

Vinyl Lanyards



COMPACT
BUSINESS SYSTEMS

FOOD SAFETY LABELS**A completed label should be
adhered to all food containers**

RESIDENT / PATIENT NAME

FOOD RECEIVED FROM

FOOD DESCRIPTION

DATE RECEIVED

DISCARD BY DATE

RESIDENT / PATIENT NAME

FOOD RECEIVED FROM

FOOD DESCRIPTION

DATE RECEIVED

DISCARD BY DATE

RESIDENT / PATIENT NAME

FOOD RECEIVED FROM

FOOD DESCRIPTION

DATE RECEIVED

DISCARD BY DATE

RESIDENT / PATIENT NAME

FOOD RECEIVED FROM

FOOD DESCRIPTION

DATE RECEIVED

DISCARD BY DATE

CAUTION

**FRESH FOOD SHOULD BE
DISCARDED IN ACCORDANCE
WITH FACILITY POLICY**

COMPACT
BUSINESS SYSTEMS

The logo for Compact Business Systems features the word "COMPACT" in a bold, blue, sans-serif font. Below it, the words "BUSINESS SYSTEMS" are written in a smaller, blue, sans-serif font. A stylized blue graphic element, resembling a triangle or a stylized letter 'A', is positioned behind the 'A' in "COMPACT" and extends downwards and to the right.

www.compact.com.au

AGED CARE FUNDING INSTRUMENT

DOCUMENT STORAGE ENVELOPE

NOTE: ONLY ACFI RELEVANT INFORMATION SHOULD BE STORED IN THIS ENVELOPE

Resident Name: _____ Date of Admission: ____ / ____ /20

Please print name in full

Resident Date of Birth: ____ / ____ /20 ACFI Assessment Period:

Resident Address: _____ From ____ / ____ /20 To ____ / ____ /20

ACFI Resident Label here (if available)

CHECK LIST

- Medicare Submission
- Answer Appraisal Pack
- ACCR
- Clinical Reports for questions 6 & 10 (if available)
- Copies of relevant source documents: (Please list below)

- Copy of Medication Chart
- Completed ACFI Continence Record
- Completed PAS-CIS Assessment
- Completed Behaviour Record for Wandering
- Completed Behaviour Record for Verbal Behaviour
- Completed Behaviour Record for Physical Behaviour
- Completed Cornell Assessment for Depression
- Documentation to support ACFI 12 Complex Health Care: (Please list below)

Signature of person sealing envelope: _____ Date: ____ / ____ /20

Aged Care Home Transfer-to-Hospital Envelope

This envelope contains **CONFIDENTIAL** medical information which should remain with the **PATIENT RECORD**.

Resident / Patient's Name:

Name of Aged Care Home:

Contact telephone number: In-hours:

After-hours:

There is a range of residential settings with different levels of care available.

This Aged Care Home is:

- High Care** "Nursing Home" - Registered Nurse / Registered Nurse Division 1 usually present.
- Low Care** Hostel, but may have 'Ageing in Place'- residents may have complex medical &/or personal care needs (i.e. high care). Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff e.g. PCA/PCW/AIN. Generally medications are administered from a Dose Administration Aid.
- Other**

* Advance care plan / End-of-life wishes enclosed >

YES

NO

KEEP CLOSED WHEN NOT IN USE

HERE

LIFT

Checklist for Transfer-to-Hospital Clinical Handover

Tick boxes to indicate

- Hospital notified by telephone

Information included in envelope >

- Advance care plan / End-of-life wishes
- Transfer Form (include as a minimum)
 - Resident details: Name, DOB, religion, language spoken & need for interpreter
 - Contact details of Aged Care Home including telephone number (in- & after-hours) & address
 - Pension number
 - Health insurance status: (i.e. Medicare only / DVA / privately insured) & include details
 - Name of usual GP & contact details
 - Name of usual Pharmacist & contact details
 - Name of next-of-kin &/or Medical Enduring Power of Attorney or equivalent & contact details
 - Next-of-kin notified of transfer
 - Reason for transfer including events leading up to transfer
 - Relevant medical history
 - Any known allergies
 - Pre-morbid / usual condition & functioning: cognition, mobility, continence, behaviours, diet
- Letter from GP, locum or Aged Care Home detailing reason for transfer
- Copy of most recent Comprehensive Medical Assessment (CMA)
- Copy of results of recent investigations (blood tests / x-ray / other pathology)
- Copy of current drug chart / list of current medications & time of last administration
- Copy of current observation, blood sugar level & bowel charts (if applicable)