

External Reporting Resources


AGED CARE FUNDING INSTRUMENT (ACFI) REPORT

The *ACFI Report* provides a report on ACFI Question 5 Continence. This question relates to the person's usual assessed needs with regard to continence of urine and faeces. SIM™ manager can be used to complete the assessment checklist for the Continence Record from the SIM™ assessment data collected during a three-day Urinary and a seven-day Bowel assessment. The report reflects the resident's continence status at the time of the assessment.

Set-up and access: For information on how to access or set up External Reports, please refer to the resources available on Simavita's training website at the URL below.

SQL Report Writer template file: *02592_02_ACFI_Report.rdl*

Report use:

1. Select the  **ACFI Report** icon to open the report.
2. Select the Resident from the drop down list for whom you wish to generate the ACFI report

Resident:

3. Select the Assessment from the drop down list to generate the ACFI report

Assessment:

4. If you wish to include the urinary records, select Yes from the drop down list

Include Urinary Records

5. If you wish to include the bowel records, select Yes from the drop down list

Include Bowel Records

6. ACFI Report allows you to skip a day from the assessment to be included in the report. To skip a day from the report, click on the drop down list and select the day you wish to skip

Skip day:

If you do not wish to skip a day, click None.

7. If you opted to skip a day from the report, enter the reason for skipping a day

Reason for day skipping:

8. Click to generate the report.

Example report:

ACFI 5 Continence

Continence Assessment Summary	Tick if yes
No incontinence recorded	<input type="checkbox"/> 5.1
3-day Urine Continence Record	<input checked="" type="checkbox"/> 5.2
7-day Bowel Continence Record	<input checked="" type="checkbox"/> 5.3

Check list must be completed

You must tick one selection from items 1–4 and one selection from items 5–8.

Evidence requirement

For a rating of B, C or D you must complete and enclose the Continence Record

Continence Checklist		Tick if YES
Urinary continence		
1	No episodes of urinary incontinence or self-manages continence devices	<input type="checkbox"/> 1
2	Incontinent of urine less than or equal to once per day	<input type="checkbox"/> 2
3	2 to 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting	<input type="checkbox"/> 3
4	More than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting	<input checked="" type="checkbox"/> 4
Faecal continence		
5	No episodes of faecal incontinence or self-manages continence devices	<input type="checkbox"/> 5
6	Incontinent of faeces once or twice per week	<input checked="" type="checkbox"/> 6
7	3 to 4 episodes weekly of faecal incontinence or passing faeces during scheduled toileting	<input type="checkbox"/> 7
8	More than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting	<input type="checkbox"/> 8

ACFI 5 Rating key

Rating **D**

RATING A = yes to (item 1) and (item 5)

RATING B = yes to (item 2) or (item 6); You must complete and enclose the Continence Record

RATING C = yes to (item 3) or (item 7); You must complete and enclose the Continence Record

RATING D = yes to (item 4) or (item 8); You must complete and enclose the Continence Record

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ACFI 5 Continence-assessment Continence Record

Resident name/ID	Coralie ASTRIDGE	Facility ID
ACFI appraiser identification details		
Appraiser name	Appraiser profession	
Signature	Date	

Code	Description
1	incontinent of urine
2	pad change for incontinence of urine
3	pad has increased wetness
4	passed urine during scheduled toileting
5	incontinent of faeces
6	pad change for incontinence of faeces
7	bowel open during scheduled toileting

Hour starting @	Urinary			Hour starting @	Bowel						
	Date				Date						
	11/09/14	12/09/14	13/09/14		11/09/14	12/09/14	13/09/14	14/09/14	15/09/14	16/09/14	17/09/14
00:00				00:00							
01:00	1			01:00							
02:00	1	2	2	02:00	6	6					
03:00	4			03:00							
04:00	1			04:00							
05:00				05:00							
06:00				06:00							
07:00			1	07:00							
08:00	1			08:00							
09:00	2	1	4	09:00							
10:00		1		10:00							
11:00	2		1	11:00							
12:00				12:00							
13:00				13:00							
14:00		2		14:00							
15:00			3	15:00							
16:00	2	2		16:00							
17:00			3	17:00							
18:00				18:00							
19:00				19:00							
20:00				20:00							
21:00				21:00							
22:00				22:00							
23:00				23:00							
# of episodes	8	5	6	# of episodes	0	1	1	0	0	0	0



For information on how to set up external reports on your SIM™ system and additional reporting resources, please go to <http://simavita.com/training/>

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