AUSTRALASIAN REHABILITATION OUTCOMES CENTRE

INPATIENT DATA DICTIONARY V4.1
FOR ANALYSTS – NEW ZEALAND VERSION

For technical queries regarding this document or for more information, please contact the AROC team.

UNIVERSITY OF WOLLONGONG AUSTRALIA

aroc.org.au

Inpatient Data Dictionary for Analysts

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	Overall review incorporating updates to Definition, Justification and Guide for use sections to provide clarity and adding more examples. Addition of new data items • 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

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

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Path

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
PATH	Path	A

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.

Justification: Enables assignment of episodes of care to the correct pathway for analysis.

Business Rules: N/A

Codeset values:

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

Establishment ID

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
F1	FacId	B

Definition: A code which represents the facility.

Justification: Enables episodes of care to be assigned to the correct facility for analysis.

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

Establishment Name

Pathway: 1 ✓   2 ✓   3 ✓

Element ID	Short Name	Column(s)
F2	FacName	C

Definition:	The name of the facility collecting and submitting the data
Justification:	N/A
Business Rules:	N/A

Ward ID/Team ID

Pathway: **1** ☑ **2** ☑ **3** ☑

Element ID	Short Name	Column(s)
F3	WardID	D

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

Justification: 'Ward identifier' and 'Ward name' are included for those facilities who have more than one ward and wish to:
1. Identify their data at ward/team level
2. Enable assignment of episodes of care to the appropriate ward/team.

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

Ward name/Team name

Pathway: **1** ☑ **2** ☑ **3** ☑

Element ID	Short Name	Column(s)
F4	WardName	E

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

Justification: 'Ward identifier' and 'Ward name' are included for those facilities who have more than one ward and wish to:
1. Identify their data at ward/team level.
2. Enable assignment of episodes of care to the appropriate ward/team.

Business Rules: N/A

Patient Identifier

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
D1	PatientID	F

Definition:	Unique record number established by the facility to enable communication regarding data quality issues pertaining to that episode.
Justification:	This variable is required in order to facilitate communication between AROC and facilities about data quality issues.
Business Rules:	N/A

Letters of name

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
D3	LON	G

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.
Justification:	This information forms part of the Statistical Linkage Key (SLK) used by AROC to link patient's episodes through their rehabilitation journey.
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.

Date of birth

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
D4	DOB	H

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

Justification: Date of birth allows generation of age which is important for analysis. It also forms part of the Statistical Linkage Key (SLK) formula used by AROC to link patient's episodes through their rehabilitation journey.

Business Rules: N/A

Pathway: 1 ☑ 2 ☑ 3 ☑

Date of birth estimate

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
D5	DOBest	I

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

Justification: Required as part of the Statistical Linkage Key (SLK) formula used by AROC to link patient's episodes through their rehabilitation journey.

Business Rules: N/A

Codeset values:

1	Estimated
2	Not estimated

Sex

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
D6	Sex	J

Definition: The biological differences between males and females, as represented by a code.

Justification: Collected to allow analysis of outcomes by sex.

Business Rules: N/A

Codeset values:

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

Indigenous Status (NZ)

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
D7B	IndStat	K

Definition:	In NZ, indigenous status is a measure of whether a patient identifies as being of Maori or Non-Maori origin.
Justification:	New Zealand's Maori peoples occupy a unique place in respective societies and cultures. Accurate and consistent statistics about indigenous status are needed in order to plan, promote and deliver services. The purpose of this item is to provide information about people who identify as being of Maori or non-Maori in New Zealand.
Business Rules:	N/A

Codeset values:

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

Ethnicity

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
D8	Ethnicity	L

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.

Justification: In NZ, there is a focus on understanding health outcomes for different ethnic groups.

Business Rules: 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	Samoan
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

Geographical Residence (NZ)

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
D9B	State_Region	M

Definition:	Geographical residence is the region that the patient usually resides in.
Justification:	This information may be used for identification of referral patterns and for analysis of outcomes by geographical area.
Business Rules:	N/A

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

Postcode

Pathway: **1** ✓   **2** ✓   **3** ✓

Element ID	Short Name	Column(s)
D10	postcode	N

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

Justification: This information may be used for identification of referral patterns and for analysis of outcomes by geographical area.

Business Rules: 8888= not applicable
9999= not known

Funding Source (NZ)

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
D11B	Funding	O

Definition: The principal source of funding for the patient in rehabilitation.

Justification: Collection of this data item enables AROC to further separate episodes based on who funded the care where the funding source is a health fund or other payer.

Business Rules: If funding source = 2, 4 or 5 then complete related data item D12, Health Fund/other payer.

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

Need for interpreter service?

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	**Short Name**	**Column(s)**
D13	Interp	P

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

Justification: Collection of this item will allow analysis of impact of a requirement for an interpreter on length of stay (LOS) and other outcomes.

Business Rules: N/A

Codeset values:

1   Yes - Interpreter needed
2   No - Interpreter not needed

Referral date

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E1	Referral	Q

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

Justification: This item is being collected to measure the impact of delay between the date a referral is received and the date rehabilitation started. Please note: Date referral received is being collected and not date the referral was made, because at times these dates may differ and it was deemed inaccurate to include these extra days in the analysis. Under other circumstances, date referral received and date referral made will be the same.

Business Rules: N/A

Assessment date

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E2	Assessment	R

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

Justification: This item is required to establish time periods between critical points throughout the rehabilitation episode.

Business Rules: N/A

Date clinically ready for rehabilitation care

Pathway: **1** ☑   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
E3	ClinicallyRehabReady	S

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.

Justification: This item is collected to flag episodes that experienced a delay between being clinically ready for rehabilitation and rehabilitation actually starting.

Business Rules: N/A

Was there a delay in episode start?

Pathway: 1 ✓   2 ✓   3 ✓

Element ID	Short Name	Column(s)
E4	StartDelayFlag	T

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.

Justification: This item is collected to flag episodes that experienced a delay in their rehabilitation start.

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

Codeset values:

1   Yes
2   No

Reason for delay in episode start - Patient related issues (medical)

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E5	StartDelayMedical	U

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.
Justification:	This item enables identification of rehabilitation episodes whose rehabilitation start was delayed by patient related medical issues.
Business Rules:	Only complete if E4=1, "Yes", otherwise leave blank.

Codeset values:

1	Yes
2	No

Reason for delay in episode start - Service issues

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E6	StartDelayService	V

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.

Justification:

This item enables identification of rehabilitation episodes whose rehabilitation start was delayed by service issues.

Business Rules:

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

Codeset values:

1	Yes
2	No

Reason for delay in episode start - External support issues

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E7	StartDelayExternal	W

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.
Justification:	This item enables identification of rehabilitation episodes whose rehabilitation start was delayed by external support issues.
Business Rules:	Only complete if E4=1, "Yes", otherwise leave blank.

Codeset values:

1	Yes
2	No

Reason for delay in episode start - Equipment issues

Pathway: **1** ☑   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
E8	StartDelayEquipment	X

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.
Justification:	This item enables identification of rehabilitation episodes whose rehabilitation start was delayed by equipment issues.
Business Rules:	Only complete if E4=1, "Yes", otherwise leave blank.

Codeset values:

1	Yes
2	No

Reason for delay in episode start - Patient behavioural issues

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
E9	StartDelayPatient	Y

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.
Justification:	This item enables identification of the rehabilitation episodes whose rehabilitation start was delayed by patient behavioural issues.
Business Rules:	Only complete if E4=1, "Yes", otherwise leave blank.

Codeset values:

1	Yes
2	No

Episode begin date

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
E10	BegDate	Z

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.

Justification:

This item is required to establish time periods between critical points throughout the rehabilitation episode.

Business Rules: N/A

Type of Accommodation prior to this impairment (NZ)

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E11B	AccomPrior	AA

Definition:	The type of accommodation the patient lived in prior to the rehabilitation episode of care.
Justification:	Type of accommodation before and after rehabilitation are collected to reflect and compare where the patient has come from (what was their usual accommodation) and where they are going to (what will become their usual accommodation after discharge from rehabilitation). Comparison of accommodation pre and post rehabilitation is an indicator of rehabilitation outcome.
Business Rules:	If E11= 1, private residence, then E12-E22 must be completed.

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

Carer status prior to this impairment

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E12	CarerPrior	AB

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.
Justification:	Carer status is a key outcome measure for rehabilitation. Carer status before and after rehabilitation can be compared as an indication of patient's rehabilitation outcomes.
Business Rules:	Only complete if E11=1, "Yes".

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

Were any services being received within the month prior to this impairment?

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E13	ServicesPriorFlag	AC

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.

Justification: Service(s) received relates to degree of functional independence of the person, and as increased functional independence is a key outcome measure for rehabilitation, it is important to ascertain the person's level of functional independence prior to rehabilitation. Service(s) received before and after rehabilitation can be compared as an indication of change in the person's functional independence after rehabilitation.

Business Rules: Only complete if E11=1, "Yes".
If E13 = 1, "Yes", then items E14-E22 must also be completed.

Codeset values:

1	Yes
2	No

Services received prior to impairment

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E14-E22	ServicesPrior	AD-AL

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.

Justification: The type of service(s) received before and after rehabilitation can be compared as an indication of patient's rehabilitation progress.

Business Rules: Only collect if E11=1 and E13=1, otherwise leave blank. If E13= 1, "Yes", then E14-E22 must also be collected.

Data Items:

Service received prior to impairment - Domestic assistance

Service received prior to impairment - Social support

Service received prior to impairment - Nursing care

Service received prior to impairment - Allied health care

Service received prior to impairment - Personal care

Service received prior to impairment - Meals

Service received prior to impairment - Provision of goods & equipment

Service received prior to impairment - Transport services

Service received prior to impairment - Case management

Codeset values:

1	Yes
2	No

Employment status prior to this impairment

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
E23	EmpStatPrior	AM

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

Justification: Employment is an important outcome that can be measured throughout the patient's rehabilitation journey. Employment status prior to this impairment is collected as a baseline measure and can be used to group patients into "similar" cohorts for analysis. Employed patients are flagged on admission and their employment status, or potential, is re-assessed at discharge enabling a measure of change.

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

Codeset values:

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

Is this the first direct care rehabilitation episode for this impairment?

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
E24	FirstAdm	AN

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.
Justification:	This item attempts to differentiate the patient's first inpatient direct care rehabilitation episode from subsequent episodes throughout the patient's rehabilitation journey. It is important to accurately collect data about first direct care rehabilitation episodes as data relating to the first episode of care and subsequent episodes has an impact on outcome benchmarks.
Business Rules:	N/A

Codeset values:

1	Yes
2	No

Date multidisciplinary team rehabilitation plan established

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E25	TeamPlanDate	AO

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.

Justification: The establishment of a multidisciplinary team rehabilitation plan with regular review is necessary for effective patient rehabilitation. This item is required for collection and calculation of the ACHS Rehabilitation Medicine clinical indicators which reflects timely establishment of a multidisciplinary team rehabilitation plan.

Business Rules: N/A

Date of injury/impairment onset

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
E26	OnsetDate	AP

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.
Justification:	This item is collected to be able to measure the time between injury/impairment and admission to rehabilitation, and enable analysis against outcomes achieved.
Business Rules:	If the exact date is unknown, leave blank and collect E27

Time since onset or acute exacerbation of chronic condition

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	**Short Name**	**Column(s)**
E27	OnsetTime	AQ

Definition:	The time that has elapsed since the onset of the patient's condition that is the reason for this episode of rehabilitation care.
Justification:	This item is collected to measure the time between injury/impairment and admission to rehabilitation, and enable analysis against outcomes achieved.
Business Rules:	Only collect if E26 is unknown. If E26 is known, leave blank.

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

Date of relevant acute episode

Pathway: 1 ☐   2 ☐   3 ✓

Element ID	Short Name	Column(s)
E28	AcuteAdmDate	AR

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

Justification: This item is collected to enable calculation of the time between acute admission and rehabilitation start dates, and analysis against outcomes achieved.

Business Rules: N/A

Mode of episode start - Inpatient

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E29C	StartMode	AS

Definition: This item records the referral source of the patient for the inpatient rehabilitation episode.

Justification: This data item defines how the patient commenced their inpatient rehabilitation journey. Different entry points may affect a patient's progress.

Business Rules: N/A

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	Recommenced rehabilitation episode following suspension

AROC impairment code

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E40	Impair	AT

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.
Justification:	Classification into like clinical groups provides a basis for analysing outcomes for clinically homogenous types of patient rehabilitation episodes.
Business Rules:	N/A

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

Date episode start FIM assessed

Pathway: **1** ☑   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
E43	StartFIMdate	AU

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

Justification: This item is required for collection and calculation of the ACHS Rehabilitation Medicine clinical indicators. It reflects timely assessment of function on admission.

Business Rules: N/A

Admission FIM Scores

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E44-E61	AdmFIM	AV-BM

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.

Justification: The FIM scores and the AROC Impairment codes are based on the Uniform Data System for Medical Rehabilitation (UDSMR); a minimum data set that includes a system for grouping rehabilitation episodes by impairment type and a rating scale to measure function, the FIM. The FIM is a basic indicator of severity of disability. The functional ability of a patient changes during rehabilitation and the FIM is used to track those changes which are a key outcome measure of rehabilitation episodes. Thus the AROC inpatient dataset collects FIM scores at episode start and episode end.

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

Data Items:

Admission FIM score for eating

Admission FIM score for grooming

Admission FIM score for bathing

Admission FIM score for dressing upper body

Admission FIM score for dressing lower body

Admission FIM score for toileting

Admission FIM score for bladder management

Admission FIM score for bowel management

Admission FIM score for transfer to bed/chair/wheelchair

Admission FIM score for transfer to toilet

Admission FIM score for transfer to shower/tub

Admission FIM score for locomotion

Admission FIM score for stairs

Admission FIM score for comprehension

Admission FIM score for expression

Admission FIM score for social interaction

Admission FIM score for problem solving

Admission FIM score for memory

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

Employment status after, or anticipated employment status after discharge

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
E71	EmpStatPost	BN

Definition: The patient's employment status, or anticipated employment status, after discharge.

Justification: Employment is an important outcome that can be measured through the patient's rehabilitation journey. If the patient was employed prior to this impairment, this item identifies if their rehabilitation has enabled them to achieve a level of function that allows them to return to work and at what level or if they have been unable to return to work.

Collection of this data will enable analysis of employment outcome achievement. For example, a patient employed prior to admission and returned to their same or similar job, with reduced hours upon discharge may have different functional outcomes to a patient was employed prior to their admission, but is unable to work upon discharge.

Business Rules: Only complete if E23=1

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

Date episode end FIM assessed

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E72	EndFIMdate	BO

Definition:	The date the patient's discharge Functional Independence Measure (FIM) scores were completed.
Justification:	This item is required for collection and calculation of the ACHS Rehabilitation Medicine clinical indicators. It reflects timely assessment of function prior to discharge.
Business Rules:	N/A

Pathway: 1 ☐   2 ☑   3 ☑

Discharge FIM scores

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E73-E90	DisFIM	BP-CG

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.

Justification: The FIM scores and the AROC Impairment codes are based on the Uniform Data System for Medical Rehabilitation (UDSMR); a minimum data set that includes a system for grouping rehabilitation episodes by impairment type and a rating scale to measure function, the FIM. The FIM is a basic indicator of severity of disability. The functional ability of a patient changes during rehabilitation and the FIM is used to track those changes which are a key outcome measure of rehabilitation episodes. Thus the AROC inpatient dataset collects FIM scores at episode start and episode end.

Business Rules: N/A

Data Items:

Discharge FIM score for eating

Discharge FIM score for grooming

Discharge FIM score for bathing

Discharge FIM score for dressing upper body

Discharge FIM score for dressing lower body

Discharge FIM score for toileting

Discharge FIM score for bladder management

Discharge FIM score for bowel management

Discharge FIM score for transfer to bed/chair/wheelchair

Discharge FIM score for transfer to toilet

Discharge FIM score for transfer to shower/tub

Discharge FIM score for locomotion

Discharge FIM score for stairs

Discharge FIM score for comprehension

Discharge FIM score for expression

Discharge FIM score for social interaction

Discharge FIM score for problem solving

Discharge FIM score for memory

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

Community ready date

Pathway: **1** ☐   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
E100	ClinicallyDischargeReady	CH

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.

Justification: This item is being collected to enable analysis of these two time points and the effect on outcomes, especially length of stay (LOS).

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

Was there a delay in discharge?

Pathway: **1** ☐   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
E101	EndDelayFlag	CI

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.
Justification:	This item is collected to flag episodes that experienced a delay in their discharge.
Business Rules:	If 1, 'Yes', complete E102A-E. If 2, "No" leave E102A-E blank and skip to E103.

Codeset values:

1	Yes
2	No

Reason for delay in discharge - Patient related issues (medical)

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E102A	EndDelayMedical	CJ

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.

Justification: This item enables identification of the rehabilitation episodes whose rehabilitation end was delayed by patient related medical issues.

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

Codeset values:

1	Yes
2	No

Reason for delay in discharge - Service issues

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E102B	EndDelayService	CK

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.
Justification:	This item enables identification of the rehabilitation episodes whose rehabilitation end was delayed by service issues.
Business Rules:	Only complete if E101 = 1, 'Yes', otherwise leave blank and skip to E103.

Codeset values:

1	Yes
2	No

Reason for delay in discharge - External support issues

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E102C	EndDelayExternal	CL

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.

Justification: This item enables identification of the rehabilitation episodes whose rehabilitation end was delayed by external support issues.

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

Codeset values:

1	Yes
2	No

Reason for delay in discharge - Equipment issues

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E102D	EndDelayEquipment	CM

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.

Justification: This item enables identification of the rehabilitation episodes whose rehabilitation end was delayed by equipment issues.

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

Codeset values:

1	Yes
2	No

Reason for delay in discharge - Patient behavioural issues

Pathway:	1 ☐	2 ☑	3 ☑

Element ID	Short Name	Column(s)
E102E	EndDelayPatient	CN

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.

Justification: This item is required to be able to identify the rehabilitation episodes whose discharge was delayed by patient behavioural issues.

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

Codeset values:

1	Yes
2	No

Is there an existing comorbidity interfering with this episode

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
E103	ComorbFlag	CO

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.

Justification: It is important to identify whether the patient had comorbidities, as investigation of such data may reflect a relationship between the presence of comorbidities, the rehabilitation outcome and length of stay.

Business Rules: Must answer 1=Yes or 2=No. Do not leave blank.
If 'Yes', then specify the co morbidities in E104-E107

Codeset values:

1	Yes
2	No

Comorbidity Items

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E104-E107	Comorb_Items	CP-CS

Definition: Comorbidities interfering with the rehabilitation program (up to four can be selected).

Justification: It is important to identify whether the patient had comorbidities and which ones, as investigation of such data may reflect a relationship between the presence of a particular comorbidity, the rehabilitation outcomes and length of stay.

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.

Data Items:

Comorbidities Interfering with Rehabilitation Episode (1)
Comorbidities Interfering with Rehabilitation Episode (2)
Comorbidities Interfering with Rehabilitation Episode (3)
Comorbidities Interfering with Rehabilitation Episode (4)

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

Were there any complications interfering with this episode?

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E108	CompFlag	CT

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.

Justification: It is important to identify whether the patient had any complications, as investigation of such data may reflect a relationship between the presence of complications, the rehabilitation outcome and length of stay.

Business Rules: Must answer 1=Yes or 2=No. Do not leave blank.
If 'Yes', then specify the complications in E109-E112.

Codeset values:

1	Yes
2	No

Complication Items

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E109-E112	Comp_Items	CU-CX

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

Justification: It is important to identify which complications interfered with the rehabilitation episode, as investigation of such data may reflect a relationship between the complication, the rehabilitation outcome and length of stay.

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.

Data Items:

Complication interfering with this episode (1)
Complication interfering with this episode (2)
Complication interfering with this episode (3)
Complication interfering with this episode (4)

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

Episode end date

Pathway: 1 ✓   2 ✓   3 ✓

Element ID	Short Name	Column(s)
E113	EndDate	CY

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.

Justification: This item is required to establish time periods between critical points throughout the rehabilitation episode.

Business Rules: N/A

Mode of episode end (Inpatient)

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E114C	EndMode	CZ

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.

Justification: This data item defines how the patient ended their rehabilitation journey. Different exit points are indicative of a patient's progress in rehabilitation.

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

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

Interim destination (NZ)

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E115B	AccomInterim	DA

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.

Justification: This data item allows the facility to capture the fact the patient is unable to be discharged to what is intended to be their final destination immediately after rehabilitation. Feedback from AROC members indicates that this scenario is quite common and may indicate complexity of the patients discharge, or the lack of equipment and/or services available to the patient.

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

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

Final destination (NZ)

Pathway: **1** ☐   **2** ☑   **3** ☑

Element ID	**Short Name**	**Column(s)**
E116B	AccomFinal	DB

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.
Justification:	Type of accommodation before, during and after rehabilitation treatment are collected to reflect and compare where the patient has come from (what was their usual accommodation) and where they are going to (what will become their usual accommodation). Comparison of accommodation pre and post rehabilitation is an indicator of rehabilitation outcome.
Business Rules:	If E114=1 or 2, then E116 must be completed if known.

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

Carer status post discharge

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
E117	DisCarer	DC

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.

Justification: Carer status is a key outcome measure for rehabilitation. Carer status before and after rehabilitation can be compared as an indication of a patient's rehabilitation outcomes.

Business Rules: Complete only if E 115 and/or E116=1

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

Total number of days seen

Pathway:　　1 ☑　　2 ☐　　3 ☐

Element ID	Short Name	Column(s)
E118	daysseen	DD

Definition:	The total number of days that therapy was provided to the patient during their episode of care.
Justification:	This item enables an accurate count of the total number of actual days the patient received therapy during their rehabilitation episode of care, which may impact on patient outcomes.
Business Rules:	N/A

Total number of days seen

Pathway:　　1 ☑　　2 ☐　　3 ☐

Total number of occasions of service

Pathway: 1 ☑   2 ☐   3 ☐

Element ID	Short Name	Column(s)
E119	occasions	DE

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).

Justification: This item is recorded to enable an accurate count of the number of occasions of service during the episode of care as number of occasions of services may impact patient outcomes.

Business Rules: N/A

Disciplines involved in therapy

Pathway: 1 ☑   2 ☐   3 ☐

Element ID	Short Name	Column(s)
E120-E129	StaffGroup	DF-DO

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.

Justification: This item is required to enable analysis of inputs (therapy type) and their impact on functional outcomes.

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)

Data Items:

Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care
Staff type providing therapy during episode of care

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

Total number of leave days

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
E130	Leave	DP

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'.

Justification: Recording of leave days allows for the exclusion of these days from AROC's calculation of length of stay.

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

Total number of suspension days

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
E131	SusDays	DQ

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).

Justification: Achievement of a patient's rehabilitation goals may be dependent upon the consistency of treatment. Any requirement to suspend rehabilitation treatment may significantly impact upon treatment outcomes and the efficiency with which these can be achieved. Collection of this data item will provide facilities with information that they can use to help explain their outcomes to interested parties.

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

Total number of suspension occurrences

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
E132	SusOcc	DR

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

Justification: Achievement of a patient's rehabilitation goals may be dependent upon the consistency of treatment. The number of treatment suspensions occurrences as well as the total number of suspension days may significantly impact upon treatment outcomes and the efficiency with which these can be achieved. Collection of this data item will provide facilities with information that they can use to help explain their outcomes to interested parties.

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

Will any services be received post discharge?

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E133	ServicesPostFlag	DS

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.

Justification: Service(s) received relates to the degree of functional independence of the person, and as increased functional independence is a key outcome measure for rehabilitation, it is important to ascertain the person's level of functional independence before and after rehabilitation. Service(s) received before and after rehabilitation can be compared as an indication of any change in the person's functional independence after rehabilitation.

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

Codeset values:

1   Yes
2   No

Services received post discharge

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
E134-E142	ServicesPost	DT-EB

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.

Justification: The type of service(s) received before and after rehabilitation can be compared as an indication of the patient's rehabilitation progress.

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

Data Items:

Service received post discharge - Domestic assistance

Service received post discharge - Social support

Service received post discharge - Nursing care

Service received post discharge - Allied health care

Service received post discharge - Personal care

Service received post discharge - Meals

Service received post discharge - Provision of goods & equipment

Service received post discharge - Transport services

Service received post discharge - Case management

Codeset values:

1	Yes
2	No

Will a discharge plan be available to patient prior to discharge?

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
E143	DisPlan	EC

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.

Justification: A discharge plan is best practice to ensure a patient's ongoing rehabilitation and medical needs are communicated.

Business Rules: N/A

Codeset values:

1	Yes
2	No

Date patient emerged from PTA

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
A01	PTA_Date	ED

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

Justification: Duration of PTA data is collected to establish whether there is a relationship between PTA duration and length of stay (LOS) and/or FIM change. By recording the date the patient emerged from PTA, the number of days the patient was in PTA can be calculated, the cohort grouped into severity and analysed as to whether there is a relationship between PTA duration and LOS and/or FIM change. It is hypothesised that a longer time in PTA leads to increased LOS and decreased FIM change.

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.

Duration of PTA

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
A02	DurationOfPTA	EE

Definition: The number of days a patient with a traumatic brain injury (TBI) was in post traumatic amnesia (PTA).

Justification: Duration of PTA data is collected to establish whether there is a relationship between PTA duration and length of stay (LOS) and/or FIM change. By recording the date the patient emerged from PTA, the number of days the patient was in PTA can be calculated, the cohort grouped into severity and analysed as to whether there is a relationship between PTA duration and LOS and/or FIM change. It is hypothesised that a longer duration of PTA leads to increased LOS and decreased FIM change.

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.

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

ASIA score (AIS grade) at episode start

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
A03	ASIAStart	EF

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

Justification: This item is required to enable analysis of change between AIS grade on admission and discharge from rehabilitation.

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

Codeset values:

1	A
2	B
3	C
4	D
5	E

Level of spinal cord injury at episode start

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A04	LevelOfSCIStart	EG

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

Justification: This item is required to enable analysis of change between level of SCI at admission and discharge from rehabilitation.

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

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

Level of spinal cord injury at episode end

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A05	LevelOfSCIEnd	EH

Definition: The level of spinal cord injury (SCI) within the week prior to discharge from rehabilitation.

Justification: This item is required to be able to group patients into cohorts to enable analysis of functional change and benchmarking.

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

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

Ventilator dependent at episode end

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
A06	Flag_VentilatorDependen tEnd	EI

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

Justification: Patients who are dependent on a ventilator require very high levels and hours of attendant care. These episodes of care need to be flagged.

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

Codeset values:

1   Yes
2   No

ASIA score (AIS grade) at episode end

Pathway: 1 ☐ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
A07	ASIA Score End ASIAEnd	EJ

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

Justification: This item is required to be able to group patients into cohorts to enable analysis of functional change and benchmarking.

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

Codeset values:

1	A
2	B
3	C
4	D
5	E

Date ready for casting

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A08	ReadyForCastingDate	EK

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

Justification: This item is required to establish time periods between critical points through the rehabilitation episode.

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.

Phase of amputee care at episode start

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A09	AmputeeCareStart	EL

Definition: The phase of amputee care the patient is in at episode start (admission).

Justification: This item is required to be able to define the different paths through rehabilitation for amputees and to ensure benchmarking between like cohorts.

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

Codeset values:

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

Phase of amputee care during episode - Delayed wound?

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
A10	PhaseWound	EM

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.

Justification: This item is required to be able to define the different paths through rehabilitation for amputees and to enable analysis between like cohorts.

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

Codeset values:

1	Yes
2	No

Phase of amputee care during episode - Pre-prosthetic?

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A11	PhasePreProsthetic	EN

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.

Justification: This item is required to be able to define the different paths through rehabilitation for amputees and to enable analysis between like cohorts.

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

Codeset values:

1	Yes
2	No

Phase of amputee care during episode - Prosthetic?

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
A12	PhaseProsthetic	EO

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.

Justification: This item is required to be able to define the different paths through rehabilitation for amputees and to enable analysis between like cohorts.

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

Codeset values:

1	Yes
2	No

Phase of amputee care at episode end

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A13	EndPhase	EP

Definition:	The phase of amputee care just before discharge from rehabilitation.
Justification:	This item is required to be able to define the different paths through rehabilitation for amputees and to ensure benchmarking between like cohorts.
Business Rules:	Collect for AROC impairment code 5 only. Leave blank for all other AROC impairment codes.

Codeset values:

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

Prosthetic device fitted?

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A14	Prosthetic	EQ

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.

Justification: This item is required to be able to define cohorts to ensure appropriate benchmarking.

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

Codeset values:

1	Yes
2	No

Date of first prosthetic fitting

Pathway: **1** ✓ **2** ✓ **3** ✓

Element ID	Short Name	Column(s)
A15	FittingDate	ER

Definition: The date of the first interim prosthetic fitting.

Justification: This item is required to establish time periods between critical points through the rehabilitation episode.

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.

Reason for delay in first prosthetic fitting

Pathway: **1** ☐   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
A16	FittingDelay	ES

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

Justification: This item is required to be able to identify the reasons causing delays, so that they can be addressed.

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

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)

Discharge timed up and go test

Pathway: **1** ✓   **2** ✓   **3** ✓

Element ID	Short Name	Column(s)
A17	TUG	ET

Definition:	The time in completed seconds to complete the Timed Up and Go (TUG) test as assessed just before the patient is discharged.
Justification:	This is a functional outcome measure. It is required to enable groupings of patients with similar levels of amputation and analysis of their outcomes. There are also population averages, which can serve as benchmarks.
Business Rules:	Collect for AROC impairment code 5 only. Leave blank for other AROC impairment codes. The format of this data element is xxxx

Pathway: **1** ✓   **2** ✓   **3** ✓

Discharge 6 minute walk test

Pathway: **1** ☑   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
A18	MinutesWalked	EU

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

Justification: This is a functional outcome measure. It is required to enable groupings of patients with similar levels of amputation and analysis of their outcomes. There are also population averages, which can serve as benchmarks.

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

Discharge 10 metre walk +/- aid test

Pathway: **1** ☑   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
A19	MetresWalked	EV

Definition:	The time in completed seconds for walking 10 metres; as assessed just before the patient is discharged.
Justification:	This is a functional outcome measure. It is required to enable groupings of patients with similar levels of amputation and analysis of their outcomes. There are also population averages, which can serve as benchmarks.
Business Rules:	Collect for AROC impairment code 5 only. Leave blank for other AROC impairment codes.The format of this data element is xxxx.

Rockwood Frailty Score (pre-morbid)

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
A20	Frailty	EW

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.

Justification: This item is required to be able to define cohorts to ensure appropriate benchmarking.

Business Rules: Collect for AROC impairment code 5 and 16 only.Leave blank for other AROC impairment codes.

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

Was patient able to participate in therapy from day 1?

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
A21	Participation	EX

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

Justification: This item is required to enable more appropriate groupings of deconditioned patients for benchmarking and outcome measurement.

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

Codeset values:

1	Yes
2	No

Has patient fallen in the last 12 months?

Pathway: 1 ✓   2 ✓   3 ✓

Element ID	Short Name	Column(s)
A22	Fallen	EY

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.

Justification: This item is required to enable more appropriate groupings of deconditioned patients for benchmarking and outcome measurement.

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

Codeset values:

1   Yes
2   No

Has the patient lost > 10% of their body weight in the last 12 months?

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
A23	WeightLoss	EZ

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

Justification: This item is required to enable more appropriate groupings of deconditioned patients for benchmarking and outcome measurement.

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

Codeset values:

1	Yes
2	No

General comments

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
Z1	Comment	FA

Definition:	Comment relevant to this episode of care.
Justification:	This item allows additional information to be recorded.
Business Rules:	N/A

Pathway: 1 ☑ 2 ☑ 3 ☑

Age at Episode Begin

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF001	Age	FB

Definition: A patient's age is their age at the time of their admission to rehabilitation. It is calculated as the episode begin date minus the patient's date of birth.

Justification: N/A

Business Rules: For patient age to be calculated, a valid date of birth and episode begin date must be provided. If either of these
values are missing from the episode, the value of '-1' will be provided.

Month of Episode End

Pathway: 1 ✓   2 ✓   3 ✓

Element ID	Short Name	Column(s)
CF003	Month	FC

Definition: Refers to the month in which the episode ended. The value is provided as an integer where 1 = January through to 12 = December.

Justification: Derived data item to make analysis easier

Business Rules: If 'Episode End Date' is missing,a negative value will be provided.

Impairment Group

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
CF036	ImpairGroup	FD

Definition: The AROC Impairment codes are used to classify rehabilitation epsiodes into like clinical groups. This item rolls the impairment codes into higher level groups. This is a derived data item based on impairment code.

Justification: Classification into like clinical groups provides a basis for analysing outcomes for clinically homogenous types of patient rehabilitation episodes.

Business Rules: The episode must contain a valid impairment code for this data item to be provided, otherwise the value of '-1' will be provided.

Codeset values:

1	Stroke - haemorrhagic
2	Stroke - ischaemic
3	Stroke - V3 data
4	Brain dysfunction - non-traumatic
5	Brain dysfunction - traumatic
6	Neurological conditions
7	Spinal cord dysfunction - non-traumatic
8	Spinal cord dysfunction - traumatic
9	Amputation of limb - non-traumatic
10	Amputation of limb - traumatic
11	Amputation of limb - V3 data
12	Arthritis
13	Pain syndromes
14	Orthopaedic - fracture
15	Orthopaedic - replacement
16	Orthopaedic - soft tissue injury
17	Orthopaedic - other
18	Cardiac
19	Pulmonary
20	Burns
21	Congenital deformities
22	Other disabling impairments
23	Major multiple trauma
24	Developmental disabilities
25	Reconditioning

Year of Episode End

Pathway: **1** ✓   **2** ✓   **3** ✓

Element ID	Short Name	Column(s)
CF002	Year	FE

Definition: Refers to the year in which the episode ended.

Justification: Refers to the year in which the episode ended.

Business Rules: If 'Episode End Date' is missing, a negative value will be provided.

Length of Stay

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF004	LOS	FF

Definition: The inpatient rehabilitation length of stay (LOS) of an episode is the number of days on which care has been provided. It is calculated as the episode end date minus the episode begin date, minus the number of leave days during the episode. This is a derived data item calculated as the episode end date minus the episode begin date, minus the number of leave days during the episode.

Justification: This is a key functional outcome in inpatient rehabiliation.

Business Rules: To calculate the 'Length of Stay', the episode must be a 'Complete Episode of Care', have a valid 'Episode Begin Date' and be less than 500 days in length. If this is not the case then a negative value will be provided.

FIM Admission total

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF007	FIMadmTO	FG

Definition: A patient's total FIM admission score is the sum of the admission scores obtained for all eighteen (18) items in the FIM instrument. This is a derived data item determined by summing all 18 items from the start of the episode.

Justification: It is useful to be able to look at total scores for level of function

Business Rules: 'FIM admission total' requires that all FIM admission data items are present in the episode. If any of these items are missing, a negative value will be provided.

FIM Discharge Total

Pathway: **1** ✓   **2** ✓   **3** ✓

Element ID	Short Name	Column(s)
CF010	FIMdisTO	FH

Definition: A patient's total FIM discharge score is the sum of the discharge scores obtained for all eighteen (18) items in the FIM instrument. This is a derived data item determined by summing all 18 items from the end of the episode.

Justification: It is useful to be able to look at total scores for level of function

Business Rules: 'FIM discharge total' requires that all FIM discharge data items are present in the episode and that the episode is a 'Completed Episode of Care'. If any of these items are missing, a negative value will be provided.

FIM Change Total

Pathway: 1 ✓   2 ✓   3 ✓

Element ID	Short Name	Column(s)
CF011	FIMchangeto	FI

Definition: FIM change is the amount of functional change (as represented by the FIM instrument) the patient made during their rehabilitation episode of care. FIM change is the difference between the patient's discharge FIM scores and their admission FIM scores.

Justification: This is a key functional outcome in inpatient rehabiliation.

Business Rules: 'FIM change' requires that all FIM data items are present in the episode, and that the episode is a 'Completed Episode of care'. If any of the items are missing, "N/A" will be recorded.

FIM Efficiency

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF033	FIMefficiency	FJ

Definition: FIM efficiency represents the average FIM improvement per week. This statistic is calculated by dividing the 'FIM change' by the 'Length of stay' and multiplied by 7.

Justification: N/A

Business Rules: 'FIM efficiency' requires a valid 'FIM change' and 'Length of Stay' value and the episode must be a 'Complete Episode of care'. If any of these items are missing, "N/A" will be recorded.

FIM Admission Motor Score

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF005	FIMadmMO	FK

Definition: FIM admission motor score is the sum of the admission scores obtained for the 13 motor items in the FIM instrument. They include: eating, grooming, bathing, upper body dressing, lower body dressing, toileting, bladder management, bowel management, bed/chair/wheelchair transfer, toilet transfer, bath/shower transfer, locomotion and stairs. This is a derived data item determined by summing the 13 motor items from the start of the episode.

Justification: It is useful to be able to separate motor function from cognitive function

Business Rules: 'FIM admission motor score' requires that the 13 FIM admission items relating to motor skills are present in the episode. If any of these items are missing, a negative value will be provided.

FIM Discharge motor score

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF008	FIMdisMO	FL

Definition: FIM discharge motor score is the sum of the discharge scores obtained for the 13 motor items in the FIM instrument. This is a derived data item determined by summing the 13 motor items from the end of the episode.

Justification: It is useful to be able to separate motor function from cognitive function

Business Rules: 'FIM discharge motor score' requires that the 13 FIM discharge data items relating to motor skills are present in the episode. If any of these items are missing,a negative value will be provided.

FIM Change Motor

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF012	FIMchangeMO	FM

Definition: FIM motor change is the difference between the patient's discharge FIM motor score and their admission FIM motor scores. They include: eating, grooming, bathing, upper body dressing, lower body dressing, toileting, bladder management, bowel management, bed/chair/wheelchair transfer, toilet transfer, bath/shower transfer, locomotion and stairs.

Justification: It is useful to be able to look at change in the level of function separately for motor and cognition.

Business Rules: 'FIM motor change' requires that all 13 FIM items relating to motor skills are present in the episode, and that the episode is a 'Completed Episode of care'. If any of the items are missing, "N/A" will be recorded.

FIM Admission Cognitive

Pathway: 1 ☑   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF006	FIMadmCO	FN

Definition: FIM admission cognition score is the sum of the admission scores obtained for the 5 cognition items in the FIM instrument. They include: comprehension, expression, social interaction, problem solving and memory. This is a derived data item determined by summing the 5 cognition items from the start of the episode.

Justification: It is useful to be able to separate motor function from cognitive function

Business Rules: 'FIM admission cognition score' requires that the 5 FIM admission data items relating to cognitive skills are present in the episode. If any of these items are missing, a negative value will be provided.

FIM Discharge cognitive

Pathway: 1 ✓   2 ✓   3 ✓

Element ID	Short Name	Column(s)
CF009	FIMdisCO	FO

Definition: FIM discharge cognition score is the sum of the discharge scores obtained for the cognitive items in the FIM instrument. This is a derived data item determined by summing the 5 cognition items from the end of the episode.

Justification: It is useful to be able to separate motor function from cognitive function

Business Rules: 'FIM discharge cognition score' requires that the 5 FIM discharge data items relating to cognitive skills are present in the episode. If any of these items are missing, a negative value will be provided.

FIM Change Cognitive

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
CF013	FIMchangeCO	FP

Definition: FIM cognition change score is the difference between the patient's discharge FIM cognitive score and their admission FIM cognitive score. They include: comprehension, expression, social interaction, problem solving and memory.

Justification: It is useful to be able to look at change in the level of function separately for motor and cognition.

Business Rules: 'FIM cognition change' requires that the 5 FIM data items relating to cognitive skills are present in the episode, and that the episode is a 'Completed Episode of care'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Eating

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF014	FIMchangeEat	FQ

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Eating Change'. A patient's FIM change score for eating is the difference between the patient's discharge and admission FIM eating scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for eating' requires that the episode has a valid 'Admission FIM score for eating' and 'Discharge FIM score for eating'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Grooming

Pathway: **1** ☑   **2** ☑   **3** ☑

Element ID	Short Name	Column(s)
CF015	FIMchangeGroom	FR

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Grooming Change'. A patient's FIM change score for grooming is the difference between the patient's discharge and admission FIM grooming scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for grooming' requires that the episode has a valid 'Admission FIM score for grooming' and 'Discharge FIM score for grooming'.If any of the items are missing, "N/A" will be recorded.

FIM Change for Bathing

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF016	FIMchangeBath	FS

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Bathing Change'. A patient's FIM change score for bathing is the difference between the patient's discharge and admission FIM bathing scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for bathing' requires that the episode has a valid 'Admission FIM score for bathing' and 'Discharge FIM score for bathing'.If any of the items are missing, "N/A" will be recorded.

FIM Change for Upper Body Dressing

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF017	FIMchangeUpper	FT

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Dressing Upper Change'. A patient's FIM change score for upper body dressing is the difference between the patient's discharge and admission FIM upper body dressing scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for upper body dressing' requires that the episode has a valid 'Admission FIM score for upper body dressing' and 'Discharge FIM score for upper body dressing'.If any of the items are missing, "N/A" will be recorded.

FIM Change for Lower Body Dressing

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF018	FIMchangeLower	FU

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Dressing Lower Change'. A patient's FIM change score for lower body dressing is the difference between the patient's discharge and admission FIM lower body dressing scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for eating' requires that the episode has a valid 'Admission FIM score for lower body dressing' and 'Discharge FIM score for lower body dressing'.If any of the items are missing, "N/A" will be recorded.

FIM Change for Toileting

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF019	FIMchangeToilet	FV

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Toilet Change'. A patient's FIM change score for toileting is the difference between the patient's discharge and admission FIM toileting scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for toileting' requires that the episode has a valid 'Admission FIM score for toileting' and 'Discharge FIM score for toileting'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Bladder Management

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF020	FIMchangeBladder	FW

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Bladder Change'. A patient's FIM change score for bladder management is the difference between the patient's discharge and admission FIM bladder management scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for eating' requires that the episode has a valid 'Admission FIM score for bladder management' and 'Discharge FIM score for bladder management'.If any of the items are missing, "N/A" will be recorded.

FIM Change for Bowel Management

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	**Short Name**	**Column(s)**
CF021	FIMchangeBowel	FX

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Bowel Change'. A patient's FIM change score for bowel management is the difference between the patient's discharge and admission FIM bowel management scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for bowel management' requires that the episode has a valid 'Admission FIM score for bowel management' and 'Discharge FIM score for bowel management'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Transfers to Bed/Chair/Wheelchair

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF022	FIMchangeaXfr	FY

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Transfer to Bed Change'. A patient's FIM change score for bed/chair/wheelchair transfer is the difference between the patient's discharge and admission FIM bed/chair/wheelchair transfer scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for bed/chair/wheelchair transfer' requires that the episode has a valid 'Admission FIM score for bed/chair/wheelchair transfer' and 'Discharge FIM score for bed/chair/wheelchair transfer'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Transfers Toilet

Pathway: 1 ☑ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF023	FIMchangeXfrToil	FZ

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Transfer to Toilet Change'. A patient's FIM change score for toilet transfer is the difference between the patient's discharge and admission FIM toilet transfer scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for toilet transfer' requires that the episode has a valid 'Admission FIM score for toilet transfer' and 'Discharge FIM score for toilet transfer'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Transfers Shower/Tub

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF024	FIMchangeTub	GA

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Transfer to Bath Change'. A patient's FIM change score for shower/tub transfer is the difference between the patient's discharge and admission FIM shower/tub transfer scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for shower/tub transfer' requires that the episode has a valid 'Admission FIM score for shower/tub transfer' and 'Discharge FIM score for shower/tub transfer'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Locomotion

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF025	FIMchangeWalk	GB

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Locomotion Change'. A patient's FIM change score for locomotion is the difference between the patient's discharge and admission FIM locomotion scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for locomotion' requires that the episode has a valid 'Admission FIM score for locomotion' and 'Discharge FIM score for locomotion'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Stairs

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF027	FIMchangeStair	GC

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Stairs Change'. A patient's FIM change score for stairs is the difference between the patient's discharge and admission FIM stairs scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for stairs' requires that the episode has a valid 'Admission FIM score for stairs' and 'Discharge FIM score for stairs'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Comprehension

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF026	FIMchangeComp	GD

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Comprehension Change'. A patient's FIM change score for comprehension is the difference between the patient's discharge and admission FIM comprehension scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for comprehension' requires that the episode has a valid 'Admission FIM score for comprehension' and 'Discharge FIM score for comprehension'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Expression

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF028	FIMchangeExp	GE

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Expression Change'. A patient's FIM change score for expression is the difference between the patient's discharge and admission FIM expression scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for expression' requires that the episode has a valid 'Admission FIM score for expression' and 'Discharge FIM score for expression'. If any of the items are missing, "N/A" will be recorded.

FIM Change for problem solving

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF030	FIMchangeProb	GF

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Problem Solving Change'. A patient's FIM change score for problem solving is the difference between the patient's discharge and admission FIM problem solving scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for problem solving' requires that the episode has a valid 'Admission FIM score for problem solving' and 'Discharge FIM score for problem solving'. If any of the items are missing, "N/A" will be recorded.

FIM Change for Social Interaction

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF029	FIMchangeSocial	GG

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Social Change'. A patient's FIM change score for social interaction is the difference between the patient's discharge and admission FIM social interaction scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for social interaction' requires that the episode has a valid 'Admission FIM score for social interaction' and 'Discharge FIM score for social interaction'.If any of the items are missing, "N/A" will be recorded.

FIM Change for Memory

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF031	FIMchangeMemory	GH

Definition: The change in a patient's level of function from the start of rehabiliation to discharge from rehabiliation as measured by the item 'FIM Memory Change'. A patient's FIM change score for memory is the difference between the patient's discharge and admission FIM memory scores.

Justification: It is useful to be able to look at change scores at the FIM item level.

Business Rules: 'FIM change score for memory' requires that the episode has a valid 'Admission FIM score for memory' and 'Discharge FIM score for memory'. If any of the items are missing, "N/A" will be recorded.

AN-SNAP Classification (v4)

Pathway: 1 ✓ 2 ✓ 3 ✓

Element ID	Short Name	Column(s)
CF112	ANSNAP_V4	GI

Definition:

The Australian National Sub-acute and Non-acute Patient classification Version 4 (AN-SNAP), in use since 01/07/2016. This is a derived data item which in rehabilitation is determined by impairment, age and admission FIM score.

Justification:

Casemix classifications help to control for variations between patients. By controlling for variations between patients we produce information which helps us to understand the differences between providers.

Business Rules:

To calculate the AN-SNAP class V4, the episode must have a valid impairment, pathway, 'Age at episode begin', and admission FIM scores. All episodes which do not have the required data items will be categorised in the '499A' (Data error - ungroupable) class.

Expected Length of Stay (v4)

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
CF113	ExpLOS_V4	GJ

Definition:	N/A
Justification:	N/A
Business Rules:	N/A

Casemix Adjusted Length of Stay (v4)

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
CF114	LOScmix_V4	GK

Definition: 'Casemix adjusted Length of Stay v4' allows facilities to directly compare their 'Length of Stay' outcomes against those of their benchmark group. It uses the AN-SNAP v4 class to adjust the data, which in effect takes into account the unique characteristics of the facility, such as mix in impairments, age of patients and start FIM values.

For a given time period;
Casemix adjusted LOS = (the LOS of the episode) MINUS (the average LOS of all episodes in the same AN-SNAP v4 class).

Adjustments are based on the time period of the most recently published benchmarking reports.

A positive value for 'Casemix adjusted Length of stay v4' indicates that the episode has performed more poorly than the benchmark average. A negative value indicates that it has performed better than average.

This is a derived data item which is determined by actual length of stay and expected length of stay (as determined by AN-SNAP class V4).

Justification: It is not correct to compare length of stay between facilities without taking into consideration variation in casemix.

Business Rules: The 'Casemix adjusted Length of Stay v4' calculation requires a valid LOS and AN-SNAP v4 class and is only calculated for episodes of rehabilitation that have been completed. If either of these values is missing, or the episode was not completed (incomplete), "N/A" will be recorded.

Expected FIM Total Change (v4)

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
CF115	ExpFIMchangeTO_V4	GL

Definition:	N/A
Justification:	N/A
Business Rules:	N/A

Casemix Adjusted FIM Total Change (v4)

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
CF116	FIMcmix_V4	GM

Definition:

'Casemix FIM Total Change (V4)' allows facilities to directly compare their 'FIM change' outcomes against those of their benchmark group. It uses the AN-SNAP v4 class to adjust the data, which in effect takes into account the unique characteristics of the facility, such as mix in impairments, age of patients and start FIM values.

For a given time period;
Casemix adjusted FIM change = (the FIM change of the episode) MINUS (the average FIM change of all episodes in the same AN-SNAP v4 class).

A positive value for 'Casemix adjusted FIM change' indicates that the episode has performed more better than the benchmark average. A negative value indicates that it has performed more poorly than average.

This is a derived data item which is determined by actual FIM change and expected FIM change (as determined by AN-SNAP class V4)

Justification:

It is not correct to compare change in functional status between facilities without taking into consideration variation in casemix

Business Rules:

The 'Casemix adjusted FIM change v4' calculation requires a valid 'FIM Change' value and AN-SNAP class and is only calculated for episodes of rehabiliation that have been completed. If either of these values is missing, or the episode was not completed (incomplete), "N/A" will be recorded.

Expected FIM Efficiency (v4)

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
CF117	ExpFIMefficiency_V4	GN

Definition: N/A

Justification: N/A

Business Rules: N/A

Casemix Adjusted FIM Efficiency (v4)

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
CF118	FIMefficiencycmix_V4	GO

Definition:	'Casemix FIM Efficiency (V4)' allows facilities to directly compare their 'FIM efficiency' outcomes against those of their benchmark group. It uses the AN-SNAP v4 class to adjust the data, which in effect takes into account the unique characteristics of the facility, such as mix in impairments, age of patients and start FIM values. For a given time period; Casemix adjusted FIM efficiency = (the FIM efficiency of the episode) MINUS (the average FIM efficiency of all episodes in the same AN-SNAP v4 class). A positive value for 'Casemix adjusted FIM change' indicates that the episode has performed better than expected based on their class. A negative value indicates that it has performed lower than expected based on their class.

This is a derived data item which is determined by actual FIM efficiency and expected FIM efficiency (as determined by AN-SNAP class V4). |
| **Justification:** | It is not correct to compare change in functional efficiency between facilities without taking into consideration variation in casemix. |
| **Business Rules:** | The 'Casemix adjusted FIM efficiency v4' calculation requires a valid 'FIM Change' value, a valid 'LOS' value and an AN-SNAP class and is only calculated for episodes of rehabiliation that have been completed. If any of these values is missing, or the episode was not completed (incomplete), "N/A" will be recorded. |

AN-SNAP Classification (v3)

Pathway: **1** ✓   **2** ✓   **3** ✓

Element ID	Short Name	Column(s)
CF037	ANSNAP_V3	GP

Definition: The Australian National Sub-acute and Non-acute Patient classification Version 3 (AN-SNAP), in use between 01/01/2012 and 30/06/2016. This version is no longer in use by AROC but may still be used by some jurisdictions. This is a derived data item which in rehabilitation is determined by impairment, age and admission FIM score

Justification: Casemix classifications help to control for variations between patients. By controlling for variations between patients we produce information which helps us to understand the differences between providers.

Business Rules: To calculate the AN-SNAP class, the episode must have a valid impairment, pathway, 'Age at episode begin', and admission FIM scores. All episodes which do not have the required data items will be categorised in the '3-902' (Data error - ungroupable) class.

Expected Length of Stay (v3)

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
CF119	ExpLOS_V3	GQ

Definition: N/A

Justification: N/A

Business Rules: N/A

Pathway: 1 ☐ 2 ☐ 3 ☑

Casemix Adjusted Length of Stay (v3)

Pathway: 1 ☐ 2 ☑ 3 ☑

Element ID	Short Name	Column(s)
CF034	LOScmix_V3	GR

Definition: 'Casemix adjusted Length of Stay V3' allows facilities to directly compare their 'Length of Stay' outcomes against those of their benchmark group. It uses the AN-SNAP V3 class to adjust the data, which in effect takes into account the unique characteristics of the facility, such as mix in impairments, age of patients and start FIM values. For a given time period; Casemix adjusted LOS = (the LOS of the episode) MINUS (the average LOS of all episodes in the same AN-SNAP V3 class). Adjustments are based on the time period of the most recently published benchmarking reports. A positive value for 'Casemix adjusted Length of stay V3' indicates that the episode has performed more poorly than the benchmark average. A negative value indicates that it has performed better than average. NOTE: AROC no longer use V3 for outcomes analysis. This is a derived data item which is determined by actual length of stay and expected length of stay (as determined by AN-SNAP class V3).

Justification: It is not correct to compare length of stay between facilities without taking into consideration variation in casemix

Business Rules: The 'Casemix adjusted Length of Stay V3' calculation requires a valid LOS and AN-SNAP V3 class and is only calculated for episodes of rehabiliation that have been completed. If either of these values is missing, or the episode was not completed (incomplete), "N/A" will be recorded.

Expected FIM Total Change (v3)

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
CF120	ExpFIMchangeTO_V3	GS

Definition: N/A

Justification: N/A

Business Rules: N/A

Casemix Adjusted FIM Change (v3)

Pathway: 1 ☐   2 ☑   3 ☑

Element ID	Short Name	Column(s)
CF035	FIMcmix_V3	GT

Definition:

'Casemix FIM Total Change (V3)' allows facilities to directly compare their 'FIM change' outcomes against those of their benchmark group. It uses the AN-SNAP v3 class to adjust the data, which in effect takes into account the unique characteristics of the facility, such as mix in impairments, age of patients and start FIM values.

For a given time period;
Casemix adjusted FIM change = (the FIM change of the episode) MINUS (the average FIM change of all episodes in the same AN-SNAP v3 class).

A positive value for 'Casemix adjusted FIM change' indicates that the episode has performed more better than the benchmark average. A negative value indicates that it has performed more poorly than average.

This is a derived data item which is determined by actual FIM change and expected FIM change (as determined by AN-SNAP class V3)

Justification:

It is not correct to compare change in functional status between facilities without taking into consideration variation in casemix

Business Rules:

The 'Casemix adjusted FIM change V3' calculation requires a valid 'FIM Change' value and AN-SNAP class and is only calculated for episodes of rehabiliation that have been completed. If either of these values is missing, or the episode was not completed (incomplete), "N/A" will be recorded.

Expected FIM Efficiency (v3)

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
CF121	ExpFIMefficiency_V3	GU

Definition: N/A

Justification: N/A

Business Rules: N/A

Casemix Adjusted FIM Efficiency (v3)

Pathway: 1 ☐ 2 ☐ 3 ☑

Element ID	Short Name	Column(s)
CF122	FIMefficiencycmix_V3	GV

Definition: N/A

Justification: N/A

Business Rules: N/A

Pathway: 1 ☐ 2 ☐ 3 ☑

Completed Episode of Care

Pathway: 1 ☐   2 ☐   3 ☑

Element ID	Short Name	Column(s)
CF205	CompletedEpisode	GW

Definition:

An episode is considered "complete" if:

A) The patient was discharged to usual accommodation (or accommodation that is to become their "usual" accommodation) or discharged to interim accommodation AND their total FIM score at the end of their rehabilitation episode was greater than 18.

   OR

B) The patient's care type was changed within sub-acute/non-acute care AND they had a length of stay greater than 6 days.

If analysing any outcome data use only those episodes where this flag is 1=Yes (Complete episode).

Justification:

Not all inpatient rehabilitation episodes are complete, and to include incomplete episodes in calculations of LOS or FIM change would not provide an accurately report on what an inpatient rehabilitation episode looks like. Partial episodes typically have shorter LOS and lower FIM change scores and may end in a transfer back to acute care. To ensure the summarised data is based on completed rehabilitation episodes this flag was created.

Business Rules:

For the 'Complete Episode of Care' flag to be calculated, valid 'Episode End Date', 'Mode of episode end' and FIM data items must be provided. If 'Mode of episode end' is 7 (patient's care type changed within sub-acute/non-acute care), then episode begin date is also required. An episode is considered "complete" if   A) Mode of episode end =1(discharged to usual accommodation) or 2 (discharged to interim accommodation) AND total FIM score at episode end was greater than 18 or   B) Mode of episode end was 7 (change of care type within sub-acute/non-acute care) AND LOS greater than 6 days. Complete episodes are coded 1. If any of these values are missing from the episode, or the episode is incomplete it will be coded 0.