

Phase 1a: Survey to assist with the development of the information tool

To determine the specific type of information to gather from residential aged care facilities (RACF) and their servicing pharmacy, the survey below will request for you to provide a rating of importance for each type of information. Your collective feedback will give us an indication on the types of information to included in the tool.

1. Please rate the level of importance for each type of information below. *

Information to be included in the RACF information document.

	Not at all useful	Somewhat useful	Moderately useful	Very useful	Extremely useful
RACF address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RACF phone number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RACF fax number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RACF email address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RACF operating hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dose the RACF provide permanent care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the RACF provide short-term respite care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preferred method of medication management (e.g. dose administration aid (DAA), original commercial packaged foils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a DAA is used, what type? (e.g. Blister pack, sachet system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can medications be administered from original packaging foils if hospital supplied the medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are nurses present on site to administer medications? (e.g. oral or IV medications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors available on site?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requirement of a medication list from hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name of associated servicing pharmacy that supplies the medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RACF procedures for new residents (Non-respite)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Additional suggestions - RACF information

In the section below, please provide any further suggestions on the types of information we should include in the RACF information document.

Enter your answer