



# AUSTRALASIAN REHABILITATION OUTCOMES CENTRE

## INPATIENT DATA DICTIONARY V4 FOR IT DEVELOPERS - AUSTRALIAN VERSION

*For technical queries  
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# Inpatient Data Dictionary for Developers

## BACKGROUND

This data dictionary includes all of the data items that are in the AROC Inpatient V4 dataset. Each data item is listed, along with the definition, format, business rules and related data items. The language and information is aimed to assist software developers who are enabling the collection and extraction of the AROC data items in their software. Facilities that submit their data via upload need to ensure the extracted data files conform to our strict formatting requirements (fixed width .txt files). All of the information required to create the data files can be found in this dictionary. If you find that this dictionary does not adequately clarify your query of a data item, please contact [aroc@uow.edu.au](mailto:aroc@uow.edu.au).

## INPATIENT DATA DICTIONARY VERSION

Version	Date	Nature of change
4.01	June 2019	<p>This is the first edition of the AROC Inpatient Data Dictionary. Converted from the AROC Data Dictionary to the AROC Inpatient Data Dictionary with formatting changes and the removal of Ambulatory data items and information from the Inpatient dictionary.</p> <p>Minor dataset changes to the following items:</p> <ul style="list-style-type: none"><li>• <i>AROC Impairment Code</i>.</li><li>• <i>Date clinically ready for discharge</i> changed to <i>Date community ready</i>. Definition has been updated.</li></ul>

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---

**Data Element Name:** Path

**Data Element ID:** PATH

**Short Name:** Path

**Pathway:** 1  2  3

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

Inpatient direct care (Pathway 3):

- Rehabilitation is delivered in an inpatient setting.
- The patient is accommodated overnight in the hospital and included in the bed occupancy reporting at midnight.
- The patient is under the care of the rehabilitation physician who holds the medical governance/bed card.

In-reach (Pathway 2):

- The patient is under the care of an acute physician who holds the medical governance/bed card.
- 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 one physician who holds the medical governance/bed card and another physician or team provide a one-off consultation service.

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

**Business Rules:** N/A

**Related data items:** N/A

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

**Codeset values:**

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

**Data Element Name:** Establishment ID

**Data Element ID:** F1

**Short Name:** FacId

**Pathway:** 1  2  3

**Definition:** A code which represents the facility.

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

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

**Related data items:** F2

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

---

**Data Element Name:** Establishment Name

**Data Element ID:** F2

**Short Name:** FacName

**Pathway:** 1  2  3

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

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

**Business Rules:** N/A

**Related data items:** N/A

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



**Data Element Name:** Ward ID/Team ID

**Data Element ID:** F3

**Short Name:** WardID

**Pathway:** 1  2  3

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

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

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

**Related data items:** F4

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

**Data Element Name:** Ward Name/Team Name

**Data Element ID:** F4

**Short Name:** WardName

**Pathway:** 1  2  3

---

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

---

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

---

**Business Rules:** N/A

---

**Related data items:** F3

---

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

---

**Data Element Name:** Patient Identifier

**Data Element ID:** D1

**Short Name:** MRN

**Pathway:** 1  2  3

**Definition:** Unique patient identifier established by the facility.

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

**Business Rules:** N/A

**Related data items:** N/A

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

---

**Data Element Name:** Letters of Name

**Data Element ID:** D3

**Short Name:** LON

**Pathway:** 1  2  3

---

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

---

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

---

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

---

**Related data items:** N/A

---

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

---

**Data Element Name:** Date of Birth

**Data Element ID:** D4

**Short Name:** DOB

**Pathway:** 1  2  3

---

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

---

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

---

**Business Rules:** N/A

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**Related data items:** D5

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

---

**Data Element Name:** Date of Birth Estimate

**Data Element ID:** D5

**Short Name:** DOBest

**Pathway:** 1  2  3

---

**Definition:** Flag to indicate if Date of Birth item is a known or estimated value.

---

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

---

**Business Rules:** N/A

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**Related data items:** D4

---

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

---

**Codeset values:**

- 1 Estimated
- 2 Not estimated

**Data Element Name:** Sex

**Data Element ID:** D6

**Short Name:** Sex

**Pathway:** 1  2  3

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

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

**Business Rules:** N/A

**Related data items:** N/A

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

**Codeset values:**

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

**Data Element Name:** Indigenous Status (AU)**Data Element ID:** D7A**Short Name:** IndStat**Pathway:** 1  2  3 **Definition:** In Australia, indigenous status is a measure of whether a patient identifies as being of Aboriginal or Torres Strait Islander origin.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Start / End Pos.</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	131	Demographic	Mandatory

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

- |   |  |
|---|--|
| 1 | Aboriginal but not Torres Strait Islander origin     |
| 2 | Torres Strait Islander but not Aboriginal origin     |
| 3 | Both Aboriginal and Torres Strait Islander origin    |
| 4 | Neither Aboriginal nor Torres Strait Islander origin |
| 9 | Not stated / inadequately defined                    |



**Data Element Name:** Blank Item (AU)

**Data Element ID:** BL00

**Short Name:** BlankItemAU

**Pathway:** 1  2  3

---

**Definition:** The AROC V4 data set includes some country specific data items - the item in this location relates only to NZ.

---

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

---

**Business Rules:** Leave blank field in the file for BL00

---

**Related data items:** N/A

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**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A

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---

**Data Element Name:** Geographical Residence (AU)**Data Element ID:** D9A**Short Name:** State\_Region**Pathway:** 1  2  3 

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**Definition:** Geographical residence is the state that the patient usually resides in.

---

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

---

**Business Rules:** N/A

---

**Related data items:** D10

---

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

---

**Codeset values:**

1	NSW
2	VIC
3	QLD
4	SA
5	WA
6	TAS
7	NT
8	ACT
9	Other Australian Territory
10	Not Australia

**Data Element Name:** Postcode

**Data Element ID:** D10

**Short Name:** postcode

**Pathway:** 1  2  3

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

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

**Business Rules:** 8888= not applicable  
9999= not known

**Related data items:** D9

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

---

**Data Element Name:** Funding Source (AU)**Data Element ID:** D11A**Short Name:** Funding**Pathway:** 1  2  3 **Definition:** The principal source of funding for the patient in rehabilitation.

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

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

1	Australian Health Care Agreement (public patient)
2	Private Health Insurance
3	Self-funded
4	Workers compensation
5	Motor vehicle third party personal claim
6	Other compensation (e.g. public liability, common law, medical negligence)
7	Department of Veterans' Affairs
8	Department of Defence
9	Correctional facility
10	Other hospital or public authority (contracted care)
11	Reciprocal health care agreement (other countries)
98	Other
99	Not known

**Data Element Name:** Health Fund/other payer**Data Element ID:** D12**Short Name:** Payer**Pathway:** 1  2  3 **Definition:** Code corresponding to the person's private health fund, workers' compensation insurer or Compulsory Third Party (CTP) insurer as listed below.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	142-144	Demographic	Conditional

**Business Rules:** If D11 funding source = 2 private health insurance then only private health insurance codes (000s);  
If D11 funding source = 4 workers' compensation then only workers' compensation payer codes (400s);  
If D11 funding source = 5 motor vehicle third party personal claim then only tpp payer codes (600s).**Related data items:** D11A**Key Dates:** **Effective:** 2002-07-01 **Revision:** 2012-07-02**Codeset values:**

1	ACA Health Benefits Fund
2	The Doctor's Health Fund Ltd
11	Australian Health Management Group
13	Australian Unity Health Limited
14	BUPA Australia Health Pty Ltd (trading as HBA in Vic & Mutual Community in SA)
18	CBHS Health Fund Limited
19	Cessnock District Health Benefits Fund (CDH benefit fund)
20	CUA Health Ltd
22	Defence Health Limited
25	Druids Friendly Society - Victoria
26	Druids Friendly Society - NSW
29	Geelong Medical and Hospital Benefits Assoc Ltd (GMHBA)
32	Grand United Corporate Health Limited (GU Health)
37	Health Care Insurance Limited
38	Health Insurance Fund of Australia
40	Healthguard Health Benefits Fund Ltd (trading as Central West Health, CY Health & GMF Health)
41	Health Partners
46	Latrobe Health Services Inc.
47	Lysaght Peoplecare Ltd (Peoplecare Ltd)
48	Manchester Unity Australia Ltd
49	MBF Australia Ltd
50	Medibank Private Ltd
53	Mildura District Hospital Fund Limited
56	Navy Health Ltd
57	NIB Health Funds Ltd
61	Phoenix Health Fund Ltd
65	Queensland Country Health Ltd
66	Railway & transport Health Fund Ltd (rt Healthfund)
68	Reserve Bank Health Society Ltd
71	St Luke's Medical & Hospital Benefits Association Ltd
74	Teachers Federation Health Ltd
77	HBF Health Funds Inc
78	HCF - Hospitals Contribution Fund of Australia Ltd, The
81	Transport Health Pty Ltd
83	Westfund Ltd
85	NRMA Health (MBF Alliances)
86	Queensland Teachers' Union Health Fund Ltd

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87	Police Health
91	Onemedifund
92	health.com.au (HEA)
93	CBHS Corporate Health Pty Ltd
94	Emergency Services Health Pty Ltd
95	Nurses & Midwives Health Pty Ltd
96	MyOwn
401	WorkCover Qld
402	Allianz Australia Workers Compensation
403	Cambridge Integrated Services Vic Pty Ltd
404	CGU Workers Compensation
405	JLT Workers Compensation Services Pty Ltd
406	QBE Worker's Compensation
407	Wyatt Gallagher Bassett Workers Compensation Victoria Pty Ltd
408	Employers' Mutual Indemnity
409	GIO Workers Compensation (NSW)
410	Royal & Sun Alliance Workers Compensation
411	CATHOLIC CHURCH INSURANCES LTD
412	GUILD INSURANCE LTD
413	INSURANCE COMMISSION OF WA
414	Zurich Australia Insurance Ltd
415	WESFARMERS FEDERATION INSURANCE LTD
416	Territory Insurance Office
417	ComCare
418	Victoria Workcover Authority
601	Allianz Australia Insurance Ltd
602	Australian Associated Motor Insurers Ltd
603	QBE Insurance (Australia)
604	Suncorp/Metway
605	RACQ Insurance Ltd
606	NRMA Insurance Ltd
607	Transport Accident Commission Vic
608	AAMI
609	CIC
610	GIO
611	QBE
612	Zurich
613	Insurance Commission of Western Australia
614	Motor Accident Insurance Board Tasmania
615	Territory Insurance Office NT
616	SGIC General Insurance
999	Unknown (enter in copmments)

---

**Data Element Name:** Need for interpreter service?

**Data Element ID:** D13

**Short Name:** Interp

**Pathway:** 1  2  3

---

**Definition:** Record whether an interpreter service (paid or unpaid e.g: family member) is required for the patient.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Start / End Pos.</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	145	Demographic	Mandatory

---

**Business Rules:** N/A

---

**Related data items:** N/A

---

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

---

**Codeset values:**

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

**Data Element Name:** Referral Date

**Data Element ID:** E1

**Short Name:** Referral

**Pathway:** 1  2  3

---

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

---

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	146-155	Episode	Mandatory

---

**Business Rules:** N/A

---

**Related data items:** N/A

---

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

---



**Data Element Name:** Assessment Date

**Data Element ID:** E2

**Short Name:** Assessment

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	156-165	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

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

**Data Element Name:** Date clinically ready for rehabilitation care

**Data Element ID:** E3

**Short Name:** ClinicallyRehabReady

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	166-175	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

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

**Data Element Name:** Was there a delay in episode start?

**Data Element ID:** E4

**Short Name:** StartDelayFlag

**Pathway:** 1  2  3

**Definition:** This item identifies whether there was a delay between the patient being assessed as appropriate for rehabilitation and the rehabilitation program starting.

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

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

**Related data items:** E5-E9

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Reason for delay in episode start - Patient related issues (medical)

**Data Element ID:** E5

**Short Name:** StartDelayMedical

**Pathway:** 1  2  3

**Definition:** This item collects information about patient related medical issues that have caused a delay between the patient being assessed as appropriate for rehabilitation and the rehabilitation program starting.

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

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

**Related data items:** E4

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

**Codeset values:**

- 1 Yes
- 2 No

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

**Data Element ID:** E6

**Short Name:** StartDelayService

**Pathway:** 1  2  3

**Definition:** This item collects information about service issues that have caused a delay between the patient being assessed as appropriate for rehabilitation and the rehabilitation program starting.

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

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

**Related data items:** E4

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

**Codeset values:**

- 1 Yes
- 2 No

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

**Data Element ID:** E7

**Short Name:** StartDelayExternal

**Pathway:** 1  2  3

**Definition:** This item collects information about external support issues that have caused a delay between the patient being assessed as appropriate for rehabilitation and the rehabilitation program starting.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	179	Episode	Conditional

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

**Related data items:** E4

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

**Codeset values:**

- 1 Yes
- 2 No

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

**Data Element ID:** E8

**Short Name:** StartDelayEquipment

**Pathway:** 1  2  3

**Definition:** This item collects information about equipment issues that have caused a delay between the patient being assessed as appropriate for rehabilitation and the rehabilitation program starting.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	180	Episode	Conditional

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

**Related data items:** E4

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

**Codeset values:**

- 1 Yes
- 2 No

---

**Data Element Name:** Reason for delay in episode start - Patient behavioural issues**Data Element ID:** E9**Short Name:** StartDelayPatient**Pathway:** 1  2  3 

---

**Definition:** This item collects information about patient behavioural issues that have caused a delay between the patient being assessed as appropriate for rehabilitation and the rehabilitation program starting.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Start / End Pos.</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	181	Episode	Conditional

---

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

---

**Related data items:** E4

---

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

---

**Codeset values:**

1 Yes

2 No



**Data Element Name:** Episode begin date

**Data Element ID:** E10

**Short Name:** BegDate

**Pathway:** 1  2  3

**Definition:** Record 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 dependant 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. This date may be the same as the date the patient was admitted to hospital e.g. Patient admitted from home directly onto the rehabilitation unit OR a date during their hospital stay e.g. Date patient's care was transferred to a rehabilitation physician and rehabilitation commenced whilst the patient remained on the acute ward awaiting a rehabilitation bed.

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	182-191	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

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

**Data Element Name:** Type of Accommodation prior to this impairment (AU)**Data Element ID:** E11A**Short Name:** AccomPrior**Pathway:** 1  2  3 **Definition:** The type of accommodation the patient lived in prior to the rehabilitation episode of care.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	192	Episode	Mandatory

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

- |   |  |
|---|--|
| 1 | Private residence (including unit in retirement village) |
| 2 | Residential, low level care (hostel)                     |
| 3 | Residential, high level care (nursing home)              |
| 4 | Community group home                                     |
| 5 | Boarding house   |
| 6 | Transitional living unit                                 |
| 8 | Other  |

**Data Element Name:** Carer status prior to this impairment

**Data Element ID:** E12

**Short Name:** CarerPrior

**Pathway:** 1  2  3

**Definition:** Record 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 include care provided by a relative, friend, partner of the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	193	Episode	Conditional

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

**Related data items:** N/A

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

**Codeset values:**

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

**Data Element Name:** Were any services being received within the month prior to this impairment?

**Data Element ID:** E13

**Short Name:** ServicesPriorFlag

**Pathway:** 1  2  3

**Definition:** This item identifies whether services were received by the person prior to this impairment. "Services" refers to paid or unpaid services received in the month prior to this impairment (or exacerbation of impairment). Paid service(s) include both government funded and private health funded services. Unpaid service(s) include care provided by a relative, friend, or partner of the patient. Discretionary services received by the patient, but not functionally necessary, should not be included e.g. A house cleaner because the patient doesn't like cleaning rather than functionally can't clean.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	194	Episode	Conditional

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

**Related data items:** E14-E22

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

**Codeset values:**

- 1 Yes
- 2 No

**Element Group Name:** Services received prior to impairment

**Data Element ID Range:** E14-E22

**Pathway:** 1  2  3

**Definition:** This item collects information about whether the patient received paid or unpaid assistance in the month prior to their impairment.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	195-203	Episode	Conditional

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

**Related data items:** E13, E14-E22

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

**Data Items:**

ID	Data Element Name	Start Position
E14	Service received prior to impairment - Domestic assistance	195
E15	Service received prior to impairment - Social support	196
E16	Service received prior to impairment - Nursing care	197
E17	Service received prior to impairment - Allied health care	198
E18	Service received prior to impairment - Personal care	199
E19	Service received prior to impairment - Meals	200
E20	Service received prior to impairment - Provision of goods & equipment	201
E21	Service received prior to impairment - Transport services	202
E22	Service received prior to impairment - Case management	203

**Codeset values:**

1	Yes
2	No

**Data Element Name:** Employment status prior to this impairment

**Data Element ID:** E23

**Short Name:** EmpStatPrior

**Pathway:** 1  2  3

**Definition:** This item records the patient's employment status before they had their impairment (or exacerbation of impairment).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	204	Episode	Mandatory

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

**Related data items:** N/A

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

**Codeset values:**

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

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

**Data Element ID:** E24

**Short Name:** FirstAdm

**Pathway:** 1  2  3

**Definition:** This item relates to the patient’s impairment and setting, not the particular facility. “Direct care” is when the patient is under the direct care of the rehabilitation physician or team, i.e. they hold medical governance over the patient. An episode of direct care can be provided in the inpatient rehabilitation setting or ambulatory rehabilitation setting (e.g. outpatient and/ or community).

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

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	205	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

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

**Codeset values:**

- 1 Yes
- 2 No

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

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**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 multi-disciplinary consultation and consultation with the patient. Record the date the multidisciplinary team rehabilitation plan was first recorded.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Start / End Pos.</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	206-215	Episode	Mandatory

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

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

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**Data Element Name:** Date of injury/impairment onset

**Data Element ID:** E26

**Short Name:** OnsetDate

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	216-225	Episode	Mandatory

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

**Related data items:** E27, E28

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

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	226	Episode	Conditional

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

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

**Data Element Name:** Date of relevant acute episode

**Data Element ID:** E28

**Short Name:** AcuteAdmDate

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	227-236	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** E26, E27

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

**Data Element Name:** Mode of Episode Start - Inpatient

**Data Element ID:** E29C

**Short Name:** StartMode

**Pathway:** 1  2  3

**Definition:** This item records data about where the patient came from when the inpatient rehabilitation episode started.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Start / End Pos.</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	237	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

**Key Dates:** **Effective:** 2002-07-01 **Revision:** 2014-01-01

**Codeset values:**

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

**Data Element Name:** Blank Item 3

**Data Element ID:** BL03

**Short Name:** BlankItem3

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
		10	238-247	Blank	

**Business Rules:** Leave blank field in the file for BL03

**Related data items:** N/A

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

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	7	248-254	Episode	Mandatory

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

1.11	Stroke, Haemorrhagic, Left Body Involvement (Right Brain)
1.12	Stroke, Haemorrhagic, Right Body Involvement (Left Brain)
1.13	Stroke, Haemorrhagic, Bilateral Involvement
1.14	Stroke, Haemorrhagic, No Paresis
1.19	Other haemorrhagic stroke
1.21	Stroke, Ischaemic, Left Body Involvement (Right Brain)
1.22	Stroke, Ischaemic, Right Body Involvement (Left Brain)
1.23	Stroke, Ischaemic, Bilateral Involvement
1.24	Stroke, Ischaemic, No Paresis
1.29	Other ischaemic stroke
2.11	Brain Dysfunction, Non traumatic, subarachnoid haemorrhage
2.12	Brain Dysfunction, Non traumatic, Anoxic brain damage
2.13	Other non-traumatic brain dysfunction
2.21	Brain Dysfunction, Traumatic, open injury
2.22	Brain Dysfunction, Traumatic, closed injury
3.1	Neurological conditions, Multiple sclerosis
3.2	Neurological conditions, Parkinsonism
3.3	Neurological conditions, Polyneuropathy
3.4	Neurological conditions, Guillian-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

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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

<b>11</b>	Burns
<b>12.1</b>	Congenital Deformities, Spina bifida
<b>12.9</b>	Other congenital
<b>13.1</b>	Other Disabling Impairments, Lymphoedema
<b>13.3</b>	Other Disabling Impairments, Conversion disorder
<b>13.9</b>	Other disabling impairments. This classification should rarely be used.
<b>14.1</b>	Major Multiple Trauma, Brain + spinal cord injury
<b>14.2</b>	Major Multiple Trauma, Brain + multiple fracture/amputation
<b>14.3</b>	Major Multiple Trauma, Spinal cord + multiple fracture/ amputation
<b>14.9</b>	Other multiple trauma
<b>15.1</b>	Developmental disabilities
<b>16.1</b>	Re-conditioning following surgery
<b>16.2</b>	Re-conditioning following medical illness
<b>16.3</b>	Cancer rehabilitation



**Data Element Name:** Blank Item 4

**Data Element ID:** BL04

**Short Name:** BlankItem4

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
		2	255-256	Blank	

**Business Rules:** Leave blank field in the file for BL04

**Related data items:** N/A

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

**Data Element Name:** Date episode start FIM assessed

**Data Element ID:** E43

**Short Name:** StartFIMdate

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	257-266	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** E44-E61

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

**Element Group Name:** Admission FIM Scores

**Data Element ID Range:** E44-E61

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	267-284	Episode	Mandatory

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

**Related data items:** E43, E44 - E61

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

**Data Items:**

ID	Data Element Name	Start Position
E44	Admission FIM score for eating	267
E45	Admission FIM score for grooming	268
E46	Admission FIM score for bathing	269
E47	Admission FIM score for dressing upper body	270
E48	Admission FIM score for dressing lower body	271
E49	Admission FIM score for toileting	272
E50	Admission FIM score for bladder management	273
E51	Admission FIM score for bowel management	274
E52	Admission FIM score for transfer to bed/chair/wheelchair	275
E53	Admission FIM score for transfer to toilet	276
E54	Admission FIM score for transfer to shower/tub	277
E55	Admission FIM score for locomotion	278
E56	Admission FIM score for stairs	279
E57	Admission FIM score for comprehension	280
E58	Admission FIM score for expression	281
E59	Admission FIM score for social interaction	282
E60	Admission FIM score for problem solving	283
E61	Admission FIM score for memory	284

**Codeset values:**

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

**Data Element Name:** Blank Item 5

**Data Element ID:** BL05

**Short Name:** BlankItem5

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
		18	285-302	Blank	

**Business Rules:** Leave blank field in the file for BL05

**Related data items:** N/A

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

**Data Element Name:** Employment status after, or anticipated employment status after discharge

**Data Element ID:** E71

**Short Name:** EmpStatPost

**Pathway:** 1  2  3

**Definition:** Record the patient's employment status, or anticipated employment status, after discharge.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	303	Episode	Conditional

**Business Rules:** Only complete if E23=1

**Related data items:** N/A

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

**Codeset values:**

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

**Data Element Name:** Date episode end FIM assessed

**Data Element ID:** E72

**Short Name:** EndFIMdate

**Pathway:** 1  2  3

**Definition:** Record the date the patient's discharge FIM scores were scored.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	304-313	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** E73-E90

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

**Element Group Name:** Discharge FIM scores

**Data Element ID Range:** E73-E90

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	314-331	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** E72, E73- E90

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

**Data Items:**

ID	Data Element Name	Start Position
E73	Discharge FIM score for eating	314
E74	Discharge FIM score for grooming	315
E75	Discharge FIM score for bathing	316
E76	Discharge FIM score for dressing upper body	317
E77	Discharge FIM score for dressing lower body	318
E78	Discharge FIM score for toileting	319
E79	Discharge FIM score for bladder management	320
E80	Discharge FIM score for bowel management	321
E81	Discharge FIM score for transfer to bed/chair/wheelchair	322
E82	Discharge FIM score for transfer to toilet	323
E83	Discharge FIM score for transfer to shower/tub	324
E84	Discharge FIM score for locomotion	325
E85	Discharge FIM score for stairs	326
E86	Discharge FIM score for comprehension	327
E87	Discharge FIM score for expression	328
E88	Discharge FIM score for social interaction	329
E89	Discharge FIM score for problem solving	330
E90	Discharge FIM score for memory	331

**Codeset values:**

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

**Data Element Name:** Blank Item 6

**Data Element ID:** BL06

**Short Name:** BlankItem6

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
		18	332-349	Blank	

**Business Rules:** Leave blank field in the file for BL06

**Related data items:** N/A

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



**Data Element Name:** Community ready date**Data Element ID:** E100**Short Name:** ClinicallyDischargeReady**Pathway:** 1  2  3 **Definition:** A patient should be defined as ready to be discharged to the community (Community Ready) when:

- The patient no longer requires the intensity of therapy provided by an inpatient rehab service. For example, further rehab could be provided in an ambulatory setting if available
- The patient has achieved a level of function that allows them to be safely discharged to the community based on their dwelling/social/geographical/financial status. For example, does the patient need to be able to manage 2 stairs/or require home modifications prior to discharge: does the patient lives in a location where ambulatory services are not available and has no transport to attend an ambulatory service located in another location and therefore requires further rehabilitation in an inpatient rehab service to be deemed safe to return to the community
- 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
- The reason the patient is still in inpatient rehabilitation care is beyond the control of the rehab team. For example, the patient is awaiting the outcome of an NDIS application, or home modifications are required to be completed, or the patient is awaiting services to be put in place.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	350-359	Episode	Mandatory

**Business Rules:** Completion is mandatory if E114= 1 or 2.  
Completion is optional if E114= 3-9**Related data items:** E114**Key Dates:** **Effective:** 2012-07-01 **Revision:** N/A

**Data Element Name:** Was there a delay in discharge?

**Data Element ID:** E101

**Short Name:** EndDelayFlag

**Pathway:** 1  2  3

**Definition:** This item identifies whether there was a delay in discharge

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

**Business Rules:** If 1, "Yes", complete E102A-E. If 2, "No" leave E102A-E blank and skip to E103.

**Related data items:** E102A-E102E

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

**Codeset values:**

- 1 Yes
- 2 No

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

**Data Element ID:** E102A

**Short Name:** EndDelayMedical

**Pathway:** 1  2  3

**Definition:** This item collects information about patient related medical issues that have caused a delay in discharge.

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

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

**Related data items:** E101

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Reason for delay in discharge - Service issues

**Data Element ID:** E102B

**Short Name:** EndDelayService

**Pathway:** 1  2  3

**Definition:** This item collects information about service issues that have caused a delay in discharge.

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

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

**Related data items:** E101

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Reason for delay in discharge - External support issues

**Data Element ID:** E102C

**Short Name:** EndDelayExternal

**Pathway:** 1  2  3

**Definition:** This item collects information about external support issues that have caused a delay in discharge.

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

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

**Related data items:** E101

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Reason for delay in discharge - Equipment issues

**Data Element ID:** E102D

**Short Name:** EndDelayEquipment

**Pathway:** 1  2  3

**Definition:** This item collects information about equipment issues that have caused a delay in discharge.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	364	Episode	Conditional

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

**Related data items:** E101

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Reason for delay in discharge - Patient behavioural issues

**Data Element ID:** E102E

**Short Name:** EndDelayPatient

**Pathway:** 1  2  3

**Definition:** This item collects information about patient behavioural issues that have caused a delay in discharge.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	365	Episode	Conditional

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

**Related data items:** E101

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Is there an existing comorbidity interfering with this episode

**Data Element ID:** E103

**Short Name:** ComorbFlag

**Pathway:** 1  2  3

**Definition:** This item identifies whether the patient had any other significant existing illness/impairment, not part of the principal presenting condition, which interfered with the process of rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	366	Episode	Mandatory

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

**Related data items:** E104-E107

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

**Codeset values:**

- 1 Yes
- 2 No



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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	367-374	Episode	Conditional

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

ID	Data Element Name	Start Position
E104	Comorbidities Interfering with Rehabilitation Episode (1)	367
E105	Comorbidities Interfering with Rehabilitation Episode (2)	369
E106	Comorbidities Interfering with Rehabilitation Episode (3)	371
E107	Comorbidities Interfering with Rehabilitation Episode (4)	373

**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	Parkinsons 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
99	Other

**Data Element Name:** Were there any complications interfering with this episode?

**Data Element ID:** E108

**Short Name:** CompFlag

**Pathway:** 1  2  3

**Definition:** A complication may be defined as a disease or disorder concurrent with the principal impairment (or exacerbation of impairment), which prevents the patient from engaging at the anticipated intensity in their planned rehabilitation program. Report only those complications arising during the rehabilitation episode.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	375	Episode	Mandatory

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

**Related data items:** E109-E112

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

**Codeset values:**

- 1 Yes
- 2 No

**Element Group Name:** Complication Items**Data Element ID Range:** E109-E112**Pathway:** 1  2  3 **Definition:** Complications interfering with the rehabilitation episode (up to four can be selected).

Format:	Type	Width	Start / End Pos.	Category	Obligation
	numeric	2	376-383	Episode	Conditional

**Business Rules:** If E108 is 1=Yes then specify the complications in E109-E112. E109 must have a response. Where less than four complications are reported leave the remaining columns blank. If E108 is 2=No then leave E109-E112 blank.**Related data items:** E108, E109 - E112**Key Dates:** **Effective:** 2007-07-01 **Revision:** N/A**Data Items:**

ID	Data Element Name	Start Position
E109	Complication interfering with this episode (1)	376
E110	Complication interfering with this episode (2)	378
E111	Complication interfering with this episode (3)	380
E112	Complication interfering with this episode (4)	382

**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
99	Other

**Data Element Name:** Episode end date

**Data Element ID:** E113

**Short Name:** EndDate

**Pathway:** 1  2  3

**Definition:** Record the date that the patient completes their rehabilitation episode. This date defines the end of the rehabilitation episode and is the date at which the length of stay (LOS) concludes.

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 (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 patient is discharged by the rehabilitation physician or team completing the one-off consultation, no matter where the patient is physically located (rehabilitation ward/ acute ward). A consultation begin and end date may be the same at times.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	384-393	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

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

**Data Element Name:** Mode of episode end (Inpatient)**Data Element ID:** E114C**Short Name:** EndMode**Pathway:** 1  2  3 **Definition:** This item records data about where the patient went to at the end of their in-patient rehabilitation episode.

There are two broad categories reflecting where the patient can go:

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

Where the patient has a care type change, pathway 2 (In-reach) patients care type change will be from acute care to sub-acute care while inpatient - pathway 3 (Inpatient) patients care type change will be from sub-acute care to acute care.

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

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

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

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

**Data Element Name:** Interim destination (AU)

**Data Element ID:** E115A

**Short Name:** AccomInterim

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	395	Episode	Conditional

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

**Related data items:** E116

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

**Codeset values:**

- 1 Private residence (including unit in retirement village)
- 2 Residential, low level care(hostel)
- 3 Residential, high level care(nursing home)
- 4 Community group home
- 5 Boarding house
- 6 Transitional living unit
- 7 Hospital
- 8 Other
- 9 Unknown

**Data Element Name:** Final destination (AU)**Data Element ID:** E116A**Short Name:** AccomFinal**Pathway:** 1  2  3 **Definition:** Final destination may be defined as the accommodation that a patient is discharged to that is the most appropriate long term accommodation for the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	396	Episode	Conditional

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

- |   |  |
|---|--|
| 1 | Private residence (including unit in retirement village) |
| 2 | Residential, low level care(hostel)                      |
| 3 | Residential, high level care(nursing home)               |
| 4 | Community group home                                     |
| 5 | Boarding house   |
| 6 | Transitional living unit                                 |
| 8 | Other  |
| 9 | Unknown  |

**Data Element Name:** Carer status post discharge

**Data Element ID:** E117

**Short Name:** DisCarer

**Pathway:** 1  2  3

**Definition:** Record the level of carer support the patient receives post discharge from their inpatient or ambulatory rehabilitation episode of care. Include both paid and/or unpaid carers. Paid carer support includes both government funded and private health funded carers. Unpaid carer support include care provided by a relative, friend, partner of the patient.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	397	Episode	Conditional

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

**Related data items:** N/A

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

**Codeset values:**

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



**Data Element Name:** Total number of days seen

**Data Element ID:** E118

**Short Name:** daysseen

**Pathway:** 1  2  3

**Definition:** The total number of days that service(s) were provided to the patient during their episode of care.

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

**Business Rules:** N/A

**Related data items:** N/A

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

**Data Element Name:** Total number of occasions of service

**Data Element ID:** E119

**Short Name:** occasions

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	401-403	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

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

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	404-423	Episode	Mandatory

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

ID	Data Element Name	Start Position
E120	Staff type providing therapy during episode of care	404
E121	Staff type providing therapy during episode of care	406
E122	Staff type providing therapy during episode of care	408
E123	Staff type providing therapy during episode of care	410
E124	Staff type providing therapy during episode of care	412
E125	Staff type providing therapy during episode of care	414
E126	Staff type providing therapy during episode of care	416
E127	Staff type providing therapy during episode of care	418
E128	Staff type providing therapy during episode of care	420
E129	Staff type providing therapy during episode of care	422

**Codeset values:**

1	Aboriginal 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
23	Social Worker
24	Therapy Aide
25	Vocational Co-ordinator
98	Other

**Data Element Name:** Total number of leave days

**Data Element ID:** E130

**Short Name:** Leave

**Pathway:** 1  2  3

**Definition:** Leave days are a temporary absence from hospital, with medical approval, for a period no greater than seven consecutive days.

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

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

**Related data items:** N/A

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

**Data Element Name:** Total number of suspension days

**Data Element ID:** E131

**Short Name:** SusDays

**Pathway:** 1  2  3

**Definition:** The sum of the number of days rehabilitation treatment was suspended for a medical reason during an episode of rehabilitation.

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

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

**Related data items:** E132

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

**Data Element Name:** Total number of suspension occurrences

**Data Element ID:** E132

**Short Name:** SusOcc

**Pathway:** 1  2  3

**Definition:** Record the total number of rehabilitation treatment suspension occurrences during this admission.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	3	430-432	Episode	Mandatory

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

**Related data items:** E131

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

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

**Data Element ID:** E133

**Short Name:** ServicesPostFlag

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	433	Episode	Conditional

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

**Related data items:** E134-E142

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

**Codeset values:**

- 1 Yes
- 2 No

**Element Group Name:** Services received post discharge

**Data Element ID Range:** E134-E142

**Pathway:** 1  2  3

**Definition:** This item 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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	434-442	Episode	Conditional

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

**Related data items:** E133, E134- E142

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

**Data Items:**

ID	Data Element Name	Start Position
E134	Service received post discharge - Domestic assistance	434
E135	Service received post discharge - Social support	435
E136	Service received post discharge - Nursing care	436
E137	Service received post discharge - Allied health care	437
E138	Service received post discharge - Personal care	438
E139	Service received post discharge - Meals	439
E140	Service received post discharge - Provision of goods & equipment	440
E141	Service received post discharge - Transport services	441
E142	Service received post discharge - Case management	442

**Codeset values:**

1	Yes
2	No



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

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**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 (or faxed) to the GP on discharge.

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Start / End Pos.</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	443	Episode	Mandatory

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

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

1	Yes
2	No

**Data Element Name:** Date patient emerged from PTA

**Data Element ID:** A01

**Short Name:** PTA\_Date

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
DD/MM/YYYY		10	444-453	Episode	Conditional

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

**Related data items:** E40

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

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	454	Episode	Conditional

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

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

**Data Element Name:** ASIA Score (AIS grade) at Episode Start

**Data Element ID:** A03

**Short Name:** ASIStart

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	455	Episode	Conditional

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

**Related data items:** E40

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

**Codeset values:**

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

**Data Element Name:** Level of Spinal Cord Injury at Episode Start

**Data Element ID:** A04

**Short Name:** LevelOfSCIStart

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	456-457	Episode	Conditional

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

**Related data items:** E40

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

**Codeset values:**

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

**Data Element Name:** Level of Spinal Cord Injury at Episode End

**Data Element ID:** A05

**Short Name:** LevelOfSCIEnd

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	2	458-459	Episode	Conditional

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

**Related data items:** E40,A4

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

**Codeset values:**

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

**Data Element Name:** Ventilator Dependent at Episode End

**Data Element ID:** A06

**Short Name:** Flag\_VentilatorDependentEnd

**Pathway:** 1  2  3

**Definition:** Ventilator dependent may be defined as the use of mechanical ventilation for at least six hours daily for at least 21 days. Record if patient is ventilator dependent at the time of discharge from rehabilitation.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	460	Episode	Conditional

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

**Related data items:** E40

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** ASIA Score (AIS grade) at Episode End

**Data Element ID:** A07

**Short Name:** ASIA Score End  
ASIAEnd

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	461	Episode	Conditional

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

**Related data items:** E40, A3

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

**Codeset values:**

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



**Data Element Name:** Date Ready for Casting

**Data Element ID:** A08

**Short Name:** ReadyForCastingDate

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
DD/MM/YYYY		10	462-471	Episode	Conditional

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

**Related data items:** E40

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

**Data Element Name:** Phase of Amputee Care at Episode Start

**Data Element ID:** A09

**Short Name:** AmputeeCareStart

**Pathway:** 1  2  3

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

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

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

**Related data items:** E40

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

**Codeset values:**

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

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

**Data Element ID:** A10

**Short Name:** PhaseWound

**Pathway:** 1  2  3

**Definition:** Record whether the amputee patient passed through the phase “delayed wound” during their rehabilitation episode. The phase “delayed wound” is the phase where problems with wound healing occur and additional interventions should be considered including: revision surgery, vascular and infection evaluation, aggressive local wound care and hyperbaric oxygen.

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

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

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

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

**Codeset values:**

- 1 Yes
- 2 No

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

**Data Element ID:** A11

**Short Name:** PhasePreProsthetic

**Pathway:** 1  2  3

**Definition:** Record whether the amputee patient passed through the phase “pre prosthetic” during their rehabilitation episode.  
 Pre-prosthetic phase is the phase where a patient is discharged from acute care and enters inpatient rehabilitation program or is treated in 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. Provide physical and functional interventions based on current and potential function. Determine whether a prosthesis is appropriate to improve functional status and meet realistic patient goals.

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

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

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

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Phase of amputee care during episode - Prosthetic?**Data Element ID:** A12**Short Name:** PhaseProsthetic**Pathway:** 1  2  3 **Definition:** Record whether the amputee patient passed through the phase "prosthetic" during their rehabilitation episode. Prosthetic phase is the phase where functional goals of prosthetic fitting are determined. Prosthesis is prescribed based on current or potential level of ambulation. Patient receives interim or permanent prosthetic fitting and training, and early rehabilitation management. Prosthetic gait training and patient education on functional use of prosthesis for transfers, balance and safety is provided.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	475	Episode	Conditional

**Business Rules:** Collect for AROC impairment code 5 only.  
Leave blank for all other AROC impairment codes.**Related data items:** E40, A9, A10, A11, A13**Key Dates:** **Effective:** 2012-07-01 **Revision:** N/A**Codeset values:**

1	Yes
2	No

**Data Element Name:** Phase of amputee care at episode end

**Data Element ID:** A13

**Short Name:** EndPhase

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	476	Episode	Conditional

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

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

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

**Codeset values:**

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

**Data Element Name:** Prosthetic device fitted?

**Data Element ID:** A14

**Short Name:** Prosthetic

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	477	Episode	Conditional

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

**Related data items:** E40, A15, A16

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Date of first prosthetic fitting**Data Element ID:** A15**Short Name:** FittingDate**Pathway:** 1  2  3 **Definition:** Record the date of the first interim prosthetic fitting.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	DD/MM/YYYY	10	478-487	Episode	Conditional

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

**Related data items:** E40, A14, A16**Key Dates:** **Effective:** 2012-07-01 **Revision:** N/A



**Data Element Name:** Reason for delay in first prosthetic fitting

**Data Element ID:** A16

**Short Name:** FittingDelay

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	488	Episode	Conditional

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

**Related data items:** E40, A14, A15

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

**Codeset values:**

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

**Data Element Name:** Discharge timed up and go test

**Data Element ID:** A17

**Short Name:** TUG

**Pathway:** 1  2  3

**Definition:** Record the time in completed seconds and complete assessment just before patient is discharged.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	4	489-492	Episode	Conditional

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

**Related data items:** E40

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

**Data Element Name:** Discharge 6 minute walk test

**Data Element ID:** A18

**Short Name:** MinutesWalked

**Pathway:** 1  2  3

**Definition:** Record distance in metres. Complete the 6 minute walk test just before patient is discharged.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	5	493-497	Episode	Optional

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

**Related data items:** E40

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

**Data Element Name:** Discharge 10 metre walk +/- aid test

**Data Element ID:** A19

**Short Name:** MetresWalked

**Pathway:** 1  2  3

**Definition:** Record the time in completed seconds and complete assessment just before patient is discharged.

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	4	498-501	Episode	Optional

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

**Related data items:** E40

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

**Data Element Name:** Rockwood Frailty Score (pre-morbid)**Data Element ID:** A20**Short Name:** Frailty**Pathway:** 1  2  3 **Definition:** Frailty may be defined as a condition, seen particularly in older patients, characterized by low functional reserve, easy tiring, decreased libido, mood disturbance, accelerated osteoporosis, decreased muscle strength, and high susceptibility to disease. Record the patient's level of frailty just before they had their injury (impairment) or exacerbation of impairment resulting in this rehabilitation episode of care.

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

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

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

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

**Data Element ID:** A21

**Short Name:** Participation

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	503	Episode	Conditional

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

**Related data items:** E40

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Has patient fallen in the last 12 months?

**Data Element ID:** A22

**Short Name:** Fallen

**Pathway:** 1  2  3

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**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". Record whether the patient fallen in the last 12 months.

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Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	504	Episode	Conditional

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

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**Related data items:** E40

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

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**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Has the patient lost > 10% of their body weight in the last 12 months?

**Data Element ID:** A23

**Short Name:** WeightLoss

**Pathway:** 1  2  3

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

Format:	Type	Width	Start / End Pos.	Category	Obligation
	Numeric	1	505	Episode	Conditional

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

**Related data items:** E40

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

**Codeset values:**

- 1 Yes
- 2 No



**Data Element Name:** General Comments

**Data Element ID:** Z1

**Short Name:** Comment

**Pathway:** 1  2  3

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**Definition:** Comment relevant to this episode of care.

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Format:	Type	Width	Start / End Pos.	Category	Obligation
	Alphanumeric	200	506-705	Episode	Optional

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**Business Rules:** N/A

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**Related data items:** N/A

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

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