



AUSTRALASIAN REHABILITATION OUTCOMES CENTRE

INPATIENT DATA DICTIONARY V4.1 FOR IT DEVELOPERS – NEW ZEALAND VERSION

*For technical queries
regarding this document or
for more information, please
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Inpatient Data Dictionary for Developers

BACKGROUND

This data dictionary includes all of the data items that are in the AROC Inpatient V4 dataset. Each data item is listed, along with the definition, justification and guide for use. The language and information is aimed to assist clinically trained staff in using and understanding the AROC data. AROC recommends that this dictionary is used as a support document for staff members collecting data on our [data collection forms](#). If you find that this dictionary does not adequately clarify your query of a data item, please contact aroc@uow.edu.au.

INPATIENT DATA DICTIONARY VERSION

Version	Date	Nature of change
4.1	July 2022	<p>Overall review incorporating updates to Definition, Justification and Guide for use sections to provide clarity and adding more examples. Addition of new data items</p> <ul style="list-style-type: none">• Did the patient fall during their rehabilitation admission?• Total active therapist supervised practice minutes – physiotherapy• Total active therapist supervised practice minutes – occupational therapy• Total active therapist supervised practice minutes – speech therapy• Total active therapist supervised practice minutes – other

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AROC Inpatient Data Dictionary for Developers (NZ) V4.1

Data Item	ID	Position	Page
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Is this the first direct care rehabilitation episode for this impairment?	E24	202	37
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Time since onset or acute exacerbation of chronic condition	E27	223	40
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Blank Item 5	BL05	282-299	50
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Data Item	ID	Position	Page
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Reason for delay in discharge - Patient behavioural issues	E102E	362	61
Is there an existing comorbidity interfering with this episode	E103	363	62
Comorbidity Items (Item Group)	E104-E107	364-371	63
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Total number of occasions of service	E119	398-400	72
Disciplines involved in therapy (Item Group)	E120-E129	401-420	73
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Total number of suspension occurrences	E132	427-429	76
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Prosthetic device fitted?	A14	474	93
Date of first prosthetic fitting	A15	475-484	94
Reason for delay in first prosthetic fitting	A16	485	95
Discharge timed up and go test	A17	486-489	96
Discharge 6 minute walk test	A18	490-494	97
Discharge 10 metre walk +/- aid test	A19	495-498	98
Rockwood Frailty Score (pre-morbid)	A20	499	99
Was patient able to participate in therapy from day 1?	A21	500	100
Has patient fallen in the last 12 months?	A22	501	101
Has the patient lost > 10% of their body weight in the last 12 months?	A23	502	102
General comments	Z1	503-702	103

Data Element Name: Path

Data Element ID: PATH

Short Name: Path

Pathway: 1 2 3

Definition: The three inpatient pathways (models of care) are:

Inpatient direct care (Pathway 3):

-The patient is under the care of the rehabilitation physician who holds the medical governance.

-Rehabilitation is delivered in an inpatient setting.

-The patient is accommodated overnight in the hospital and included in the bed occupancy reporting at midnight.

In-reach (Pathway 2):

-The patient is under the care of an acute physician who holds the medical governance.

-The rehabilitation physician or team "reaches into" the acute setting to begin the process of rehabilitation in addition to the acute care the inpatient is already receiving.

Consult/Liaison (Pathway 1):

-The patient is under the care of a physician who holds the medical governance and a rehabilitation physician or team provide a one-off consultation service.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	1	Episode	Mandatory

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Consult liaison
- 2 In-reach rehabilitation care
- 3 Inpatient direct care

Data Element Name: Establishment ID

Data Element ID: F1

Short Name: FacId

Pathway: 1 2 3

Definition: A code which represents the facility.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	10	2-11	Facility	Mandatory

Business Rules: This would usually be the code issued by the Department of Health.

Related data items: F2

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Establishment Name

Data Element ID: F2

Short Name: FacName

Pathway: 1 2 3

Definition: The name of the facility collecting and submitting the data

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	40	12-51	Facility	

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** **Revision:** N/A

Data Element Name: Ward ID/Team ID

Data Element ID: F3

Short Name: WardID

Pathway: 1 2 3

Definition: A 4 character alphanumeric code representing a ward or team.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	10	52-61	Facility	Optional

Business Rules: It is not mandatory to collect this data item if the facility has only one rehabilitation ward/team.

Related data items: F4

Key Dates: **Effective:** 01/07/2007 **Revision:** 2012-07-02

Data Element Name: Ward name/Team name

Data Element ID: F4

Short Name: WardName

Pathway: 1 2 3

Definition: The name of a ward or team within a facility.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	40	62-101	Facility	Optional

Business Rules: N/A

Related data items: F3

Key Dates: **Effective:** 01/07/2007 **Revision:** 2012-07-02

Data Element Name: Patient Identifier

Data Element ID: D1

Short Name: PatientID

Pathway: 1 2 3

Definition: Unique record number established by the facility to enable communication regarding data quality issues pertaining to that episode.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	12	102-113	Demographic	Mandatory

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Letters of name**Data Element ID:** D3**Short Name:** LON**Pathway:** 1 2 3

Definition: This is a 5 letter character string made up of the 2nd, 3rd and 5th letters of the patient's surname, followed by the 2nd and 3rd letters of the patient's first name.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	5	114-118	Demographic	Mandatory

Business Rules: In the first three spaces record the 2nd, 3rd and 5th letters of the patient's surname. In the following two spaces, record the 2nd and 3rd letters of the patient's first name.

Related data items: N/A

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Date of birth

Data Element ID: D4

Short Name: DOB

Pathway: 1 2 3

Definition: The date of birth of the patient being treated by the facility.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	119-128	Demographic	Mandatory

Business Rules: N/A

Related data items: D5

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Date of birth estimate

Data Element ID: D5

Short Name: DOBest

Pathway: 1 2 3

Definition: Flag to indicate if date of birth item is a known or estimated value.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	129	Demographic	Mandatory

Business Rules: N/A

Related data items: D4

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Estimated
- 2 Not estimated

Data Element Name: Sex**Data Element ID:** D6**Short Name:** Sex**Pathway:** 1 2 3 **Definition:** The biological differences between males and females, as represented by a code.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	130	Demographic	Mandatory

Business Rules: N/A**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02**Codeset values:**

1	Male
2	Female
3	Indeterminate
9	Not stated/inadequately defined

Data Element Name: Indigenous Status (NZ)**Data Element ID:** D7B**Short Name:** IndStat**Pathway:** 1 2 3 **Definition:** In NZ, indigenous status is a measure of whether a patient identifies as being of Maori or Non-Maori origin.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	131	Demographic	Optional

Business Rules: N/A**Related data items:** N/A**Key Dates:** **Effective:** 01/09/2003 **Revision:** 2012-07-02**Codeset values:**

1	Maori
4	Non-Maori
9	Not stated or inadequately defined

Data Element Name: Ethnicity**Data Element ID:** D8**Short Name:** Ethnicity**Pathway:** 1 2 3 **Definition:** Ethnicity is defined as a social group whose members have one or more of the following four characteristics: they share a sense of common origins, claim a common and distinctive history and destiny, possess one or more dimensions of collective cultural individuality and/or feel a sense of unique collective solidarity.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	132-133	Demographic	Mandatory

Business Rules: N/A**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

10	European not further defined
11	New Zealand European/Pakeha
12	Other European
21	Maori
30	Pacific Peoples not further defined
31	Samoa
32	Cook Island Maori
33	Tongan
34	Niuean
35	Tokelauan
36	Fijian
37	Other Pacific Peoples
40	Asian not further defined
41	Southeast Asian
42	Chinese
43	Indian
44	Other Asian
51	Middle Eastern
52	Latin American/ Hispanic
53	African (or cultural group of African origin)
61	Other Ethnicity
94	Patient doesn't know
95	Refused to Answer
97	Response Unidentifiable
99	Not stated

Data Element Name: Geographical Residence (NZ)**Data Element ID:** D9B**Short Name:** State_Region**Pathway:** 1 2 3 **Definition:** Geographical residence is the region that the patient usually resides in.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	134-135	Demographic	Mandatory

Business Rules: N/A**Related data items:** D10**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02**Codeset values:**

11	Northland
12	Auckland
13	Waikato
14	Bay of Plenty
15	Gisborne
16	Hawkes Bay
17	Taranaki
18	Manawatu-Wanganui
19	Wellington
20	Tasman
21	Nelson
22	Marlborough
23	West Coast
24	Canterbury
25	Otago
26	Southland
27	Chatham Islands, Kermadecs and Subantarctic Islands
28	Not NZ

Data Element Name: Postcode

Data Element ID: D10

Short Name: postcode

Pathway: 1 2 3

Definition: Postcode is the numeric descriptor for a postal delivery area, aligned with locality, suburb or place for the address of patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	4	136-139	Demographic	Mandatory

Business Rules: 8888= not applicable
9999= not known

Related data items: D9

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Funding Source (NZ)**Data Element ID:** D11B**Short Name:** Funding**Pathway:** 1 2 3 **Definition:** The principal source of funding for the patient in rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	140-141	Demographic	Mandatory

Business Rules: If funding source = 2, 4 or 5 then complete related data item D12, Health Fund/other payer.**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02**Codeset values:**

1	NZ Ministry of Health (public patient)
2	Private health insurance
3	Self-funded
4	Workers compensation
5	Motor vehicle third party personal claim
6	Other compensation (eg public liability, common law, medical negligence)
10	Other hospital or public authority (contracted care)
11	Reciprocal health care agreement (other countries)
12	NZ Disability
13	Accident Compensation Corporation
98	Other
99	Not known

Data Element Name: Need for interpreter service?**Data Element ID:** D13**Short Name:** Interp**Pathway:** 1 2 3

Definition: An interpreter service may be paid or unpaid and includes the use of family members for interpretation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	142	Demographic	Mandatory

Business Rules: N/A**Related data items:** N/A

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02**Codeset values:**

- 1 Yes - Interpreter needed
- 2 No - Interpreter not needed

Data Element Name: Referral date

Data Element ID: E1

Short Name: Referral

Pathway: 1 2 3

Definition: The date that the rehabilitation team received a referral for the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	143-152	Episode	Mandatory

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Assessment date**Data Element ID:** E2**Short Name:** Assessment**Pathway:** 1 2 3

Definition: The date the patient was first seen by a clinician or the rehabilitation team to assess their appropriateness for rehabilitation care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	153-162	Episode	Mandatory

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Date clinically ready for rehabilitation care

Data Element ID: E3

Short Name: ClinicallyRehabReady

Pathway: 1 2 3

Definition: A patient is "clinically ready for rehabilitation care" when the rehabilitation physician, or physician with an interest in rehabilitation, deems the patient ready to start their rehabilitation program and have documented this in the patient's medical record.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	163-172	Episode	Mandatory

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Was there a delay in episode start?**Data Element ID:** E4**Short Name:** StartDelayFlag**Pathway:** 1 2 3

Definition: This item identifies whether there was a delay between the patient being assessed as clinically ready for rehabilitation and the rehabilitation program commencing. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the rehabilitation program commencing.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	173	Episode	Mandatory

Business Rules: If 1, 'Yes', complete E5-E9. If 2, "No" leave E5-E9 blank and skip to E10.**Related data items:** E5-E9

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Reason for delay in episode start - Patient related issues (medical)**Data Element ID:** E5**Short Name:** StartDelayMedical**Pathway:** 1 2 3 **Definition:** This item collects information about patient related medical issues that have caused a delay between the patient being assessed as clinically ready for rehabilitation and the rehabilitation program commencing. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the rehabilitation program commencing.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	174	Episode	Conditional

Business Rules: Only complete if E4=1, "Yes", otherwise leave blank.**Related data items:** E4**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Reason for delay in episode start - Service issues

Data Element ID: E6

Short Name: StartDelayService

Pathway: 1 2 3

Definition: This item collects information about service issues that have caused a delay between the patient being assessed as clinically ready for rehabilitation and the rehabilitation program commencing. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the rehabilitation program commencing.

Service issues are those that are governed by the rehabilitation service or the hospital service that impact the rehabilitation episode.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	175	Episode	Conditional

Business Rules: Only complete if E4=1, "Yes", otherwise leave blank.

Related data items: E4

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Reason for delay in episode start - External support issues

Data Element ID: E7

Short Name: StartDelayExternal

Pathway: 1 2 3

Definition: This item collects information about external support issues that have caused a delay between the patient being assessed as clinically ready for rehabilitation and the rehabilitation program commencing. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the rehabilitation program commencing.
External support issues are those that are not governed by the hospital system.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	176	Episode	Conditional

Business Rules: Only complete if E4=1, "Yes", otherwise leave blank.

Related data items: E4

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Reason for delay in episode start - Equipment issues**Data Element ID:** E8**Short Name:** StartDelayEquipment**Pathway:** 1 2 3 **Definition:** This item collects information about equipment issues that have caused a delay between the patient being assessed as clinically ready for rehabilitation and the rehabilitation program commencing. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the rehabilitation program commencing.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	177	Episode	Conditional

Business Rules: Only complete if E4=1, "Yes", otherwise leave blank.**Related data items:** E4**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Reason for delay in episode start - Patient behavioural issues**Data Element ID:** E9**Short Name:** StartDelayPatient**Pathway:** 1 2 3 **Definition:** This item collects information about patient behavioural issues that have caused a delay between the patient being assessed as clinically ready for rehabilitation and the rehabilitation program commencing. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the rehabilitation program commencing.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	178	Episode	Conditional

Business Rules: Only complete if E4=1, "Yes", otherwise leave blank.**Related data items:** E4**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Episode begin date**Data Element ID:** E10**Short Name:** BegDate**Pathway:** 1 2 3 **Definition:** The date the patient commenced rehabilitation care. This date defines the beginning of the rehabilitation episode and is the date from which length of stay (LOS) calculation begins. This is not dependent on geography or location of the patient.

The begin date for an inpatient direct episode of care, is the date that the patient's care is transferred to a rehabilitation physician or physician with an interest in rehabilitation and it's recorded in the medical record that the rehabilitation team has commenced the rehabilitation program/ provision of care. It is the date that the "care type" becomes rehabilitation, no matter where the patient is geographically located.

The begin date for an episode of consultation liaison, is the date an inpatient, under another primary care provider (e.g. Acute care,) was seen by a member of the consult team (e.g. Rehabilitation team) and there is documented evidence in the medical record that the patient meets the criteria for rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	179-188	Episode	Mandatory

Business Rules: N/A**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Type of Accommodation prior to this impairment (NZ)**Data Element ID:** E11B**Short Name:** AccomPrior**Pathway:** 1 2 3 **Definition:** The type of accommodation the patient lived in prior to the rehabilitation episode of care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	189	Episode	Mandatory

Business Rules: If E11= 1, private residence, then E12-E22 must be completed.**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

- | | |
|---|--|
| 1 | Private residence (including unit in retirement village) |
| 2 | Rest home level care |
| 3 | Hospital level care (requires 24hr nursing) |
| 4 | Community group home |
| 5 | Boarding house |
| 6 | Transitional living unit |
| 8 | Other |

Data Element Name: Carer status prior to this impairment

Data Element ID: E12

Short Name: CarerPrior

Pathway: 1 2 3

Definition: The level of carer support the patient received prior to their current inpatient admission. Include both paid and/or unpaid carer support received. Paid carer support includes both government funded and private health funded carers. Unpaid carer support includes care provided by a relative, friend, and/or partner of the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	190	Episode	Conditional

Business Rules: Only complete if E11=1, "Yes".

Related data items: N/A

Key Dates: **Effective:** 01/07/2007 **Revision:** 2012-07-02

Codeset values:

- 1 NO CARER and DOES NOT need one
- 2 NO CARER and NEEDS one
- 3 CARER NOT living in
- 4 CARER living in, NOT co-dependent
- 5 CARER living in, co-dependent

Data Element Name: Were any services being received within the month prior to this impairment?**Data Element ID:** E13**Short Name:** ServicesPriorFlag**Pathway:** 1 2 3 **Definition:** This item identifies whether services were received by the person prior to this impairment. "Services" refers to paid or unpaid services received in the month prior to this impairment (or exacerbation of impairment). Paid service(s) include both government funded and private health funded services. Unpaid service(s) include care provided by a relative, friend, and/or partner of the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	191	Episode	Conditional

Business Rules: Only complete if E11=1, "Yes".
If E13 = 1, "Yes", then items E14-E22 must also be completed.**Related data items:** E14-E22**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Element Group Name: Services received prior to impairment**Data Element ID Range:** E14-E22**Pathway:** 1 2 3 **Definition:** This item collects information about whether the patient received paid or unpaid services in the month prior to their impairment. Paid service(s) include both government funded and private health funded services. Unpaid service(s) include care provided by a relative, friend, and/or partner of the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	192-200	Episode	Conditional

Business Rules: Only collect if E11=1 and E13=1, otherwise leave blank. If E13= 1, "Yes", then E14-E22 must also be collected.**Related data items:** E13, E14-E22**Key Dates:** **Effective:** 2012-07-01 **Revision:** N/A**Data Items:**

ID	Data Element Name	Start Position
E14	Service received prior to impairment - Domestic assistance	192
E15	Service received prior to impairment - Social support	193
E16	Service received prior to impairment - Nursing care	194
E17	Service received prior to impairment - Allied health care	195
E18	Service received prior to impairment - Personal care	196
E19	Service received prior to impairment - Meals	197
E20	Service received prior to impairment - Provision of goods & equipment	198
E21	Service received prior to impairment - Transport services	199
E22	Service received prior to impairment - Case management	200

Codeset values:

1	Yes
2	No

Data Element Name: Employment status prior to this impairment**Data Element ID:** E23**Short Name:** EmpStatPrior**Pathway:** 1 2 3

Definition: This item records the patient's employment status before their impairment or exacerbation of impairment.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	201	Episode	Mandatory

Business Rules: If E32= 1 and E114 =1 or 2, then E71 must also be collected.

Related data items: N/A

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02

Codeset values:

- | | |
|---|------------------------|
| 1 | Employed |
| 2 | Unemployed |
| 3 | Student |
| 4 | Not in labour force |
| 5 | Retired for age |
| 6 | Retired for disability |

Data Element Name: Is this the first direct care rehabilitation episode for this impairment?

Data Element ID: E24

Short Name: FirstAdm

Pathway: 1 2 3

Definition: This item relates to the patient's impairment and setting, not the particular facility. "Direct care" is when the patient is under the direct care of the rehabilitation physician or team, i.e. they hold medical governance over the patient.

The first direct care rehabilitation episode for this impairment considers only those episodes occurring in the inpatient setting regardless of facility. This aims to identify those patients that have repeated rehabilitation admissions/discharges within the inpatient setting as subsequent episodes are typically quite different to primary episodes (NOTE: subsequent episodes caused by adhering to any required jurisdictional business rules will be concatenated into one primary episode as long as they occur within the same facility).

Subsequent direct rehabilitation episodes of care are more common in certain impairments such as brain injury, spinal cord injury and/or amputee, where the patient often has multiple rehabilitation episodes across a variety of settings.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	202	Episode	Mandatory

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 01/09/2003 **Revision:** 2012-07-02

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Date multidisciplinary team rehabilitation plan established**Data Element ID:** E25**Short Name:** TeamPlanDate**Pathway:** 1 2 3

Definition: A multidisciplinary team rehabilitation plan comprises a series of documented and agreed initiatives/treatment (specifying program goals and time frames), which has been established through multidisciplinary consultation and consultation with the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	203-212	Episode	Mandatory

Business Rules: N/A**Related data items:** N/A

Key Dates: **Effective:** 01/07/2007 **Revision:** 2012-07-02

Data Element Name: Date of injury/impairment onset**Data Element ID:** E26**Short Name:** OnsetDate**Pathway:** 1 2 3

Definition: The date of the injury or impairment that has directly driven the need for the current episode of rehabilitation. For example, the date the patient fractured their hip, the date the patient had a stroke, or the date the patient had a limb amputated.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	213-222	Episode	Mandatory

Business Rules: If the exact date is unknown, leave blank and collect E27**Related data items:** E27, E28

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Time since onset or acute exacerbation of chronic condition**Data Element ID:** E27**Short Name:** OnsetTime**Pathway:** 1 2 3 **Definition:** The time that has elapsed since the onset of the patient's condition that is the reason for this episode of rehabilitation care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	223	Episode	Conditional

Business Rules: Only collect if E26 is unknown. If E26 is known, leave blank.**Related data items:** E26, E28**Key Dates:** **Effective:** 01/07/2007 **Revision:** 2012-07-02**Codeset values:**

1	Less than one month ago
2	1 month to less than 3 months
3	3 months to less than 6 months
4	6 months to less than a year
5	1 year to less than 2 years
6	2 years to less than 5 years
7	5 or more years
9	Unknown

Data Element Name: Date of relevant acute episode

Data Element ID: E28

Short Name: AcuteAdmDate

Pathway: 1 2 3

Definition: The date of the acute admission relevant to the current episode of rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	224-233	Episode	Mandatory

Business Rules: N/A

Related data items: E26, E27

Key Dates: **Effective:** 01/07/2007 **Revision:** 2012-07-02

Data Element Name: Mode of episode start - Inpatient**Data Element ID:** E29C**Short Name:** StartMode**Pathway:** 1 2 3 **Definition:** This item records the referral source of the patient for the inpatient rehabilitation episode.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	234	Episode	Mandatory

Business Rules: N/A**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2014-01-01**Codeset values:**

- | | |
|---|--|
| 1 | Admitted from usual accommodation |
| 2 | Admitted from other than usual accommodation |
| 3 | Transferred from another hospital |
| 4 | Transferred from acute care in another ward |
| 5 | Transferred from acute specialist unit |
| 6 | Change from acute care to sub/non acute care whilst remaining on same ward |
| 7 | Change of sub/non acute care type |
| 8 | Other |
| 9 | Recommended rehabilitation episode following suspension |

Data Element Name: Blank Item 3

Data Element ID: BL03

Short Name: BlankItem3

Pathway: 1 2 3

Definition: The AROC Inpatient V4 data set does no longer require this item, leave a blank space

Format:	Type	Width	Start / End Pos.	Category	Obligation
		10	235-244	Blank	

Business Rules: Leave blank field in the file for BL03

Related data items: N/A

Key Dates: **Effective:** **Revision:** N/A

Data Element Name: AROC impairment code**Data Element ID:** E40**Short Name:** Impair**Pathway:** 1 2 3 **Definition:** The AROC impairment codes are used to classify rehabilitation episodes into like clinical groups. The Australian codes are based on the Uniform Data System for Medical Rehabilitation (UDSMR) codes. The selected code should reflect the primary reason for the current episode of rehabilitation care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	7	245-251	Episode	Mandatory

Business Rules: N/A**Related data items:** A1-A23**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02**Codeset values:**

1.11	Stroke, Haemorrhagic, Left Body Involvement (Right Brain)
1.12	Stroke, Haemorrhagic, Right Body Involvement (Left Brain)
1.13	Stroke, Haemorrhagic, Bilateral Involvement
1.14	Stroke, Haemorrhagic, No Paresis
1.19	Other haemorrhagic stroke
1.21	Stroke, Ischaemic, Left Body Involvement (Right Brain)
1.22	Stroke, Ischaemic, Right Body Involvement (Left Brain)
1.23	Stroke, Ischaemic, Bilateral Involvement
1.24	Stroke, Ischaemic, No Paresis
1.29	Other ischaemic stroke
2.11	Brain Dysfunction, Non traumatic, subarachnoid haemorrhage
2.12	Brain Dysfunction, Non traumatic, Anoxic brain damage
2.13	Other non-traumatic brain dysfunction
2.21	Brain Dysfunction, Traumatic, open injury
2.22	Brain Dysfunction, Traumatic, closed injury
3.1	Neurological conditions, Multiple sclerosis
3.2	Neurological conditions, Parkinsonism
3.3	Neurological conditions, Polyneuropathy
3.4	Neurological conditions, Guillain-Barre
3.5	Neurological conditions, Cerebral palsy
3.8	Neurological conditions, Neuromuscular disorders
3.9	Other neurological conditions
4.111	Spinal Cord Dysfunction, Non-traumatic, Paraplegia, incomplete
4.112	Spinal Cord Dysfunction, Non-traumatic, Paraplegia, complete
4.1211	Spinal Cord Dysfunction, Non-traumatic, Quadriplegia incomplete C1-4
4.1212	Spinal Cord Dysfunction, Non-traumatic, Quadriplegia incomplete C5-8
4.1221	Spinal Cord Dysfunction, Non-traumatic, Quadriplegia complete C1-4
4.1222	Spinal Cord Dysfunction, Non-traumatic, Quadriplegia complete C5-8
4.13	Other non-traumatic spinal cord dysfunction
4.211	Spinal Cord Dysfunction, Traumatic, Paraplegia, incomplete
4.212	Spinal Cord Dysfunction, Traumatic, Paraplegia, complete
4.2211	Spinal Cord Dysfunction, Traumatic, Quadriplegia incomplete C1-4
4.2212	Spinal Cord Dysfunction, Traumatic, Quadriplegia incomplete C5-8
4.2221	Spinal Cord Dysfunction, Traumatic, Quadriplegia complete C1-4
4.2222	Spinal Cord Dysfunction, Traumatic, Quadriplegia complete C5-8
4.23	Other traumatic spinal cord dysfunction
5.11	Amputation of Limb, Non traumatic, Single upper amputation above the elbow

5.12	Amputation of Limb, Non traumatic, Single upper amputation below the elbow
5.13	Amputation of Limb, Non traumatic, Single lower amputation above the knee
5.14	Amputation of Limb, Non traumatic, Single lower amputation below the knee
5.15	Amputation of Limb, Non traumatic, Double lower amputation above the knee
5.16	Amputation of Limb, Non traumatic, Double lower amputation above/below the knee
5.17	Amputation of Limb, Non traumatic, Double lower amputation below the knee
5.18	Amputation of Limb, Non traumatic, Partial foot amputation (includes single/double)
5.19	Other non-traumatic amputation
5.21	Amputation of Limb, Traumatic, Single upper I amputation above the elbow
5.22	Amputation of Limb, Traumatic, Single upper amputation below the elbow
5.23	Amputation of Limb, Traumatic, Single lower amputation above the knee
5.24	Amputation of Limb, Traumatic, Single lower amputation below the knee
5.25	Amputation of Limb, Traumatic, Double lower amputation above the knee
5.26	Amputation of Limb, Traumatic, Double lower amputation above/below the knee
5.27	Amputation of Limb, Traumatic, Double lower amputation below the knee
5.28	Amputation of Limb, Traumatic, Partial foot amputation (includes single/double)
5.29	Other traumatic amputation
6.1	Arthritis, Rheumatoid arthritis
6.2	Arthritis, Osteoarthritis
6.9	Other arthritis
7.1	Pain, Neck pain
7.2	Pain, Back pain
7.3	Pain, Extremity pain
7.4	Pain, Headache (includes migraine)
7.5	Pain, Multi-site pain
7.9	Other pain
8.111	Orthopaedic Conditions, Fracture of hip, unilateral (includes #NOF)
8.112	Orthopaedic Conditions, Fracture of hip, bilateral (includes #NOF)
8.12	Orthopaedic Conditions, Fracture of shaft of femur (excludes femur involving knee joint)
8.13	Orthopaedic Conditions, Fracture of pelvis
8.141	Orthopaedic Conditions, Fracture of knee (includes patella, femur involving knee joint, tibia or fibula involving knee joint)
8.142	Orthopaedic Conditions, Fracture of leg, ankle, foot
8.15	Orthopaedic Conditions, Fracture of upper limb (includes hand, fingers, wrist, forearm, arm, shoulder)
8.16	Orthopaedic Conditions, Fracture of spine (excludes where the major disorder is pain)
8.17	Orthopaedic Conditions, Fracture of multiple sites
8.19	Other orthopaedic fracture
8.211	Post orthopaedic surgery, Unilateral hip replacement
8.212	Post orthopaedic surgery, Bilateral hip replacement
8.221	Post orthopaedic surgery, Unilateral knee replacement
8.222	Post orthopaedic surgery, Bilateral knee replacement
8.231	Post orthopaedic surgery, Knee and hip replacement same side
8.232	Post orthopaedic surgery, Knee and hip replacement different sides
8.24	Post orthopaedic surgery, Shoulder replacement or repair
8.25	Post orthopaedic surgery, Post spinal surgery
8.26	Other orthopaedic surgery
8.3	Soft tissue injury
9.1	Cardiac, Following recent onset of new cardiac impairment
9.2	Cardiac, Chronic cardiac insufficiency
9.3	Cardiac, Heart or heart/lung transplant
10.1	Pulmonary, Chronic obstructive pulmonary disease
10.2	Pulmonary, Lung transplant
10.9	Other pulmonary

11	Burns
12.1	Congenital Deformities, Spina bifida
12.9	Other congenital
13.1	Other Disabling Impairments, Lymphoedema
13.3	Other Disabling Impairments, Conversion disorder
13.9	Other disabling impairments. This classification should rarely be used.
14.1	Major Multiple Trauma, Brain + spinal cord injury
14.2	Major Multiple Trauma, Brain + multiple fracture/amputation
14.3	Major Multiple Trauma, Spinal cord + multiple fracture/ amputation
14.9	Other multiple trauma
15.1	Developmental disabilities
16.1	Reconditioning following surgery
16.2	Reconditioning following medical illness
16.3	Cancer rehabilitation
18.1	COVID-19 with pulmonary issues
18.2	COVID-19 with deconditioning
18.9	COVID-19 all other

Data Element Name: Blank Item 4

Data Element ID: BL04

Short Name: BlankItem4

Pathway: 1 2 3

Definition: The AROC Inpatient V4 data set does no longer require this item, leave a blank space

Format:	Type	Width	Start / End Pos.	Category	Obligation
		2	252-253	Blank	

Business Rules: Leave blank field in the file for BL04

Related data items: N/A

Key Dates: **Effective:** **Revision:** N/A

Data Element Name: Date episode start FIM assessed

Data Element ID: E43

Short Name: StartFIMdate

Pathway: 1 2 3

Definition: The date that the patient's admission Functional Independence Measure (FIM) scores were completed.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	254-263	Episode	Mandatory

Business Rules: N/A

Related data items: E44-E61

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Element Group Name: Admission FIM Scores

Data Element ID Range: E44-E61

Pathway: 1 2 3

Definition: The patient's Functional Independence Measure (FIM) score for each of the 18 FIM items, assessed at the time of admission. This item is mandatory for the inpatient data collection.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	264-281	Episode	Mandatory

Business Rules: Mandatory for pathways 2 and 3
Optional for pathway 1

Related data items: E43, E44 - E61

Key Dates: **Effective:** 2002-07-01 **Revision:** N/A

Data Items:

ID	Data Element Name	Start Position
E44	Admission FIM score for eating	264
E45	Admission FIM score for grooming	265
E46	Admission FIM score for bathing	266
E47	Admission FIM score for dressing upper body	267
E48	Admission FIM score for dressing lower body	268
E49	Admission FIM score for toileting	269
E50	Admission FIM score for bladder management	270
E51	Admission FIM score for bowel management	271
E52	Admission FIM score for transfer to bed/chair/wheelchair	272
E53	Admission FIM score for transfer to toilet	273
E54	Admission FIM score for transfer to shower/tub	274
E55	Admission FIM score for locomotion	275
E56	Admission FIM score for stairs	276
E57	Admission FIM score for comprehension	277
E58	Admission FIM score for expression	278
E59	Admission FIM score for social interaction	279
E60	Admission FIM score for problem solving	280
E61	Admission FIM score for memory	281

Codeset values:

1	Total contact assistance
2	Maximal contact assistance
3	Moderate contact assistance
4	Minimal contact assistance
5	Supervision or setup
6	Modified independence
7	Complete independence

Data Element Name: Blank Item 5

Data Element ID: BL05

Short Name: BlankItem5

Pathway: 1 2 3

Definition: The AROC Inpatient V4 data set does no longer require this item, leave a blank space

Format:	Type	Width	Start / End Pos.	Category	Obligation
		18	282-299	Blank	

Business Rules: Leave blank field in the file for BL05

Related data items: N/A

Key Dates: **Effective:** **Revision:** N/A

Data Element Name: Employment status after, or anticipated employment status after discharge**Data Element ID:** E71**Short Name:** EmpStatPost**Pathway:** 1 2 3 **Definition:** The patient's employment status, or anticipated employment status, after discharge.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	300	Episode	Conditional

Business Rules: Only complete if E23=1**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

- | | |
|---|--|
| 1 | Same or similar job, same or similar hours |
| 2 | Same or similar job, reduced hours |
| 3 | Different job by choice |
| 4 | Different job due to reduced function |
| 5 | Not able to work |
| 6 | Chosen to retire |
| 7 | Too early to determine |

Data Element Name: Date episode end FIM assessed**Data Element ID:** E72**Short Name:** EndFIMdate**Pathway:** 1 2 3

Definition: The date the patient's discharge Functional Independence Measure (FIM) scores were completed.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	301-310	Episode	Mandatory

Business Rules: N/A

Related data items: E73-E90

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02

Element Group Name: Discharge FIM scores

Data Element ID Range: E73-E90

Pathway: 1 2 3

Definition: The patient's Functional Independence Measure (FIM) score for each of the 18 FIM items, assessed at the time of discharge. This item is mandatory for the inpatient data collection.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	311-328	Episode	Mandatory

Business Rules: N/A

Related data items: E72, E73- E90

Key Dates: **Effective:** 2002-07-01 **Revision:** N/A

Data Items:

ID	Data Element Name	Start Position
E73	Discharge FIM score for eating	311
E74	Discharge FIM score for grooming	312
E75	Discharge FIM score for bathing	313
E76	Discharge FIM score for dressing upper body	314
E77	Discharge FIM score for dressing lower body	315
E78	Discharge FIM score for toileting	316
E79	Discharge FIM score for bladder management	317
E80	Discharge FIM score for bowel management	318
E81	Discharge FIM score for transfer to bed/chair/wheelchair	319
E82	Discharge FIM score for transfer to toilet	320
E83	Discharge FIM score for transfer to shower/tub	321
E84	Discharge FIM score for locomotion	322
E85	Discharge FIM score for stairs	323
E86	Discharge FIM score for comprehension	324
E87	Discharge FIM score for expression	325
E88	Discharge FIM score for social interaction	326
E89	Discharge FIM score for problem solving	327
E90	Discharge FIM score for memory	328

Codeset values:

- 1 Total contact assistance
- 2 Maximal contact assistance
- 3 Moderate contact assistance
- 4 Minimal contact assistance
- 5 Supervision or setup
- 6 Modified independence
- 7 Complete independence

Data Element Name: Blank Item 6

Data Element ID: BL06

Short Name: BlankItem6

Pathway: 1 2 3

Definition: The AROC Inpatient V4 data set does no longer require this item, leave a blank space

Format:	Type	Width	Start / End Pos.	Category	Obligation
		18	329-346	Blank	

Business Rules: Leave blank field in the file for BL06

Related data items: N/A

Key Dates: **Effective:** **Revision:** N/A

Data Element Name: Community ready date**Data Element ID:** E100**Short Name:** ClinicallyDischargeReady**Pathway:** 1 2 3

Definition: A patient should be defined as ready to be discharged to the community (community ready) when:

- The patient no longer requires the intensity of therapy provided by an inpatient rehab service. For example, further rehab could be provided in an ambulatory setting if available.
- The patient has achieved a level of function that allows them to be safely discharged to the community based on their dwelling/social/geographical/financial status.
- The patient's level of function is stable enough to enable prediction of long term support needs (if required).
- The patient is medically stable (including comorbidities) and can be managed in the community by a GP.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	347-356	Episode	Mandatory

Business Rules: Completion is mandatory if E114= 1 or 2.
Completion is optional if E114= 3-9

Related data items: E114

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Was there a delay in discharge?**Data Element ID:** E101**Short Name:** EndDelayFlag**Pathway:** 1 2 3 **Definition:** This item identifies whether there was a delay between the patient being assessed as clinically ready for discharge from inpatient rehabilitation and the date of discharge. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the date of discharge from the rehabilitation program.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	357	Episode	Mandatory

Business Rules: If 1, "Yes", complete E102A-E. If 2, "No" leave E102A-E blank and skip to E103.**Related data items:** E102A-E102E**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Reason for delay in discharge - Patient related issues (medical)

Data Element ID: E102A

Short Name: EndDelayMedical

Pathway: 1 2 3

Definition: This item collects information about patient related medical issues that have caused a delay in discharge. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the date of discharge from the rehabilitation program.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	358	Episode	Conditional

Business Rules: Only complete if E101 = 1, "Yes", otherwise leave blank and skip to E103.

Related data items: E101

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Reason for delay in discharge - Service issues**Data Element ID:** E102B**Short Name:** EndDelayService**Pathway:** 1 2 3 **Definition:** This item collects information about service issues that have caused a delay between the patient being assessed as clinically ready for discharge from inpatient rehabilitation and the date of discharge. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the date of discharge from the rehabilitation program.

Service issues are those that are governed by the rehabilitation service or the hospital service that impact the rehabilitation episode.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	359	Episode	Conditional

Business Rules: Only complete if E101 = 1, "Yes", otherwise leave blank and skip to E103.**Related data items:** E101**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Reason for delay in discharge - External support issues**Data Element ID:** E102C**Short Name:** EndDelayExternal**Pathway:** 1 2 3 **Definition:** This item collects information about external support issues that have caused a delay between the patient being assessed as clinically ready for discharge from inpatient rehabilitation and the date of discharge. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the date of discharge from the rehabilitation program.

External support issues are those that are not governed by the hospital system.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	360	Episode	Conditional

Business Rules: Only complete if E101 = 1, "Yes", otherwise leave blank and skip to E103.**Related data items:** E101**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Reason for delay in discharge - Equipment issues**Data Element ID:** E102D**Short Name:** EndDelayEquipment**Pathway:** 1 2 3 **Definition:** This item collects information about equipment issues that have caused a delay in discharge. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the date of discharge from the rehabilitation program.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	361	Episode	Conditional

Business Rules: Only complete if E101 = 1, "Yes", otherwise leave blank and skip to E103.**Related data items:** E101**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Reason for delay in discharge - Patient behavioural issues**Data Element ID:** E102E**Short Name:** EndDelayPatient**Pathway:** 1 2 3 **Definition:** This item collects information about patient behavioural issues that have caused a delay in discharge. A delay is only recorded when there is more than 24 hours between being assessed as clinically ready and the date of discharge from the rehabilitation program.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	362	Episode	Conditional

Business Rules: Only complete if E101 = 1, "Yes", otherwise leave blank and skip to E103.**Related data items:** E101**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Is there an existing comorbidity interfering with this episode**Data Element ID:** E103**Short Name:** ComorbFlag**Pathway:** 1 2 3 **Definition:** A comorbidity is defined as any other significant existing illness/impairment, not part of the principal impairment, which interfered with the process of rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	363	Episode	Mandatory

Business Rules: Must answer 1=Yes or 2=No. Do not leave blank.
If 'Yes', then specify the co morbidities in E104-E107**Related data items:** E104-E107**Key Dates:** **Effective:** 01/07/2007 **Revision:** 2012-07-02**Codeset values:**

1	Yes
2	No

Element Group Name: Comorbidity Items**Data Element ID Range:** E104-E107**Pathway:** 1 2 3 **Definition:** Comorbidities interfering with the rehabilitation program (up to four can be selected).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	364-371	Episode	Conditional

Business Rules: If E103 is 1=Yes then specify the comorbidities in E104-E107. E104 must have a response. Where less than four comorbidities are reported leave the remaining columns blank. If E103 is 2=No then leave E104-E107 blank.**Related data items:** E103, E104 - E107**Key Dates:** **Effective:** 2002-07-01 **Revision:** N/A**Data Items:**

ID	Data Element Name	Start Position
E104	Comorbidities Interfering with Rehabilitation Episode (1)	364
E105	Comorbidities Interfering with Rehabilitation Episode (2)	365
E106	Comorbidities Interfering with Rehabilitation Episode (3)	366
E107	Comorbidities Interfering with Rehabilitation Episode (4)	367

Codeset values:

1	Cardiac disease
2	Respiratory disease
3	Drug and alcohol abuse
4	Dementia
5	Delirium, pre-existing
6	Mental health problem
7	Renal failure with dialysis
8	Renal failure NO dialysis
9	Epilepsy
10	Parkinson's disease
11	Stroke
12	Spinal cord injury/disease
13	Brain injury
14	Multiple sclerosis
15	Hearing impairment
16	Diabetes mellitus
17	Morbid obesity
18	Inflammatory arthritis
19	Osteoarthritis
20	Osteoporosis
21	Chronic pain
22	Cancer
23	Pressure ulcer, pre-existing
24	Visual impairment
25	Acute COVID (1-4 weeks)
26	Post COVID (5-12 weeks)
27	Long COVID (13+ weeks)
99	Other

Data Element Name: Were there any complications interfering with this episode?**Data Element ID:** E108**Short Name:** CompFlag**Pathway:** 1 2 3 **Definition:** A complication may be defined as a disease or disorder concurrent with the principal impairment (or exacerbation of impairment), which prevents the patient from engaging at the anticipated intensity in their planned rehabilitation program. Report only those complications arising during the rehabilitation episode.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	372	Episode	Mandatory

Business Rules: Must answer 1=Yes or 2=No. Do not leave blank.
If 'Yes', then specify the complications in E109-E112.**Related data items:** E109-E112**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Element Group Name: Complication Items

Data Element ID Range: E109-E112

Pathway: 1 2 3

Definition: Complications arising during the rehabilitation episode and interfering with the planned rehabilitation program (up to four can be selected).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	numeric	2	373-380	Episode	Conditional

Business Rules: If E108 is 1=Yes then specify the complications in E109-E112. E109 must have a response. Where less than four complications are reported leave the remaining columns blank. If E108 is 2=No then leave E109-E112 blank.

Related data items: E108, E109 - E112

Key Dates: **Effective:** 2007-07-01 **Revision:** N/A

Data Items:

ID	Data Element Name	Start Position
E109	Complication interfering with this episode (1)	373
E110	Complication interfering with this episode (2)	374
E111	Complication interfering with this episode (3)	375
E112	Complication interfering with this episode (4)	376

Codeset values:

1	UTI
2	Incontinence faecal
3	Incontinence urinary
4	Delirium
5	Fracture
6	Pressure ulcer
7	Wound infection
8	DVT/PE
9	Chest infection
10	Significant electrolyte imbalance
11	Fall
12	Faecal impaction
13	Acute COVID 1-28 days since COVID diagnosis (Weeks 1-4)
99	Other

Data Element Name: Episode end date**Data Element ID:** E113**Short Name:** EndDate**Pathway:** 1 2 3 **Definition:** The date that the patient completed their rehabilitation episode. This date defines the end of the rehabilitation episode and is the date at which the length of stay (LOS) concludes.

The inpatient rehabilitation episode ends when the patient is discharged from the rehabilitation unit and/or the care type is changed from rehabilitation to acute or some other form of sub-acute care type (maintenance/palliative care), no matter where the patient is physically located (rehabilitation ward/ acute ward).

The end date for a consultation liaison episode of rehabilitation is when the rehabilitation physician or team has completed the one-off consultation, no matter where the patient is physically located (rehabilitation ward/acute ward). A consultation begin and end date may be the same at times.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	381-390	Episode	Mandatory

Business Rules: N/A**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Mode of episode end (Inpatient)**Data Element ID:** E114C**Short Name:** EndMode**Pathway:** 1 2 3

Definition: This item records data about where the patient went to at the end of their inpatient rehabilitation episode. There are two broad categories reflecting where the patient can go:

1. Back to the community
2. Remain in the hospital system.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	391	Episode	Mandatory

Business Rules: If E114=1, complete E116.
If E114=2, complete E115 and if known, E116.

Related data items: E100**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02**Codeset values:**

- | | |
|---|--|
| 1 | Discharged to final destination |
| 2 | Discharged to interim destination |
| 3 | Death |
| 4 | Discharged/transferred to other hospital |
| 5 | Care type change and transferred to a different ward |
| 6 | Care type change and remained on same ward |
| 7 | Change of care type within sub/non acute care |
| 8 | Discharged at own risk |
| 9 | Other and unspecified |

Data Element Name: Interim destination (NZ)

Data Element ID: E115B

Short Name: AccomInterim

Pathway: 1 2 3

Definition: This and the next item collect the type of accommodation a patient is going to post discharge from rehabilitation. An interim destination may be defined as accommodation that is only intended to be temporary, which the rehabilitation team considers as a 'middle step' to a final destination.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	392	Episode	Conditional

Business Rules: Only complete if E114=2.
Complete E116 if known.

Related data items: E116

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Private residence (including unit in retirement village)
- 2 Rest home level care
- 3 Hospital level care (requires 24hrs nursing)
- 4 Community group home
- 5 Boarding house
- 6 Transitional living unit
- 7 Hospital
- 8 Other
- 9 Unknown

Data Element Name: Final destination (NZ)**Data Element ID:** E116B**Short Name:** AccomFinal**Pathway:** 1 2 3 **Definition:** Final destination may be defined as the accommodation that a patient is discharged to that is the most appropriate long term accommodation for the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	393	Episode	Conditional

Business Rules: If E114=1 or 2, then E116 must be completed if known.**Related data items:** E115**Key Dates:** **Effective:** 01/09/2003 **Revision:** 2012-07-02**Codeset values:**

- | | |
|---|--|
| 1 | Private residence (including unit in retirement village) |
| 2 | Rest home level care |
| 3 | Hospital level care (requires 24hrs nursing) |
| 4 | Community group home |
| 5 | Boarding house |
| 6 | Transitional living unit |
| 8 | Other |
| 9 | Unknown |

Data Element Name: Carer status post discharge**Data Element ID:** E117**Short Name:** DisCarer**Pathway:** 1 2 3 **Definition:** The level of carer support the patient receives post discharge from their inpatient rehabilitation episode of care. Including both paid and/or unpaid carers. Paid carer support includes both government funded and private health funded carers. Unpaid carer support includes care provided by a relative, friend and/or partner of the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	394	Episode	Conditional

Business Rules: Complete only if E 115 and/or E116=1**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2007 **Revision:** 2012-07-02**Codeset values:**

- 1 NO CARER and DOES NOT need one
- 2 NO CARER and NEEDS one
- 3 CARER NOT living in
- 4 CARER living in, NOT co-dependent
- 5 CARER living in, co-dependent

Data Element Name: Total number of days seen

Data Element ID: E118

Short Name: daysseen

Pathway: 1 2 3

Definition: The total number of days that therapy was provided to the patient during their episode of care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	395-397	Episode	Mandatory

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Data Element Name: Total number of occasions of service**Data Element ID:** E119**Short Name:** occasions**Pathway:** 1 2 3

Definition: The total number of occasions of service to the patient. An occasion of service may be defined as each time therapy is provided to the patient; one therapy provider may provide an occasion of service to one or many patients at the same time (individual vs. group therapy). A patient may receive a number of occasions of service on the same day (e.g., physiotherapy in the morning and speech pathology in the afternoon).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	398-400	Episode	Mandatory

Business Rules: N/A**Related data items:** N/A

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Element Group Name: Disciplines involved in therapy**Data Element ID Range:** E120-E129**Pathway:** 1 2 3 **Definition:** The type(s) of health professional or other care provider who provided treatment to the patient during their rehabilitation episode of care, as represented by a code.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	401-420	Episode	Mandatory

Business Rules: E120 and E121 must be completed, E122-E129 may be left blank if not required
If E120-E129 = 98 (Other) please specify in Z1 (comments)**Related data items:** E118, E119, Z1**Key Dates:** **Effective:** 2012-07-01 **Revision:** N/A**Data Items:**

ID	Data Element Name	Start Position
E120	Staff type providing therapy during episode of care	401
E121	Staff type providing therapy during episode of care	402
E122	Staff type providing therapy during episode of care	403
E123	Staff type providing therapy during episode of care	404
E124	Staff type providing therapy during episode of care	405
E125	Staff type providing therapy during episode of care	406
E126	Staff type providing therapy during episode of care	407
E127	Staff type providing therapy during episode of care	408
E128	Staff type providing therapy during episode of care	409
E129	Staff type providing therapy during episode of care	410

Codeset values:

1	Aboriginal/Maori Liaison Worker
2	Audiologist
3	Case Manager
4	Clinical Nurse Consultant
5	Clinical Nurse Specialist
6	Community support worker
7	Dietitian
8	Enrolled nurse
9	Exercise physiologist / Remedial Gymnast
10	Educational tutor
11	Hydrotherapist
12	Interpreter
13	Medical Officer
14	Nurse Practitioner
15	Neuro-psychologist
16	Occupational Therapist
17	Physiotherapist
18	Podiatrist
19	Psychologist
20	Registered Nurse
21	Recreational Therapist
22	Speech Pathologist/Therapist
23	Social Worker
24	Therapy Aide
25	Vocational Co-ordinator
98	Other

Data Element Name: Total number of leave days**Data Element ID:** E130**Short Name:** Leave**Pathway:** 1 2 3 **Definition:** Leave days are a temporary absence from hospital, with medical approval, for a period no greater than seven consecutive days.

A leave day must be over a midnight period, i.e. 'day leave' without staying away from the hospital overnight is not counted as a 'leave day'.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	421-423	Episode	Mandatory

Business Rules: Do not leave this item blank. If there were no leave days, record "0".**Related data items:** N/A**Key Dates:** **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Total number of suspension days

Data Element ID: E131

Short Name: SusDays

Pathway: 1 2 3

Definition: The sum of the number of days rehabilitation treatment was suspended for a medical reason during an episode of rehabilitation. Where a patient's rehabilitation treatment is suspended for a period, and the patient then comes back onto the same program of rehabilitation (that is, a new program is not required to be developed), then the period of absence is counted as a suspension. It does not matter how long the period of suspension of treatment is, as long as the patient comes back onto the same program of rehabilitation. The suspension period must be a minimum of 1 day (24 hours).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	424-426	Episode	Mandatory

Business Rules: Do not leave this item blank. If there were no suspension days, record "0"

Related data items: E132

Key Dates: **Effective:** 01/07/2002 **Revision:** 2012-07-02

Data Element Name: Total number of suspension occurrences

Data Element ID: E132

Short Name: SusOcc

Pathway: 1 2 3

Definition: The total number of rehabilitation treatment suspension occurrences during this admission.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	427-429	Episode	Mandatory

Business Rules: If the patient had their treatment suspended then this item must be completed.

Related data items: E131

Key Dates: **Effective:** 01/07/2007 **Revision:** 2012-07-02

Data Element Name: Will any services be received post discharge?

Data Element ID: E133

Short Name: ServicesPostFlag

Pathway: 1 2 3

Definition: This item identifies whether services were necessary post discharge. "Services" refers to paid or unpaid services required post discharge, that is: all services that have been discussed, agreed, planned and booked for the patient prior to discharge. Paid service(s) include both government funded and private health funded services. Unpaid service(s) include care provided by a relative, friend, or partner.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	430	Episode	Conditional

Business Rules: Only collect if E116=1.
If answer 1,"Yes", collect E134- E142.

Related data items: E134-E142

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Element Group Name: Services received post discharge

Data Element ID Range: E134-E142

Pathway: 1 2 3

Definition: This item collects information about whether services were necessary post discharge. "Services" refers to paid or unpaid services required post discharge, that is: all services that have been discussed, agreed, planned and booked for the patient prior to discharge. Paid service(s) include both government funded and private health funded services. Unpaid service(s) include care provided by a relative, friend, and/or partner of the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	431-439	Episode	Conditional

Business Rules: Only collect if E133= 1, otherwise leave blank. If E133=1, "Yes", then E134- E142 must be collected.

Related data items: E133, E134- E142

Key Dates: **Effective:** 2012-07-01 **Revision:** N/A

Data Items:

ID	Data Element Name	Start Position
E134	Service received post discharge - Domestic assistance	431
E135	Service received post discharge - Social support	432
E136	Service received post discharge - Nursing care	433
E137	Service received post discharge - Allied health care	434
E138	Service received post discharge - Personal care	435
E139	Service received post discharge - Meals	436
E140	Service received post discharge - Provision of goods & equipment	437
E141	Service received post discharge - Transport services	438
E142	Service received post discharge - Case management	439

Codeset values:

1	Yes
2	No

Data Element Name: Will a discharge plan be available to patient prior to discharge?**Data Element ID:** E143**Short Name:** DisPlan**Pathway:** 1 2 3

Definition: A discharge plan is a formal document that summarises the episode of rehabilitation, and provides information about medications the patient was receiving on discharge, and follow-up care (such as doctor's appointments). This document may also be sent to the GP on discharge.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	440	Episode	Mandatory

Business Rules: N/A**Related data items:** N/A

Key Dates: **Effective:** 01/07/2007 **Revision:** 2012-07-02**Codeset values:**

1	Yes
2	No

Data Element Name: Date patient emerged from PTA

Data Element ID: A01

Short Name: PTA_Date

Pathway: 1 2 3

Definition: The date the patient emerged from post traumatic amnesia (PTA).

Format:	Type	Width	Start / End Pos.	Category	Obligation
DD/MM/YYYY		10	441-450	Episode	Conditional

Business Rules: Collect for all TBI episodes (AROC impairments 2.21, 2.22, 14.1 and 14.2) Leave blank for all other AROC impairment codes. If "Date emerged from PTA is known, leave "Duration of PTA" blank. If "Date Emerged from PTA" is unknown, leave this item blank and complete "Duration of PTA" instead.

Related data items: E40

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Data Element Name: Duration of PTA**Data Element ID:** A02**Short Name:** DurationOfPTA**Pathway:** 1 2 3 **Definition:** The number of days a patient with a traumatic brain injury (TBI) was in post traumatic amnesia (PTA).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	451	Episode	Conditional

Business Rules: Collect for all TBI episodes (AROC impairments 2.21, 2.22, 14.1 and 14.2). Leave blank for all other AROC impairment codes. "Duration of PTA" should only be completed if "Date emerged from PTA" is unknown or has been left blank and conversely, it should not be collected when "Date emerged from PTA" has a date entered.**Related data items:** E40, A1**Key Dates:** **Effective:** 07/01/2012 **Revision:** 2017-01-04**Codeset values:**

0	PTA not recorded
1	0 days (i.e. never in PTA)
2	1 day (i.e. couple of mins up to 24 hours)
3	2-7 days
4	8-28 days
5	29-90 days
6	91-182 days
7	183 days or more (chronic amnesic)
8	PTA unable to be recorded
9	In PTA at discharge

Data Element Name: ASIA score (AIS grade) at episode start

Data Element ID: A03

Short Name: ASIStart

Pathway: 1 2 3

Definition: The patient's American Spinal Injury Association Impairment Scale (AIS) grade at the start of their rehabilitation episode.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	452	Episode	Conditional

Business Rules: Collect for AROC impairment code 4 only.
Leave blank for all other AROC impairment codes.

Related data items: E40

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Codeset values:

- 1 A
- 2 B
- 3 C
- 4 D
- 5 E

Data Element Name: Level of spinal cord injury at episode start

Data Element ID: A04

Short Name: LevelOfSCIStart

Pathway: 1 2 3

Definition: The level of spinal cord injury (SCI) at the start of their rehabilitation episode of care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	453-454	Episode	Conditional

Business Rules: Collect for AROC impairment code 4 only.
Leave blank for all other AROC impairment codes.

Related data items: E40

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Codeset values:

- 1 C1
- 2 C2
- 3 C3
- 4 C4
- 5 C5
- 6 C6
- 7 C7
- 8 C8
- 9 T1
- 10 T2
- 11 T3
- 12 T4
- 13 T5
- 14 T6
- 15 T7
- 16 T8
- 17 T9
- 18 T10
- 19 T11
- 20 T12
- 21 L1
- 22 L2
- 23 L3
- 24 L4
- 25 L5
- 26 S1
- 27 S2
- 28 S3
- 29 S4
- 30 S5

Data Element Name: Level of spinal cord injury at episode end**Data Element ID:** A05**Short Name:** LevelOfSCIEnd**Pathway:** 1 2 3 **Definition:** The level of spinal cord injury (SCI) within the week prior to discharge from rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	455-456	Episode	Conditional

Business Rules: Collect for AROC impairment code 4 only.
Leave blank for all other AROC impairment codes.**Related data items:** E40,A4**Key Dates:** **Effective:** 07/01/2012 **Revision:** N/A**Codeset values:**

1	C1
2	C2
3	C3
4	C4
5	C5
6	C6
7	C7
8	C8
9	T1
10	T2
11	T3
12	T4
13	T5
14	T6
15	T7
16	T8
17	T9
18	T10
19	T11
20	T12
21	L1
22	L2
23	L3
24	L4
25	L5
26	S1
27	S2
28	S3
29	S4
30	S5

Data Element Name: Ventilator dependent at episode end

Data Element ID: A06

Short Name: Flag_VentilatorDependentEnd

Pathway: 1 2 3

Definition: Ventilator dependent may be defined as the use of mechanical ventilation for at least six hours daily for at least 21 days.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	457	Episode	Conditional

Business Rules: Collect for AROC impairment code 4 only.
Leave blank for all other AROC impairment codes.

Related data items: E40

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: ASIA score (AIS grade) at episode end

Data Element ID: A07

Short Name: ASIA Score End
ASIAEnd

Pathway: 1 2 3

Definition: The patient's American Spinal Injury Association Impairment Scale (AIS) grade in the week prior to discharge from rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	458	Episode	Conditional

Business Rules: Collect for AROC impairment code 4 only.
Leave blank for all other AROC impairment codes.

Related data items: E40, A3

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Codeset values:

1	A
2	B
3	C
4	D
5	E

Data Element Name: Date ready for casting

Data Element ID: A08

Short Name: ReadyForCastingDate

Pathway: 1 2 3

Definition: The date the treating rehabilitation physician or team deems the stump is ready for casting.

Format:	Type	Width	Start / End Pos.	Category	Obligation
DD/MM/YYYY		10	459-468	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
 Leave blank for all other AROC impairment codes. Only complete if A14=1.
 If the date is known enter exact date. Use date format DD/MM/YYYY.
 If casting is planned but the date is not yet known enter 07/07/7777.
 If casting is not clinically appropriate enter 08/08/8888.

Related data items: E40

Key Dates: **Effective:** 07/01/2012 **Revision:** N/A

Data Element Name: Phase of amputee care at episode start**Data Element ID:** A09**Short Name:** AmputeeCareStart**Pathway:** 1 2 3 **Definition:** The phase of amputee care the patient is in at episode start (admission).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	469	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for all other AROC impairment codes.**Related data items:** E40**Key Dates:** **Effective:** 07/01/2012 **Revision:** N/A**Codeset values:**

- | | |
|---|----------------|
| 1 | Pre-operative |
| 2 | Delayed wound |
| 3 | Pre-prosthetic |
| 4 | Prosthetic |
| 5 | Follow-up |

Data Element Name: Phase of amputee care during episode - Delayed wound?

Data Element ID: A10

Short Name: PhaseWound

Pathway: 1 2 3

Definition: The phase “delayed wound” is the phase where problems with wound healing occur and additional interventions should be considered including: revision surgery, vascular and infection evaluation, aggressive local wound care and hyperbaric oxygen.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	470	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for all other AROC impairment codes.

Related data items: E40, A9, A11, A12, A13

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Phase of amputee care during episode - Pre-prosthetic?

Data Element ID: A11

Short Name: PhasePreProsthetic

Pathway: 1 2 3

Definition: Pre-prosthetic phase is the phase where a patient is discharged from acute care and enters an inpatient rehabilitation program or is treated in an ambulatory setting. Post-operative assessment to review patient's status, including physical and functional assessment; completion of FIM baseline and other relevant assessments are completed. Rehabilitation goals are determined, rehabilitation treatment plan is established and updated and patient education is provided. Physical and functional interventions are provided and decisions are made on the appropriateness of a prosthesis to improve a patient's functioning and meet their rehabilitation goals.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	471	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for all other AROC impairment codes.

Related data items: E40, A9, A10, A12, A13

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Phase of amputee care during episode - Prosthetic?

Data Element ID: A12

Short Name: PhaseProsthetic

Pathway: 1 2 3

Definition: Prosthetic phase is the phase where functional goals of prosthetic fitting are determined. A prosthesis is prescribed based on current or potential level of ambulation. Patients receive interim or permanent prosthetic fitting and training, and early rehabilitation management. Prosthetic gait training and patient education on functional use of prosthesis for transfers, balance and safety is provided.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	472	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only. Leave blank for all other AROC impairment codes.

Related data items: E40, A9, A10, A11, A13

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Phase of amputee care at episode end**Data Element ID:** A13**Short Name:** EndPhase**Pathway:** 1 2 3

Definition: The phase of amputee care just before discharge from rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	473	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for all other AROC impairment codes.

Related data items: E40, A9, A10, A11, A12

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Pre-operative
2	Delayed wound
3	Pre-prosthetic
4	Prosthetic
5	Follow-up

Data Element Name: Prosthetic device fitted?**Data Element ID:** A14**Short Name:** Prosthetic**Pathway:** 1 2 3

Definition: A patient is deemed "prosthetic" if they already have a prosthetic device fitted, or will have one fitted in the future. A patient is deemed "non-prosthetic" if there is no intention to fit a limb.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	474	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for all other AROC impairment codes.

Related data items: E40, A15, A16

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Date of first prosthetic fitting**Data Element ID:** A15**Short Name:** FittingDate**Pathway:** 1 2 3

Definition: The date of the first interim prosthetic fitting.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	475-484	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for all other AROC impairment codes Only complete if A14=1.
If date is known enter exact date. Use the date format DD/MM/YYYY.
If a prosthetic fitting is planned but the date not yet known enter 07/07/7777.
If the patient has a prosthetic device fitted but the date of fitting is not known enter 09/09/9999.

Related data items: E40, A14, A16

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Reason for delay in first prosthetic fitting

Data Element ID: A16

Short Name: FittingDelay

Pathway: 1 2 3

Definition: The reason for the delay in first interim prosthetic fitting.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	485	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only. Only complete if A14=1.

Related data items: E40, A14, A15

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 0 No Delay
- 1 Issues around wound healing
- 2 Other issues around the stump
- 3 Other health issues of the patient
- 4 Issues around availability of componentry
- 5 Issues around availability of the service
- 6 All other issues (to be specified in the AROC comment section)

Data Element Name: Discharge timed up and go test**Data Element ID:** A17**Short Name:** TUG**Pathway:** 1 2 3

Definition: The time in completed seconds to complete the Timed Up and Go (TUG) test as assessed just before the patient is discharged.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	4	486-489	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for other AROC impairment codes. The format of this data element is xxxx

Related data items: E40

Key Dates: **Effective:** 01/07/2012 **Revision:** 2012-07-02

Data Element Name: Discharge 6 minute walk test

Data Element ID: A18

Short Name: MinutesWalked

Pathway: 1 2 3

Definition: The distance in metres completed during the 6 minute walk test, just before the patient is discharged.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	5	490-494	Episode	Optional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for other AROC impairment codes. The format of this data element is xxx.x

Related data items: E40

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Data Element Name: Discharge 10 metre walk +/- aid test**Data Element ID:** A19**Short Name:** MetresWalked**Pathway:** 1 2 3

Definition: The time in completed seconds for walking 10 metres; as assessed just before the patient is discharged.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	4	495-498	Episode	Optional

Business Rules: Collect for AROC impairment code 5 only.
Leave blank for other AROC impairment codes. The format of this data element is xxxx.

Related data items: E40

Key Dates: **Effective:** 01/07/2012 **Revision:** 2012-07-02

Data Element Name: Rockwood Frailty Score (pre-morbid)**Data Element ID:** A20**Short Name:** Frailty**Pathway:** 1 2 3 **Definition:** Frailty may be defined as a condition, seen particularly in older patients, characterised by low functional reserve, easy tiring, decreased libido, mood disturbance, accelerated osteoporosis, decreased muscle strength, and high susceptibility to disease.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	499	Episode	Conditional

Business Rules: Collect for AROC impairment code 5 and 16 only. Leave blank for other AROC impairment codes.**Related data items:** E40**Key Dates:** **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Very fit
2	Well
3	Well, with treated comorbid disease
4	Apparently vulnerable
5	Mildly Frail
6	Moderately Frail
7	Severely Frail
8	Terminally ill
9	Unknown or N/A

Data Element Name: Was patient able to participate in therapy from day 1?

Data Element ID: A21

Short Name: Participation

Pathway: 1 2 3

Definition: Was the patient able to take part in their rehabilitation therapy program from their episode start date?

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	500	Episode	Conditional

Business Rules: Collect for AROC impairment code 16 only.
Leave blank for other AROC impairment codes.

Related data items: E40

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A

Codeset values:

- 1 Yes
- 2 No

Data Element Name: Has patient fallen in the last 12 months?**Data Element ID:** A22**Short Name:** Fallen**Pathway:** 1 2 3

Definition: A fall may be defined as "an unexpected event where a person falls to the ground from an upper level or the same level". Only include falls within the last 12 months.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	501	Episode	Conditional

Business Rules: Collect for AROC impairment code 16 only.
Leave blank for other AROC impairment codes.

Related data items: E40

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1	Yes
2	No

Data Element Name: Has the patient lost > 10% of their body weight in the last 12 months?**Data Element ID:** A23**Short Name:** WeightLoss**Pathway:** 1 2 3

Definition: Has the patient lost more than 10% of their body weight in the last 12 months?

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	502	Episode	Conditional

Business Rules: Collect for AROC impairment code 16 only.
Leave blank for other AROC impairment codes.

Related data items: E40

Key Dates: **Effective:** 01/07/2012 **Revision:** N/A**Codeset values:**

1 Yes

2 No

Data Element Name: General comments

Data Element ID: Z1

Short Name: Comment

Pathway: 1 2 3

Definition: Comment relevant to this episode of care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	200	503-702	Episode	Optional

Business Rules: N/A

Related data items: N/A

Key Dates: **Effective:** 01/09/2003 **Revision:** 2012-07-02
