows its ADL outcome (the average improvement for all patients on which the intervention was utilized), lowest score, highest score, color-coded rank from 0 to 100%, average number of falls for all patients on which intervention was utilized, average number of ER visits for all patients on which intervention was utilized, how many patients the intervention was utilized on, and the level (from 0 to 9) of patient similarity used to find patients similar to the target patient.











Blueprint ORIB

Patient:

SoCADL: 15 Functional Limb Group: A Age: 76 Smoker: N
 Clinical Group: E Comorbidity: 1 Sex: F Obesity: N

Rank **9** | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0  

Outcome Ranked Interventions - Rankings Are Calculated For All Patients That Utilized the Intervention

(10) Foreign	ADL	Low	High	Rank%	Falls	ER	Utilized	PS Certified	(10)	Intervention
*	11.3	3	20		0	0.1	39	9	1	Physical Therapy (PT Before)002000-01 PT to eval and tx
*	9.8	-5	20		0	0.1	430	9	1	General Nursing002147-02 SN, PT; declines bath aide; SN to obtain HGBA1C via venipuncture on SOC with results to CNP Chris Keeton.
*	10.3	-10	27		0	0.1	133	9	1	Process Monitoring000142-01 SN to instruct pt/CG on pain medication schedule. Instruct pt/CG on use of non-pharmacological interventions. Instruct pt/CG to notify MD of any worsening of pain and difficulty with management to the patient's level of satisfaction.
*	10	-9	22		0	0.1	1125	9	1	Fall Prevention/Safety000100-01 Instruct on slow rising from a seated position. Instruct on keeping pathways in home clear of clutter and hazards.
*	9.9	-1	26		0.1	0.1	1610	9	1	Physical Therapy (PT Before)002147-00 Instruct on given yellow/red handout Keeping Yourself Safe at Home and Out of the Hospital.
*	9.8	-5	23		0	0.1	455	9	1	General Nursing002147-01 OBTAIN: BP - REPORT SBP READINGS LESS THAN 90 OR GREATER THAN 160 AND DEP LESS THAN 50 OR GREATER THAN 90; HEART RATE - REPORT READINGS LESS THAN 60 OR GREATER THAN 100; PULSE OX PRN REPORT READINGS LESS THAN 92% ON RA
*	9.9	-4	23		0	0.1	372	9	1	General Nursing002147-00 Assess/instruct on cardiac status and management related to bradycardia, heart block and pacemaker placement including reporting sx of chest pressure or pain, dyspnea, flushing, irritability, heart palpitations, changes in vision or mentation/LOC; teach
*	10	0	18		0.1	0	140	9	1	General Nursing002147-14 Identify if patient needs assistance in obtaining portable oxygen and how to call electric company to become higher priority in case of power outage or has place to stay.
*	9.6	-12	30		0	0.1	288	9	1	Orders000104-01 Skilled professional may administer flu vaccination upon patient request. May place home health services on hold upon hospitalization. May receive orders from medical director in the absence of the PCP. Resume Home Health Services within 48 hrs of
<input type="checkbox"/>	9.7	-9	19		0	0.1	174	9	1	Hypertension (Decreased Cardiac)000105-02 Instruct patient/caregiver on the importance of a peaceful and therapeutic environment, and management of stressors.

These top 10 interventions are a product of all RiverSoft agencies, so some will be foreign to your database. These interventions will contain a * in the Foreign column and will not be selectable until you are given the user permit to domesticate a foreign intervention. Domesticating a foreign intervention simply creates a copy of the intervention your local database with the exact same wording, so that when you utilize it, it's outcomes will be automatically associated with the foreign intervention from which it came. Over time we believe a standardized set of interventions with highly-ranked outcomes will emerge.

Clinical Data, PoC/VO, OASIS, HIS Permits



- 0 - Clinical Functions
- 1 - View and Print POC/VO
- 2 - View and Print OASIS
- 3 - Change OASIS Lock Date
- 4 - Edit Phrases
- 5 - Mobile User
- 6 - Clinical Administrator
- 7 - Lock a Note
- 8 - Mobile Travel Pay
- 9 - Mobile Autoverify
- 10 - Mobile View PPS Value
- 11 - Mobile App Details Admin
- 12 - Mobile Active Scheduled Patients Only
- 13 - Mobile GET Patient
- 14 - Edit and Export HIS Records
- 15 - AutoLink Documents
- 16 - Mobile New Patient
- 17 - Self Schedule (Fill A Need)
- 18 - Edit POC/VO
- 19 - Edit OASIS
- 20 - Self Schedule (Move/Change Visit)
- 21 - Create Note in Office
- 22 - Edit Exported OASIS
- 23 - Edit POC Dates/MD
- 24 - Show Mobile Blueprint
- 25 - Advanced Load Schedule with Visits
- 26 - Diagnosis Coding Analysis
- 27 - Self Schedule (Unassign Visit)
- 28 - Domesticate a Foreign ORI

Thanks to the ORIB™, every RiverSoft agency shares the best performing, highly-utilized interventions with all other RiverSoft agencies, and each agency can choose to begin using high-performing interventions currently in use at other agencies.

The current patient's composite ADL score at their Start of Care (SoCADL) along with their clinical group, functional limitation group, age, comorbidity, sex, smoking and obesity status displays at the top of the screen. The clinical group is how their primary diagnosis is coded into one of 12 clinical groupings and is used as the PDGM HIPPS position 2 (A through L). The functional group (A-Low, B-Medium, and C-High) is related to how M0133, and M1800 through M1860 is answered

on the Start of Care OASIS. The comorbidity indicator (1-No, 2-Low, and 3-High) is computed from all of the patient's secondary diagnosis codes to determine the level of their comorbidity.

If the current patient has no OASIS, there will be no SoCADL score. In this case, it will be set to a default value of 15 (the median value) and can be updated by the user.



Patient: SoCADL: Functional Lim Group: Age: Smoker: Rank:  

Clinical Group:

Outcome Ranked Interventions - Rankings Are Calculated For All Patients That Utilized the Intervention

(10) Foreign	ADL	Low	High	Rank	Fch	ER	Utilized	PS Certified	(10)	Intervention
<input type="checkbox"/>	12.1	5	19	1	0	0	21	7	<input type="checkbox"/>	Hypertension (Decreased Control) J09J107-01 Instruct patient/ caregiver on the nature of the disease and the purpose of the procedure and the treatment of hypertension by heart end.
<input type="checkbox"/>	10.9	0	20	34	0	0.1	35	7	<input type="checkbox"/>	General Wound J82147-03 Cleanse PICC line with chlorprep apply biopatch and transparent dressing every week and prn if damaged.
<input type="checkbox"/>	10.5	-9	26	32	0	0	923	7	<input type="checkbox"/>	Medication (Knowledge Deficit) J99J197-01 Assess and reconcile all medication. Instruct patient/ caregiver in high risk meds and new medications side effects and purpose.


If the current patient has a primary diagnosis code that is not in a PDGM clinical group, that will be indicated at the top of the screen and the patient similarity will be downgraded. Having a blank clinical group greatly diminishes the ORIB's ability to suggest highly relevant, high-performing interventions.

Patient: SoCADL: Functional Lim Group: Age: Smoker: Rank:  

Clinical Group: Comorbidity: Sex: Obesity:

Outcome Ranked Interventions - Rankings Are Calculated For All Patients That Utilized the Intervention

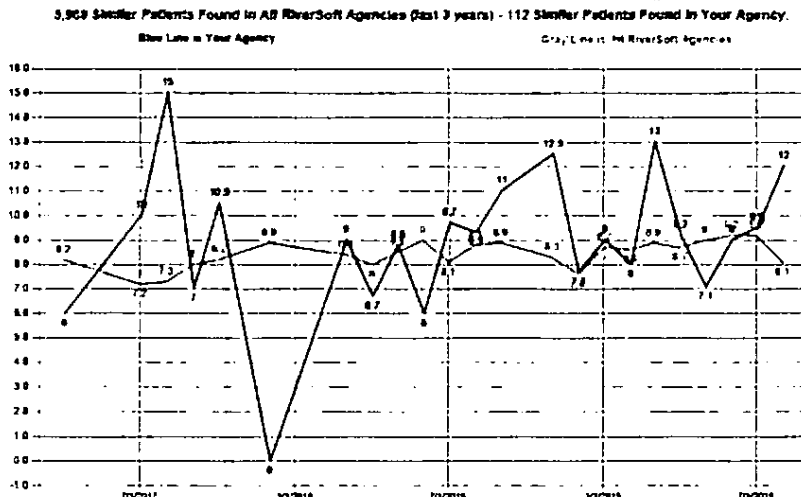
(10) Foreign	ADL	Low	High	Rank	Fch	ER	Utilized	PS Certified	(10)	Intervention
<input type="checkbox"/>	12.8	-1	24	1	0	0	71	5	<input type="checkbox"/>	Orthopedic (Impaired Physical) J89J003-10 Nurse will collaborate with ordered therapy and instruct patient/caregiver on importance of home exercise program.
<input type="checkbox"/>	11.9	-7	30	1	0	0	106	5	<input type="checkbox"/>	Orthopedic (Impaired Physical) J89J003-04 Encourage patient to participate in ADL's to help promote sense of control and independence.
<input type="checkbox"/>	---	---	---	---	---	---	---	---	<input type="checkbox"/>	Orthopedic (Knowledge) J89J003-04 Instruct patient/caregiver to practice range of motion exercises to unaffected joints during

In the right-top corner is a color-coded legend of ranks – dark green indicates the highest ranked interventions and dark red indicates the lowest ranked interventions. The graph button  creates a line graph your agency's ADL outcomes for similar patients compared to the ADL outcomes for all RiverSoft agencies. This is done so that your caregivers will be mindful of including at least one intervention in the patient's care plan that has been proven to improve ADL outcomes.

ADL Outcomes For Similar Patients

Selected Patient Clinical Parameters: SoCADL: 15, Clinical Group J, Functional Group B, Age 52, Comorbidity 1

Patient Similarity Level 5 of 8
SoCADL Score Between 14 and 16



Patient: _____ Note Type: Start Of Care (SN) (OASIS) Primary Pathway: _____

Patient's Pathways (17) InterventionGoals Total (18) - InterventionGoals Not Shown(0)

Select	Pathway	IC #	SN	Goal	Intervention	Status	Narrative - Progress Towards Goal
	*Admission	D1	SN	Complete comprehensive assessment, obtain vital signs and complete consent for treatment, review PCC, provide calendar of future visits, review med	Skilled staff will be instructed over all required procedures and home health handbook, Medicare guidelines and OASIS privacy practices. POC will be	Ongoing	only:Landkkaad
	*Caregiver Status	D1	SN	To continue to stay at home safely with spouse or primary caregiver.	To evaluate at each visit, home safety and surroundings in home to ensure safety and encourage healing.	Ongoing	
	*DPOA/Living Will/Advance Directives/ Code Status	D1	SN	Staff will instruct and educate Patient/ Caregiver on DPOA/Living Will/Adv. Dir/ Code Status documents and provide agency with current copy if available.	Staff will instruct and educate pt/caregiver about DPOA/Living Will/Adv. Dir/Code Status documents with start of care	Ongoing	
	*Face to Face Date, Form and	D1	SN	To document the Face to Face Date and	Staff will provide the ordering provider	Ongoing	
	*Home Safety/ Living Conditions	D1	SN	To assess the home and ensure safety and acceptable living conditions upon Start of Care to ensure patient will remain free from falls or potential	Assess/Instruct pt/caregiver re: safety of home environment/patient's hazards and removal of hazards.	Ongoing	
	*Home Safety/ Living Conditions	D2	SN	To be free from falls this certification period.	Assess/Instruct pt/caregiver in fall and safety precautions.	Ongoing	
	*Home Safety/ Living Conditions	D3	SN	To be free from falls this certification period.	Assess/Instruct pt/caregiver in fall and safety precautions.	Ongoing	
	*Hospitalization Risk	D1	All	To prevent re-hospital admissions during the certification period.	To provide care to prevent re-hospitalization and remain at home safely with caregiver/family member.	Ongoing	
	*Individual Emergency Plan/ Evacuation	D1	SN	Patient will complete with staff an Individual Emergency Plan and Evacuation Plan.	Staff will educate and complete an Individual Emergency Plan and Evacuation Plan by way of EMS/ Fire/Police transportation if needed.	Ongoing	
	*Infection Control	D1	SN	To remain free of any infection during certification period.	Educated, instructed and observed at caregiver doing proper handwashing. Continue if more education and instructions are required.	Ongoing	
	*Infection	D2	SN	To remain free of any infection during	Assess and instruct pt to recognize the	Ongoing	

Patient: **SoCADR: 0** Functional Lim Group: **A** Age: **80** Smoker: **N**
 Clinical Group: **H** Comorbidity: **1** Sex: **F** Obesity: **N**

Rank: **0** **0** **0** **0** **5**

Outcomes Ranked Interventions Browser (ORIB) - Rankings Are Calculated For All Patients That Utilized the Intervention

(ID)	Foreign	SQL	Rank	Feb	ET	Pen	Utilized	PS	(ID)	Intervention	Goal
10.4	72	0.1	0.1	1.8	820	3	Process	000147-00	PT to assess and reconcile medications. Instruct patient/caregiver on effectiveness of drug therapy, adverse drug reactions, purpose, frequency, significant side effects and how/when to take. Instruct patient/caregiver on self-monitoring of weight, edema, blood pressure, pulse, S/S of angina and actions to take with abnormal findings. Instruct and reinforce explanations of skilled professional may administer flu vaccination upon patient request. May place home health services on hold upon hospitalization. May receive orders from medical PT will instruct client/caregiver on home safety measures to prevent falls.	ALL MEDICATIONS: Patient/CG will participate in medication management and verbalize understanding of their needs with a Patient/caregiver will notify nurse or MD whenever abnormal findings are identified throughout certification period. Patient/caregiver will display Patient will receive continued care throughout the home health episode until goals are met.	
10.5	72	0	0.1	1.0	346	3	Cardiac	000152-01	Instruct patient/caregiver on self-monitoring of weight, edema, blood pressure, pulse, S/S of angina and actions to take with abnormal findings. Instruct and reinforce explanations of skilled professional may administer flu vaccination upon patient request. May place home health services on hold upon hospitalization. May receive orders from medical PT will instruct client/caregiver on home safety measures to prevent falls.	FALL PREVENTIONS: Patient/CG will verbalize understanding of fall precautions and will implement measures to increase safety in the Client will verbalize understanding of the name of each drug, how much to take, when to take medication, side effects of medication, special To get back to exercising like I used to	
10.3	72	0.1	0.1	1.8	820	3	Process	000147-03	PT to assess and reconcile medications. Instruct patient/caregiver on effectiveness of drug therapy, adverse drug reactions, purpose, frequency, significant side effects and how/when to take. Instruct patient/caregiver on self-monitoring of weight, edema, blood pressure, pulse, S/S of angina and actions to take with abnormal findings. Instruct and reinforce explanations of skilled professional may administer flu vaccination upon patient request. May place home health services on hold upon hospitalization. May receive orders from medical PT will instruct client/caregiver on home safety measures to prevent falls.	FALL PREVENTIONS: Patient/CG will verbalize understanding of fall precautions and will implement measures to increase safety in the Client will verbalize understanding of the name of each drug, how much to take, when to take medication, side effects of medication, special To get back to exercising like I used to	
10.2	72	0	0.1	1.8	140	3	High Risk	000101-04	Inotropes: Instruct on Mechanisms vary by type of agent. Positive inotropic agents increase myocardial contractility and are used to support cardiac output. Ask the pt/cg to explain in their words their goals/expectations of home care visits.	Client will verbalize understanding of the name of each drug, how much to take, when to take medication, side effects of medication, special To get back to exercising like I used to	
10.1	72	0	0.1	1.8	090	3	Patient Goal	000140-01	Instruct patient/caregiver on self-monitoring of weight, edema, blood pressure, pulse, S/S of angina and actions to take with abnormal findings. Instruct and reinforce explanations of skilled professional may administer flu vaccination upon patient request. May place home health services on hold upon hospitalization. May receive orders from medical PT will instruct client/caregiver on home safety measures to prevent falls.	Client will verbalize understanding of the name of each drug, how much to take, when to take medication, side effects of medication, special To get back to exercising like I used to	
10.3	72	0	0.1	1.6	191	1	Cardiac	000152-05	Encourage rest periods and assistance with activities, note change in status. Instruct patient/caregiver on importance of frequent rest periods, aerobic activities and avoidance of exertion. Refer for PT evaluation.	PT/CG will verbalize importance of disease management to prevent long-term complications. Client will accept PT referral.	
10	72	0.1	0.1	1.7	1133	3	Skilled Health Management Alternative		Refer for PT evaluation.	Client will accept PT referral.	
0.9	72	0	0.1	1.8	086	3	Vital Sign	000145-02	Pulse Oximetry Less than 90% in room air. Skilled professional may obtain pulse ox reading 3x.	Pulse ox less than 90% will be reported to physician.	
0.8	72	0.1	0.1	1.8	1741	3	Wound Care/Wound VAC	000201-01	Assess wound for signs and symptoms of infection: erythema, edema, exudation, warmth, size, presence of tunneling, undermining, color drain, odor, eschar/fatalization.	*Wound(s) will heal without signs or symptoms of infection	

RiverSoft's ORIB™ Report - 10 Best Outcome Ranked Interventions

Regarding ADL Outcomes for Patients with Same SoCADL (0), Clinical Group (H), Age (80)

ADL Outcome	Rank	UR	PS	S/N	Falls	ER	Pain	Goal Intervention below
106	78	820	3	2	0	0	2	ALL MEDICATIONS: Patient/CG will participate in medication management and verbalize understanding of their meds within 8 weeks and ongoing. 1. SN to assess and reconcile medications. Instruct pt/CG to monitor the effectiveness of drug therapy, adverse drug reactions, purpose, frequency, significant side effects and how/when to report problems that may occur.
106	78	848	3	2	0	0	2	Patient/caregiver will notify nurse or MD whenever abnormal findings are identified throughout certification period. Patient/caregiver will display decreased anxiety by developing understanding of their disease by Acert end. 2. Instruct patient/caregiver on self-monitoring of weight, edema, blood pressure, pulse, S/S of angina and actions to take with abnormal findings. Instruct and reinforce explanations of disease process. Encourage patient/caregiver to ask questions.
105	1079	170	3	1	0	10	2	Patient will receive continued care throughout the home health episode until goals are met. 3. Skilled professional may administer flu vaccination upon patient request. May place home health services on hold upon hospitalization. May receive orders from medical director in the absence of the PCP. Resume Home Health Services within 48 hrs of hospital discharge. Discharge from all home health services when goals met.
103	74	828	3	1	0	0	2	FALL PREVENTION: Patient/CG will verbalize understanding of fall precautions and will implement measures to increase safety in the environment within 1 week and ongoing. 4. SN will instruct client/caregiver on home safety measures to prevent falls.
102	73	149	3	1	0	0	2	Client will verbalize understanding of the name of each drug, how much to take, when to take medication, side effects of medication, special precautions, and instructions. 5. Inotropes: Instruct on Mechanisms vary by type of agent. Positive inotropic agents increase myocardial contractibility, and are used to support cardiac function in conditions such as decompensated congestive heart failure, cardiogenic shock, septic shock, myocardial infarction, cardiomyopathy, etc. Negative inotropic agents decrease myocardial contractibility, and are used to decrease cardiac workload in conditions such as angina and congestive heart failure. S/E CAN include: N/V/D, anorexia, cramps, headache, drowsiness, apathy, confusion, muscular weakness, arrhythmias, visual disturbances, dizziness, rash, restlessness, anxiety. Instruct pt/cg regarding the following Special Precautions: Monitor pulse, report any significant changes in rate, rhythm. Monitor blood pressure; report significant changes in systolic or diastolic pressures. Notify physician of chest pain; dyspnea; or persistent headache.
101	1172	182	3	1	0	10	2	Client get back to exercising the I used to. 6. Ask the pt/cg to explain in their words their goals/expectations of home care visits.
101	1172	181	3	1	0	10	2	Client will verbalize importance of disease management to prevent long-term complications. 7. Encourage rest periods and assistance with activities, note change in status. Instruct patient/caregiver on importance of frequent rest periods, pacing activities and avoiding overexertion. Instruct pt/cg on abnormal blood pressure and pulse rate and when to call physician.
100	72	133	3	2	0	0	2	Client will accept PT referral. 8. Refer for PT evaluation.

04/20/2023

08.23