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The Resource Utilisation and Classification Study (RUCS)

Study One Guide: Frequently asked questions

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About the data collection

A1. Who is involved in collecting the service utilisation data?

All facility staff involved in care delivery during the day and afternoon shifts.

A2. Why do I only capture information about certain types of care I provide during my shift?

The service utilisation data collection will provide detailed information about the different levels of resources used by residents because of their individual care needs. The costs of the time spent providing all the other types of care to residents during you shift will be included in the study as 'shared' time.

A3. How do I calculate the time for each separate care activity when they are provided in combination?

Some care activities are commonly delivered in combination and the times cannot be allocated separately for each activity, such as skin care with personal hygiene. Combined care activities are captured by scanning the "Combined care in resident's room" barcode.

A4. Should care activities provided to a group of residents be captured?

It depends on the activity. Group activities should be captured where they are delivered to particular residents to assist with their individual care needs, such as a therapy craft group. The barcoding technology is able to capture each of the residents receiving the care and share the time between them. Follow the instructions in Step 3.

Group activities that are provided to all residents, such as a movie night, should not be captured.

A5. Does each staff member of a pair of larger team working together capture the care activity time?

Yes. It's important that all the staff time is captured for the care activity provided.

A6. What happens when there is an interruption to the care delivery?

Where the interruption is only for a short time, for example you assist another resident by picking something up off the floor for them, the care time being captured doesn't need to be adjusted to reflect the interruption. Where the interruption is for an extended time, the care activity time should be stopped and then started again later when the care is resumed.

A7. Can accumulated short periods of care for a resident be captured?

Yes. Where a resident accumulates a significant amount of individual care time but in multiple short periods that are too brief or too inconvenient to capture, an estimate of the overall care time should be calculated and captured retrospectively using the time blocks. For example, where you respond to a resident calling out several times in a shift but they need only a quick reassurance for a couple of minutes each time.

A8. What happens if I realise I've made a mistake when I'm scanning?

No problem. Scan the "Cancel/Restart" barcode (this removes all the scans you have done since the last "STOP") and start again. But remember - once you have scanned "STOP" the care activity capture can't be deleted.

A9. What if I'm not sure if I've scanned my staff ID barcode?

If in doubt scan your staff ID again at any time during your shift, however it is best practice to scan at the beginning of your shift.

A10. What if I forget to upload my scans at the end of my shift?

The barcode scanner will retain all the scans that have been done since the last upload and these will be uploaded along with any new scans when the scanner is next used. It's important that you remember to scan your own staff ID barcode at the start of each shift just in case there are scans from someone else's previous shift that weren't uploaded.

A11. Can I enter a care activity from a shift on a previous day that wasn't captured?

Yes. If you forget or are unable to capture a care activity on the day of your shift it can be captured on another day by scanning the barcode for the relevant date on the list provided. Follow the instructions in Step 3.

A12. Are rounds with General Practitioners captured as individual care for each resident seen?

No, routine rounds with General Practitioners are shared care. However, if a resident has a specific problem that means staff call a GP to visit and assess the resident, then that should be captured as individual care for the staff that are with the GP for the time of the assessment.

Barcode scanner problem solving

B1. Why can't I scan a barcode?

Make sure the red line covers the entire barcode and some extra either end. You do not need to scan the barcode precisely. Make sure the barcode is flat.

B2. Why is it taking a while to scan?

Try holding the scanner at 45° about 8cm from the barcode for best reading.

B3. Why aren't I getting a beep?

Your sound is probably turned off. Try pressing the big button for ten seconds until you hear a beep. This turns the scanner's sound on. Similarly you can turn the scanner's sound off again by holding down the big button for another 10 seconds.

B4. What if the battery on my barcode scanner goes flat?

Low battery is indicated by a blinking red light when you try to scan. Avoid letting the battery go totally flat as the scans that have been captured could become corrupted. Scanners with flat batteries should be reported to your site contact or cluster coordinator as they need to be re-initialised.

B5. How should the scanners be cleaned?

Please use a soft, clean cloth. Do not use any solvent, such as alcohol, or any abrasive substances.