Month End Report
First Nations and Inuit Home Care
Home Support Statistics

Community: _____

Staff Name: _____

Date: _____ Page ____ of ____

CLIENT INFORMATION				HOME SUPPORT TIME				TOTAL HOME SUPPORT TIME
Client Identifier	Age Code	Sex	Total Home Visits	Home Management	Personal Care Respit	Meal Services	Other Client Time	
A	B	C	D	E	F	G	H	I
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						
	A B C D	M F						

Program	Number Clients
Admission	
Discharge	
TOTALS	

Age Codes

A - under 15
B - 15 - 44
C - 45 - 64
D - 65 & over

Month End Report
First Nations and Inuit Home Care
Nursing and Case Management Statistics

Community: _____

Staff Name: _____

Date: _____ Page _____ of _____

CLIENT INFORMATION				CASE MANAGEMENT		HOME NURSING TIME		TOTAL CLIENT TIME
Client Identifier	Age Code	Sex	Total Visits	Asses/Care Coord Time	Case Management Code	Nursing Time	Nursing Code	
A	B	C	D	J	K	L	M	N
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F			DC IA RV CC HL OTR		AP ST CA SC PC	
TOTAL					DC IA RV CC HL OTR		AP ST CA SC PC	

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Discharge	
TOTALS	

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Case Management Codes
DC - Discharge Planning
IA - Initial Assessment
RV - Reviews
CC - Client Conferencing
HL - Hospital Liaison
OTR - Other

Nursing Codes
AP - Acute post hospital care
ST - Short Term Active Care
CA - Continuing Active Care
SC - Sustaining Care
PC - Palliative Care

Month End Report
First Nations and Inuit Home Care
Total Program Statistics

Community: _____

Staff Name: _____

Date: _____ Page ____ of ____

CLIENT INFORMATION				HOME SUPPORT TIME					CASE MANAGEMENT		HOME NURSING TIME		TOTAL CLIENT TIME
Client Identifier	Age Code	Sex	Total Visits	Home Management	Personnal Care & Respite	Meal Services	Other Client Time	Total Home Support Time	Asses/Care Coord Time	Case Management Code	Nursing Time	Nursing Code	
A	B	C	D	E	F	G	H	I	J	K	L	M	N
	A B C D	M F								DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F								DC IA RV CC HL OTR		AP ST CA SC PC	
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	A B C D	M F								DC IA RV CC HL OTR		AP ST CA SC PC	
	A B C D	M F								DC IA RV CC HL OTR		AP ST CA SC PC	
TOTAL										DC IA RV CC HL OTR		AP ST CA SC PC	

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