



Australasian Rehabilitation Outcomes Centre

# AROC AMBULATORY DATA DICTIONARY V4.1 FOR IT DEVELOPERS (AUSTRALIAN VERSION)

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## AROC Ambulatory Data Dictionary for Developers (AU) V4.1

Data Item	ID	Tab	Page
Path	PATH	1	4
Establishment ID	F1	2	5
Establishment Name	F2	3	6
Team ID	F3	4	7
Team Name	F4	5	8
Unique Record Number	D1	6	9
Date of Birth	D4	7	10
Date of Birth Estimate	D5	8	11
Letters of Name	D3	9	12
Sex	D6	10	13
Indigenous Status (AU)	D7A	11	14
Episode begin date	E10	12	15
Episode end date	E113	13	16
Blank Item (AU)	BL00	14	17
Geographical Residence (AU)	D9A	15	18
Postcode	D10	16	19
Funding Source (AU)	D11A	17	20
Health Fund/other payer	D12	18	21
National Disability Insurance Scheme (NDIS)	D14	19	23
AROC Impairment Code	E40	20	24
Date of injury/impairment onset	E26	21	27
Time since onset or acute exacerbation of chronic condition	E27	22	28
Date of relevant inpatient episode	E28	23	29
Referral Date	E1	24	30
Mode of Episode Start	E29D	25	31
Is this the first direct care rehabilitation episode for this impairment/exacerbation of a chronic condition?	E24	26	32
Need for interpreter service?	D13	27	33
Type of accommodation prior to this impairment (AU)	E11A	28	34
Carer status prior to this impairment	E12	29	35
Employment status prior to this impairment	E23	30	36
Type of accommodation during ambulatory episode (AU)	E41A	31	37
Carer status during ambulatory episode	E42	32	38
Is there an existing comorbidity interfering with this episode	E103	33	39
Comorbidities Interfering with Rehabilitation Episode (Item Group)	E104-E107	34–37	40
Cognitive impairment impacting on rehabilitation participation	ET03	38	41
Date multi-disciplinary team rehabilitation plan established	E25	39	42
Date episode start Lawton's Assessed	E62	40	43
Lawton's admission scores (items 1-6) (Item Group)	E63-E68	41–46	44
Lawton's admission scores (items 7-8) (Item Group)	E69-E70	47–48	45
Date episode end Lawton's Assessed	E91	49	46
Lawton's discharge scores (items 1-6) (Item Group)	E92-E97	50–55	47
Lawton's discharge scores (items 7-8) (Item Group)	E98-E99	56–57	48
Mode of episode end	E114D	58	49
Final destination (AU)	E116A	59	50
Carer status post discharge	E117	60	51
Employment status after, or anticipated employment status after discharge	E71	61	52

<b>Data Item</b>	<b>ID</b>	<b>Tab</b>	<b>Page</b>
Return to pre-impairment leisure and recreational activities	E144	62	53
Total number of days seen	E118	63	54
Total number of occasions of service	E119	64	55
Disciplines involved in therapy (Item Group)	E120-E129	65–74	56
Was Rehabilitation aimed at Upper Limb Function	EA01	75	57
Was Rehabilitation aimed at Gait Retraining	EA02	76	58
Was Rehabilitation aimed at Aphasia	EA03	77	59
Upper Limb Motor Assessment Scale (ULMAS) Start Date	EU01	78	60
Upper Limb Motor Assessment Scale (ULMAS) Start Scores (Item Group)	EU02-EU04	79–81	61
Upper Limb Motor Assessment Scale (ULMAS) End Date	EU05	82	62
Upper Limb Motor Assessment Scale (ULMAS) End Scores (Item Group)	EU06-EU08	83–85	63
10 metre walk +/- aid test start date	A19	86	64
Admission 10 metre walk +/- aid test	A20	87	65
10 metre walk +/- aid test end date	A21	88	66
Discharge 10 metre walk +/- aid test	A22	89	67
Level of SCI Start	A04	90	68
de Morton Mobility Index (DEMMI) Start Date	ED01	91	69
de Morton Mobility Index (DEMMI) Start Scores (Item Group)	ED02-ED17	92–107	70
de Morton Mobility Index (DEMMI) End Date	ED18	108	71
de Morton Mobility Index (DEMMI) End Scores (Item Group)	ED19-ED34	109–124	72
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Start Date	EM01	125	73
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Abilities Start Scores (Item Group)	EM03-EM15	126–138	74
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Adjustment Start Scores (Item Group)	EM29-EM37	139–147	75
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Participation Start Scores (Item Group)	EM47-EM55	148–156	76
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) End Date	EM02	157	77
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Abilities End Scores (Item Group)	EM16-EM28	158–170	78
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Adjustment End Scores (Item Group)	EM38-EM46	171–179	79
Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Participation End Scores (Item Group)	EM56-EM64	180–188	80
Amputee Care Start Phase	A09	189	81
Phase of amputee care during episode - Delayed wound?	A10	190	82
Phase of amputee care during episode - Pre prosthetic?	A11	191	83
Phase of amputee care during episode - Prosthetic?	A12	192	84
Phase of amputee care at episode end	A13	193	85
Prosthetic device fitted?	A14	194	86
Ready For Casting Date	A08	195	87
Date of first prosthetic fitting	A15	196	88
Reason for delay in first prosthetic fitting	A16	197	89
Discharge timed up and go test	A17	198	90
Discharge 6 minute walk test	A18	199	91
Goal Attainment Scale (GAS) Descriptions (Item Group)	EG02-EG06	200–204	92
Goal Attainment Scale (GAS) Start Date	EG01	205	93
Goal Attainment Scale (GAS) Start Scores (Item Group)	EG17-EG21	206–210	94
Goal Attainment Scale (GAS) End Date	EG22	211	95
Goal Attainment Scale (GAS) End Scores (Item Group)	EG23-EG27	212–216	96
General Comments	Z1	217	97

**Data Element Name:** Path

**Data Element ID:** PATH

**Short Name:** Path

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**Definition:** Pathway of care being provided for this episode

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	1	Episode	Mandatory

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**Business Rules:** PATH = 4

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**Related data items:** N/A

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

---

**Codeset values:**

4              Ambulatory care

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**Data Element Name:** Establishment ID**Data Element ID:** F1**Short Name:** FacId

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**Definition:** A unique code that represents the rehabilitation service, typically the code issued by the Department of Health (AU) or Ministry of Health (NZ)..

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Alphanumeric	10	2	Facility	Mandatory

---

**Business Rules:** Where available use the Provider Unit Number (AU) / Health Facility Code (NZ). Alternate code available from AROC.

NOTE: For this data item Alphanumeric characters should be limited to the 26 alphabetic characters (upper or lower case) and the 10 numerals

---

**Related data items:** F2, F3, F4

---

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

**Data Element Name:** Establishment Name

**Data Element ID:** F2

**Short Name:** FacName

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

Format:	Type	Width	Tab Position	Category	Obligation
	Alphanumeric	40	3	Facility	Mandatory

**Business Rules:** NOTE: For this data item Alphanumeric characters should be limited to the 26 alphabetic characters (upper or lower case), 10 numerals and standard punctuation marks, such as - - — . , ; ( ) / ‘

DO NOT USE carriage returns, tabs or double quote

**Related data items:** F1, F3, F4

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

**Data Element Name:** Team ID

**Data Element ID:** F3

**Short Name:** TeamID

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**Definition:** A code representing an ambulatory rehabilitation team.

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Alphanumeric	10	4	Facility	Optional

---

**Business Rules:** It is not mandatory to collect F3 (Team ID), particularly if the service has only one ambulatory rehabilitation team.  
When Team ID is collected the code MUST be used consistently for each team, noting that Team ID codes are case sensitive.

NOTE: For this data item Alphanumeric characters should be limited to the 26 alphabetic characters (upper or lower case) and the 10 numerals

---

**Related data items:** F1, F2, F4

---

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

---

**Data Element Name:** Team Name

**Data Element ID:** F4

**Short Name:** TeamName

---

**Definition:** The name of an ambulatory rehabilitation team within a service.

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Alphanumeric	40	5	Facility	Optional

---

**Business Rules:** It is not mandatory to collect Team Name, particularly if the facility has only one ambulatory rehabilitation team.  
When Team ID (F3) is collected Team Name should also be collected.

NOTE: For this data item Alphanumeric characters should be limited to the 26 alphabetic characters (upper or lower case), 10 numerals and standard punctuation marks, such as - - — . , ; ( ) / ' `

DO NOT USE carriage returns, tabs or double quote

---

**Related data items:** F1, F2, F3

---

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

---



**Data Element Name:** Unique Record Number

**Data Element ID:** D1

**Short Name:** URN

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**Definition:** Unique record number to identify a patient established by the service.

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Format:	Type	Width	Tab Position	Category	Obligation
	Alphanumeric	12	6	Demographic	Mandatory

---

**Business Rules:** NOTE: For this data item Alphanumeric characters should be limited to the 26 alphabetic characters (upper or lower case), 10 numerals and standard punctuation marks, such as - – — . , ; ( ) / ‘

DO NOT USE carriage returns, tabs or double quotes

---

**Related data items:** N/A

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

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---

**Data Element Name:** Date of Birth**Data Element ID:** D4**Short Name:** DOB

---

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

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	7	Demographic	Mandatory

---

**Business Rules:** Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).  
If unknown day of birth use 01 (record D5 as estimated)  
If unknown month of birth use 01 (record D5 as estimated)  
If unknown year of birth enter best estimate (record D5 as estimated)

---

**Related data items:** D5

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

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

**Data Element ID:** D5

**Short Name:** DOBest

---

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

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Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	8	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:** Letters of Name**Data Element ID:** D3**Short Name:** LON

---

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

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Alphanumeric	5	9	Demographic	Mandatory

---

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

NOTE 1: If either of the person's names includes non-alphabetic characters such as hyphens (Lee-Archer), apostrophes (O'Mara) or blank spaces (Eu Jin) these nonalphabetic characters should be ignored when counting the position of each character.

NOTE 2: If either the Family name/surname or the first given name of the person is not long enough to supply the requested letters (i.e. a surname of less than five letters or a first name of less than three letters) then substitute the number '2' in the Letters of name field to reflect the missing letters.

NOTE 3: If a person's surname is missing altogether, record 2s for all three spaces associated with the family name/surname. Similarly, if the person's first name is missing altogether substitute 2s for the two spaces associated with the first given name.

For this data item Alphanumeric characters should be limited to the 26 alphabetic uppercase characters and the numeral 2.

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**Related data items:** N/A

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

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**Data Element Name:** Sex**Data Element ID:** D6**Short Name:** Sex

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

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	10	Demographic	Mandatory

---

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

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

---

**Definition:** 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>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	11	Demographic	Mandatory

---

**Business Rules:** N/A

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**Related data items:** N/A

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

---

**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:** Episode begin date**Data Element ID:** E10**Short Name:** BegDate

**Definition:** The begin date for an ambulatory 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 ambulatory rehabilitation team has commenced the rehabilitation program/ provision of care.

In the case of ambulatory shared care, it is the date the patient, who is receiving care from a clinical service provider (e.g. GP), was first seen by a member of the Rehabilitation team and there is documented evidence in the medical record that the two services have agreed on a shared care arrangement that includes joint care planning and exchange of clinical information.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	12	Episode	Mandatory

**Business Rules:** Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).**Related data items:** E113**Key Dates:** **Effective:** 2002-07-01 **Revision:** N/A

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**Data Element Name:** Episode end date**Data Element ID:** E113**Short Name:** EndDate

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**Definition:** The date the patient completes their ambulatory rehabilitation episode.  
Ambulatory rehabilitation ends when the patient is discharged from the ambulatory rehabilitation program and/or the care type is changed from rehabilitation to either acute or some other form of sub-acute (maintenance/ palliative care), either inpatient or ambulatory.

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	13	Episode	Mandatory

---

**Business Rules:** Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

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**Related data items:** E10

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



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

**Data Element ID:** BL00

**Short Name:** BlankItemAU

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**Definition:** The AROC V4.1 ambulatory data set includes some country specific data items - the item in this tab relates only to NZ.

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Null	0	14	Blank	Mandatory

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

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**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

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

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	2	15	Demographic	Mandatory

---

**Business Rules:** N/A

---

**Related data items:** D10

---

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

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**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

---

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

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	4	16	Demographic	Mandatory

---

**Business Rules:** Record the four digit postcode of the patient's usual place of residence.  
8888= not applicable  
9999= not known

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**Related data items:** D9

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

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

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	2	17	Demographic	Mandatory

**Business Rules:** If D11A = 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:** 2012-07-01**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**Definition:** Code corresponding to the person's private health fund, workers' compensation insurer or Compulsory Third Party (CTP) insurer as listed in codeset below.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	3	18	Demographic	Conditional

**Business Rules:**

- If D11 funding source = 2 private health insurance then only private health insurance codes (000s) or 999 if unlisted;
- If D11 funding source = 4 workers' compensation then only workers' compensation payer codes (400s) or 999 if unlisted;
- If D11 funding source = 5 motor vehicle third party personal claim then only tpp payer codes (600s) or 999 if unlisted.
- If D12 = 999 the payer should be recorded in the comment field (Z1)

**Related data items:** D11A, Z1**Key Dates:** **Effective:** 2002-07-01 **Revision:** 2017-01-01**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

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85	NRMA Health (MBF Alliances)
86	Queensland Teachers' Union Health Fund Ltd
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:** National Disability Insurance Scheme (NDIS)**Data Element ID:** D14**Short Name:** NDIS

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**Definition:** The National Disability Insurance Scheme (NDIS) will fund supports which are required due to a person's disability which will assist the participant to undertake activities of daily living.

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	19	Demographic	Mandatory

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**Business Rules:** N/A

---

**Related data items:** N/A

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

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**Codeset values:**

- |   |   |
|---|---|
| 1 | Accepted - on a plan                            |
| 2 | Accepted - waiting                              |
| 3 | Awaiting eligibility determination              |
| 4 | Eligible - hasn't applied                       |
| 7 | Eligible - NDIS not yet available in the region |
| 8 | Not eligible/Not relevant                       |

**Data Element Name:** AROC Impairment Code**Data Element ID:** E40**Short Name:** Impair**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	Tab Position	Category	Obligation
	Numeric	7	20	Episode	Mandatory

**Business Rules:** This data item is formatted as xx.xxxx

If E40 = (1.11, 1.12, 1.13, 1.14, 1.19, 1.21, 1.22, 1.23, 1.24, 1.29) then EA01-EA03 are mandatory (stroke)  
 If E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2) then EM01-EM64 are mandatory (brain + MMT)  
 If E40 = (4.111, 4.112, 4.1211, 4.1212, 4.1221, 4.1222, 4.13, 4.211, 4.212, 4.2211, 4.2212, 4.2221, 4.2222, 4.23, 14.1, 14.3) then A04 is mandatory (spinal cord + MMT)  
 If E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29) then A08-A17 are mandatory AND A18 and A22 are optional (amputee)  
 If E40 = (8.111 - 8.19, 8.211 - 8.26, 8.3) then A19-A22 are mandatory (orthopaedic)  
 If E40 = (16.1, 16.2, 16.3) then ED01-ED34 are mandatory (reconditioning)

**Related data items:** EA01-EA03, EU01-EU08, A04, A08-A22, ED01-ED34, EM01-EM64**Key Dates:** **Effective:** 2002-07-01 **Revision:** 2012-07-01**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
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

<b>9.2</b>	Cardiac, Chronic cardiac insufficiency
<b>9.3</b>	Cardiac, Heart or heart/lung transplant
<b>10.1</b>	Pulmonary, Chronic obstructive pulmonary disease
<b>10.2</b>	Pulmonary, Lung transplant
<b>10.9</b>	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:** Date of injury/impairment onset**Data Element ID:** E26**Short Name:** OnsetDate

---

**Definition:** This is 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, or the date the patient had a stroke, or the date the patient had a limb amputated.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	21	Episode	Mandatory

---

**Business Rules:** If the exact date is unknown, leave blank and collect E27  
If the exact date is known, use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

---

**Related data items:** E27

---

**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

---

**Definition:** The time that has elapsed since the onset of the patient's condition that is the reason for this episode of rehabilitation care.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	22	Episode	Conditional

---

**Business Rules:** Only collect if E26 is unknown. If E26 is known, leave blank.

---

**Related data items:** E26

---

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

---

**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 inpatient episode**Data Element ID:** E28**Short Name:** InpatientEpisodeDate

---

**Definition:** The date of discharge from an acute inpatient admission or inpatient rehabilitation episode relevant to the current episode of ambulatory rehabilitation.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	23	Episode	Mandatory

---

**Business Rules:** If E28 is within three months prior to E10 (episode begin date) record date, use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

If E28 is more than three months prior to E10 (episode begin date) record 07/07/7777

If E28 does not exist (there was no prior inpatient admission) record 08/08/8888

---

**Related data items:** E10

---

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

---

**Data Element Name:** Referral Date**Data Element ID:** E1**Short Name:** Referral

---

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

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	24	Episode	Mandatory

---

**Business Rules:** Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

---

**Related data items:** N/A

---

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

---

**Data Element Name:** Mode of Episode Start**Data Element ID:** E29D**Short Name:** StartMode

---

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

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	25	Episode	Mandatory

---

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

---

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

---

**Codeset values:**

- |   |   |
|---|---|
| 1 | Referred by GP  |
| 2 | Referred by therapist                                 |
| 3 | Referred directly from specialist rooms               |
| 4 | Referred from ED                                      |
| 5 | Referred from acute specialist unit                   |
| 6 | Referred from acute inpatient care same hospital      |
| 7 | Referred from acute inpatient care different hospital |
| 8 | Referred from sub-acute care (SAC) same service       |
| 9 | Referred from sub-acute care (SAC) different service  |

**Data Element Name:** Is this the first direct care rehabilitation episode for this impairment/exacerbation of a chronic condition?

**Data Element ID:** E24

**Short Name:** FirstAdm

**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.

NOTE: In the v3 dataset this item used to be called "first admission for this impairment" — while the v4 dataset data item has changed name the justification for its collection remains the same.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	26	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** N/A

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

**Codeset values:**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |



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

**Data Element ID:** D13

**Short Name:** Interp

---

**Definition:** Flag for use of an interpreter service (paid or unpaid e.g: family member) by the patient.

---

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	27	Demographic	Mandatory

---

**Business Rules:** N/A

---

**Related data items:** N/A

---

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

---

**Codeset values:**

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

---

**Data Element Name:** Type of accommodation prior to this impairment (AU)

**Data Element ID:** E11A

**Short Name:** AccomPrior

---

**Definition:** The type of accommodation the patient lived in prior to the rehabilitation episode of care.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	28	Episode	Mandatory

---

**Business Rules:** If E11= 1, private residence, then E12 must be completed.

---

**Related data items:** E12

---

**Key Dates:**           **Effective:** 2012-07-01                   **Revision:** 2017-07-01

---

**Codeset values:**

- |   |  |
|---|--|
| 1 | Private residence (including unit in retirement village) |
| 2 | Residential aged care (low/high level care)              |
| 3 | Supported living   |
| 8 | Other  |

---

**Data Element Name:** Carer status prior to this impairment**Data Element ID:** E12**Short Name:** CarerPrior

---

**Definition:** The level of carer support the patient received prior to their current ambulatory admission, including both paid and/or unpaid carer support received.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	29	Episode	Conditional

---

**Business Rules:** Only complete if E11=1 "Private residence".  
Leave blank if E11>1 (i.e. not 'Private residence').

---

**Related data items:** E11

---

**Key Dates:**      **Effective:** 2012-07-01      **Revision:** N/A**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 codependent |
| 5 | CARER living in, codependent     |

---

**Data Element Name:** Employment status prior to this impairment**Data Element ID:** E23**Short Name:** EmpStatPrior

---

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

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	30	Episode	Mandatory

---

**Business Rules:** If E23=1 and E114=1 or 2, then E71 must also be collected.

---

**Related data items:** E71

---

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

---

**Codeset values:**

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

**Data Element Name:** Type of accommodation during ambulatory episode (AU)

**Data Element ID:** E41A

**Short Name:** AccomDuring

**Definition:** The type of accommodation in which the patient resides during this episode of ambulatory rehabilitation

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	31	Episode	Mandatory

**Business Rules:** Only code 1 if the patient is residing in at the same address as for item E11. For private residence, but different address to usual accommodation, specify reason for change using either code 2,3 or 4

**Related data items:** E11, E42

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

**Codeset values:**

- |   |   |
|---|---|
| 1 | Pre impairment accommodation  |
| 2 | Interim accommodation due to geographical (access) issue (may be private residence, hostel or nursing home) |
| 3 | Interim accommodation due to increased support required (may be private residence, hostel or nursing home)  |
| 8 | Other   |

**Data Element Name:** Carer status during ambulatory episode

**Data Element ID:** E42

**Short Name:** CarerDuring

---

**Definition:** The level of carer support the patient receives during their ambulatory episode of care, including both paid and/or unpaid carers.

---

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	32	Episode	Mandatory

---

**Business Rules:** N/A

---

**Related data items:** E41

---

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

---

**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:** Is there an existing comorbidity interfering with this episode

**Data Element ID:** E103

**Short Name:** ComorbFlag

**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	Tab Position	Category	Obligation
	Numeric	1	33	Episode	Mandatory

**Business Rules:** If 'E103=1 (Yes), then specify up to four comorbidities in E104-E107

**Related data items:** E104-E107

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

**Codeset values:**

- 1 Yes
- 2 No

**Element Group Name:** Comorbidities Interfering with Rehabilitation Episode**Data Element ID Range:** E104-E107**Definition:** This item identifies which comorbidities INTERFERED with the rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	2	34-37	Episode	Conditional

**Business Rules:** If E103 = 1 (Yes) then at least one comorbidity and up to four must be entered - leave E105-E107 blank if not required.  
If E103 = 2 (No) then leave E104- E107 blank.

**Related data items:** E103**Key Dates:** **Effective:** 2003-09-01 **Revision:** 2012-07-01**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
E104	Comorbidities Interfering with Rehabilitation Episode 1	34
E105	Comorbidities Interfering with Rehabilitation Episode 2	35
E106	Comorbidities Interfering with Rehabilitation Episode 3	36
E107	Comorbidities Interfering with Rehabilitation Episode 4	37

**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:** Cognitive impairment impacting on rehabilitation participation

**Data Element ID:** ET03

**Short Name:** Flag\_CogImpairmentImpactRehab

**Definition:** This item identifies whether the patient had a cognitive impairment, not part of the principal presenting condition, which impacted on the process of rehabilitation.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	38	Episode	Mandatory

**Business Rules:** If ET03 = 1 (Yes) enable the recording of the facility's outcome measure of choice in Z1 (Comments) - record tool name, start and end scores

**Related data items:** Z1

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

**Codeset values:**

- 1 Yes
- 2 No

---

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

---

**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.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	39	Episode	Mandatory

---

**Business Rules:** Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

---

**Related data items:** N/A

---

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

**Data Element Name:** Date episode start Lawton's Assessed

**Data Element ID:** E62

**Short Name:** StartLawtonsDate

---

**Definition:** The date on which the Lawton's assessment was scored at episode start (admission).

---

Format:	Type	Width	Tab Position	Category	Obligation
	DD/MM/YYYY	10	40	Episode	Mandatory

---

**Business Rules:** Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

---

**Related data items:** E63-E70

---

**Key Dates:**      **Effective:** 2008-12-01      **Revision:** N/A

---

**Element Group Name:** Lawton's admission scores (items 1-6)**Data Element ID Range:** E63-E68**Definition:** The Australian Modified Lawton's score on admission to ambulatory rehabilitation (items 1-6 of 8).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	41-46	Episode	Mandatory

**Business Rules:** N/A**Related data items:** E62, E69, E70**Key Dates:** **Effective:** 2008-12-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
E63	Score episode start Lawton's for telephone	41
E64	Score episode start Lawton's for shopping	42
E65	Score episode start Lawton's for food preparation	43
E66	Score episode start Lawton's for housekeeping	44
E67	Score episode start Lawton's for laundry excluding ironing	45
E68	Score episode start Lawton's for mode of transportation	46

**Codeset values:**

<b>1</b>	Not able to perform activity of daily living (ADL)
<b>2</b>	Requires moderate assistance to perform ADL
<b>3</b>	Requires some assistance to perform ADL
<b>4</b>	Capable of independently performing ADL

**Element Group Name:** Lawton's admission scores (items 7-8)

**Data Element ID Range:** E69-E70

**Definition:** The Australian Modified Lawton's score on admission to ambulatory rehabilitation (items 7-8 of 8).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	47-48	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** E62-E68

**Key Dates:**            **Effective:** 2008-12-01            **Revision:** N/A

**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
E69	Score episode start Lawton's for responsibility for own medications	47
E70	Score episode start Lawton's for ability to handle finances	48

**Codeset values:**

- 1            Not able to perform activity of daily living (ADL)
- 2            Requires some assistance to perform ADL
- 3            Capable of independently performing ADL

**Data Element Name:** Date episode end Lawton's Assessed

**Data Element ID:** E91

**Short Name:** EndLawtonsDate

**Definition:** The date on which the Australian Modified Lawton's assessment was scored at episode end (discharge).

Format:	Type	Width	Tab Position	Category	Obligation
	DD/MM/YYYY	10	49	Episode	Mandatory

**Business Rules:** Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

**Related data items:** E92-E99

**Key Dates:**      **Effective:** 2008-12-01      **Revision:** N/A

**Element Group Name:** Lawton's discharge scores (items 1-6)**Data Element ID Range:** E92-E97**Definition:** The Australian Modified Lawton's score at end of ambulatory rehabilitation (items 1-6 of 8).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	50-55	Episode	Mandatory

**Business Rules:** N/A**Related data items:** E91, E98, E99**Key Dates:** **Effective:** 2008-12-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
E92	Score episode end Lawton's for telephone	50
E93	Score episode end Lawton's for shopping	51
E94	Score episode end Lawton's for food preparation	52
E95	Score episode end Lawton's for housekeeping	53
E96	Score episode end Lawton's for laundry excluding ironing	54
E97	Score episode end Lawton's for mode of transportation	55

**Codeset values:**

- |          |  |
|----------|--|
| <b>1</b> | Not able to perform activity of daily living (ADL) |
| <b>2</b> | Requires moderate assistance to perform ADL        |
| <b>3</b> | Requires some assistance to perform ADL            |
| <b>4</b> | Capable of independently performing ADL            |

**Element Group Name:** Lawton's discharge scores (items 7-8)

**Data Element ID Range:** E98-E99

**Definition:** The Australian Modified Lawton's score at end of ambulatory rehabilitation (items 7-8 of 8).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	56-57	Episode	Mandatory

**Business Rules:** N/A

**Related data items:** E91-E97

**Key Dates:**                    **Effective:** 2008-12-01                    **Revision:** N/A

**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
E98	Score episode end Lawton's for responsibility for own medications	56
E99	Score episode end Lawton's for ability to handle finances	57

**Codeset values:**

- 1            Not able to perform activity of daily living (ADL)
- 2            Requires some assistance to perform ADL
- 3            Capable of independently performing ADL



**Data Element Name:** Mode of episode end**Data Element ID:** E114D**Short Name:** EndMode

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

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

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	58	Episode	Mandatory

**Business Rules:** If E114=1 or 2, complete E116 — all RELEVANT outcome measure END scores are mandatory.  
If E114 > 2, leave E116 blank — all RELEVANT outcome measure END scores are optional.

**Related data items:** E116;EU05-08;A17-18,21-22;ED18-34;EM02,16-28,38-46,56-64;EG22-27

**Key Dates:**      **Effective:** 2002-07-01      **Revision:** 2017-07-01

**Codeset values:**

- |   |   |
|---|---|
| 1 | Discharged to final destination                       |
| 2 | Discharged to interim destination                     |
| 3 | Death   |
| 4 | Admitted to hospital as sub acute/non acute inpatient |
| 5 | Admitted to hospital as an acute inpatient            |
| 8 | Discharged at own risk                                |
| 9 | Other and unspecified                                 |

---

**Data Element Name:** Final destination (AU)**Data Element ID:** E116A**Short Name:** AccomFinal

---

**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.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	59	Episode	Conditional

---

**Business Rules:** If E114=1 or 2, then E116 must be completed.  
If E116=1 (Private residence) then E117 must be completed.

---

**Related data items:** E114, E117

---

**Key Dates:**      **Effective:** 2003-09-01      **Revision:** 2017-07-01**Codeset values:**

- |   |  |
|---|--|
| 1 | Private residence (including unit in retirement village) |
| 2 | Residential aged care (low/high level care)              |
| 3 | Supported living   |
| 8 | Other  |
| 9 | Unknown  |

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

**Data Element ID:** E117

**Short Name:** DisCarer

**Definition:** The level of carer support the patient receives post discharge from their ambulatory rehabilitation episode of care, including both paid and/or unpaid carers.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	60	Episode	Conditional

**Business Rules:** Complete only if E116=1 (Private residence), otherwise leave blank.

**Related data items:** E116

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

**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 codependent
- 5            CARER living in, codependent

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

**Data Element ID:** E71

**Short Name:** EmpStatPost

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

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	61	Episode	Conditional

**Business Rules:** Only complete if E23=1 (Employed) and E114 = (1 or 2), else leave blank

**Related data items:** E23, E114

**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:** Return to pre-impairment leisure and recreational activities

**Data Element ID:** E144

**Short Name:** ReturnToActivities

**Definition:** The patient's level of return to participation in pre-impairment leisure and recreational activities.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	62	Episode	Mandatory

**Business Rules:** Only complete if E114 = (1 or 2), else leave blank

**Related data items:** E114

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

**Codeset values:**

- |   |  |
|---|--|
| 1 | Normal participation (ie pre-impairment level)                         |
| 2 | Mild difficulty in these activities but maintains normal participation |
| 3 | Mildly limited participation   |
| 4 | Moderately limited participation                                       |
| 5 | No or rare participation   |

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

**Data Element ID:** E118

**Short Name:** DaysSeen

---

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

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	3	63	Episode	Mandatory

---

**Business Rules:** N/A

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**Related data items:** E119, E120-E129

---

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

---

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**Data Element Name:** Total number of occasions of service**Data Element ID:** E119**Short Name:** OOS

---

**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).

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	3	64	Episode	Mandatory

---

**Business Rules:** N/A

---

**Related data items:** E118, E120-E129

---

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

**Element Group Name:** Disciplines involved in therapy**Data Element ID Range:** E120-E129**Definition:** The type(s) of health professional or other care provider who provided treatment to the patient during their ambulatory rehabilitation episode of care.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	2	65-74	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:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
E120	Staff type providing therapy during episode of care 1	65
E121	Staff type providing therapy during episode of care 2	66
E122	Staff type providing therapy during episode of care 3	67
E123	Staff type providing therapy during episode of care 4	68
E124	Staff type providing therapy during episode of care 5	69
E125	Staff type providing therapy during episode of care 6	70
E126	Staff type providing therapy during episode of care 7	71
E127	Staff type providing therapy during episode of care 8	72
E128	Staff type providing therapy during episode of care 9	73
E129	Staff type providing therapy during episode of care 10	74

**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:** Was Rehabilitation aimed at Upper Limb Function

**Data Element ID:** EA01

**Short Name:** AimedAtUpperLimb

**Definition:** Indicates if the ambulatory stroke rehabilitation was aimed at upper limb function

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	75	Episode	Conditional

**Business Rules:** Only collect EA1 if E40 = (1.11, 1.12, 1.13, 1.14,1.19, 1.21, 1.22, 1.23,1.24,1.29), else leave blank.  
 Complete EU01-EU04 if EA01=1 (Yes)  
 Complete EU05-EU08 if EA01=1 (Yes) and E114=1 or 2

**Related data items:** E40, EU01-EU08, E114

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

**Codeset values:**

- 1            Yes
- 2            No

**Data Element Name:** Was Rehabilitation aimed at Gait Retraining

**Data Element ID:** EA02

**Short Name:** AimedAtGaitRetrain

**Definition:** Indicates if ambulatory stroke rehabilitation was aimed at gait training.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	76	Episode	Conditional

**Business Rules:** Only collect EA2 If E40 = (1.11, 1.12, 1.13, 1.14,1.19, 1.21, 1.22, 1.23,1.24,1.29), else leave blank.  
 Complete A19-A20 if EA02=1 (Yes)  
 Complete A21-A22 If EA02=1 (Yes) and E114=1 or 2

**Related data items:** E40, A19-A22, E114

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Was Rehabilitation aimed at Aphasia

**Data Element ID:** EA03

**Short Name:** AimedAtAphasia

**Definition:** Indicates whether ambulatory stroke rehabilitation was aimed at aphasia.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	77	Episode	Conditional

**Business Rules:** Only collect EA3 if E40 = (1.11, 1.12, 1.13, 1.14, 1.19, 1.21, 1.22, 1.23, 1.24, 1.29), else leave blank. If EA03 = 1 (Yes) enable the recording of the facility's outcome measure of choice in Z1 (Comments) - record tool name, start and end scores

**Related data items:** E40, Z1

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

**Codeset values:**

- 1 Yes
- 2 No

**Data Element Name:** Upper Limb Motor Assessment Scale (ULMAS) Start Date

**Data Element ID:** EU01

**Short Name:** ULMASStartDate

**Definition:** The date the ULMAS was scored at episode start (admission).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	78	Episode	Conditional

**Business Rules:** Only collect EU01 if E40 = (1.11, 1.12, 1.13, 1.14, 1.19, 1.21, 1.22, 1.23, 1.24, 1.29) and EA01 = 1 (Yes), else leave blank.  
Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

**Related data items:** E40, EA01

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

**Element Group Name:** Upper Limb Motor Assessment Scale (ULMAS) Start Scores**Data Element ID Range:** EU02-EU04**Definition:** The Upper Limb Motor Assessment Scale (U-LMAS) scores for each of the three assessment items, at the beginning of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	79-81	Episode	Conditional

**Business Rules:** Only collect EU02-EU04 if E40 = (1.11, 1.12, 1.13, 1.14, 1.19, 1.21, 1.22, 1.23, 1.24, 1.29) and EA01 = 1 (Yes), else leave blank.**Related data items:** E40, EA01**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
EU02	ULMAS Start Upper Arm Function	79
EU03	ULMAS Start Hand Movements	80
EU04	ULMAS Start Hand Activities	81

**Codeset values:**

<b>0</b>	0 No function
<b>1</b>	1 Minimal function
<b>2</b>	2
<b>3</b>	3
<b>4</b>	4
<b>5</b>	5
<b>6</b>	6 Maximal function

---

**Data Element Name:** Upper Limb Motor Assessment Scale (ULMAS) End Date**Data Element ID:** EU05**Short Name:** ULMASendDate

---

**Definition:** The date that the UL-MAS was scored at episode end (discharge).

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	82	Episode	Conditional

---

**Business Rules:** Only collect EU06-EU08 if E40 = (1.11, 1.12, 1.13, 1.14,1.19, 1.21, 1.22, 1.23,1.24,1.29) and E114 = (1 or 2) and EA01 = 1 (Yes), else leave blank.  
Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

---

**Related data items:** E40, E114, EA01

---

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

**Element Group Name:** Upper Limb Motor Assessment Scale (ULMAS) End Scores**Data Element ID Range:** EU06-EU08**Definition:** The Upper Limb Motor Assessment Scale (UL-MAS) scores for each of the three assessment items, at the end of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	83-85	Episode	Conditional

**Business Rules:** Only collect EU06-EU08 if E40 = (1.11, 1.12, 1.13, 1.14, 1.19, 1.21, 1.22, 1.23, 1.24, 1.29) and E114 = (1 or 2) and EA01 = 1 (Yes), else leave blank.**Related data items:** E40, E114, EA01**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
EU06	ULMAS End Upper Arm Function	83
EU07	ULMAS End Hand Movements	84
EU08	ULMAS End Hand Activities	85

**Codeset values:**

<b>0</b>	0 No function
<b>1</b>	1 Minimal function
<b>2</b>	2
<b>3</b>	3
<b>4</b>	4
<b>5</b>	5
<b>6</b>	6 Maximal function

---

**Data Element Name:** 10 metre walk +/- aid test start date**Data Element ID:** A19**Short Name:** MetresWalkedStartDate

---

**Definition:** The date that the 10 metre walk +/- aid test was assessed at episode start (admission).

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	86	Episode	Conditional

---

**Business Rules:** Only collect A19 if E40 = (1.11, 1.12, 1.13, 1.14,1.19, 1.21, 1.22, 1.23,1.24,1.29) and EA02 = 1 (Yes) OR if E40 = (8.111 - 8.19, 8.211 - 8.26, 8.3), else leave blank.

---

**Related data items:** E40, EA02

---

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



---

**Data Element Name:** Admission 10 metre walk +/- aid test**Data Element ID:** A20**Short Name:** MetresWalkedStart

---

**Definition:** The time taken in COMPLETED seconds at commencement of the ambulatory rehabilitation program.

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	4	87	Episode	Conditional

---

**Business Rules:** Only collect A20 if E40 = (1.11, 1.12, 1.13, 1.14,1.19, 1.21, 1.22, 1.23,1.24,1.29) and EA02 = 1 (Yes) OR if E40 = (8.111 - 8.19, 8.211 - 8.26, 8.3), else leave blank.

---

**Related data items:** E40, EA02

---

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

**Data Element Name:** 10 metre walk +/- aid test end date**Data Element ID:** A21**Short Name:** MetresWalkedEndDate**Definition:** The date that the 10 metre walk +/- aid test was assessed at episode end (discharge).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	88	Episode	Conditional

**Business Rules:** Only collect A21 if E40 = (1.11, 1.12, 1.13, 1.14, 1.19, 1.21, 1.22, 1.23, 1.24, 1.29) and E114 = (1 or 2) and EA02 = 1 (Yes)  
OR  
If E40 = (8.111 - 8.19, 8.211 - 8.26, 8.3) and E114 = (1 or 2), else leave blank.

**Related data items:** E40, E114, EA02**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A

---

**Data Element Name:** Discharge 10 metre walk +/- aid test**Data Element ID:** A22**Short Name:** MetresWalkedEnd

---

**Definition:** The time taken in COMPLETED seconds just before patient is discharged from the ambulatory rehabilitation program.

---

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	4	89	Episode	Conditional

---

**Business Rules:** Only collect A22 if E40 = (1.11, 1.12, 1.13, 1.14, 1.19, 1.21, 1.22, 1.23, 1.24, 1.29) and E114 = (1 or 2) and EA02 = 1 (Yes)  
OR  
If E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29 or 8.111 - 8.19, 8.211 - 8.26, 8.3) and E114 = (1 or 2), else leave blank.

---

**Related data items:** E40, E114, EA02

---

**Key Dates:**      **Effective:** 2012-07-01      **Revision:** 2017-07-01

---

**Data Element Name:** Level of SCI Start**Data Element ID:** A04**Short Name:** LevelOfSCIStart**Definition:** The level of spinal cord injury (SCI) at the start of the patient's ambulatory episode of care.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	2	90	Episode	Conditional

**Business Rules:** Only collect A04 if E40 = (4.111, 4.112, 4.1211, 4.1212, 4.1221, 4.1222, 4.13, 4.211, 4.212, 4.2211, 4.2212, 4.2221, 4.2222, 4.23, 14.1, 14.3), else leave blank.**Related data items:** E40**Key Dates:** **Effective:** 2012-07-01 **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:** de Morton Mobility Index (DEMMI) Start Date

**Data Element ID:** ED01

**Short Name:** DEMMISStartDate

**Definition:** The date that the de Morton Mobility Index (DEMMI) was assessed at at the beginning of the ambulatory rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
DD/MM/YYYY		10	91	Episode	Conditional

**Business Rules:** Only collect ED01 if E40 = (16.1, 16.2, 16.3), else leave blank.  
Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

**Related data items:** E40

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

**Element Group Name:** de Morton Mobility Index (DEMMI) Start Scores**Data Element ID Range:** ED02-ED17**Definition:** The patient's de Morton Mobility Index (DEMMI) scores for each of the 15 assessment items at the beginning of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	92-107	Episode	Conditional

**Business Rules:** Only collect ED02-ED17 if E40 = (16.1, 16.2, 16.3), else leave blank.**\*\* IMPORTANT NOTE \*\***

The following items have a different codeset to the other items, as follows:

ED13 (DEMMI Start Gait Aid)

1=nil / 2=frame / 3=stick / 4=other

ED04 (DEMMI Start Lying to Sitting)

ED06 (DEMMI Start Sit To Stand From Chair)

ED12 (DEMMI Start Walking Distance)

ED14 (DEMMI Start Walking Independence)

0=score 0 / 1=score 1 / 2=score 2

**Related data items:** E40**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
ED02	DEMMI Start Bridge	92
ED03	DEMMI Start Roll Onto Side	93
ED04	DEMMI Start Lying To Sitting**	94
ED05	DEMMI Start Sit Unsupported in Chair	95
ED06	DEMMI Start Sit To Stand From Chair**	96
ED07	DEMMI Start Sit To Stand No Arms	97
ED08	DEMMI Start Stand Unsupported	98
ED09	DEMMI Start Stand Feet Together	99
ED10	DEMMI Start Stand On Toes	100
ED11	DEMMI Start Tandem Stand	101
ED12	DEMMI Start Walking Distance**	102
ED13	DEMMI Start Gait Aid**	103
ED14	DEMMI Start Walking Independence**	104
ED15	DEMMI Start Pick Up Pen	105
ED16	DEMMI Start Walks 4 Steps Back	106
ED17	DEMMI Start Jump	107

**Codeset values:**

<b>0</b>	Score 0
<b>1</b>	Score 1

**Data Element Name:** de Morton Mobility Index (DEMMI) End Date

**Data Element ID:** ED18

**Short Name:** DEMMIEndDate

**Definition:** The date that the de Morton Mobility Index (DEMMI) was assessed at at the end of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
DD/MM/YYYY		10	108	Episode	Conditional

**Business Rules:** Only collect ED18 if E40 = (16.1, 16.2, 16.3) and E114 = (1 or 2), else leave blank. Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

**Related data items:** E40, E114

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

**Element Group Name:** de Morton Mobility Index (DEMMI) End Scores

**Data Element ID Range:** ED19-ED34

**Definition:** The patient's de Morton Mobility Index (DEMMI) scores for each of the 15 assessment items at the end of the ambulatory rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	109-124	Episode	Conditional

**Business Rules:** Only collect ED19-ED34 If E40 = (16.1, 16.2, 16.3) and E114 = (1 or 2), else leave blank.

**\*\* IMPORTANT NOTE \*\***

The following items have a different codeset to the other items, as follows:

ED30 (DEMMI End Gait Aid)

1=nil / 2=frame / 3=stick / 4=other

ED21 (DEMMI End Lying to Sitting)

ED23 (DEMMI End Sit To Stand From Chair)

ED29 (DEMMI End Walking Distance)

ED31 (DEMMI End Walking Independence)

0=score 0 / 1=score 1 / 2=score 2

**Related data items:** E40, E114

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

**Data Items:**

ID	Data Element Name	Tab Position
ED19	DEMMI End Bridge	109
ED20	DEMMI End Roll Onto Side	110
ED21	DEMMI End Lying To Sitting**	111
ED22	DEMMI End Sit Unsupported in Chair	112
ED23	DEMMI End Sit To Stand From Chair**	113
ED24	DEMMI End Sit To Stand No Arms	114
ED25	DEMMI End Stand Unsupported	115
ED26	DEMMI End Stand Feet Together	116
ED27	DEMMI End Stand On Toes	117
ED28	DEMMI End Tandem Stand	118
ED29	DEMMI End Walking Distance**	119
ED30	DEMMI End Gait Aid**	120
ED31	DEMMI End Walking Independence**	121
ED32	DEMMI End Pick Up Pen	122
ED33	DEMMI End Walks 4 Steps Back	123
ED34	DEMMI End Jump	124

**Codeset values:**

0	Score 0
1	Score 1



**Data Element Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Start Date

**Data Element ID:** EM01

**Short Name:** MPAI4StartDate

**Definition:** The date that the Mayo-Portland Adaptability Inventory - 4 (MPAI-4) was assessed at ambulatory episode start (admission).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	125	Episode	Conditional

**Business Rules:** Only collect EM01 if E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2), else leave blank. Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

**Related data items:** E40

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

**Element Group Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Abilities Start Scores**Data Element ID Range:** EM03-EM15**Definition:** The patient's Mayo-Portland Adaptability Inventory - 4 (MPAI-4) - Abilities scores at the beginning of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	126-138	Episode	Conditional

**Business Rules:** Only collect EM03-EM15 If E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2), else leave blank.**Related data items:** E40**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
EM03	MPAI4 A-Start Mobility	126
EM04	MPAI4 A-Start Use Of Hands	127
EM05	MPAI4 A-Start Vision	128
EM06	MPAI4 A-Start Audition	129
EM07	MPAI4 A-Start Dizziness	130
EM08	MPAI4 A-Start Motor Speech	131
EM09	MPAI4 A-Start Verbal Communication	132
EM10	MPAI4 A-Start Nonverbal Communication	133
EM11	MPAI4 A-Start Attention/Concentration	134
EM12	MPAI4 A-Start Memory	135
EM13	MPAI4 A-Start Fund Of Information	136
EM14	MPAI4 A-Start Novel Problem Solving	137
EM15	MPAI4 A-Start Visuospatial abilities	138

**Codeset values:**

<b>0</b>	None
<b>1</b>	Mild problem but does not interfere with activities or function
<b>2</b>	Mild problem; interferes with activities to some degree
<b>3</b>	Moderate problem
<b>4</b>	Severe problem

**Element Group Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Adjustment Start Scores**Data Element ID Range:** EM29-EM37**Definition:** The patient's Mayo-Portland Adaptability Inventory - 4 (MPAI-4) - Adjustment scores at the beginning of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	139-147	Episode	Conditional

**Business Rules:** Only collect EM29-EM37 If E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2) else leave blank.**Related data items:** E40**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
EM29	MPAI4 B-Start Anxiety	139
EM30	MPAI4 B-Start Depression	140
EM31	MPAI4 B-Start Irritability	141
EM32	MPAI4 B-Start Pain Headache	142
EM33	MPAI4 B-Start Fatigue	143
EM34	MPAI4 B-Start Sensitivity to Mild Symptoms	144
EM35	MPAI4 B-Start Inappropriate Social interaction	145
EM36	MPAI4 B-Start Impaired Self-Awareness	146
EM37	MPAI4 B-Start Family	147

**Codeset values:**

<b>0</b>	None
<b>1</b>	Mild problem but does not interfere with activities or function
<b>2</b>	Mild problem; interferes with activities to some degree
<b>3</b>	Moderate problem
<b>4</b>	Severe problem

**Element Group Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Participation Start Scores

**Data Element ID Range:** EM47-EM55

**Definition:** The patient's Mayo-Portland Adaptability Inventory - 4 (MPAI-4) – Participation scores at the beginning of the ambulatory rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	N umeric	1	148-156	Episode	Conditional

**Business Rules:** Only collect EM47-EM55 If E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2), else leave blank.

\*\* NOTE: only one employment option (EM53 OR EM54) can be rated by end user as appropriate for the client, therefore:  
 If EM53 is entered EM54 should be disabled and left blank  
 If EM54 is entered EM53 should be disabled and left blank

**Related data items:** E40

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

**Data Items:**

ID	Data Element Name	Tab Position
EM47	MPAI4 C-Start Initiation	148
EM48	MPAI4 C-Start Social Contact	149
EM49	MPAI4 C-Start Leisure	150
EM50	MPAI4 C-Start Self Care	151
EM51	MPAI4 C-Start Residence	152
EM52	MPAI4 C-Start Transportation	153
EM53	MPAI4 C-Start Paid Employment**	154
EM54	MPAI4 C-Start Other Employment**	155
EM55	MPAI4 C-Start Finances	156

**Codeset values:**

- 0 None
- 1 Mild problem but does not interfere with activities or function
- 2 Mild problem; interferes with activities to some degree
- 3 Moderate problem
- 4 Severe problem

**Data Element Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) End Date

**Data Element ID:** EM02

**Short Name:** MPAI4EndDate

**Definition:** The date that the Mayo-Portland Adaptability Inventory - 4 (MPAI-4) was assessed at ambulatory episode end (discharge).

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	157	Episode	Conditional

**Business Rules:** Only collect EM02 if E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2) and E114 = (1 or 2), else leave blank. Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976)

**Related data items:** E40, E114

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

**Element Group Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Abilities End Scores

**Data Element ID Range:** EM16-EM28

**Definition:** The patient's Mayo-Portland Adaptability Inventory - 4 (MPAI-4) - Abilities scores at the end of the ambulatory rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	158-170	Episode	Conditional

**Business Rules:** Only collect EM16-EM28 if E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2) and E114 = (1 or 2), else leave blank.

**Related data items:** E40, E114

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

**Data Items:**

ID	Data Element Name	Tab Position
EM16	MPAI4 A-End Mobility	158
EM17	MPAI4 A-End Use Of Hands	159
EM18	MPAI4 A-End Vision	160
EM19	MPAI4 A-End Audition	161
EM20	MPAI4 A-End Dizziness	162
EM21	MPAI4 A-End Motor Speech	163
EM22	MPAI4 A-End Verbal Communication	164
EM23	MPAI4 A-End Nonverbal Communication	165
EM24	MPAI4 A-End Attention/Concentration	166
EM25	MPAI4 A-End Memory	167
EM26	MPAI4 A-End Fund Of Information	168
EM27	MPAI4 A-End Novel Problem Solving	169
EM28	MPAI4 A-End Visuospatial abilities	170

**Codeset values:**

0	None
1	Mild problem but does not interfere with activities or function
2	Mild problem; interferes with activities to some degree
3	Moderate problem
4	Severe problem

**Element Group Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Adjustment End Scores**Data Element ID Range:** EM38-EM46**Definition:** The patient's Mayo-Portland Adaptability Inventory - 4 (MPAI-4) - Adjustment scores at the end of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	171-179	Episode	Conditional

**Business Rules:** Only collect EM38-EM46 if E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2) and E114 = (1 or 2), else leave blank.**Related data items:** E40, E114**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
EM38	MPAI4 B-End Anxiety	171
EM39	MPAI4 B-End Depression	172
EM40	MPAI4 B-End Irritability	173
EM41	MPAI4 B-End Pain Headache	174
EM42	MPAI4 B-End Fatigue	175
EM43	MPAI4 B-End Sensitivity to Mild Symptoms	176
EM44	MPAI4 B-End Inappropriate Social Interaction	177
EM45	MPAI4 B-End Impaired Self	178
EM46	MPAI4 B-End Family	179

**Codeset values:**

<b>0</b>	None
<b>1</b>	Mild problem but does not interfere with activities or function
<b>2</b>	Mild problem; interferes with activities to some degree
<b>3</b>	Moderate problem
<b>4</b>	Severe problem

**Element Group Name:** Mayo-Portland Adaptability Inventory - 4 (MPAI-4) Participation End Scores

**Data Element ID Range:** EM56-EM64

**Definition:** The patient's Mayo-Portland Adaptability Inventory - 4 (MPAI-4) - Participation scores at the end of the ambulatory rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	180-188	Episode	Conditional

**Business Rules:** Only collect EM56-EM64 If E40 = (2.11, 2.12, 2.13, 2.21, 2.22, 14.1, 14.2) and E114 = (1 or 2), else leave blank.

**\*\*NOTE:** only one employment option (EM62 OR EM63) can be rated by end user as appropriate for the client, therefore:  
 If EM62 is entered EM63 should be disabled and left blank  
 If EM63 is entered EM62 should be disabled and left blank

**Related data items:** E40, E114

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

**Data Items:**

ID	Data Element Name	Tab Position
EM56	MPAI4 C-End Initiation	180
EM57	MPAI4 C-End Social Contact	181
EM58	MPAI4 C-End Leisure	182
EM59	MPAI4 C-End Self Care	183
EM60	MPAI4 C-End Residence	184
EM61	MPAI4 C-End Transportation	185
EM62	MPAI4 C-End Paid Employment**	186
EM63	MPAI4 C-End Other Employment**	187
EM64	MPAI4 C-End Finances	188

**Codeset values:**

0	None
1	Mild problem but does not interfere with activities or function
2	Mild problem; interferes with activities to some degree
3	Moderate problem
4	Severe problem



**Data Element Name:** Amputee Care Start Phase

**Data Element ID:** A09

**Short Name:** StartPhase

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

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	189	Episode	Conditional

**Business Rules:** Only collect A09 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29), else leave blank.

**Related data items:** E40, A10, A11, A12, A13

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

**Data Element ID:** A10

**Short Name:** PhaseWound

**Definition:** Identifies whether the amputee patient passed through the phase “delayed wound” during their rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	190	Episode	Conditional

**Business Rules:** Only collect A10 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29), else leave blank.

**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

**Definition:** Identifies whether the amputee patient passed through the phase “pre prosthetic” during their rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	191	Episode	Conditional

**Business Rules:** Only collect A11 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29), else leave blank.

**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

**Definition:** Identifies whether the amputee patient passed through the phase “prosthetic” during their rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	192	Episode	Conditional

**Business Rules:** Only collect A12 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29), else leave blank.

**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

**Definition:** The phase of amputee care just before discharge from the ambulatory rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	1	193	Episode	Conditional

**Business Rules:** Only collect A13 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29), else leave blank.

**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

**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	Tab Position	Category	Obligation
	Numeric	1	194	Episode	Conditional

**Business Rules:** Only collect A14 If E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29), else leave blank.

If A14 = 1 (Yes) you must collect A08, A15 and A16

If A09 = (3 or 4) OR A11 = 1 OR A12 = 1 OR A13 = (3 or 4) then it would be expected that A14 = 1

**Related data items:** E40, A08, A15, A16

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

**Codeset values:**

- 1            Yes
- 2            No

---

**Data Element Name:** Ready For Casting Date**Data Element ID:** A08**Short Name:** CastDate

---

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

---

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	195	Episode	Conditional

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**Business Rules:** Only collect A08 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29) and A14 = 1, else leave blank.  
Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

If casting is planned but the date is not yet known A08 = 07/07/7777.

If casting is not clinically appropriate A08 = 08/08/8888.

---

**Related data items:** E40, A14, A15, A16

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

<b>Data Element Name:</b>	Date of first prosthetic fitting				
<b>Data Element ID:</b>	A15				
<b>Short Name:</b>	FittingDate				
<b>Definition:</b>	The date of the first interim prosthetic fitting.				
<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	196	Episode	Conditional
<b>Business Rules:</b>	<p>Only collect A15 If E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29) and A14 = 1, else leave blank.            Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).</p> <p>If a prosthetic fitting is planned but the date not yet known A15 = 07/07/7777.            If the patient has a prosthetic device fitted but the date of fitting is not known A15 = 09/09/9999.</p>				
<b>Related data items:</b>	E40, A14, A08, A16				
<b>Key Dates:</b>	<b>Effective:</b>	2012-07-01	<b>Revision:</b>	N/A	



**Data Element Name:** Reason for delay in first prosthetic fitting**Data Element ID:** A16**Short Name:** FittingDelay**Definition:** The reason for the delay in first interim prosthetic fitting.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	1	197	Episode	Conditional

**Business Rules:** Only collect A16 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29) and A14 = 1, else leave blank.

If A16 = 6, provide details in Z1 (comments)

**Related data items:** E40, A08, A14, A15, Z1**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

---

**Definition:** The time in COMPLETED seconds to complete the timed up and go test as assessed just before patient is discharged.

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	4	198	Episode	Conditional

---

**Business Rules:** Only collect A17 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29) and E114 = (1 or 2), else leave blank.

If the patient is unable to complete the test or the test is non applicable for this episode of care, A17 = 9999.

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**Related data items:** E40, E114

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

**Data Element Name:** Discharge 6 minute walk test**Data Element ID:** A18**Short Name:** MinutesWalked**Definition:** This distance in metres achieved in the 6 minute walk test completed just before patient is discharged.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	5	199	Episode	Optional

**Business Rules:** Only collect A18 if E40 = (5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29) and E114 = (1 or 2), else leave blank.

The format of this data element is xxx.x

If the patient is unable to complete the test or the test is non applicable for this episode of care, A18 999.9.

**Related data items:** E40, E114**Key Dates:** **Effective:** 2012-07-01 **Revision:** N/A

**Element Group Name:** Goal Attainment Scale (GAS) Descriptions

**Data Element ID Range:** EG02-EG06

**Definition:** Goal Attainment Scale (GAS) Descriptions - up to five rehabilitation goals can be entered.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Alphanumeric	50	200-204	Episode	Optional

**Business Rules:** If EG02 has a goal entered then EG01, EG17, EG22 and EG23 required  
 If EG03 has a goal entered then EG18 and EG24 required  
 If EG04 has a goal entered then EG19 and EG25 required  
 If EG05 has a goal entered then EG20 and EG26 required  
 If EG06 has a goal entered then EG21 and EG27 required

NOTE: For these data items Alphanumeric characters should be limited to the 26 alphabetic characters (upper or lower case), 10 numerals and standard punctuation marks, such as - - — . , ; ( ) / ' .

DO NOT USE carriage returns, tabs or double quotes

**Related data items:** EG01-EG27

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

**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
EG02	GAS Goal 1 Description	200
EG03	GAS Goal 2 Description	201
EG04	GAS Goal 3 Description	202
EG05	GAS Goal 4 Description	203
EG06	GAS Goal 5 Description	204

**Data Element Name:** Goal Attainment Scale (GAS) Start Date

**Data Element ID:** EG01

**Short Name:** GASStartDate

---

**Definition:** The date that the Goal Attainment Scale was scored at episode start (admission).

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<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	DD/MM/YYYY	10	205	Episode	Optional

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**Business Rules:** If EG02 has a goal entered then EG01 required  
Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

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**Related data items:** EG02-EG27

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

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**Element Group Name:** Goal Attainment Scale (GAS) Start Scores

**Data Element ID Range:** EG17-EG21

**Definition:** The patient's Goal Attainment Scale scores for each of the nominated goals at the beginning of the ambulatory rehabilitation episode.

Format:	Type	Width	Tab Position	Category	Obligation
	Numeric	2	206-210	Episode	Optional

**Business Rules:** If EG02 has a goal entered then EG01, EG17, EG22 and EG23 required  
 If EG03 has a goal entered then EG18 and EG24 required  
 If EG04 has a goal entered then EG19 and EG25 required  
 If EG05 has a goal entered then EG20 and EG26 required  
 If EG06 has a goal entered then EG21 and EG27 required

**Related data items:** EG01-EG27

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

**Data Items:**

ID	Data Element Name	Tab Position
EG17	GAS Goal 1 Start Score	206
EG18	GAS Goal 2 Start Score	207
EG19	GAS Goal 3 Start Score	208
EG20	GAS Goal 4 Start Score	209
EG21	GAS Goal 5 Start Score	210

**Codeset values:**

- 2 -2 No Function
- 1 -1 Some Function

**Data Element Name:** Goal Attainment Scale (GAS) End Date

**Data Element ID:** EG22

**Short Name:** GASEndDate

**Definition:** The date that the Goal Attainment Scale was scored at episode end (discharge).

Format:	Type	Width	Tab Position	Category	Obligation
	DD/MM/YYYY	10	211	Episode	Optional

**Business Rules:** If EG02 has a goal entered then EG22 required.  
Use leading zeros for days and/or months less than 10 (e.g. 07/01/1976).

**Related data items:** EG01-EG27

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

**Element Group Name:** Goal Attainment Scale (GAS) End Scores**Data Element ID Range:** EG23-EG27**Definition:** The patient's Goal Attainment Scale scores for each of the nominated goals at the end of the ambulatory rehabilitation episode.

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Numeric	2	212-216	Episode	Optional

**Business Rules:** If EG02 has a goal entered then EG01, EG17, EG22 and EG23 required  
 If EG03 has a goal entered then EG18 and EG24 required  
 If EG04 has a goal entered then EG19 and EG25 required  
 If EG05 has a goal entered then EG20 and EG26 required  
 If EG06 has a goal entered then EG21 and EG27 required

**Related data items:** EG01-EG27**Key Dates:** **Effective:** 2017-07-01 **Revision:** N/A**Data Items:**

<b>ID</b>	<b>Data Element Name</b>	<b>Tab Position</b>
EG23	GAS Goal 1 End Score	212
EG24	GAS Goal 2 End Score	213
EG25	GAS Goal 3 End Score	214
EG26	GAS Goal 4 End Score	215
EG27	GAS Goal 5 End Score	216

**Codeset values:**

<b>-2</b>	-2 Much worse than expected level
<b>-1</b>	-1 Somewhat worse than expected level
<b>0</b>	0 Achieved expected level
<b>1</b>	1 Somewhat better than expected level
<b>2</b>	2 Much better than expected level



**Data Element Name:** General Comments

**Data Element ID:** Z1

**Short Name:** Comment

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

<b>Format:</b>	<b>Type</b>	<b>Width</b>	<b>Tab Position</b>	<b>Category</b>	<b>Obligation</b>
	Alphanumeric	200	217	Episode	Optional

**Business Rules:**

Z1 may contain:

- \* the tool used if the patient had a cognitive impairment which impacted on their ability to participate in rehabilitation
- \* the tool used if the patient had a stroke and was receiving ambulatory rehabilitation aimed at aphasia
- \* any further details for any 'other' code used
- \* any further details useful to the facility

For this data item Alphanumeric characters should be limited to the 26 alphabetic characters (upper or lower case), 10 numerals and standard punctuation marks, such as -- — . , ; ( ) / ' /

DO NOT USE carriage returns, tabs or double quotes

Z1 MAY NOT CONTAIN PATIENT NAMES

**Related data items:** D11, D12, E11, E41, E104-E107, ET03, E114, E116, EA03

**Key Dates:**      **Effective:** 2003-01-09      **Revision:** N/A