|  | Please use I.D. label or block print |
| --- | --- |
|  HOSPITAL**NON-ACUTE RUG-ADL ASSESSMENT**WARD:  DOCTOR:  | SURNAME | UMRN |
| GIVEN NAMES | DOB | GENDER |
| ADDRESS | POSTCODE |
|  | TELEPHONE |
| Non-acute care (also known as Maintenance Care) is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of an individual with a disability or severe level of functional impairment. Following assessment or treatment, the patient does not require further complex assessment or stabilisation.All episodes of qualified non-acute care must have a formal assessment of functional ability using the Resource Utilisation Group – Activities of Daily Living (RUG-ADL) clinical assessment tool. The RUG-ADL Tool measures the level of functional dependence of a patient for four activities of daily living and provides an indication of what a person actually does, rather than what they are capable of doing.A RUG-ADL assessment must be performed by a clinician at the beginning of the episode of care. The clinician is required to assign a score for each activity of daily living. The scores must then be summed to provide a total RUG-ADL score. This total score will inform how this episode will be classified under the Australian National Subacute and Non-acute Patient Classification (AN-SNAP). |
| **Assessment Date:** | \_\_\_/\_\_\_/\_\_\_\_ | **Assessment Time:** | \_\_\_:\_\_\_ |
| **Type of Non-acute Care**  |
| ❑ | Convalescent  | ❑ | Respite | ❑ | Nursing Home Type | ❑ | Other | ❑ | Unknown |
| **Activity of Daily Living** | **Scale** | **Score** |
| Bed Mobility | 1 – Independent supervision only3 – Limited physical assistance4 – Other than two persons physical assist5 – Two person (or more) physical assist |  |
| Toileting | 1 – Independent supervision only3 – Limited physical assistance4 – Other than two persons physical assist5 – Two person (or more) physical assist |  |
| Transfers | 1 – Independent supervision only3 – Limited physical assistance4 – Other than two persons physical assist5 – Two person (or more) physical assist |  |
| Eating | 1 – Independent or supervision only2 – Limited assistance3 – Extensive assistance/total dependence/tube fed |  |
| **Total Score** |  |
| **Assessor Details** |
| **Full name (please print)**  | **Designation (please print)** |
| **Signature**  | **Date** |

| **TYPE OF NON-ACUTE CARE DEFINITIONS** |
| --- |
| **Convalescent** |
| Following assessment and/or treatment, the patient does not require further complex assessment or stabilisation but continues to require care over an indefinite period. Under normal circumstances the patient would be discharged but due to factors in the home environment, such as access issues or lack of available community services, the patient is unable to be discharged. Examples may include:* patient awaiting the completion of home modifications essential for discharge
* patient awaiting the provision of specialised equipment essential for discharge
* patient awaiting housing
* patient awaiting supported accommodation such as hostel or group home bed
* patient for whom community services are essential for discharge but are not yet available.
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| **Respite** |
| An episode where the primary reason for admission is the short-term unavailability of the patient’s usual care. Examples may include:* admission due to carer illness or fatigue
* planned respite due to carer unavailability
* short-term closure of care facility
* short-term unavailability of community services.
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| **Nursing home type** |
| The patient does not have a current acute care certificate and is awaiting placement in a residential aged care facility. |
| **Other** |
| Any other reason the patient may require a maintenance episode other than those already stated. |
| **Unknown** |
| It is not known what type of maintenance care the patient is receiving. |
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