

AROC Impairment Specific Report

Spinal Cord Injury

INPATIENT - PATHWAY 3

July 2022 - June 2023

Anywhere Hospital





Table of contents



Spinal cord injury dashboard	4
Data used in this report	7
Spinal cord injury impairment codes	8
Spinal cord injury AN-SNAP classes	9
The BIG picture	10
Review of FIM item scoring by AN-SNAP class	39
Outcomes analysis	48
Explanatory data	81
Spinal cord injury specific data	106
Low FIM score summary report	113
Appendix 1: Glossary	123
Appendix 2: AROC impairment codes	133
Appendix 3: AN-SNAP classes	135
Acknowledgements	136
AROC contact details	137

What's new in this report?



AN-SNAP Changes

- This is the third AROC report to use the Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) Version 5 Classification, introduced by Independent Health and Aged Care Pricing Authority (IHACPA) in July 2022.
- Like previous AN-SNAP classification versions, Version 5 uses impairment, age, weighted FIM motor admission score and FIM cognition score to determine which rehabilitation class an episode should be assigned to. AN-SNAP Version 5 has 48 inpatient admitted overnight adult classes (the full list of classes can be found in Appendix 3).
- Information about how the AN-SNAP class has changed since Version 4 and a description of Impairment specific weighted FIM scores can be found in Appendix 1. Further information about AN-SNAP Version 5 is available on the IHACPA and AROC websites.

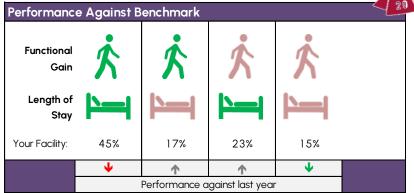
What does using AN-SNAP V5 mean for this report?

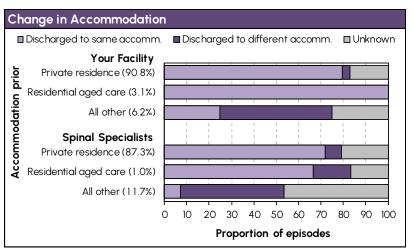
- DASHBOARD: Where you are positioned in the quadrant graph from 2022 onwards is based on V5
 casemix-adjusted data, however comparison data from years prior to 2022 uses V4 casemixadjusted data.
- OUTCOMES ANALYSIS: All years' data presented in time-series analysis is casemix-adjusted using AN-SNAP V5 with 2023 as the base year.

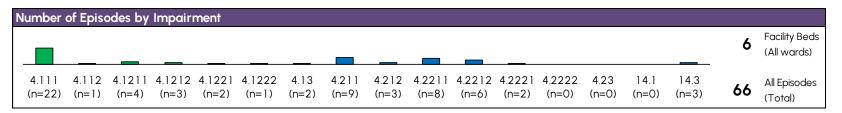
Spinal Injury Dashboard











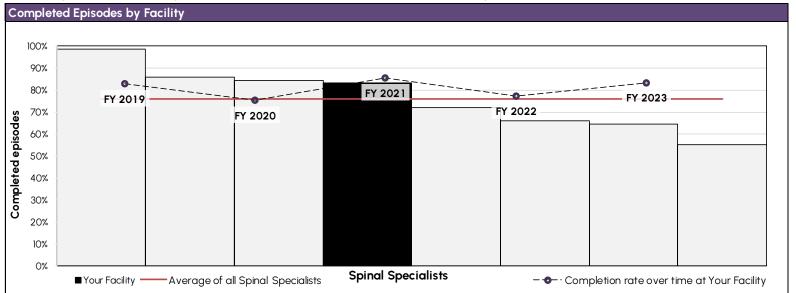
Spinal Injury Dashboard



Key Indicators*									
Your Facili	ty	Spinal Specialists							
Average Age:	53.1	Average Age:	55.3						
Mortality Rate:	0.0%	Mortality Rate:	0.3%						
% with at least one comorbidity:	48%	% with at least one comorbidity:	47%						
% with at least one complication:	40%	% with at least one complication:	46%						
% episodes with start delays:	22%	% episodes with start delays:	26%						
Days between onset and rehab episode:	32.8	Days between onset and rehab episode:	39.6						
Days between clinically rehab ready & start date:	2.3	Days between clinically rehab ready & start date:	1.9						

Facility FIM Training*	20
FIM Credentialed Staff	FIM Credentialed
per 100 Episodes	Facility Trainers
11.7	3
Your Facility	Your Facility
17.4	2
Spinal Specialists (Mean)	AROC Suggested Minimum

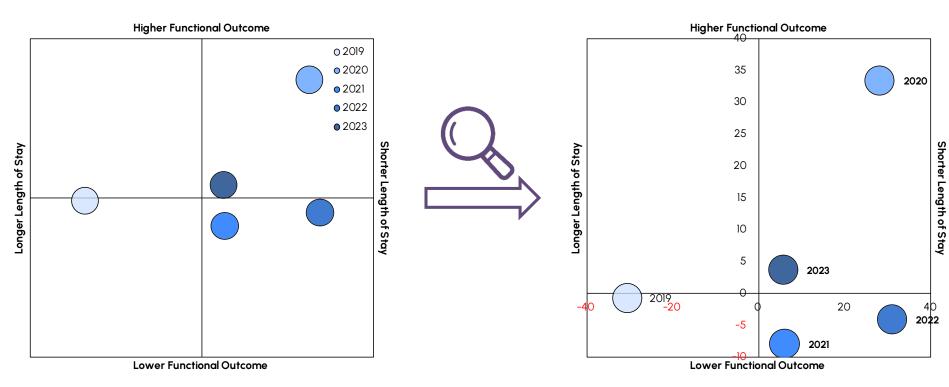
^{*} This includes all impairments from all wards



^{*} Mean value provided unless otherwise specified

Quadrant Position – last 5 years





Axes are locked to match the dashboard, your facility has 0 data point(s) outside the plot

NB: Data from before FY22 is benchmarked using AN-SNAP V4 classes. FY22 onwards benchmarked using AN-SNAP V5 classes.

NOTE: For the purpose of this graph, a positive (>0) length of stay represents a stay shorter than the benchmark

Data used in this report



- Spinal cord injury episodes discharged during the reporting period
 (July 2022 June 2023) and time series data covering five years.
- Benchmark group is first admission episodes at SPECIALIST spinal cord Injury units in Australia and New Zealand
- Casemix analysis uses version 5 AN-SNAP classes (Appendix 3). This has been calculated separately for traumatic and non-traumatic episodes since FY2017.
- Data is summarised for your facility, all SPECIALIST and all NON-SPECIALIST services.
 Where data is provided by specialist facility your facility code is ANYWHERE.
- Unit of counting is by concatenated* episode, not by patient.
- Where there are less than five episodes within a subgroup, summary data are not provided. Missing data and ungroupable AN-SNAP classes are excluded from figures, but are included in tables.

The immediate impact of COVID-19 in 2020 on rehabilitation was a 12% decline in the number of rehabilitation episodes following temporary suspension of elective surgeries, ward re-assignments and closures, and fewer traumatic accidents. There is still an ongoing impact of COVID-19 on rehabilitation in the form of reduced inpatient beds, increased patient complexity and staffing issues. See **COVID-19** in Appendix 1 glossary for information about the collection of data for COVID patients.

Note: Appendix 1 (Glossary) contains definitions of concepts referred to in this report. An understanding of these will help with interpretation of the data. This report should be considered in conjunction with the Outcome Benchmarks Report for your facility.

^{*}Refer to Appendix 1 for more details about the process of data concatenation.

Spinal cord injury impairment codes



Spinal cord injury episodes were identified as those with the following AROC impairment codes:

Traumatic (TSCI)

- 4.211 Paraplegia, incomplete
- 4.212 Paraplegia, complete
- 4.2211 Quadriplegia, incomplete C1-4
- 4.2212 Quadriplegia, incomplete C5-8
- 4.2221 Quadriplegia, complete C1-4
- 4.2222 Quadriplegia, complete C5-8
- 4.23 Other traumatic spinal cord dysfunction
- 14.1 Major Multiple Trauma, Brain + Spinal cord injury
- 14.3 Major Multiple Trauma, Spinal cord injury + multi fracture/amputation

Non-traumatic (NTSCI)

- 4.111 Paraplegia, incomplete
- 4.112 Paraplegia, complete
- 4.1211 Quadriplegia, incomplete C1-4
- 4.1212 Quadriplegia, incomplete C5-8
- 4.1221 Quadriplegia, complete C1-4
- 4.1222 Quadriplegia, complete C5-8
- 4.13 Other non-traumatic spinal cord dysfunction

Note: A list of all impairment codes can be found in Appendix 2

Spinal cord injury AN-SNAP classes



Levels of functioning for spinal cord injury are categorised by the following version 5 AN-SNAP classes:

- 5AD1 Spinal cord dysfunction, weighted FIM motor 55-91
- 5AD2 Spinal cord dysfunction, weighted FIM motor 37-54
- 5AD3 Spinal cord dysfunction, weighted FIM motor 19-36
- 5AP1 Major Multiple Trauma, weighted FIM motor 51-91
- 5AP2 Major Multiple Trauma, weighted FIM motor 19-50
- 5AZ1 Spine, Major Multiple Trauma, Weighted FIM motor score 13-18, Age ≥ 59
- 5AZ2 Spine, Major Multiple Trauma, Weighted FIM motor score 13-18, Age ≤ 58

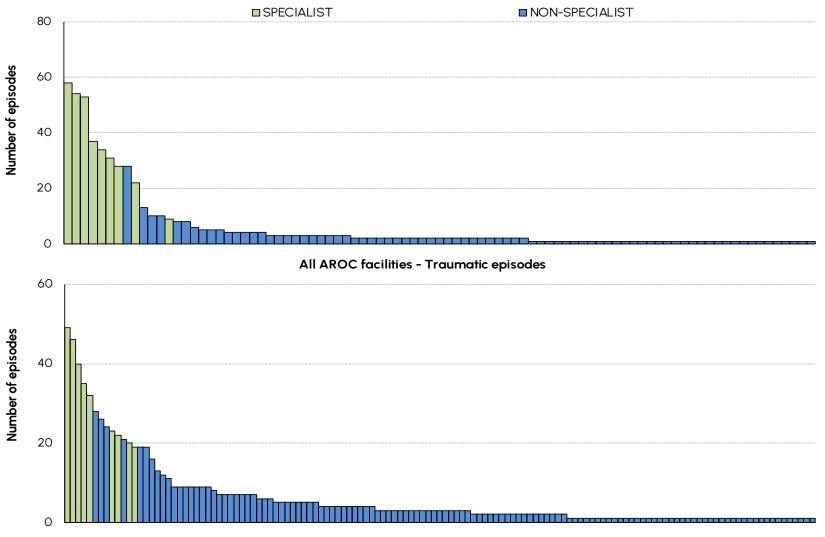
NOTE: A list of all AN-SNAP classes can be found in Appendix 3



The BIG picture

Volume of episodes by facilities treating spinal cord injury

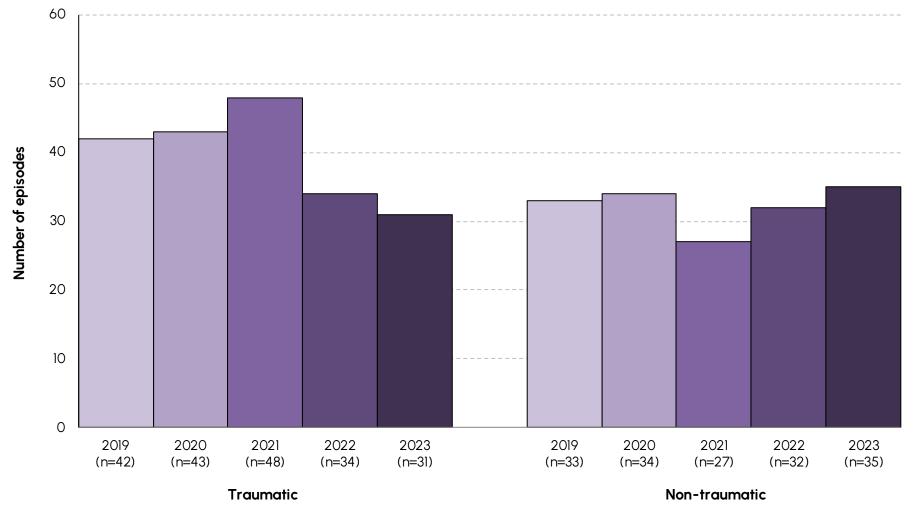




All AROC facilities - Non traumatic episodes

Number of TSCI and NTSCI episodes over time at your facility

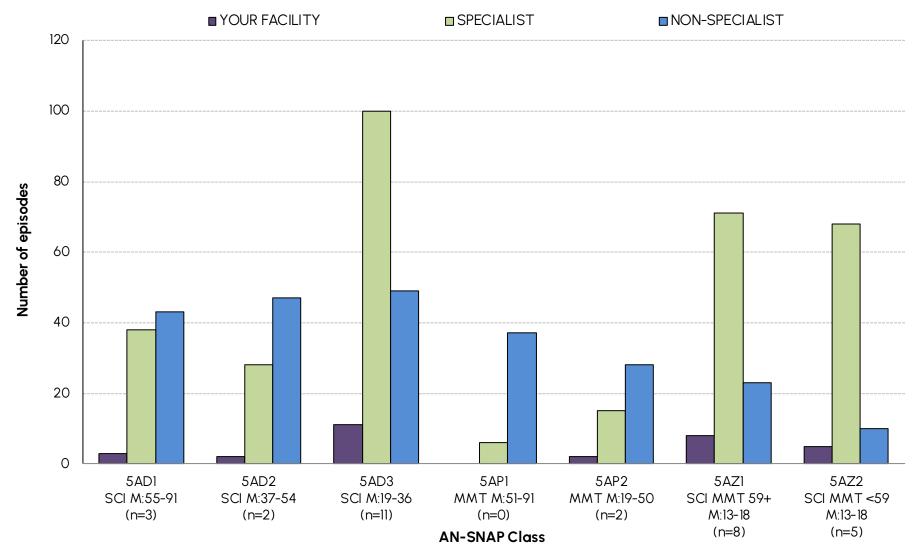




YOUR FACILITY

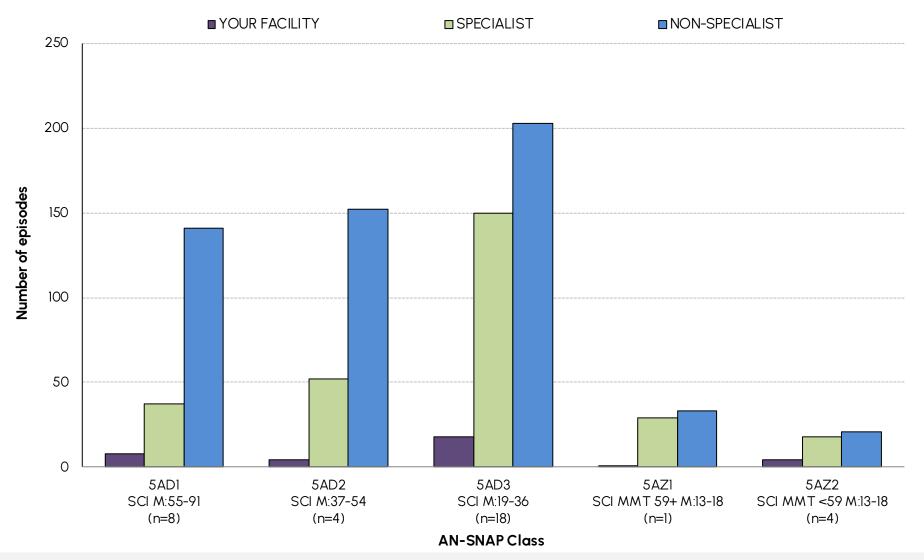
Number of TSCI episodes by AN-SNAP class





Number of NTSCI episodes by AN-SNAP class





Number of TSCI and NTSCI episodes by AN-SNAP class



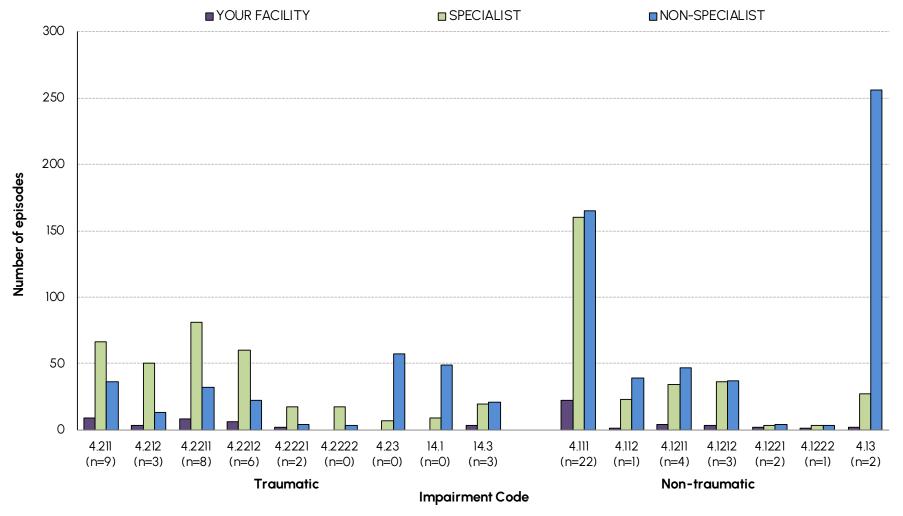
	YOUR FA	ACILITY	SPE	CIALIST	NON-SPE	CIALIST
AN-SNAP class	No.	%	No.	%	No.	%
<u>Traumatic episodes</u>						
5AD1 (SCI, Weighted FIM Motor 55 - 91)	3	9.7	38	11.7	43	18.1
5AD2 (SCI, Weighted FIM Motor 37 - 54)	2	6.5	28	8.6	47	19.8
5AD3 (SCI, Weighted FIM Motor 19 - 36)	11	35.5	100	30.7	49	20.7
5AP1 (MMT, Weighted FIM Motor 51 - 91)	0	0.0	6	1.8	37	15.6
5AP2 (MMT, Weighted FIM Motor 19 - 50)	2	6.5	15	4.6	28	11.8
5AZ1 (SCI or MMT, age \geq 59, weighted FIM motor 13-18)	8	25.8	71	21.8	23	9.7
5AZ2 (SCI or MMT, age \leq 58, weighted FIM motor 13-18)	5	16.1	68	20.9	10	4.2
All Spinal AN-SNAP classes	31	100.0	326	100.0	237	100.0
Non - traumatic episodes						
5AD1 (SCI, Weighted FIM Motor 55 - 91)	8	25.8	37	11.3	141	59.5
5AD2 (SCI, Weighted FIM Motor 37 - 54)	4	12.9	52	16.0	152	64.1
5AD3 (SCI, Weighted FIM Motor 19 - 36)	18	58.1	150	46.0	203	85.7
5AZ1 (SCI or MMT, age \geq 59, weighted FIM motor 13-18)	1	3.2	29	8.9	33	13.9
5AZ2 (SCI or MMT, age \leq 58, weighted FIM motor 13-18)	4	12.9	18	5.5	21	8.9
All Spinal AN-SNAP classes	35	112.9	286	87.7	550	232.1

Note: 0 episode(s) at YOUR FACILITY, 0 episode(s) at SPECIALIST facilities and 0 episode(s) at NON-SPECIALIST facilities had an AN-SNAP class of 599A for traumatic episodes.

Note: 0 episode(s) at YOUR FACILITY, 0 episode(s) at SPECIALIST facilities and 1 episode(s) at NON-SPECIALIST facilities had an AN-SNAP class of 599A for non-traumatic episodes.

Number of TSCI and NTSCI episodes by impairment





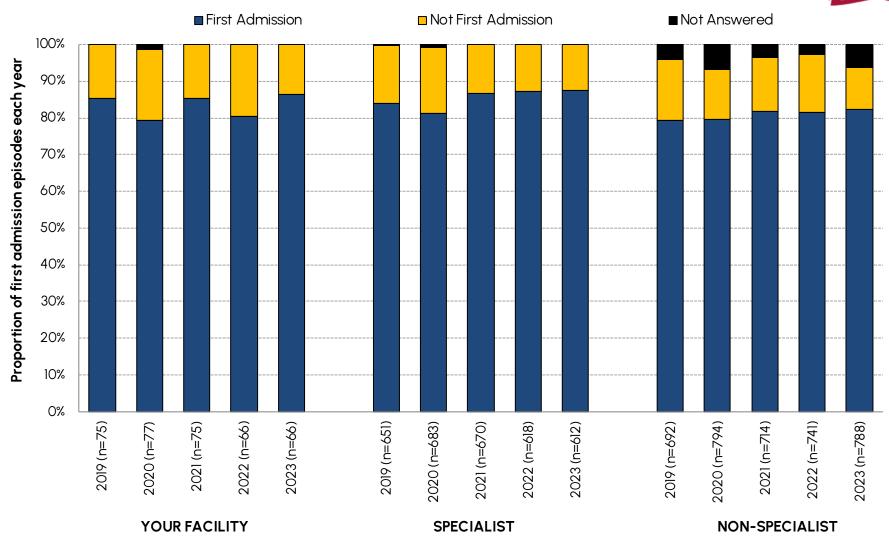
Number of TSCI and NTSCI episodes by impairment



	YOUR FA	ACILITY	SPE	CIALIST	NON-SPE	CIALIST
Impairment	No.	%	No.	%	No.	%
Traumatic impairments						
4.211 Para-Inc	9	29.0	66	20.2	36	15.2
4.212 Para-Comp	3	9.7	50	15.3	13	5.5
4.2211 Quad-Inc C1-4	8	25.8	81	24.8	32	13.5
4.2212 Quad-Inc C5-8	6	19.4	60	18.4	22	9.3
4.2221 Quad-Comp C1-4	2	6.5	17	5.2	4	1.7
4.2222 Quad-Comp C5-8	0	0.0	17	5.2	3	1.3
4.23 Other TSCI	0	0.0	7	2.1	57	24.1
14.1 MMT: brain+spine	0	0.0	9	2.8	49	20.7
14.3 MMT: spine+other	3	9.7	19	5.8	21	8.9
Total TSCI	31	100.0	326	100.0	237	100.0
Non-traumatic impairments						
4.111 Para-Inc	22	62.9	160	55.9	165	29.9
4.112 Para-Comp	1	2.9	23	8.0	39	7.1
4.1211 Quad-Inc C1-4	4	11.4	34	11.9	47	8.5
4.1212 Quad-Inc C5-8	3	8.6	36	12.6	37	6.7
4.1221 Quad-Comp C1-4	2	5.7	3	1.0	4	0.7
4.1222 Quad-Comp C5-8	Ī	2.9	3	1.0	3	0.5
4.13 Other NTSCI	2	5.7	27	9.4	256	46.5
Total NTSCI	35	100.0	286	100.0	551	100.0
TOTAL SCI	66		612		788	

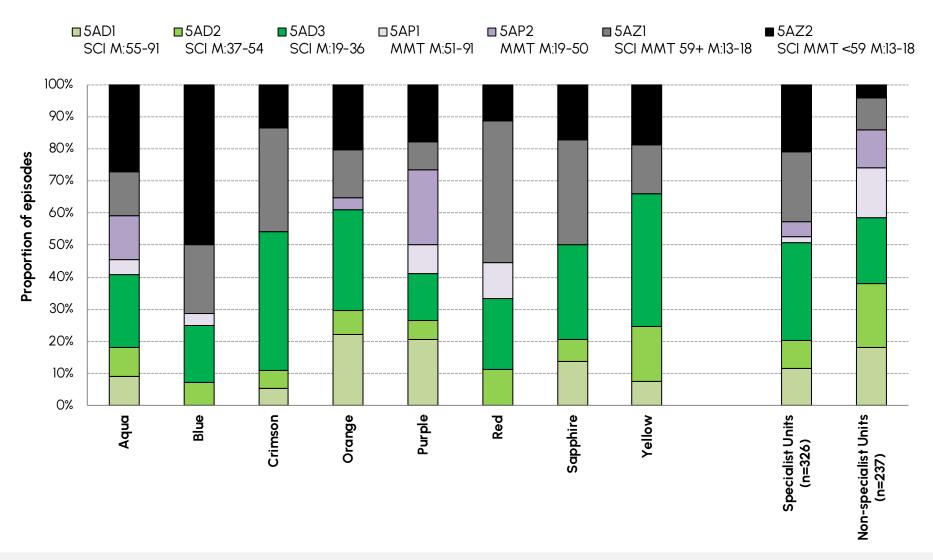
Proportion of first admission episodes over time





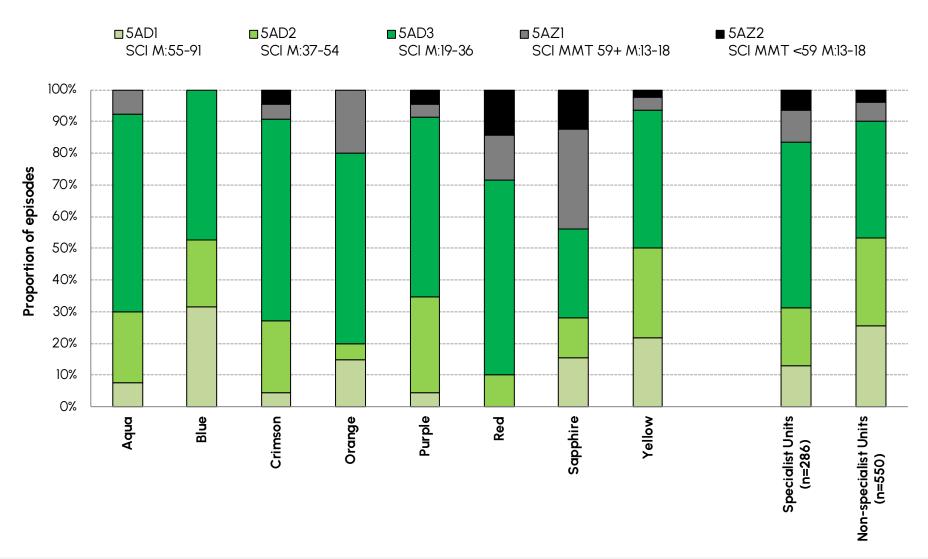
Proportion of TSCI episodes by AN-SNAP class and specialist facility





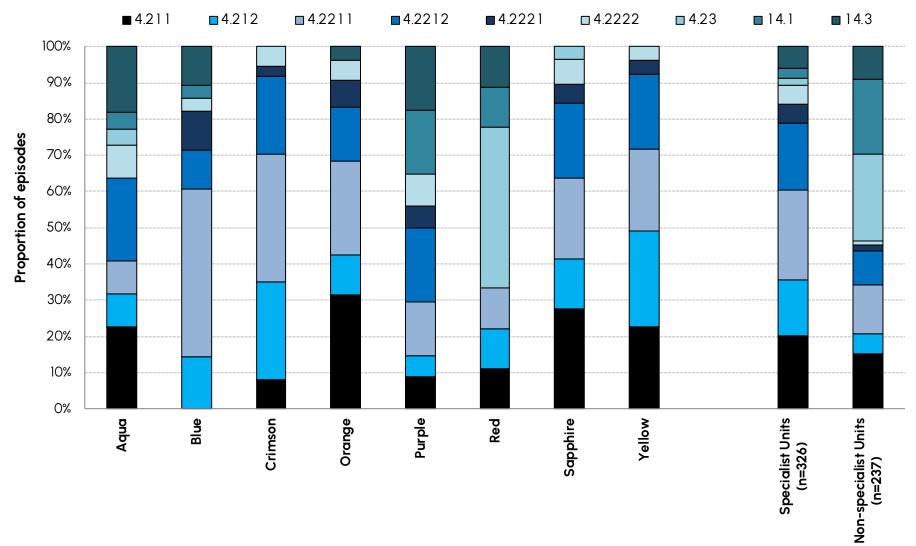
Proportion of NTSCI episodes by AN-SNAP class and specialist facility





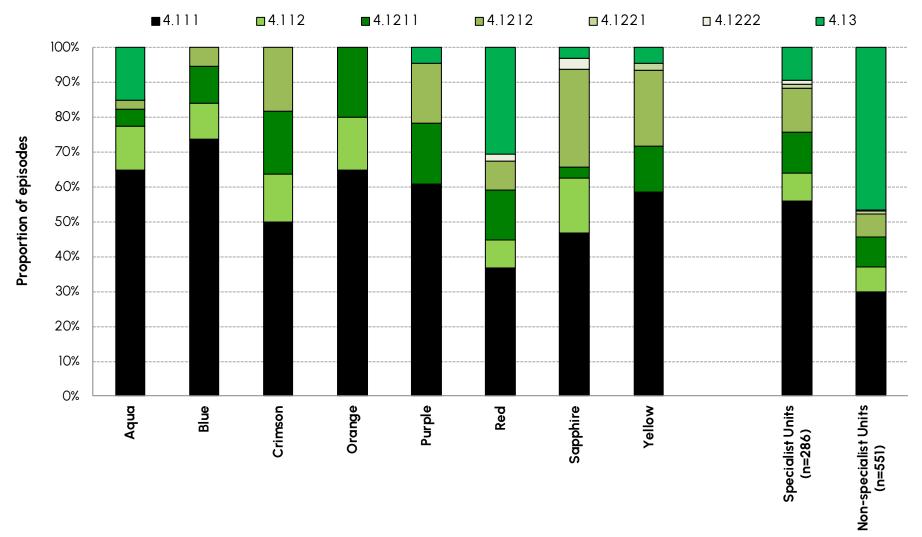
Proportion of TSCI episodes by impairment and specialist facility





Proportion of NTSCI episodes by impairment and specialist facility





TSCI and NTSCI episodes by impairment and AN-SNAP class



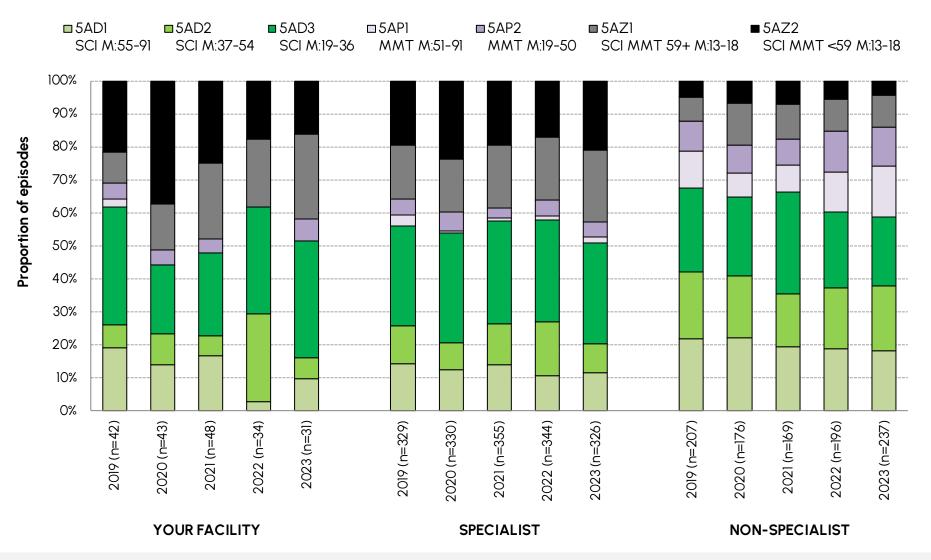
Traumatic			YOU	JR FACILITY						NON-
Impairment	5AD1	5AD2	5AD3	5AP1	5AP2	5AZ1	5AZ2	TOTAL	SPECIALIST	SPECIALIST
4.211 Para-Inc	1	2	6	0	0	0	0	9	66	36
4.212 Para-Comp	0	0	1	0	0	1	1	3	50	13
4.2211 Quad-Inc C1-4	1	0	1	0	0	4	2	8	81	32
4.2212 Quad-Inc C5-8	1	0	3	0	0	1	1	6	60	22
4.2221 Quad-Comp C1-4	0	0	0	0	0	1	1	2	1 <i>7</i>	4
4.2222 Quad-Comp C5-8	0	0	0	0	0	0	0	0	1 <i>7</i>	3
4.23 Other TSCI	0	0	0	0	0	0	0	0	7	57
14.1 MMT: brain+spine	0	0	0	0	0	0	0	0	9	49
14.3 MMT: spine+other	0	0	0	0	2	1	0	3	19	21
Total	3	2	11	0	2	8	5	31	326	237
SPECIALIST	38	28	100	6	15	71	68	326		
NON-SPECIALIST	43	47	49	37	28	23	10	237		

Non-traumatic	n-traumatic YOUR FACILITY							
Impairment	5AD1	5AD2	5AD3	5AZ1	5AZ2	TOTAL SPE	CIALIST	SPECIALIST
4.111 Para-Inc	7	2	13	0	0	22	160	165
4.112 Para-Comp	0	0	1	0	0	1	23	39
4.1211 Quad-Inc C1-4	1	0	2	0	1	4	34	47
4.1212 Quad-Inc C5-8	0	1	1	1	0	3	36	37
4.1221 Quad-Comp C1-4	0	0	0	0	2	2	3	4
4.1222 Quad-Comp C5-8	0	0	0	0	1	1	3	3
4.13 Other NTSCI	0	1	1	0	0	2	27	255
Total	8	4	18	1	4	35	286	550
SPECIALIST	37	52	150	29	18	286		
NON-SPECIALIST	141	152	203	33	21	550		

Note: O episode(s) at YOUR FACILITY, O episode(s) at SPECIALIST facilities and O episode(s) at NON-SPECIALIST facilities had an AN-SNAP class of 599A.

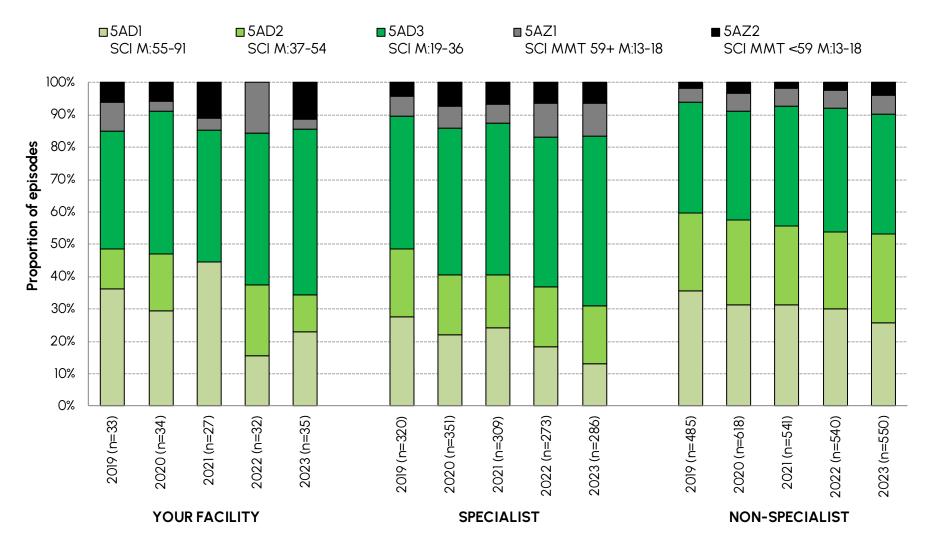
Proportion of TSCI episodes by AN-SNAP class over time





Proportion of NTSCI episodes by AN-SNAP class over time





TSCI and NTSCI episodes by AN-SNAP class over time

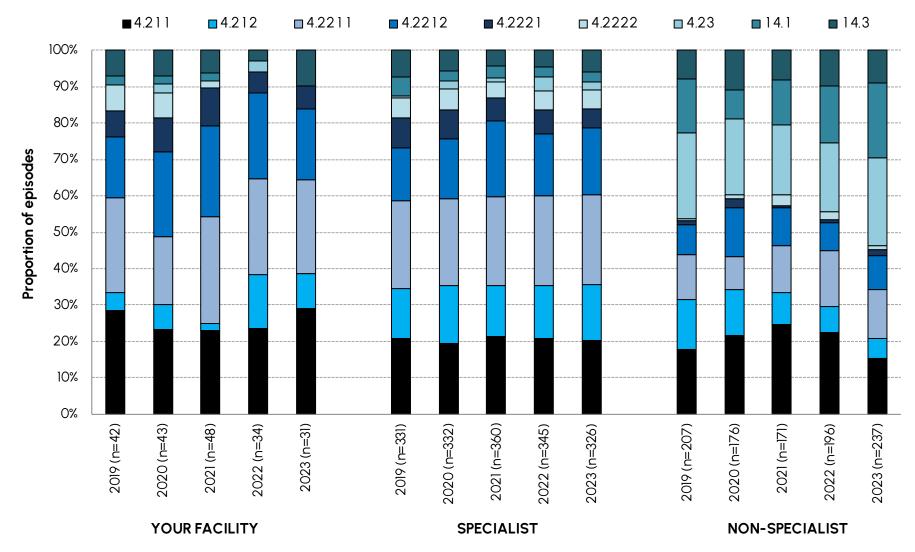


Traumatic		YOU	R FACIL	ITY			SPECIALIST					NON-SPECIALIST				
AN-SNAP class	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	
5AD1 (SCI, Weighted FIM Motor 55 - 91)	8	6	8	1	3	47	41	50	37	38	45	39	33	37	43	
5AD2 (SCI, Weighted FIM Motor 37 - 54)	3	4	3	9	2	38	27	44	56	28	42	33	27	36	47	
5AD3 (SCI, Weighted FIM Motor 19 - 36)	15	9	12	11	11	99	110	110	106	100	53	42	52	45	49	
5AP1 (MMT, Weighted FIM Motor 51 - 91)	1	0	0	0	0	11	2	4	4	6	23	13	14	24	37	
5AP2 (MMT, Weighted FIM Motor 19 - 50)	2	2	2	0	2	16	19	10	17	15	19	15	13	24	28	
5AZ1 (SCI or MMT, age \geq 59, weighted FIM motor 13-18)	4	6	11	7	8	54	53	68	65	71	15	22	18	19	23	
5AZ2 (SCI or MMT, age \leq 58, weighted FIM motor 13-18)	9	16	12	6	5	64	78	69	59	68	10	12	12	11	10	
All Spinal AN-SNAP classes	42	43	48	34	31	329	330	355	344	326	207	176	169	196	237	

Non-traumatic		YOUR FACILITY					SPECIALIST					NON-SPECIALIST				
AN-SNAP class	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	
5AD1 (SCI, Weighted FIM Motor 55 - 91)	12	10	12	5	8	88	77	75	50	37	172	193	170	163	141	
5AD2 (SCI, Weighted FIM Motor 37 - 54)	4	6	0	7	4	67	65	50	51	52	118	162	131	128	152	
5AD3 (SCI, Weighted FIM Motor 19 - 36)	12	15	11	15	18	132	160	145	126	150	166	209	200	206	203	
5AZ1 (SCI or MMT, age ≥ 59, weighted FIM motor 13-18)	3	1	1	5	1	20	23	18	29	29	20	33	31	31	33	
5AZ2 (SCI or MMT, age \leq 58, weighted FIM motor 13-18)	2	2	3	0	4	13	26	21	17	18	9	21	9	12	21	
All Spinal AN-SNAP classes	33	34	27	32	35	320	351	309	273	286	485	618	541	540	550	

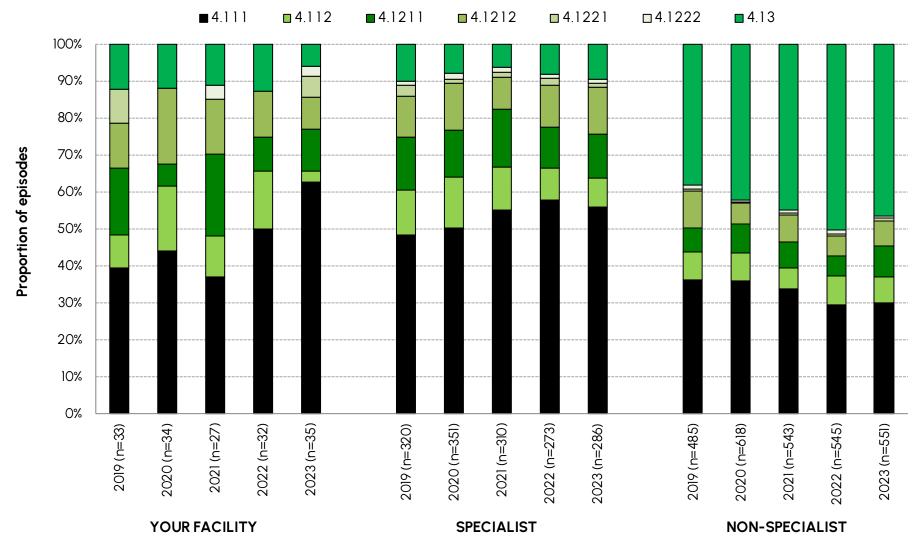
Proportion of TSCI episodes by impairment over time





Proportion of NTSCI episodes by impairment over time





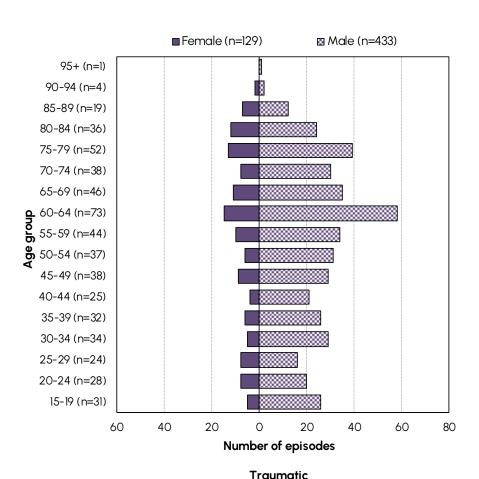
TSCI and NTSCI episodes by impairment over time

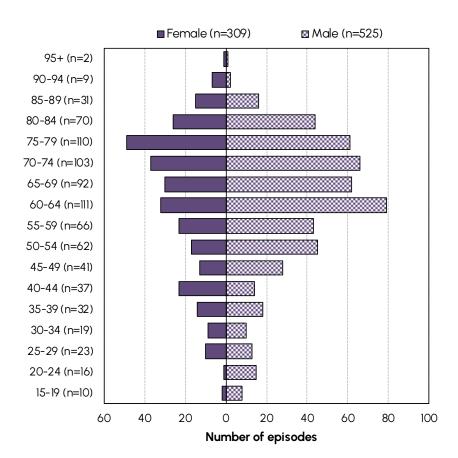


		YOU	R FACILI	ITY			SP	ECIALIS	T			NON-	SPECIAL	_IST	
Impairment	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Traumatic impairments															
4.211 Para-Inc	12	10	11	8	9	69	64	77	72	66	37	38	42	44	36
4.212 Para-Comp	2	3	1	5	3	45	53	50	50	50	28	22	15	14	13
4.2211 Quad-Inc C1-4	11	8	14	9	8	80	80	88	85	81	26	16	22	30	32
4.2212 Quad-Inc C5-8	7	10	12	8	6	48	54	75	59	60	17	24	18	15	22
4.2221 Quad-Comp C1-4	3	4	5	2	2	28	27	23	23	17	2	4	1	2	4
4.2222 Quad-Comp C5-8	3	3	1	0	0	18	19	16	18	17	1	2	5	4	3
4.23 Other TSCI	0	1	0	1	0	2	7	4	13	7	49	37	33	37	57
14.1 MMT: brain+spine	1	1	1	0	0	17	9	12	9	9	31	14	21	31	49
14.3 MMT: spine+other	3	3	3	1	3	24	19	15	16	19	16	19	14	19	21
Total TSCI	42	43	48	34	31	331	332	360	345	326	207	176	171	196	237
Non-traumatic impairments															
4.111 Para-Inc	13	15	10	16	22	155	177	171	158	160	176	222	184	160	165
4.112 Para-Comp	3	6	3	5	1	39	48	36	24	23	36	47	30	43	39
4.1211 Quad-Inc C1-4	6	2	6	3	4	46	45	49	30	34	32	49	38	30	47
4.1212 Quad-Inc C5-8	4	7	4	4	3	35	44	27	31	36	49	35	41	29	37
4.1221 Quad-Comp C1-4	3	0	0	0	2	10	4	4	5	3	2	1	2	4	4
4.1222 Quad-Comp C5-8	0	0	1	0	1	3	6	4	3	3	6	4	4	5	3
4.13 Other NTSCI	4	4	3	4	2	32	27	19	22	27	184	260	244	274	256
Total NTSCI	33	34	27	32	35	320	351	310	273	286	485	618	543	545	551
TOTAL SCI	75	77	75	66	66	651	683	670	618	612	692	794	714	741	788

Number of episodes by age group and sex – TSCI and NTSCI

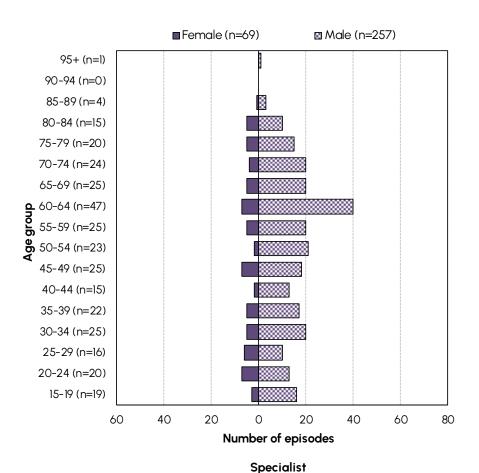


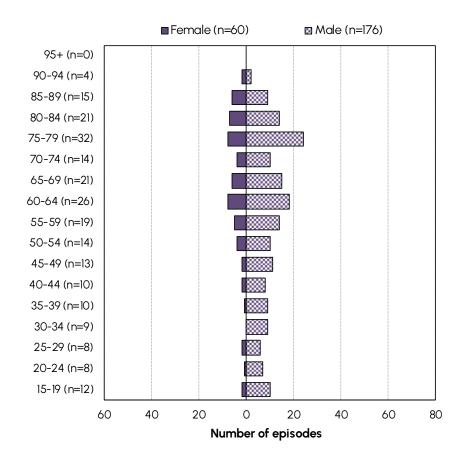




Number of TSCI episodes by age group and sex – specialist and non-specialist

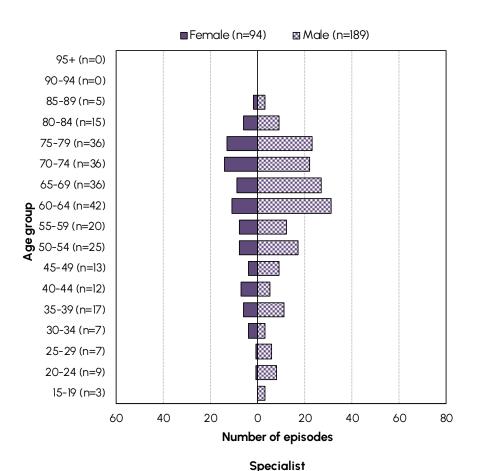


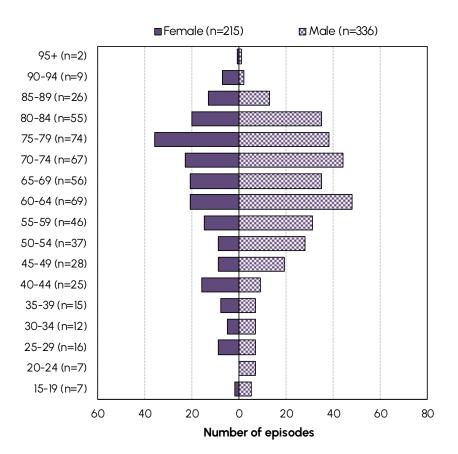




Number of NTSCI episodes by age group and sex – specialist and non-specialist

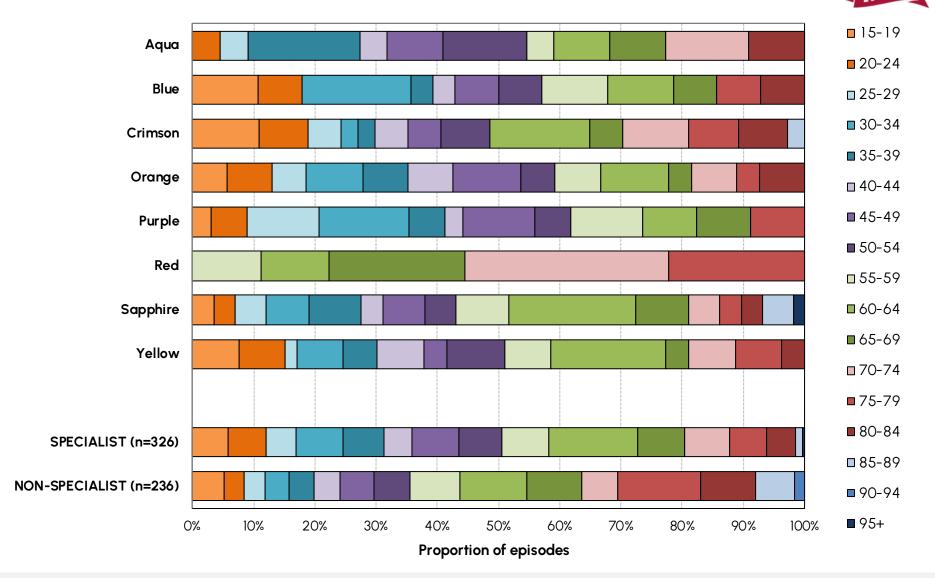






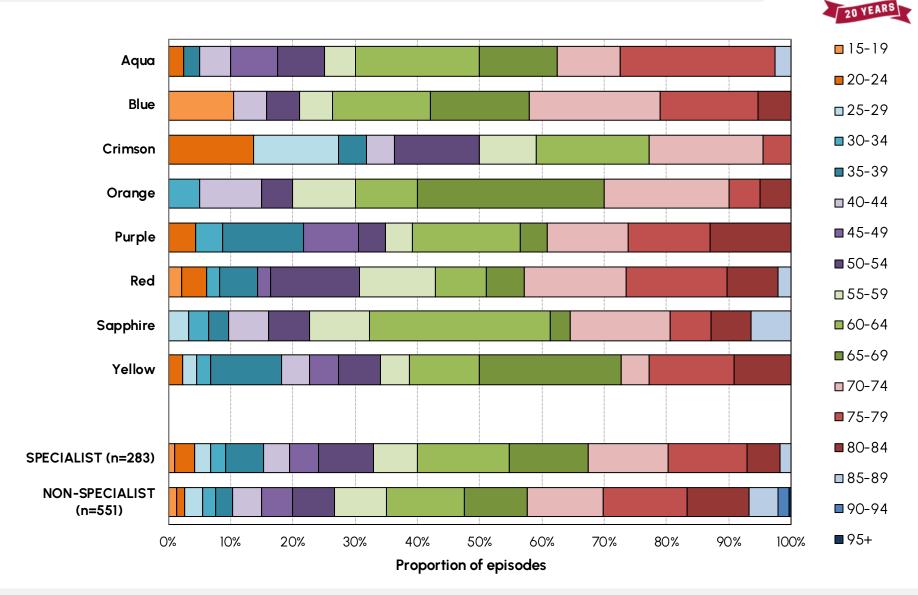
TSCI episodes by age group and specialist facility





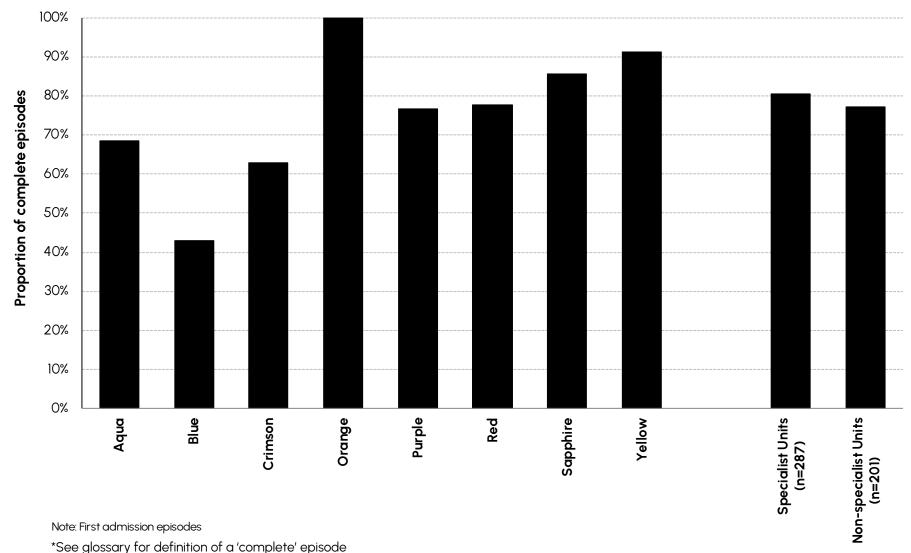
NTSCI episodes by age group and specialist facility





Proportion of complete* first admission TSCI episodes by specialist facility

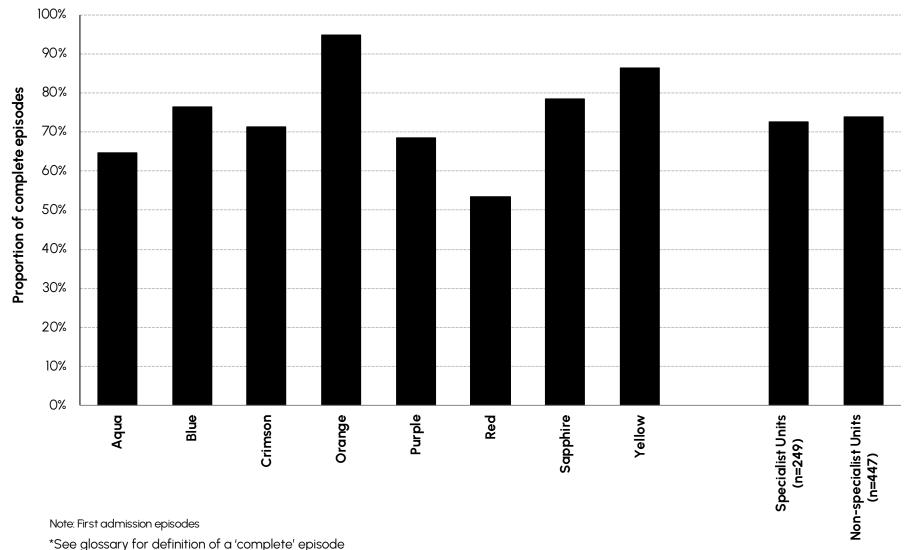




AROC Impairment Specific Report on Spinal Cord Injury (Inpatient - Pathway 3) | Anywhere Hospital | July 2022 - June 2023

Proportion of complete* first admission NTSCI episodes by specialist facility





Complete first admission TSCI and NTSCI episodes by AN-SNAP class and impairment



	YOUR FACILITY			SPECIALIST	NON-SPECIALIST				
AN-SNAP class	All episodes	Completed episodes	%Complete	All episodes	Completed episodes	%Complete	All episodes	Completed episodes	%Complete
5AD1 (SCI, Weighted FIM Motor 55 - 91)	9	6	66.7	66	62	93.9	151	133	88.1
5AD2 (SCI, Weighted FIM Motor 37 - 54)	5	4	80.0	72	61	84.7	163	136	83.4
5AD3 (SCI, Weighted FIM Motor 19 - 36)	27	22	81.5	222	169	76.1	204	127	62.3
5AP1 (MMT, Weighted FIM Motor 51 - 91)	0	0	_	6	5	83.3	35	34	97.1
5AP2 (MMT, Weighted FIM Motor 19 - 50)	2	2	100.0	13	10	76.9	22	18	81.8
5AZ1 (SCI or MMT, age \geq 59, weighted FIM motor 13-18)	8	7	87.5	84	56	66.7	48	26	54.2
5AZ2 (SCI or MMT, age \leq 58, weighted FIM motor 13-18)	6	6	100.0	73	49	67.1	24	11	45.8
All Spinal AN-SNAP classes	57	47	82.5	536	412	76.9	647	485	75.0

Note: First Admission Only (excludes AN-SNAP class 599A)

		YOUR FACILITY	•	·	SPECIALIST		NON-SPECIALIST					
Impairment	All episodes	Completed episodes	%Complete	All episodes	Completed episodes	%Complete	All episodes	Completed episodes	%Complete			
Traumatic impairments												
4.211 Para-Inc	8	8	100.0	62	59	95.2	31	24	77.4			
4.212 Para-Comp	2	2	100.0	41	34	82.9	9	7	77.8			
4.2211 Quad-Inc C1-4	7	6	85.7	73	52	71.2	29	19	65.5			
4.2212 Quad-Inc C5-8	5	4	80.0	53	42	79.2	18	10	55.6			
4.2221 Quad-Comp C1-4	1	1	100.0	14	11	78.6	3	2	66.7			
4.2222 Quad-Comp C5-8	0	0	_	12	9	75.0	2	2	100.0			
4.23 Other TSCI	0	0	_	7	5	71.4	47	35	74.5			
14.1 MMT: brain+spine	0	0	_	7	4	57.1	46	43	93.5			
14.3 MMT: spine+other	3	3	100.0	18	15	83.3	16	13	81.3			
Total TSCI	26	24	92.3	287	231	80.5	201	155	77.1			
Non-traumatic impairments												
4.111 Para-Inc	20	15	75.0	144	111	77.1	133	95	71.4			
4.112 Para-Comp	1	1	100.0	21	15	71.4	25	13	52.0			
4.1211 Quad-Inc C1-4	3	1	33.3	31	23	74.2	42	26	61.9			
4.1212 Quad-Inc C5-8	3	2	66.7	28	18	64.3	27	22	81.5			
4.1221 Quad-Comp C1-4	2	2	100.0	2	2	100.0	3	0	0.0			
4.1222 Quad-Comp C5-8	0	0	_	1	1	100.0	3	2	66.7			
4.13 Other NTSCI	2	2	100.0	22	11	50.0	214	172	80.4			
Total NTSCI	31	23	74.2	249	181	72.7	447	330	73.8			
TOTAL SCI	57	47	82.5	536	412	76.9	648	485	74.8			
*First Admission Only												

Summary of incomplete episodes



	YOUR F	YOUR FACILITY		CIALIST	NON-SPE	CIALIST	ALL SPIN	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Total reporting episodes	66	•	612		788		1,400	
Incomplete episodes	11	(16.7)	146	(23.9)	204	(25.9)	350	(25.0)
Reason for incomplete:								
Discharged home with end FIM=18	0	(0.0)	2	(1.4)	0	(0.0)	2	(0.6)
Discharged home with no end FIM	1	(9.1)	6	(4.1)	0	(0.0)	6	(1.7)
Discharged to another hospital	7	(63.6)	81	(55.5)	124	(60.8)	205	(58.6)
Discharged back to acute same hospital	2	(18.2)	41	(28.1)	60	(29.4)	101	(28.9)
Discharged at own risk	1	(9.1)	3	(2.1)	10	(4.9)	13	(3.7)
Change of care type (LOS<1 week)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)
Died	0	(0.0)	2	(1.4)	4	(2.0)	6	(1.7)
Other/Unknown Discharge	0	(0.0)	11	(7.5)	6	(2.9)	17	(4.9)

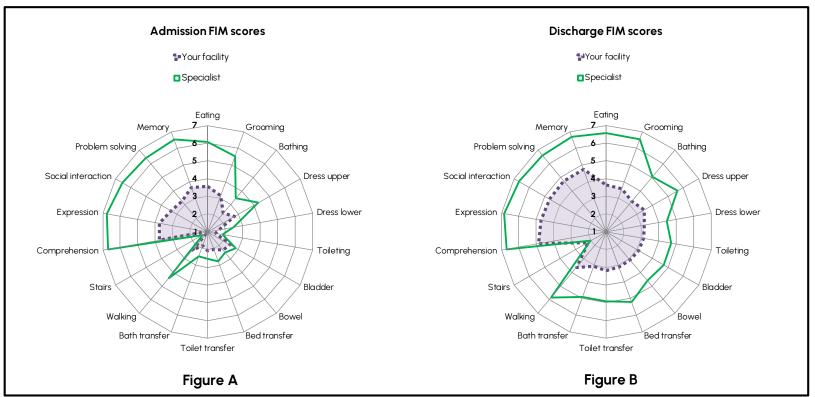
	YOUR FACILITY							
	Incomplete	e Episodes	Complete episodes					
Impairment Code:								
4.111 Para-Inc	6	(54.5)	16 (29.1)					
4.112 Para-Comp	0	(0.0)	1 (1.8)					
4.1211 Quad-Inc C1-4	2	(18.2)	2 (3.6)					
4.1212 Quad-Inc C5-8	1	(9.1)	2 (3.6)					
4.1221 Quad-Comp C1-4	0	(0.0)	2 (3.6)					
4.1222 Quad-Comp C5-8	0	(0.0)	1 (1.8)					
4.13 Other NTSCI	0	(0.0)	2 (3.6)					
4.211 Para-Inc	0	(0.0)	9 (16.4)					
4.212 Para-Comp	0	(0.0)	3 (5.5)					
4.2211 Quad-Inc C1-4	1	(9.1)	7 (12.7)					
4.2212 Quad-Inc C5-8	1	(9.1)	5 (9.1)					
4.2221 Quad-Comp C1-4	0	(0.0)	2 (3.6)					
4.2222 Quad-Comp C5-8	0	(0.0)	0 (0.0)					
4.23 Other TSCI	0	(0.0)	0 (0.0)					
14.1 MMT: brain+spine	0	(0.0)	0 (0.0)					
14.3 MMT: spine+other	0	(0.0)	3 (5.5)					
AN-SNAP Class:								
5AD1 (SCI, Weighted FIM Motor 55 - 91)	3	(27.3)	8 (14.5)					
5AD2 (SCI, Weighted FIM Motor 37 - 54)	1	(9.1)	5 (9.1)					
5AD3 (SCI, Weighted FIM Motor 19 - 36)	6	(54.5)	23 (41.8)					
5AP1 (MMT, Weighted FIM Motor 51 - 91)	0	(0.0)	0 (0.0)					
5AP2 (MMT, Weighted FIM Motor 19 - 50)	0	(0.0)	2 (3.6)					
5AZ1 (SCI or MMT, age ≥ 59, weighted FIM motor 13-18)	1	(9.1)	8 (14.5)					
5AZ2 (SCI or MMT, age ≤ 58, weighted FIM motor 13-18)	0	(0.0)	9 (16.4)					



Review of FIM item scoring by AN-SNAP class

Interpreting the comparative FIM item scoring charts





The FIM splat provides a graphic presentation of functional status in a radar chart. The 18 FIM items are arranged in order as 'spokes' of a wheel and the scoring levels from 1 (total dependence) to 7 (total independence) run from the centre outwards. The mean FIM item score for each item is indicated — a perfect score would be demonstrated as a large circle. The two FIM splats compare FIM scoring on admission (Figure A) and discharge (Figure B) between YOUR FACILITY and SPECIALIST data — differences in the two shaded areas indicate differences in mean admission/discharge scoring. Graphs include completed episodes with valid FIM scoring.

Comparative FIM item scoring AN-SNAP class 5AD1



5AD1 Admission FIM scores

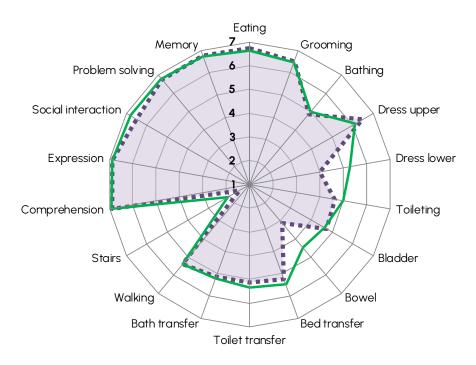
Your Facility (n=8)

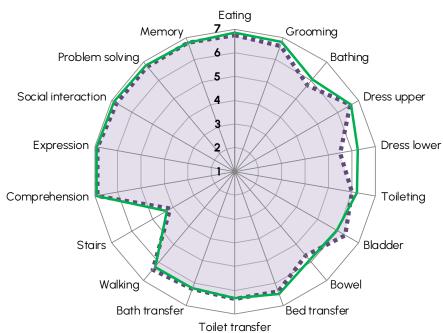
□Specialist (n=70)

5AD1 Discharge FIM scores

Your Facility (n=8)

□Specialist (n=70)





Comparative FIM item scoring AN-SNAP class 5AD2



5AD2 Admission FIM scores

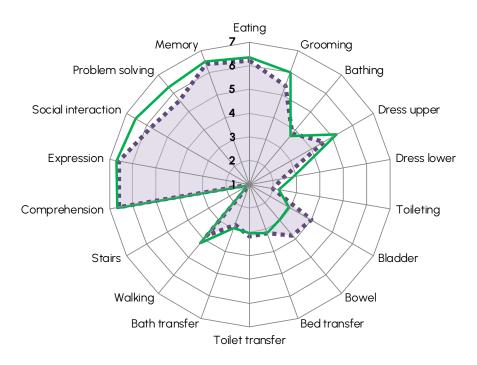
₽Your Facility (n=5)

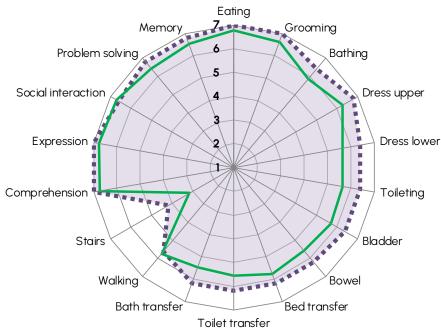
□Specialist (n=68)

5AD2 Discharge FIM scores

₽Your Facility (n=5)

Specialist (n=68)





Comparative FIM item scoring AN-SNAP class 5AD3



5AD3 Admission FIM scores

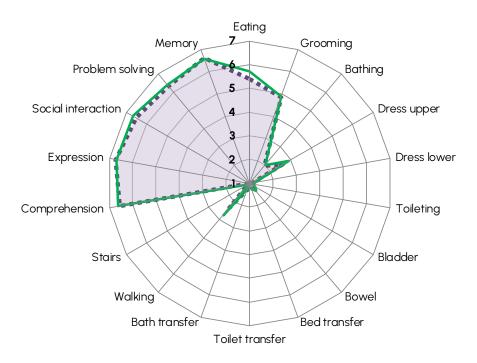
Your Facility (n=23)

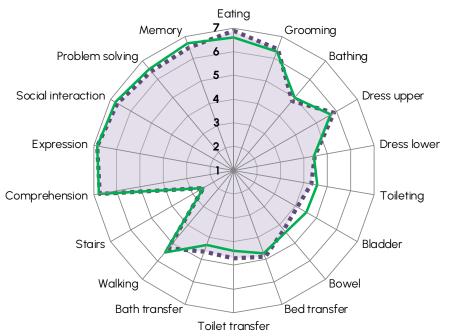
□ Specialist (n=186)

5AD3 Discharge FIM scores

★Your Facility (n=23)

□ Specialist (n=186)





Comparative FIM item scoring AN-SNAP class 5AP1



5API Admission FIM scores

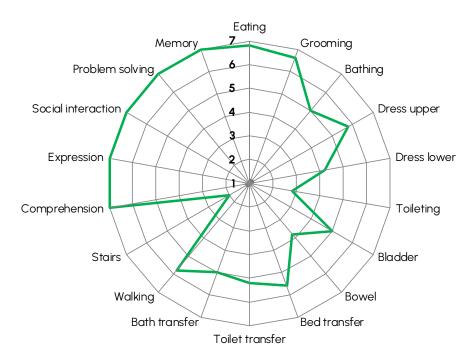
₽Your Facility (n<5)

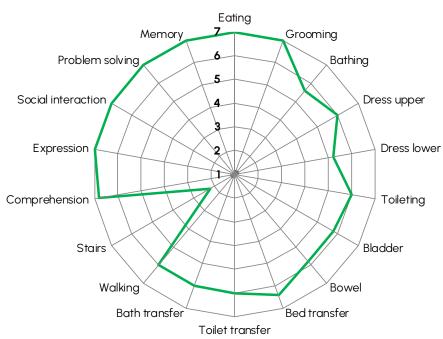
Specialist (n=5)

5AP1 Discharge FIM scores

■Your Facility (n<5)</p>

■Specialist (n=5)





Comparative FIM item scoring AN-SNAP class 5AP2



5AP2 Admission FIM scores

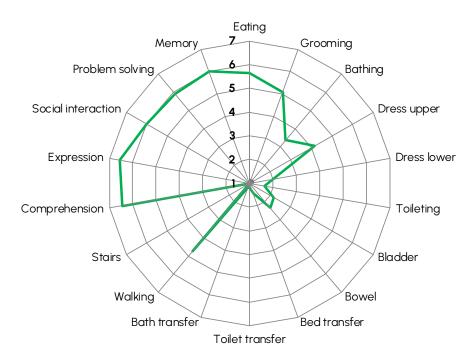
₽Your Facility (n<5)

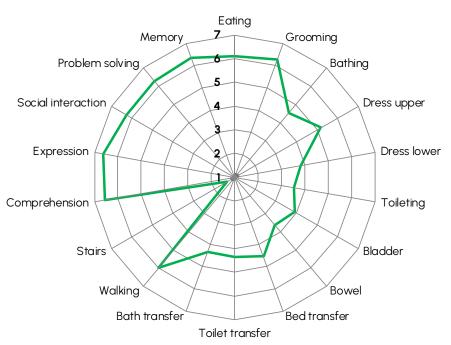
■Specialist (n=11)

5AP2 Discharge FIM scores

■Your Facility (n<5)</p>

■Specialist (n=11)





Comparative FIM item scoring AN-SNAP class 5AZ1



5AZ1 Admission FIM scores

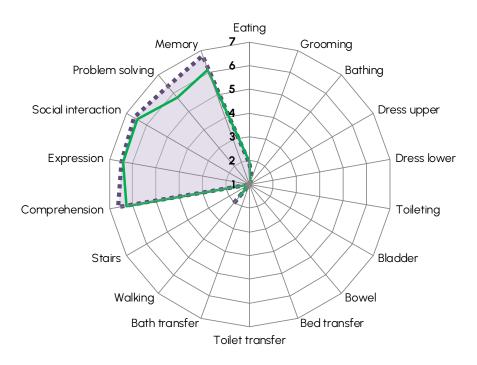
Your Facility (n=8)

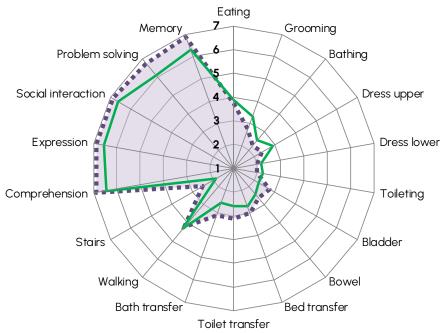
□Specialist (n=69)

5AZ1 Discharge FIM scores

Your Facility (n=8)

■Specialist (n=69)





Comparative FIM item scoring AN-SNAP class 5AZ2



5AZ2 Admission FIM scores

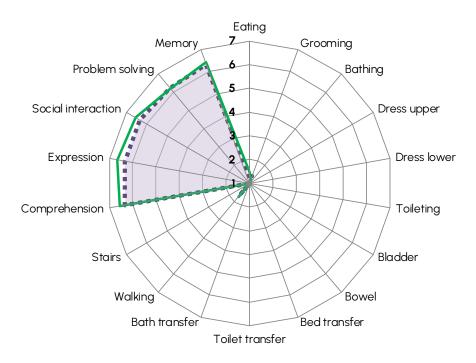
Your Facility (n=9)

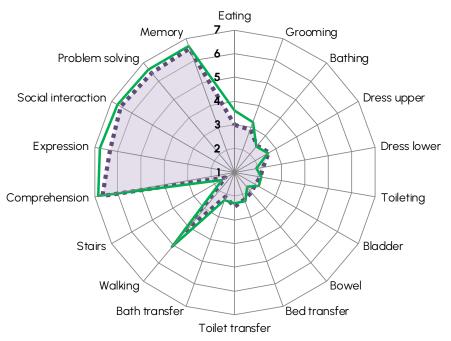
■Specialist (n=57)

5AZ2 Discharge FIM scores

■Your Facility (n=9)

□Specialist (n=57)



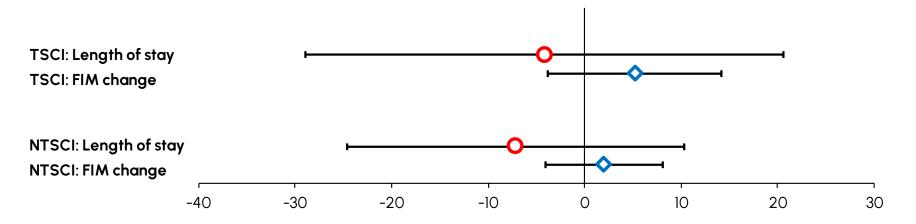




Outcome analysis

Casemix-adjusted* relative means





Casemix-adjusted relative means with 95% confidence intervals

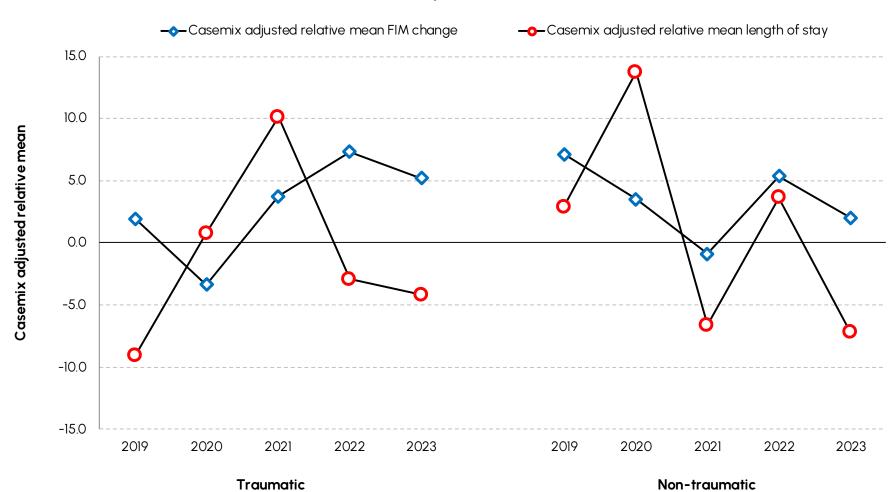
	Traumatic	YOUR FACILI	TY Non-traumatic	
Outcome measure	Casemix-adjusted* relative mean	95% CI	Casemix-adjusted* relative mean	95% CI
Length of stay	-4.2	·29.0 to 20.6	-7.2	·24.6 to 10.3
FIM change	5.2	-3.8 to 14.2	2.0	-4.1 to 8.1

^{*}Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

TSCI and NTSCI casemix-adjusted* relative means over time



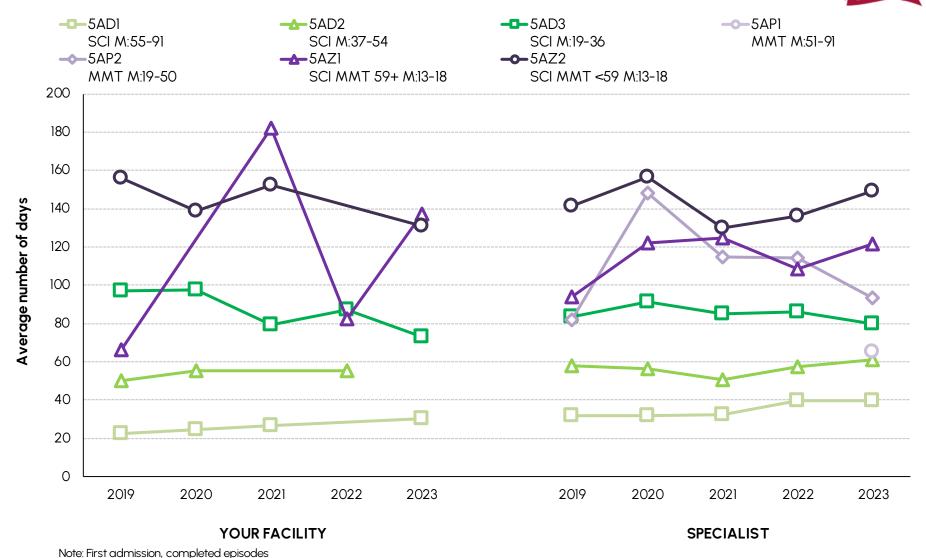
(base year = 2023)



 $^{{}^{\}star}\text{Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI}$

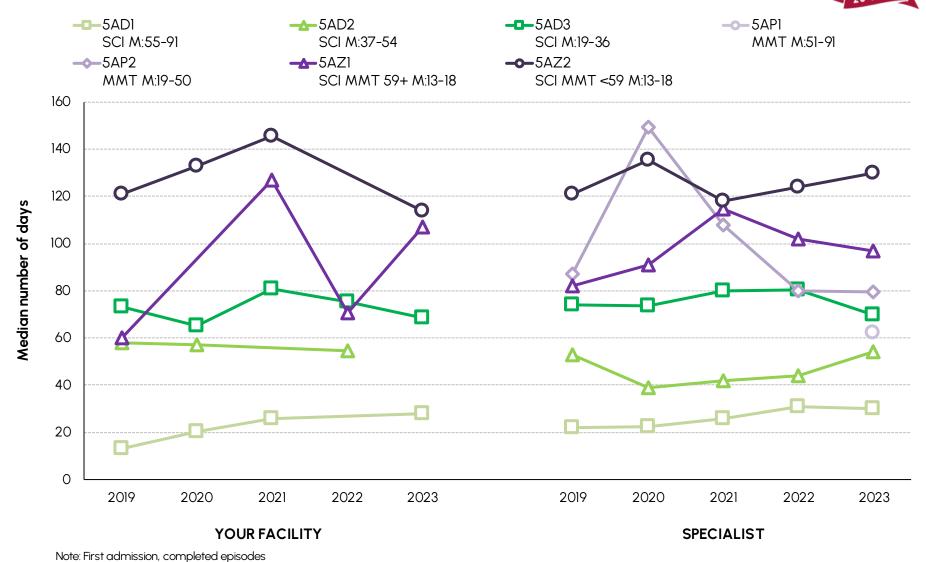
Average length of stay by AN-SNAP class over time





Median length of stay by AN-SNAP class over time





Average and median length of stay by AN-SNAP class over time



AVERAGE

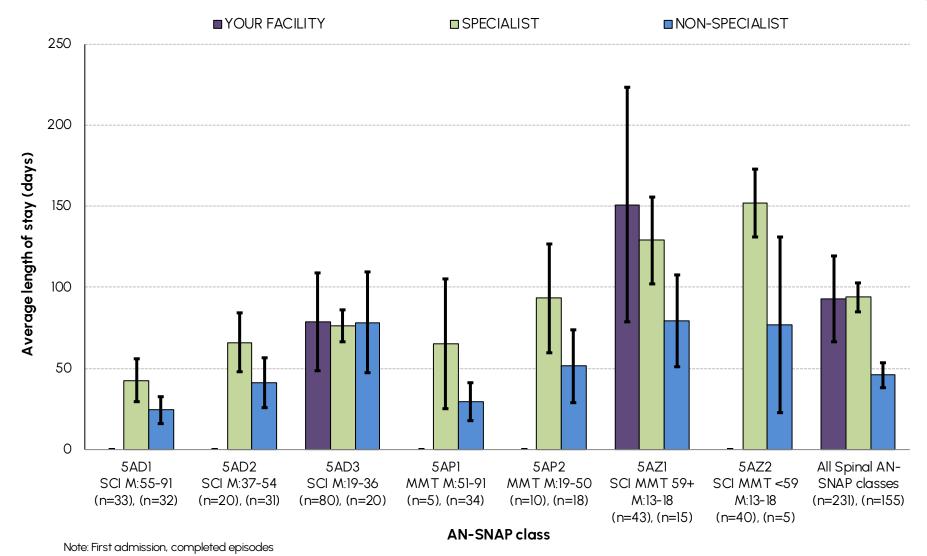
		YOU	R FACILIT	Υ			SPECIALIST						NON-SPECIALIST					
AN-SNAP class	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023			
5AD1 (SCI, Weighted FIM Motor 55 - 91)	22.2	24.3	26.4	_	30.2	32.0	31.7	32.1	39.4	39.4	19.9	20.8	16.7	17.9	20.4			
5AD2 (SCI, Weighted FIM Motor 37 - 54)	49.8	55.3	_	55.5	_	57.8	56.2	50.7	57.2	60.9	32.1	28.2	33.9	30.8	31.9			
5AD3 (SCI, Weighted FIM Motor 19 - 36)	97.1	97.3	79.3	86.9	73.0	83.6	91.1	85.1	86.1	79.7	45.8	50.1	50.8	51.3	58.3			
5AP1 (MMT, Weighted FIM Motor 51 - 91)	_	_	_	_	_	_	_	_	_	65.2	16.9	14.2	15.4	18.9	29.1			
5AP2 (MMT, Weighted FIM Motor 19 - 50)	_	_	_	_	_	82.1	147.9	114.8	114.1	93.2	45.0	52.7	32.2	46.1	51.3			
5AZ1 (SCI or MMT, age ≥ 59, weighted FIM motor 13-18)	66.0	_	182.0	82.2	137.4	94.1	121.9	124.8	108.4	121.7	60.5	58.4	64.7	46.0	88.1			
$5AZ2$ (SCI or MMT, age \leq 58, weighted FIM motor 13-18)	156.0	139.0	152.5	_	131.0	141.6	156.6	129.9	136.2	149.4	69.1	65.4	68.2	70.2	83.4			
All Spinal AN-SNAP classes	76.1	92.0	89.7	81.8	82.7	76.5	88.7	80.6	84.2	85.0	31.5	33.6	34.9	34.2	40.4			

MEDIAN

		YOU	R FACILIT	Υ			SP	ECIALIST				NON-SPECIALIST					
AN-SNAP class	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023		
5AD1 (SCI, Weighted FIM Motor 55 - 91)	13.0	20.5	26.0	_	28.0	22.0	22.5	26.0	31.0	30.0	18.0	15.0	15.0	14.0	15.0		
5AD2 (SCI, Weighted FIM Motor 37 - 54)	58.0	57.0	_	54.5	_	53.0	39.0	42.0	44.0	54.0	26.0	22.0	26.0	27.0	26.0		
5AD3 (SCI, Weighted FIM Motor 19 - 36)	73.0	65.0	81.0	75.5	68.5	74.0	73.5	80.0	80.5	70.0	33.0	42.0	38.0	41.0	49.0		
5AP1 (MMT, Weighted FIM Motor 51 - 91)	_	_	_	_	_	_	_	_	_	62.0	14.0	13.0	15.0	16.5	19.0		
5AP2 (MMT, Weighted FIM Motor 19 - 50)	_	_	_	_	_	87.0	149.5	108.0	80.0	79.5	41.0	41.0	25.0	48.0	32.5		
5AZ1 (SCI or MMT, age ≥ 59, weighted FIM motor 13-18)	60.0	_	127.0	70.5	107.0	82.0	91.0	114.5	102.0	97.0	63.0	48.0	55.0	35.0	71.5		
5AZ2 (SCI or MMT, age ≤ 58, weighted FIM motor 13-18)	121.0	133.0	145.5	_	114.0	121.0	135.5	118.0	124.0	130.0	48.0	48.0	55.0	75.0	70.0		
All Spinal AN-SNAP classes	60.0	63.5	70.0	75.5	68.0	65.0	69.0	70.0	73.5	71.5	23.0	23.0	23.0	24.0	28.0		

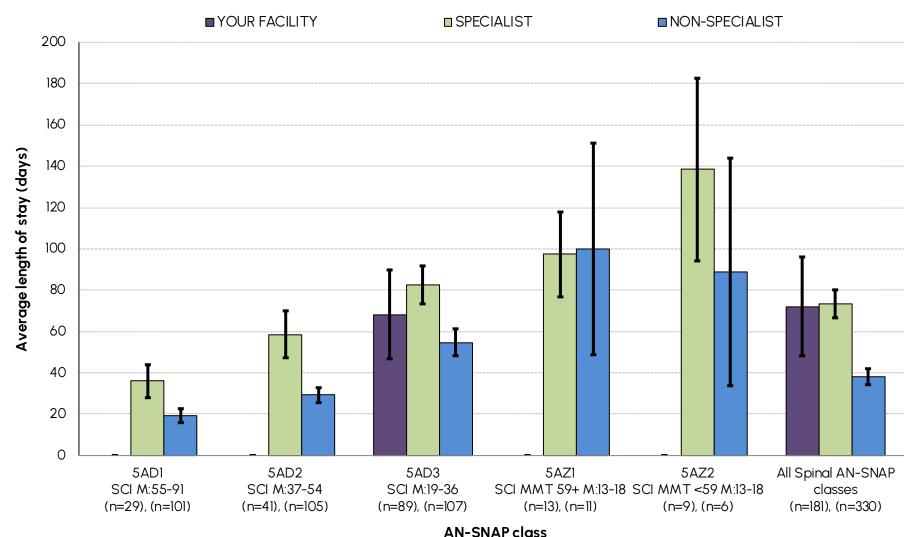
TSCI average length of stay by AN-SNAP class





NTSCI average length of stay by AN-SNAP class

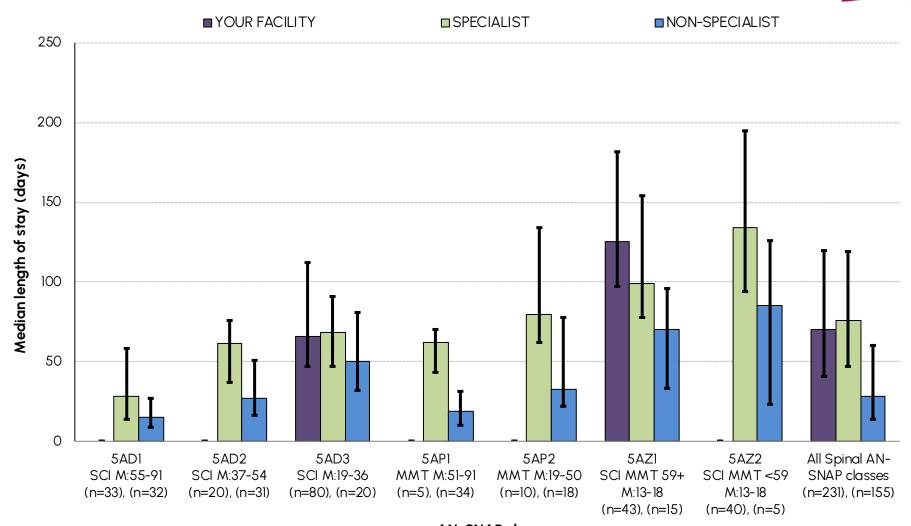




AROC Impairment Specific Report on Spinal Cord Injury (Inpatient - Pathway 3) | Anywhere Hospital | July 2022 - June 2023

TSCI median length of stay by AN-SNAP class

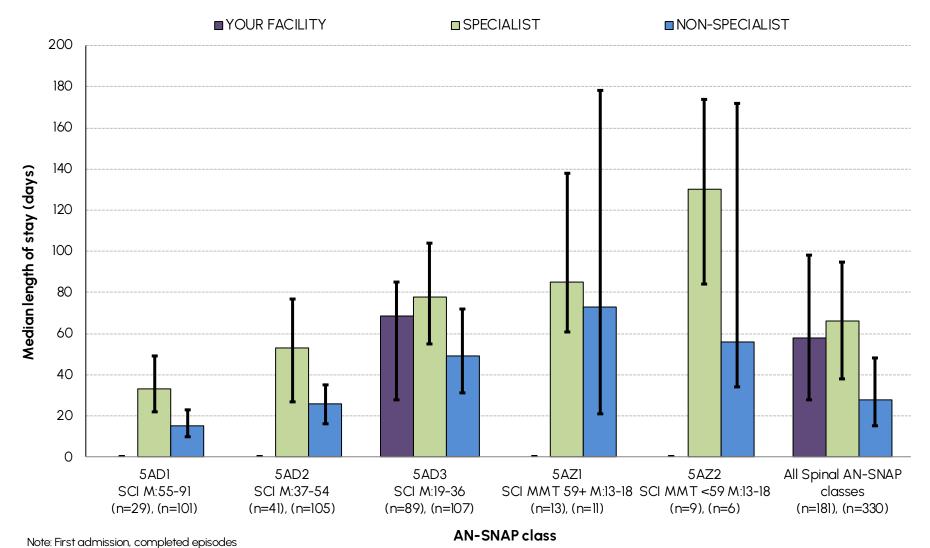




AN-SNAP class

NTSCI median length of stay by AN-SNAP class

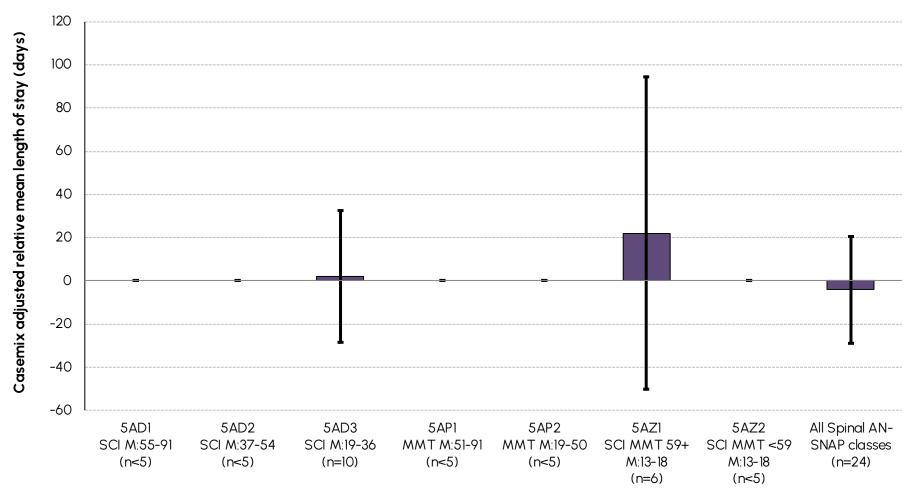




TSCI casemix-adjusted* relative mean length of stay by AN-SNAP class







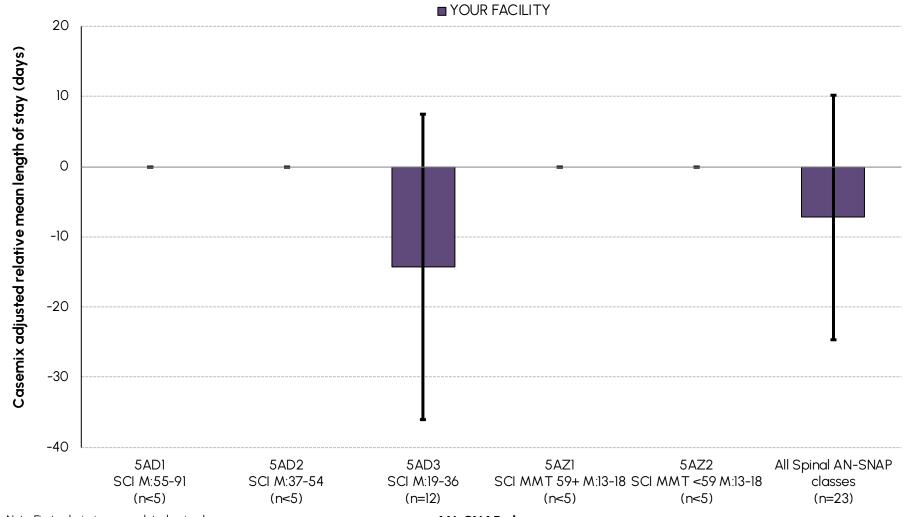
Note: First admission, completed episodes

AN-SNAP class

^{*}Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

NTSCI casemix-adjusted* relative mean length of stay by AN-SNAP class



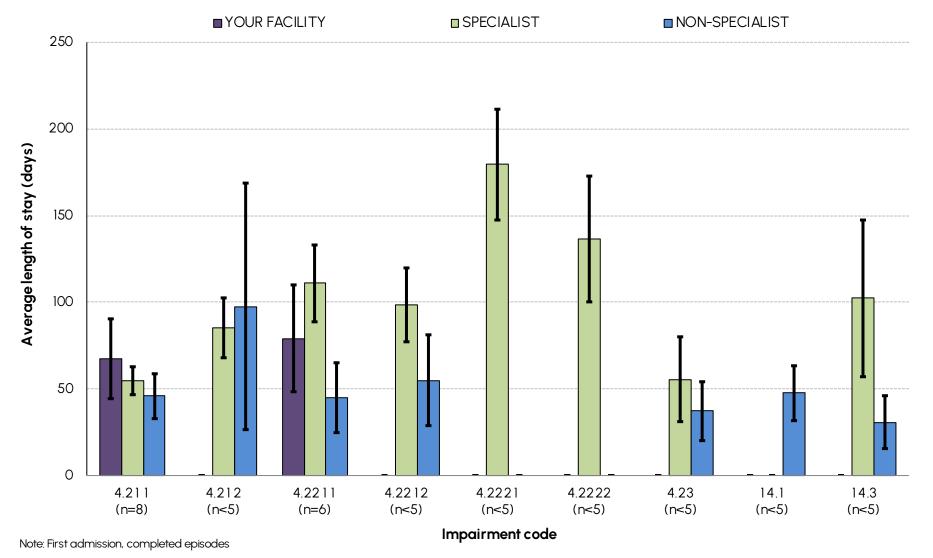


AN-SNAP class

 $^{{}^{\}star}\text{Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI}$

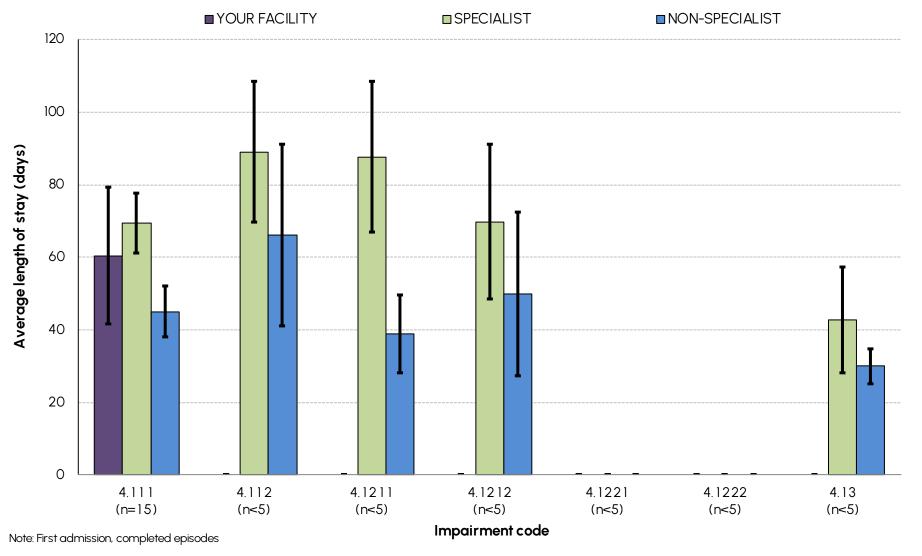
TSCI average length of stay by impairment





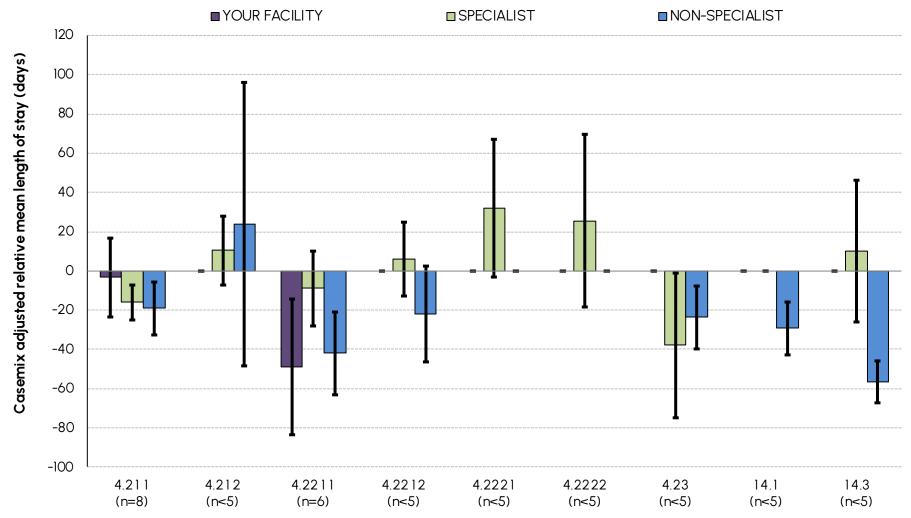
NTSCI average length of stay by impairment





TSCI casemix-adjusted* relative mean length of stay by impairment





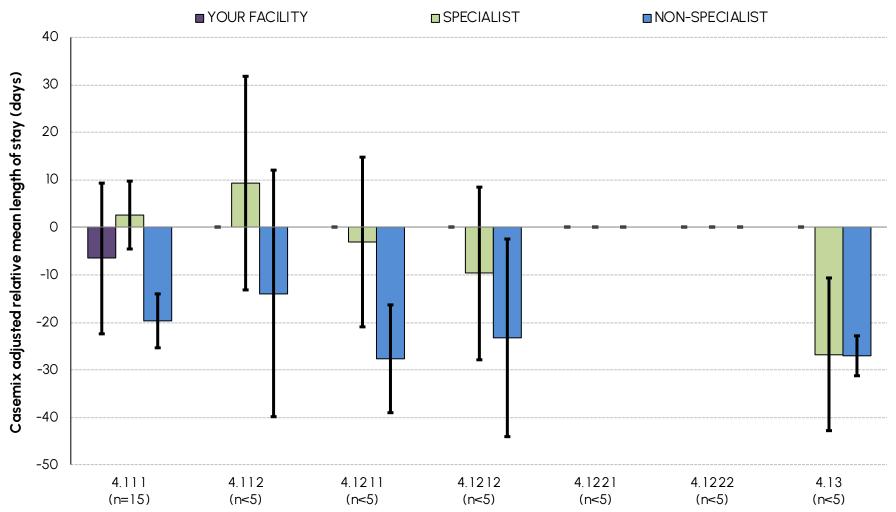
Note: First admission, completed episodes

Impairment code

^{*}Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

NTSCI casemix-adjusted* relative mean length of stay by impairment





Note: First admission, completed episodes

Impairment code

^{*}Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

Average FIM change by AN-SNAP class over time





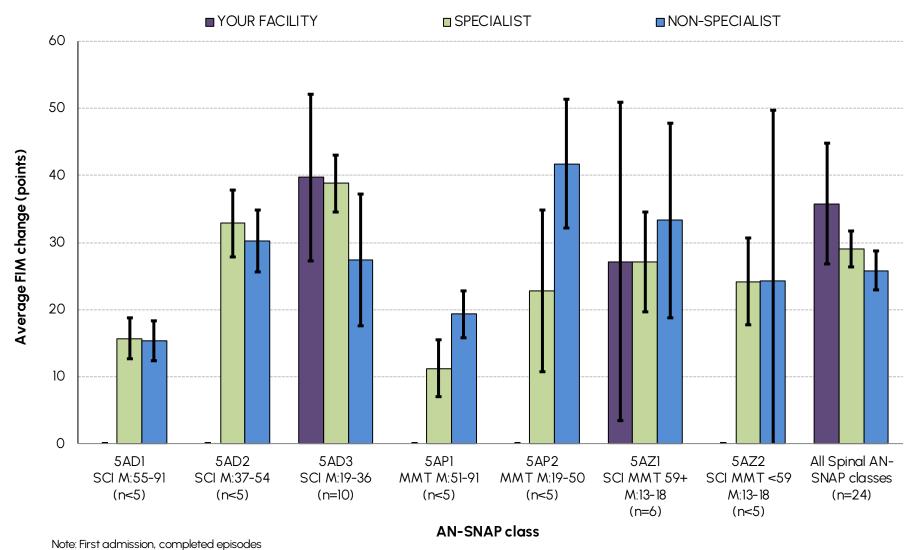
Average FIM change by AN-SNAP class over time



YOUR FACILITY							SPECIALIST					NON-SPECIALIST				
AN-SNAP class	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	
5AD1 (SCI, Weighted FIM Motor 55 - 91)	9.8	14.9	16.7	_	18.2	15.1	15.0	16.1	14.0	14.3	15.2	16.0	15.3	14.8	16.0	
5AD2 (SCI, Weighted FIM Motor 37 - 54)	25.8	28.5	_	36.0	_	32.0	30.3	32.8	31.6	28.2	27.4	28.9	27.6	27.1	28.6	
5AD3 (SCI, Weighted FIM Motor 19 - 36)	49.0	36.9	40.9	38.8	38.1	38.3	33.7	34.1	35.2	37.3	25.8	33.1	28.9	27.8	30.0	
5AP1 (MMT, Weighted FIM Motor 51 - 91)	_	_	_	_	_	_	_	_	_	11.2	16.6	12.2	20.7	19.9	19.3	
5AP2 (MMT, Weighted FIM Motor 19 - 50)	_	_	_	_	_	41.9	31.9	44.5	32.6	22.8	38.1	42.6	42.3	49.7	41.7	
5AZ1 (SCI or MMT, age \geq 59, weighted FIM motor 13-18)	40.0	_	24.0	51.3	25.1	29.2	20.3	25.2	27.1	25.9	18.8	26.6	28.1	22.3	27.4	
5AZ2 (SCI or MMT, age \leq 58, weighted FIM motor 13-18)	15.6	25.6	19.4	_	27.3	23.1	24.7	28.0	25.0	22.1	29.4	20.0	19.2	22.1	23.4	
All Spinal AN-SNAP classes	30.0	25.1	27.4	38.1	32.5	29.1	26.8	28.3	28.8	28.5	21.6	24.9	23.7	23.4	25.2	

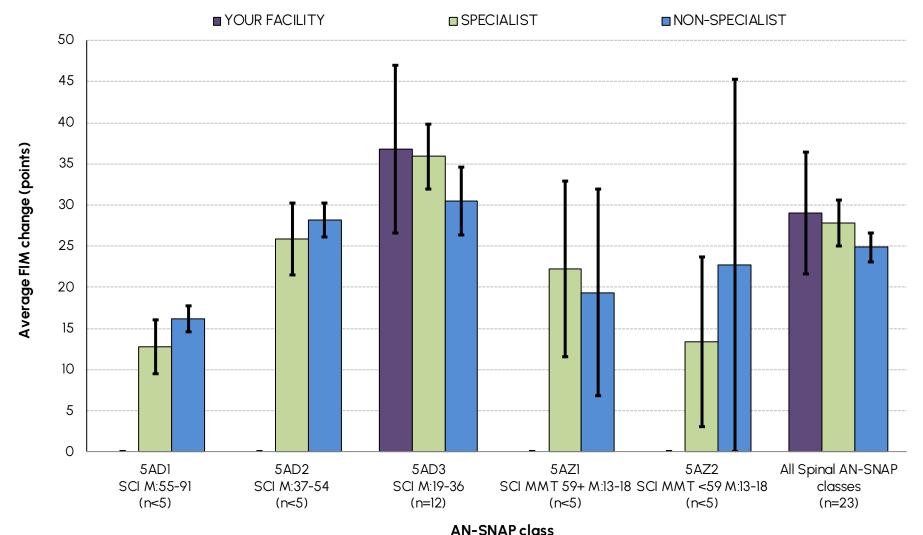
TSCI average FIM change by AN-SNAP class





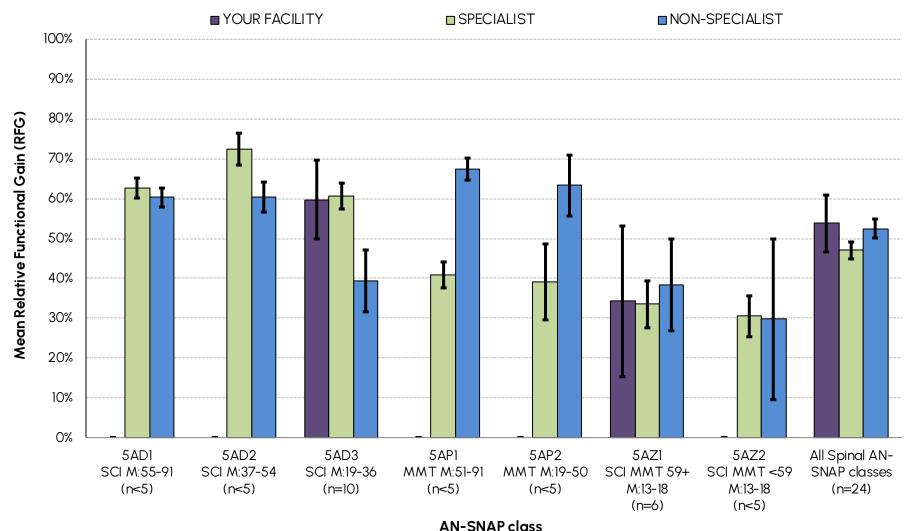
NTSCI average FIM change by AN-SNAP class





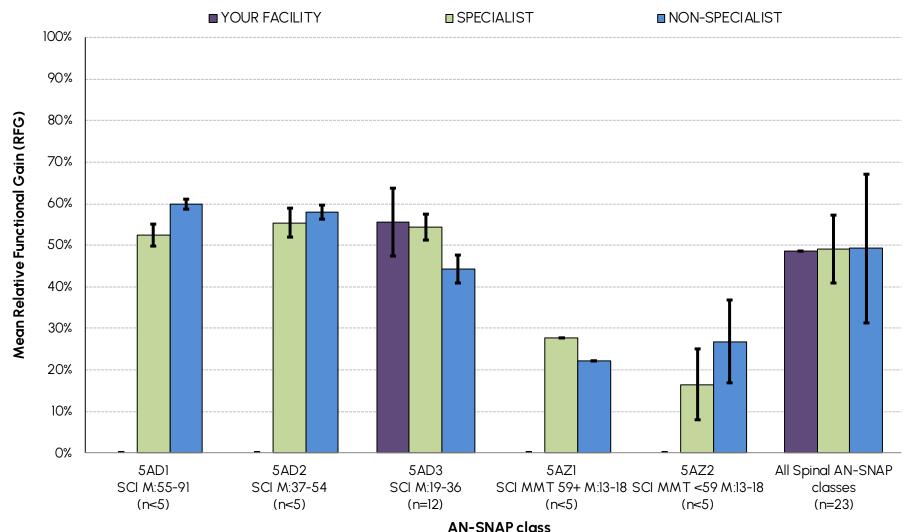
TSCI average relative functional gain by AN-SNAP class





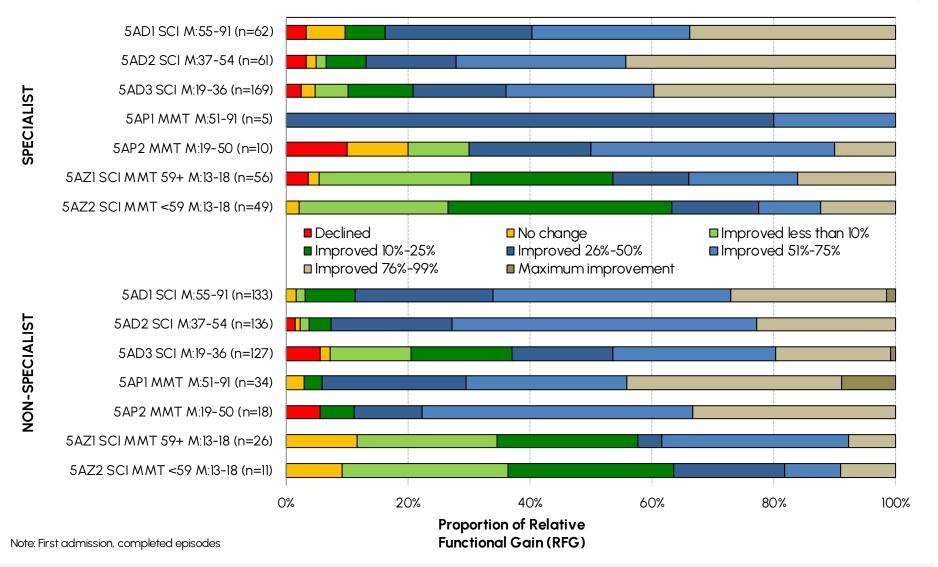
NTSCI average relative functional gain by AN-SNAP class





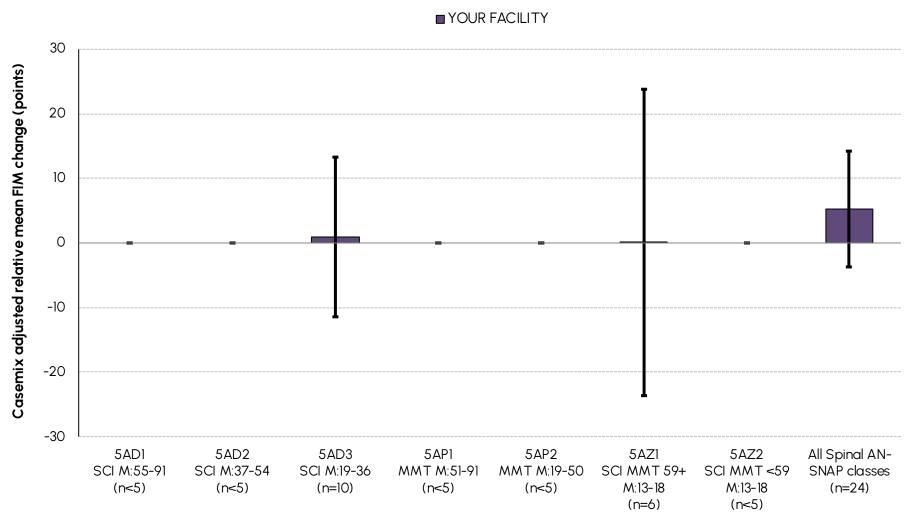
Relative functional gain by AN-SNAP class





TSCI casemix-adjusted* relative mean FIM change by AN-SNAP class





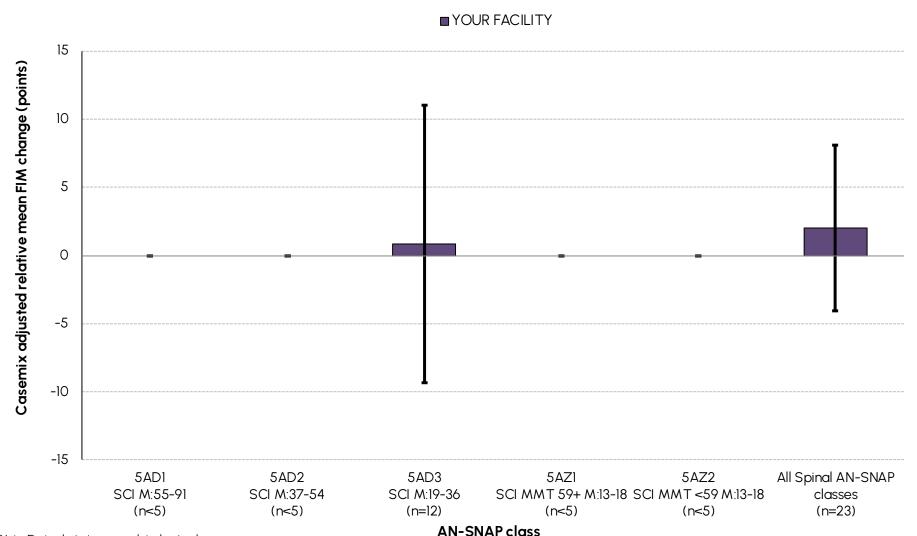
Note: First admission, completed episodes

AN-SNAP class

*Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

NTSCI casemix-adjusted* relative mean FIM change by AN-SNAP class

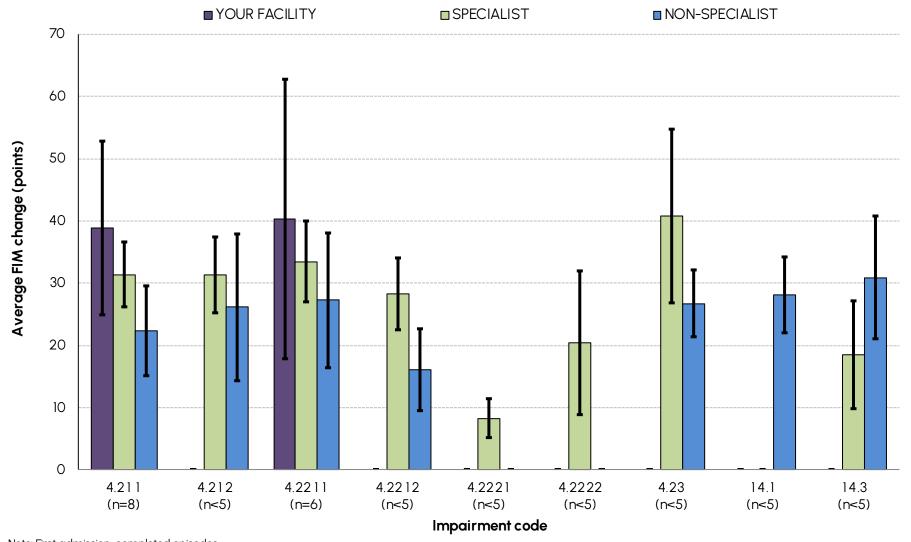




^{*}Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

TSCI average FIM change by impairment

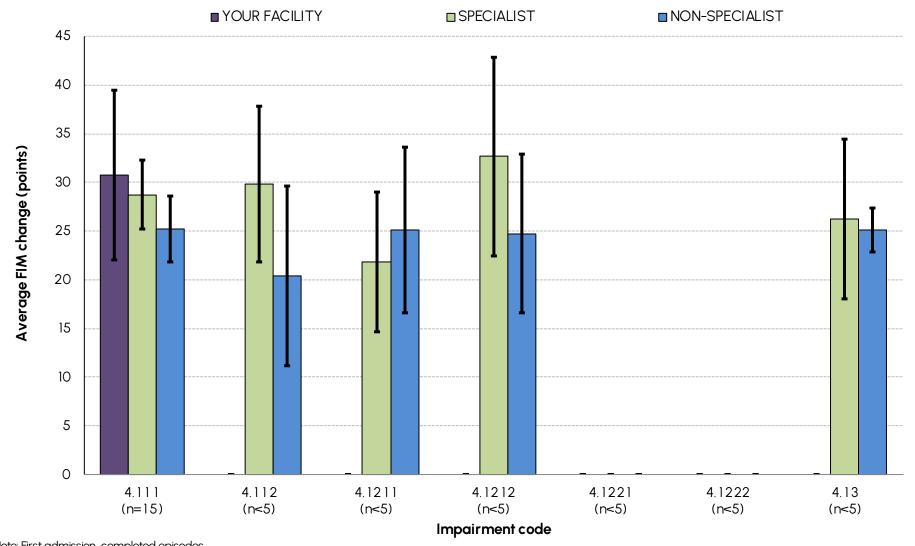




Note: First admission, completed episodes

NTSCI average FIM change by impairment

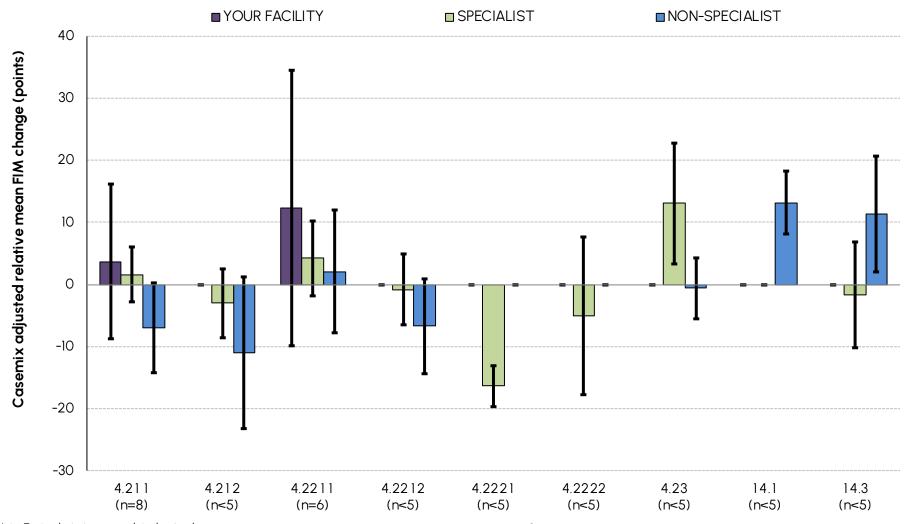




Note: First admission, completed episodes

TSCI casemix-adjusted* relative mean FIM change by impairment





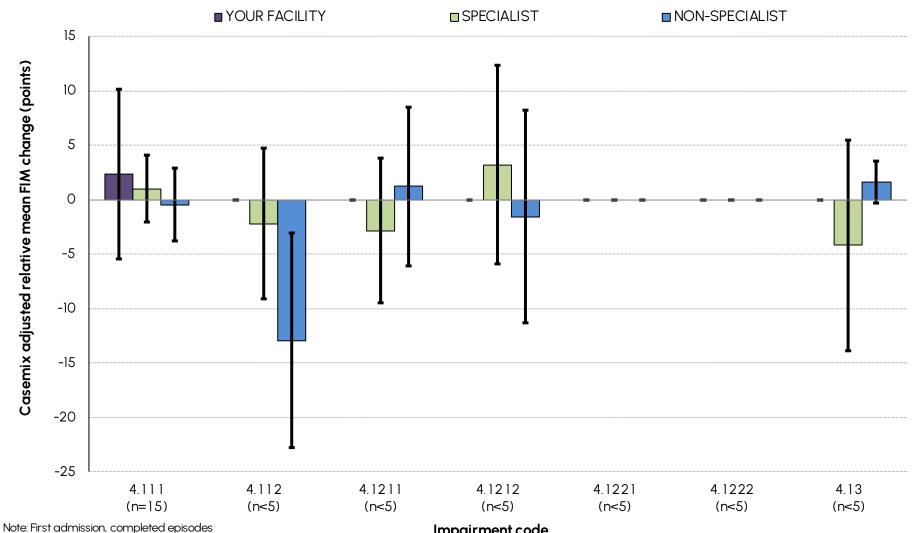
Note: First admission, completed episodes

Impairment code

 $^{{}^{\}star}\text{Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI}$

NTSCI casemix-adjusted* relative mean FIM change by impairment



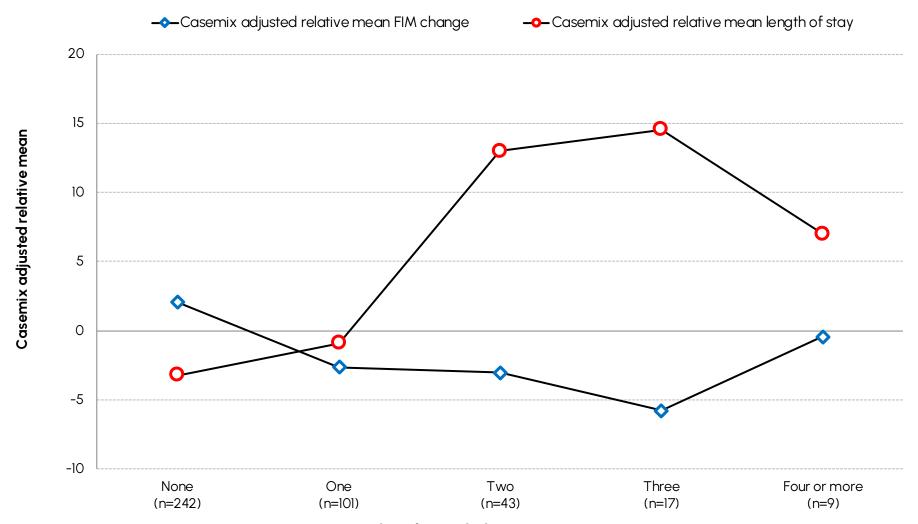


Impairment code

^{*}Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

Casemix-adjusted* relative mean length of stay and FIM change by number of comorbidities





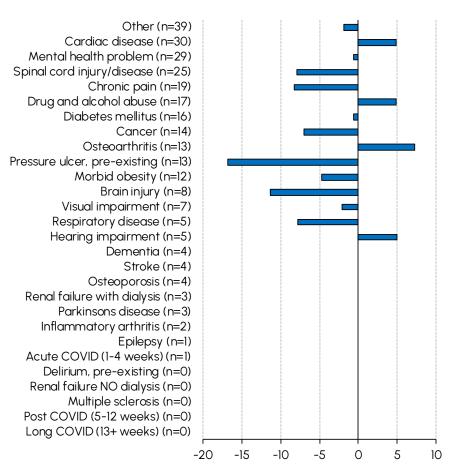
Note: First admission, completed episodes

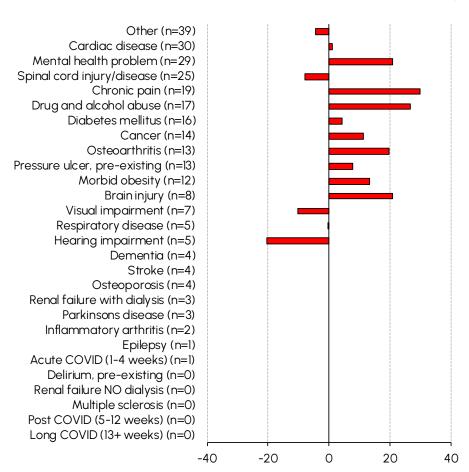
Number of comorbidities — SPECIALIST

 $^{{}^{\}star}\text{Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI}$

Casemix-adjusted* relative mean length of stay and FIM change by type of comorbidity







Casemix adjusted relative mean FIM change — SPECIALIST

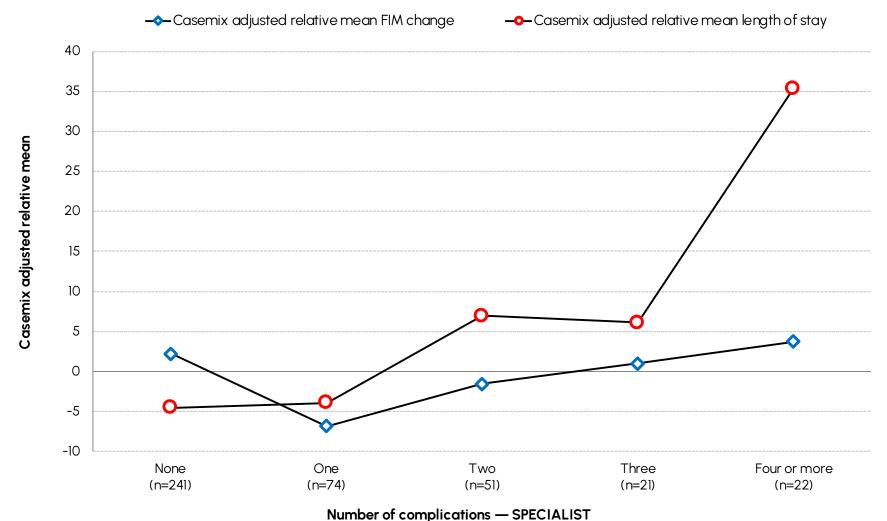
Casemix adjusted relative mean LOS — SPECIALIST

Note: First admission, completed episodes

*Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI

Casemix-adjusted* relative mean length of stay and FIM change by number of complications



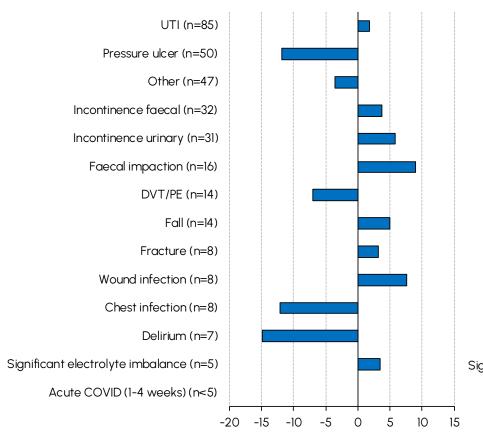


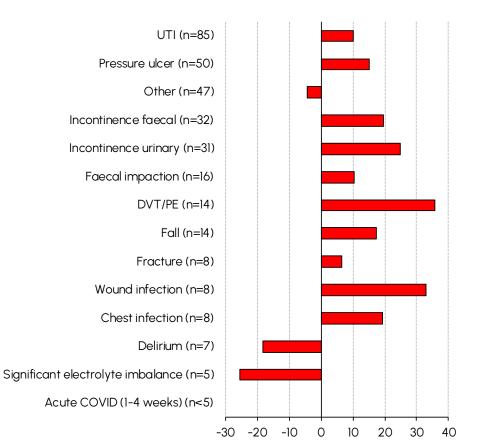
Note: First admission, completed episodes

 $^{{}^{\}star}\text{Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI}$

Casemix-adjusted* relative mean length of stay and FIM change by type of complication







Casemix adjusted relative mean FIM change — SPECIALIST

Casemix adjusted relative mean LOS — SPECIALIST

Note: First admission, completed episodes

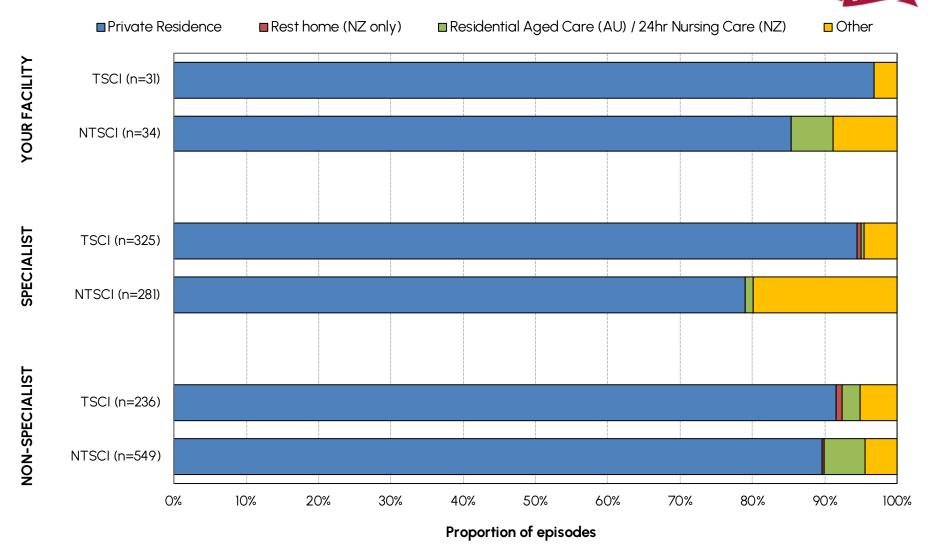
*Casemix-adjustment uses specialist unit first admissions calculated separately for TSCI and NTSCI



Explanatory data

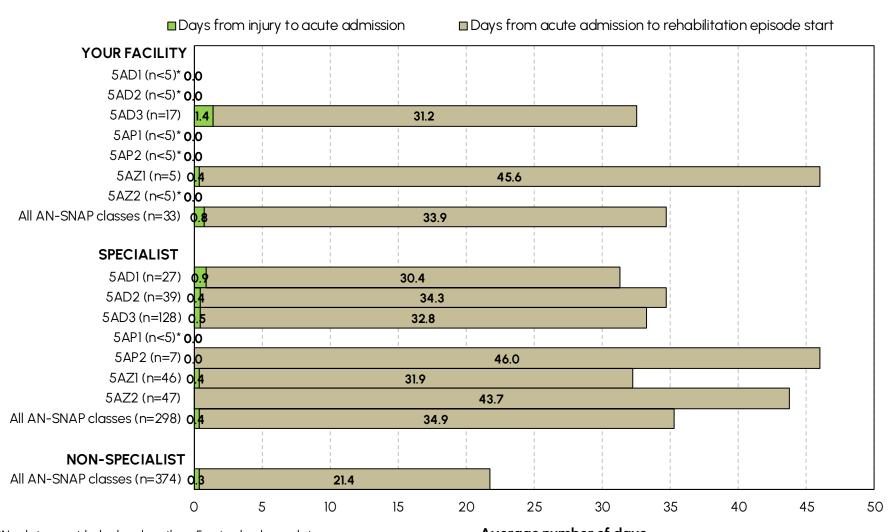
Type of accommodation prior to impairment





Days from injury to episode start with an acute admission by AN-SNAP class





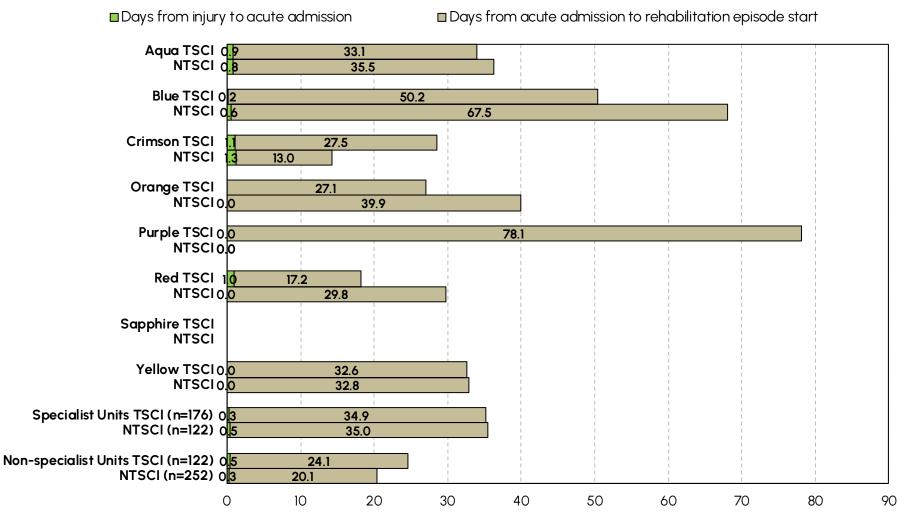
^{*}No data provided when less than 5 episodes have dates

Average number of days

Note: First admission episodes

Days from injury to episode start with an acute admission by specialist facility



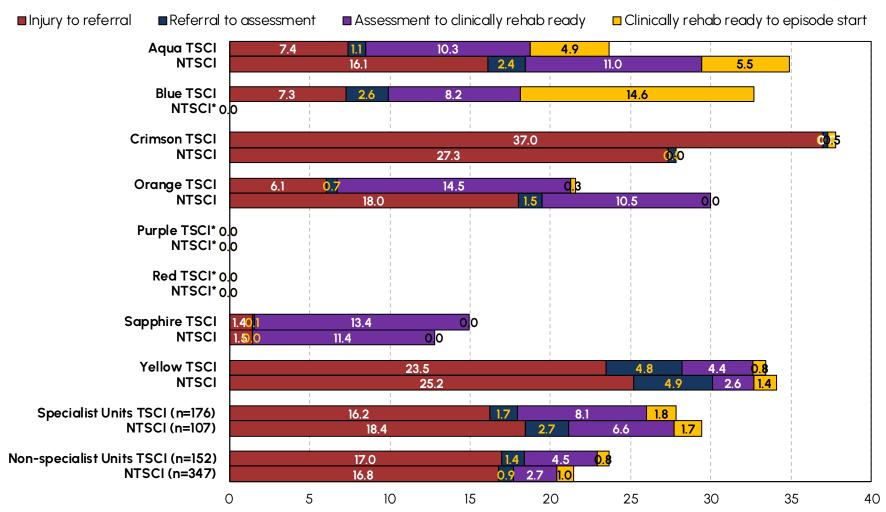


^{*}No data provided when less than 5 episodes have dates Note: First admission episodes

Average number of days

Days from injury to episode start by specialist facility





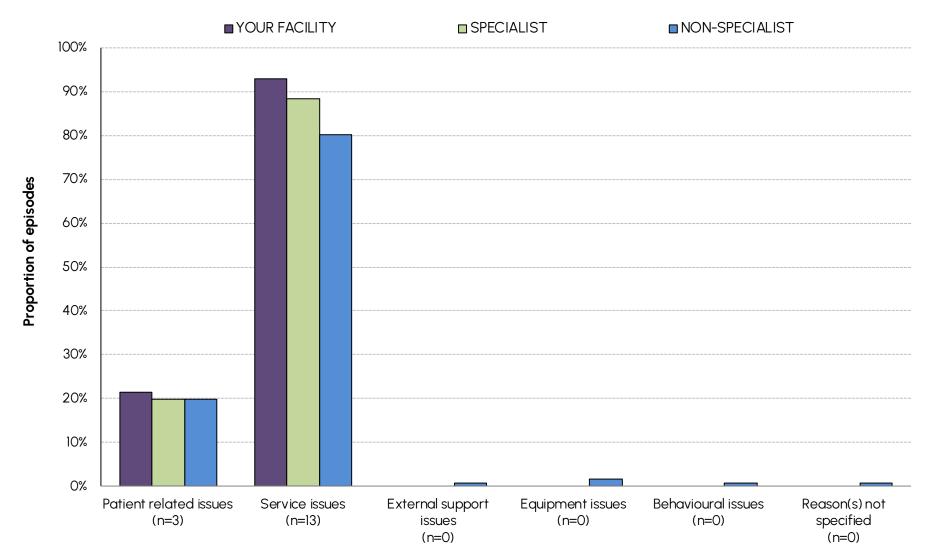
^{*}No data provided when less than 5 episodes have dates

Note: First admission episodes, where each date supplied is valid

Average number of days

Reason for delay in episode start





Delays in episode start

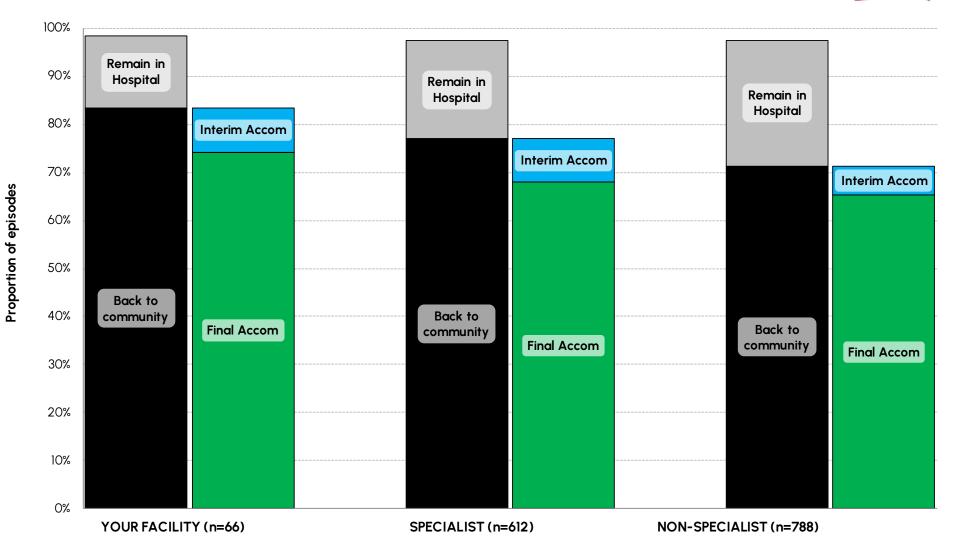


	YOUR FACILITY		SPE	SPECIALIST		ECIALIST
Delay in episode start	No.	%	No.	%	No.	%
No delay	50	78.1	406	73.6	601	82.1
Delay in episode start	14	21.9	146	26.4	131	17.9
Missing	2		60		56	
All episodes	66	100.0	612	100.0	788	100.0

	YOUR FACILITY		SPE	CIALIST	NON-SP	ECIALIST
Delay in episode start	No.	%	No.	%	No.	%
Patient related issues	3	21.4	29	19.9	26	19.8
Service issues	13	92.9	129	88.4	105	80.2
External support issues	Ο	0.0	0	0.0	1	0.8
Equipment issues	0	0.0	0	0.0	2	1.5
Behavioural issues	0	0.0	0	0.0	1	0.8
Reason(s) not specified	0	0.0	0	0.0	1	0.8

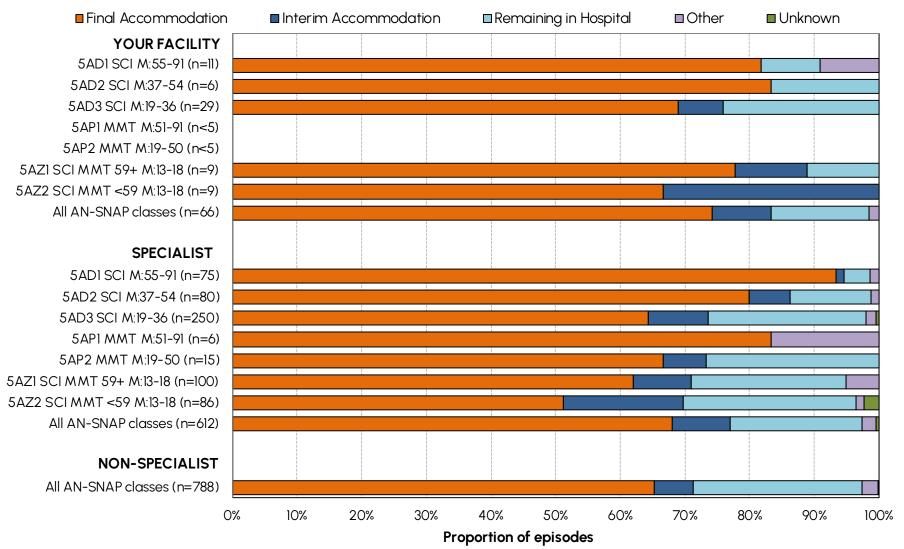
Discharge destination





Discharge destination by AN-SNAP class





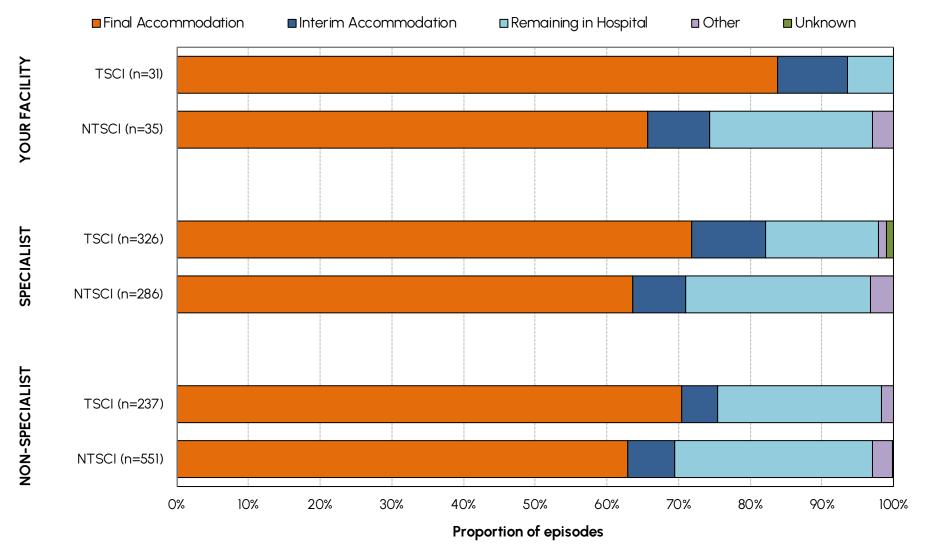
Discharge destination by AN-SNAP class



		Final Accom	Interim Accom	Remaining in Hospital	Other	Unknown	Final Accom	Interim Accom	Remaining in Hospital	Other	Unknown
AN	l-SNAP class			No.					%		
	5AD1 SCI M:55-91	9	0	1	1	0	81.8	0.0	9.1	9.1	0.0
>	5AD2 SCI M:37-54	5	0	1	0	0	83.3	0.0	16.7	0.0	0.0
ŧ	5AD3 SCI M:19-36	20	2	7	0	0	69.0	6.9	24.1	0.0	0.0
Ď	5AP1 MMT M:51-91	0	0	0	0	0	_	_	_	_	_
٥ď	5AP2 MMT M:19-50	2	0	0	0	0	100.0	0.0	0.0	0.0	0.0
>	5AZ1 SCI MMT 59+ M:13-18	7	1	1	0	0	77.8	11.1	11.1	0.0	0.0
	5AZ2 SCI MMT <59 M:13-18	6	3	0	0	0	66.7	33.3	0.0	0.0	0.0
ΑII	AN-SNAP classes	49	6	10	1	0	74.2	9.1	15.2	1.5	0.0
SPI	ECIALIST Units	416	55	125	13	3	68.0	9.0	20.4	2.1	0.5
NO	N-SPECIALIST Units	514	48	206	19	1	65.2	6.1	26.1	2.4	0.1

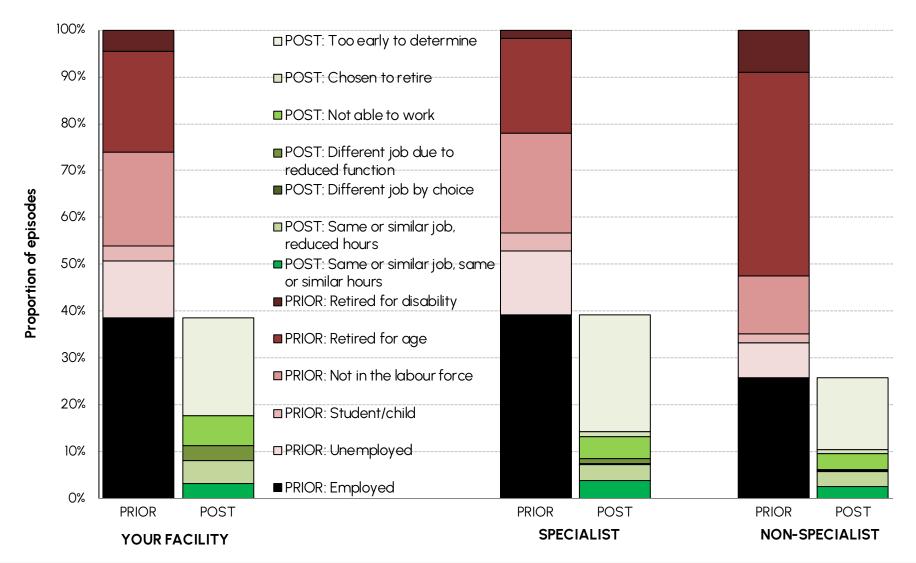
Discharge destination by TSCI and NTSCI





Employment status prior and post spinal cord injury





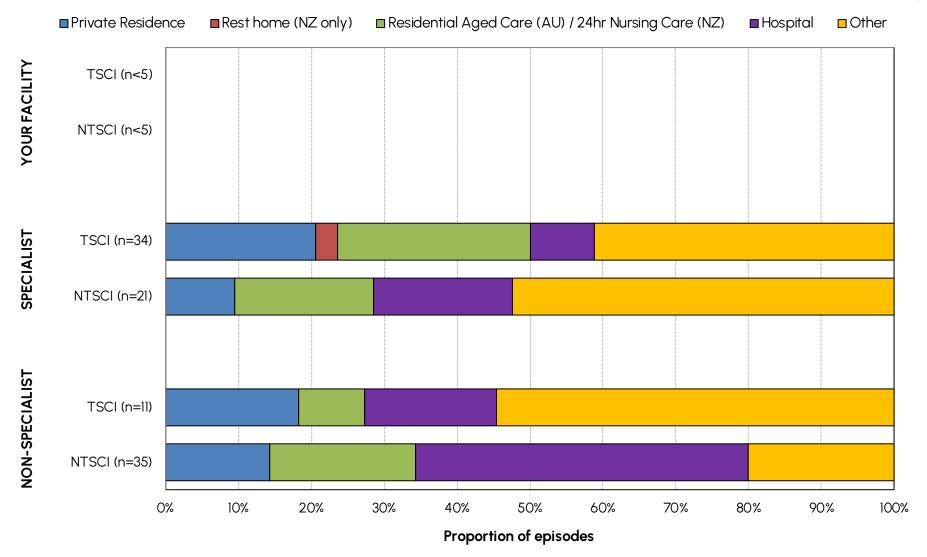
Employment status prior and post spinal cord injury



	YOUR F	ACILITY	SPI	ECIALIST	NON-SPI	CIALIST
Employment status	No.	%	No.	%	No.	%
Prior to this spinal cord injury:						
Employed	25	38.5	237	39.2	193	25.7
Unemployed	8	12.3	82	13.6	57	7.6
Student/child	2	3.1	24	4.0	13	1.7
Not in the labour force	13	20.0	129	21.3	94	12.5
Retired for age	14	21.5	123	20.3	327	43.5
Retired for disability	3	4.6	10	1.7	67	8.9
Not answered	1		7		37	
Total	66	100.0	612	100.0	788	100.0
After discharge (if previously employed):						
Same or similar job, same or similar hours	2	8.3	21	9.3	15	9.3
Same or similar job, reduced hours	3	12.5	20	8.9	21	13.0
Different job by choice	0	0.0	1	0.4	1	0.6
Different job due to reduced function	2	8.3	7	3.1	2	1.2
Not able to work	4	16.7	26	11.6	21	13.0
Chosen to retire	0	0.0	6	2.7	5	3.1
Too early to determine	13	54.2	144	64.0	97	59.9
Not answered	1		12		31	
Total employed prior	25	100.0	237	100.0	193	100.0

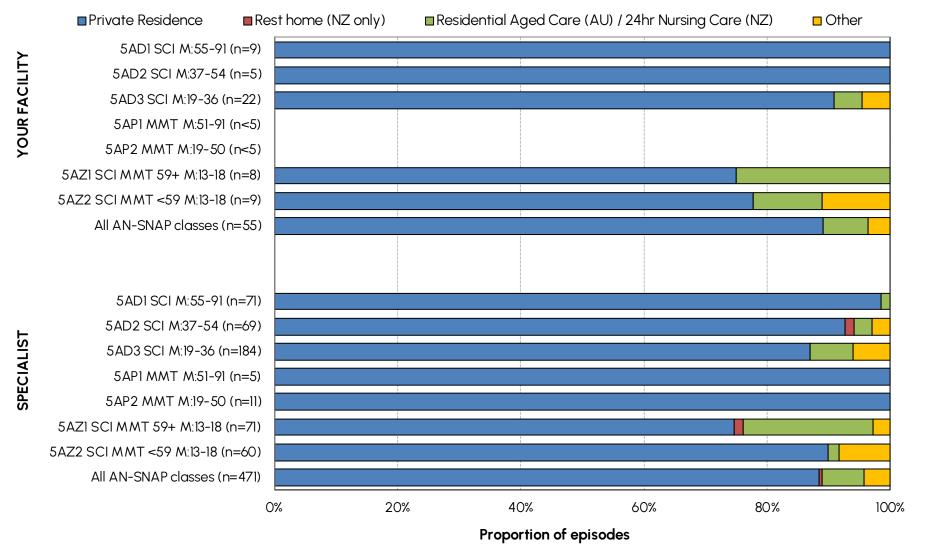
Interim accommodation post discharge by TSCI and NTSCI





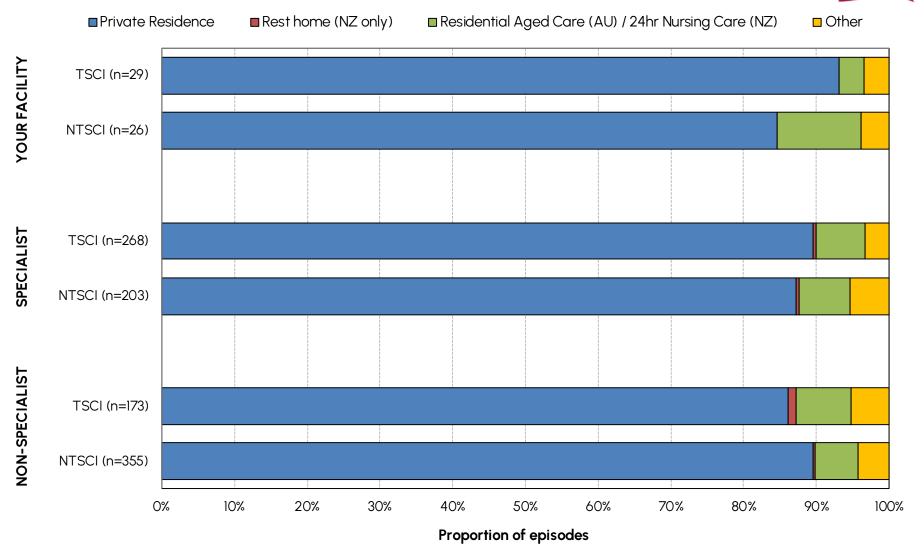
Final accommodation post discharge by AN-SNAP class





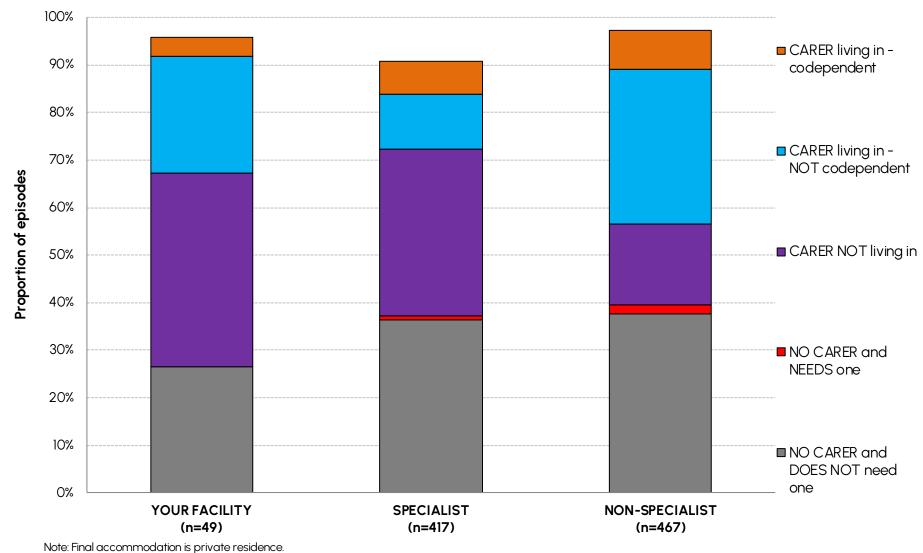
Final accommodation post discharge by TSCI and NTSCI





Carer status post discharge

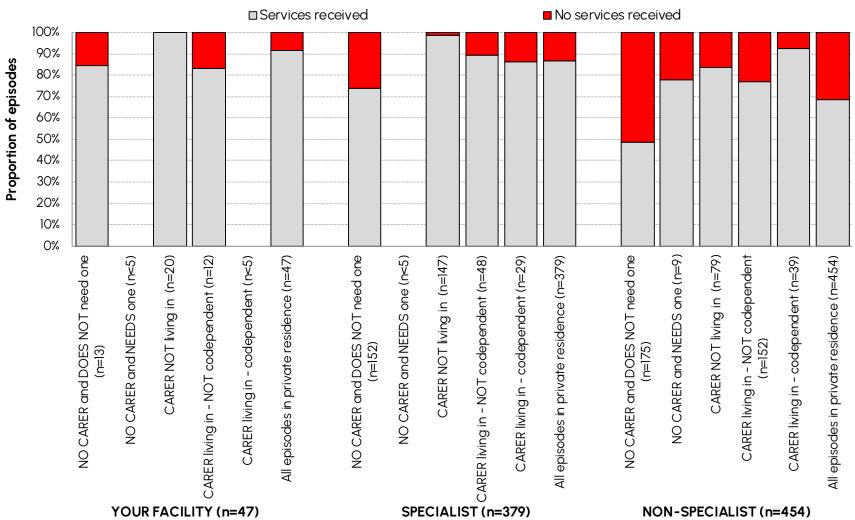




AROC Impairment Specific Report on Spinal Cord Injury (Inpatient - Pathway 3) | Anywhere Hospital | July 2022 - June 2023

Any services received post discharge by carer status





Carer status and any services received post discharge



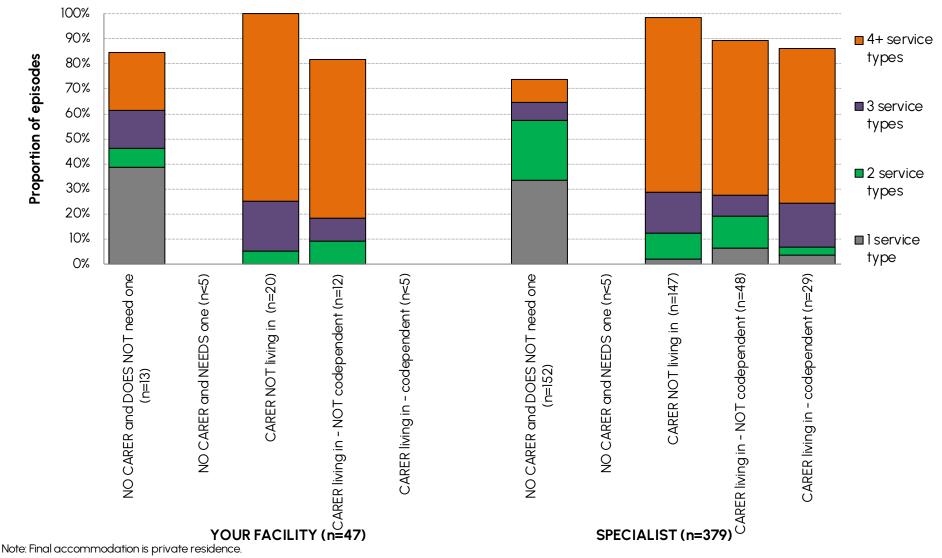
	YOUR FACILITY		SPEC	CIALIST	NON-SPECIALIS	
Carer status post discharge	No.	%	No.	%	No.	%
NO CARER and DOES NOT need one	13	27.7	152	40.1	176	38.7
NO CARER and NEEDS one	0	0.0	3	0.8	9	2.0
CARER NOT living in	20	42.6	147	38.8	79	17.4
CARER living in - NOT codependent	12	25.5	48	12.7	152	33.4
CARER living in - codependent	2	4.3	29	7.7	39	8.6
Missing	2		38		12	
All episodes in private residence	49	100.0	417	100.0	467	100.0

	Any services received post discharge?							
	YOUR FACILITY		SPE	CIALIST	NON-SPECIALIST			
Carer status post discharge	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%) No (%)			
NO CARER and DOES NOT need one	84.6	15.4	73.7	26.3	48.3 51.1			
NO CARER and NEEDS one	_	_	100.0	0.0	77.8 22.2			
CARER NOT living in	100.0	0.0	98.6	1.4	83.5 16.5			
CARER living in - NOT codependent	83.3	16.7	89.6	10.4	77.0 23.0			
CARER living in - codependent	100.0	0.0	86.2	13.8	92.3 7.7			
All episodes in private residence	91.5	8.5	86.5	13.5	68.4 31.4			

Number of services received post discharge by carer status

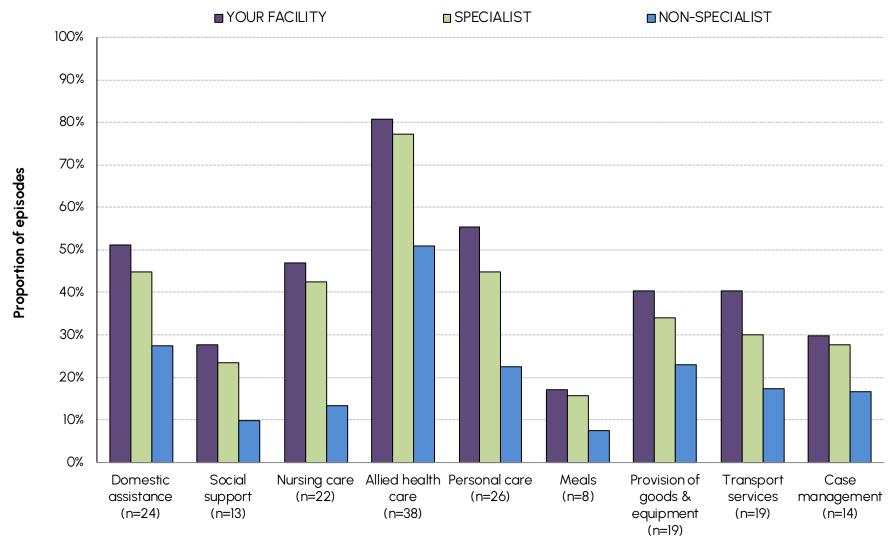






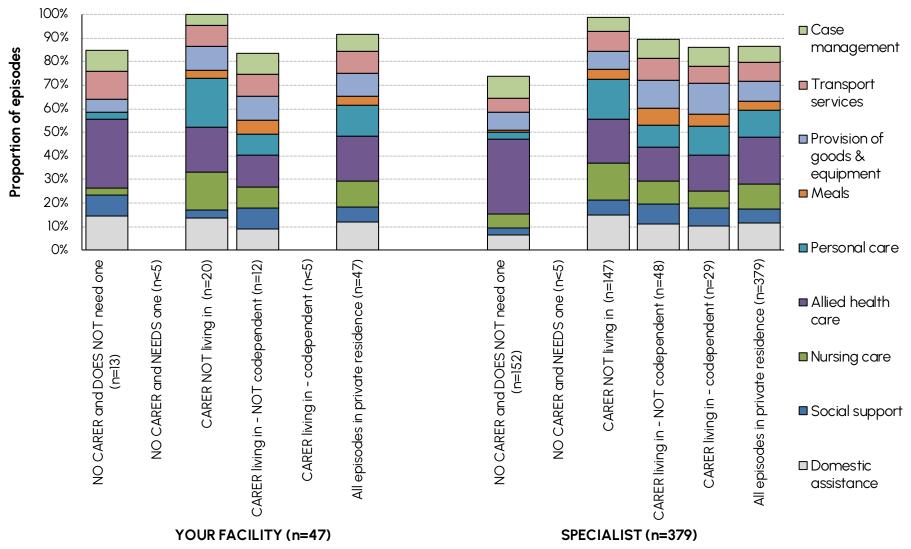
Type of services received post discharge





Type of services received post discharge by carer status





Number and type of services received post discharge by carer status



		Carer sto	atus post discha	rge - YOUR FAC	CILITY	
Services received post discharge	NO CARER and DOES NOT need one	NO CARER and NEEDS one	CARER NOT living in	CARER living in - NOT codependent	CARER living in - codependent	All episodes in private residence
Number of episodes in private residence	13	0	20	12	2	
Percent of episodes receiving:						
No services	15.4	_	0.0	16.7	0.0	8.5
1 service type	38.5	_	0.0	0.0	50.0	12.8
2 service types	7.7	_	5.0	8.3	0.0	6.4
3 service types	15.4	_	20.0	8.3	0.0	14.9
4 or more service types	23.1	_	75.0	58.3	50.0	55.3
Service Type received						
Domestic assistance	38.5	_	60.0	50.0	50.0	51.1
Social support	23.1	_	15.0	50.0	50.0	27.7
Nursing care	7.7	_	70.0	50.0	50.0	46.8
Allied health care	76.9		85.0	75.0	100.0	80.9
Personal care	7.7	_	90.0	50.0	50.0	55.3
Meals	0.0	_	15.0	33.3	50.0	17.0
Provision of goods & equipment	15.4	_	45.0	58.3	50.0	40.4
Transport services	30.8	_	40.0	50.0	50.0	40.4
Case management	23.1	_	20.0	50.0	50.0	29.8

Number and type of services received post discharge by carer status



		Carer	status post disc	harge - SPECIAI	LIST	
Services received post discharge	NO CARER and DOES NOT need one	NO CARER and NEEDS one	CARER NOT living in	CARER living in - NOT codependent	CARER living in - codependent	All episodes in private residence
Number of episodes in private residence	152	3	147	48	29	
Percent of episodes receiving:						
No services	26.3	0.0	1.4	10.4	13.8	13.5
1 service type	33.6	0.0	2.0	6.3	3.4	15.3
2 service types	23.7	0.0	10.2	12.5	3.4	15.3
3 service types	7.2	0.0	16.3	8.3	17.2	11.6
4 or more service types	9.2	100.0	70.1	60.4	62.1	44.1
Service Type received						
Domestic assistance	13.8	66.7	69.4	58.3	58.6	44.9
Social support	5.9	66.7	29.3	45.8	44.8	23.5
Nursing care	12.5	33.3	70.7	52.1	41.4	42.5
Allied health care	67.1	100.0	86.4	75.0	86.2	77.3
Personal care	5.9	33.3	78.2	50.0	72.4	44.9
Meals	2.0	0.0	20.4	37.5	27.6	15.6
Provision of goods & equipment	15.8	100.0	34.0	62.5	75.9	34.0
Transport services	12.5	33.3	39.5	50.0	41.4	30.1
Case management	19.7	0.0	27.2	43.8	48.3	27.7

Number and type of services received post discharge by carer status



		Carer sta	tus post dischar	ge - NON-SPEC	CIALIST	
Services received post discharge	NO CARER and DOES NOT need one	NO CARER and NEEDS one	CARER NOT living in	CARER living in - NOT codependent	CARER living in - codependent	All episodes in private residence
Number of episodes in private residence	176	9	79	152	39	
Percent of episodes receiving:						
No services	51.1	22.2	16.5	23.0	7.7	31.4
1 service type	21.6	55.6	17.7	30.9	28.2	25.3
2 service types	15.3	0.0	13.9	15.8	20.5	15.4
3 service types	4.0	11.1	15.2	8.6	10.3	8.1
4 or more service types	7.4	11.1	36.7	21.7	33.3	19.6
Service Type received						
Domestic assistance	13.6	33.3	54.4	27.0	35.9	27.5
Social support	4.0	0.0	22.8	7.9	20.5	9.9
Nursing care	5.1	0.0	22.8	15.1	25.6	13.2
Allied health care	40.9	55.6	49.4	59.2	66.7	51.0
Personal care	5.1	11.1	45.6	27.6	35.9	22.4
Meals	0.6	0.0	20.3	8.6	10.3	7.5
Provision of goods & equipment	13.6	11.1	32.9	27.0	30.8	22.9
Transport services	9.7	0.0	38.0	17.1	15.4	17.4
Case management	6.8	22.2	32.9	15.1	30.8	16.5



Spinal cord injury specific data

TSCI AIS grade at admission and discharge at specialist facilities



	Primary admission		Subsequent a	dmission	All admissions		
Begin AIS grade	Episodes	%	Episodes	%	Episodes	%	
Α	78	28.6	20	51.3	98	31.4	
В	35	12.8	6	15.4	41	13.1	
С	48	17.6	6	15.4	54	17.3	
D	112	41.0	7	17.9	119	38.1	
E	0	0.0	0	0.0	0	0.0	

	Primary a	dmission	Subsequent a	dmission	All admission	
End AIS grade	Episodes	%	Episodes	%	Episodes	%
Α	72	27.3	19	48.7	91	30.0
В	32	12.1	5	12.8	37	12.2
С	24	9.1	6	15.4	30	9.9
D	136	51.5	9	23.1	145	47.9
Е	0	0.0	0	0.0	0	0.0

Note 1:0 episode(s) did not record admission status.

Note 2: 23 episode(s) did not record AIS scores.

TSCI AIS grade at admission and discharge at non-specialist facilities



	Primary admission		Subsequent a	dmission	All admissions		
Begin AIS grade	Episodes	%	Episodes	%	Episodes	%	
A	17	14.3	3	13.0	20	14.1	
В	10	8.4	3	13.0	13	9.2	
С	27	22.7	2	8.7	29	20.4	
D	59	49.6	15	65.2	74	52.1	
Е	6	5.0	0	0.0	6	4.2	

	Primary admission		Subsequent admission		All admissions	
End AIS grade	Episodes	%	Episodes	%	Episodes	%
Α	12	10.3	3	13.0	15	10.7
В	12	10.3	2	8.7	14	10.0
С	19	16.2	1	4.3	20	14.3
D	65	55.6	17	73.9	82	58.6
Е	9	7.7	0	0.0	9	6.4

Note 1:6 episode(s) did not record admission status.

Note 2:93 episode(s) did not record AIS scores.

TSCI change in AIS grade from admission to discharge



	Disch	arge Al	S grade	- SPECI	ALIST	Disch	arge AIS	grade - N	ION-SPEC	CIALIST
Admission AIS grade	А	В	С	D	E	А	В	С	D	E
A	89	4	2	2	0	14	3	0	1	0
В	0	31	3	5	0	1	10	1	1	0
С	2	1	25	23	0	0	1	18	10	0
D	0	1	0	114	0	0	0	1	71	3
Е	0	0	0	0	0	0	0	0	0	6

Note: 23 SPECIALIST and 93 NON-SPECIALIST episode(s) did not record AIS scores.

Change in level of TSCI from admission to discharge at specialist facilities



Level of injury														D	ischo	arge														
Admission	C1	C2	C3	C4	C5	C6	C7	C8	TI	T2	Т3	T4	T5	T6	T7	T8	T9 _	Г10	F11 1	Г12	L1	L2	L3	L4	L5	S 1	S2	S3	S4	S5
C1	0	2	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C2	0	5	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
C3	0	3	13	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C4	1	2	4	38	4	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C5	0	1	0	5	22	2	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
C6	0	0	0	0	1	10	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C7	0	0	0	0	0	0	7	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C8	0	0	0	0	0	1	1	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tl	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Т3	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T4	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T5	0	0	0	0	1	0	0	0	0	0	0	0	6	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Т6	0	0	0	0	0	0	1	0	0	0	0	0	1	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
T7	0	0	0	0	0	0	0	0	0	0	0	0	1	1	8	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Т9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0
T10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	12	0	1	0	0	1	0	0	0	0	0	0	0
T11	0	0	Ο	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	4	2	1	0	0	0	Ο	0	0	0	0	0
T12	0	0	Ο	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	15	0	1	0	0	Ο	0	0	0	0	0
L1	0	0	Ο	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	6	1	0	1	0	0	0	0	0	0
L2	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	5	1	1	0	0	0	0	0	0
L3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0
L4 L5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
S3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Change in level of NTSCI from admission to discharge at specialist facilities



Level of injury															Disch	araa														
Admission	C1	C2	C3	C4	C5	C6	C7	C8	TI	T2	Т3	T4	T5	T6	T7	T8	T9 ⁻	T10 T	1115	۲12	L1	L2	L3	L4	L5	S 1	S2	S3	S4	S5
C1	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C2	0	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C3	0	1	12	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C4	0	0	0	10	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C5	0	0	0	1	12	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C6	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C7	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C8	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T2	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Т3	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T4	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T5	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Т6	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Т8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Т9	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
T10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0
T11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
T12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0
L1	0	0	0	0	Ο	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0
L2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0
L3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	 	0	0	0	0	0	0
L4 L5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 0	1	0	0	0	0	0
S1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
S2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
S3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S4	0	0	0	0	0	0	0	0	0	0	0	Ο	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TSCI ventilator dependence



Completed ventilator data item - SPECIALIST	264	81.0%
No. ventilator dependent	2	
Completed ventilator data item - NON-SPECIALIST	120	50.6%
No. ventilator dependent	3	



Low FIM score summary report

Low FIM score Category Definitions



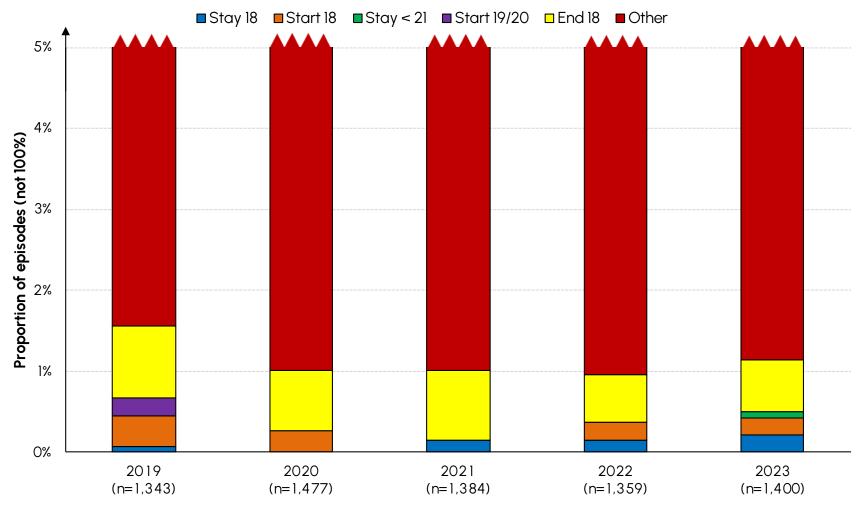
The FIM18 categories are divided as follows:

- Stay 18 FIM score of 18 on admission AND discharge.
- Start 18 FIM score of 18 on admission, FIM score >18 on discharge
- Stay <21 FIM score of 19 or 20 on admission, score of ≤20 on discharge
- Start 19/20 FIM score of 19 or 20 on admission, score of >20 on discharge
- End 18 FIM score of >20 on admission, score of 18 on discharge
- Other

All information displayed in this section includes all Spine (TSCI and NTSCI) episodes, unless otherwise stated.

Low FIM score episodes over time





Low FIM score episodes over time

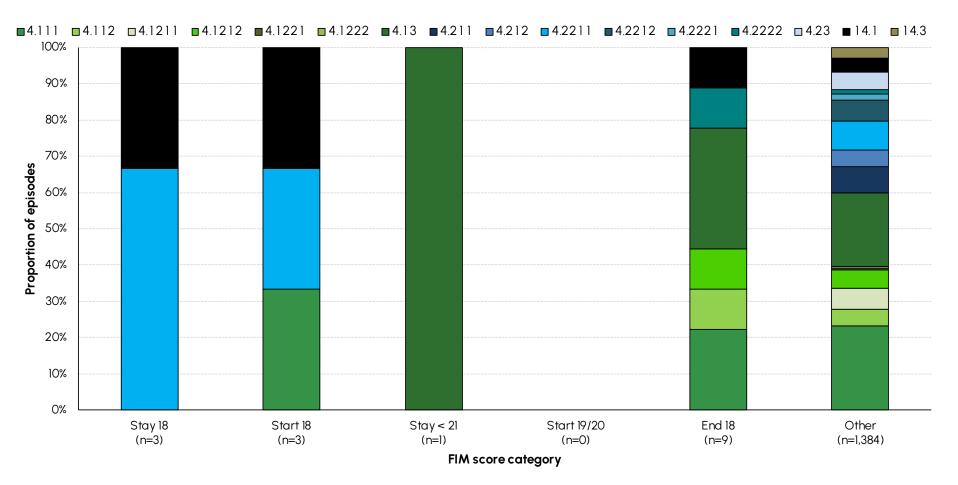




Year	Stay 18	Start 18	Stay < 21	Start 19/20	End 18	Other
YOUR FACILITY						
2019	0	0	0	2	0	73
2020	0	0	0	0	0	77
2021	1	0	0	0	0	74
2022	1	0	0	0	0	65
2023	0	0	0	0	0	66
SPECIALISTS						
2019	0	3	0	3	2	643
2020	0	3	0	0	2	678
2021	1	0	0	0	4	665
2022	1	1	0	0	0	616
2023	2	1	1	0	2	606
NON-SPECIALISTS						
2019	1	2	0	0	10	679
2020	0	1	0	0	9	784
2021	1	0	0	0	8	705
2022	1	2	0	0	8	730
2023	1	2	0	0	7	778

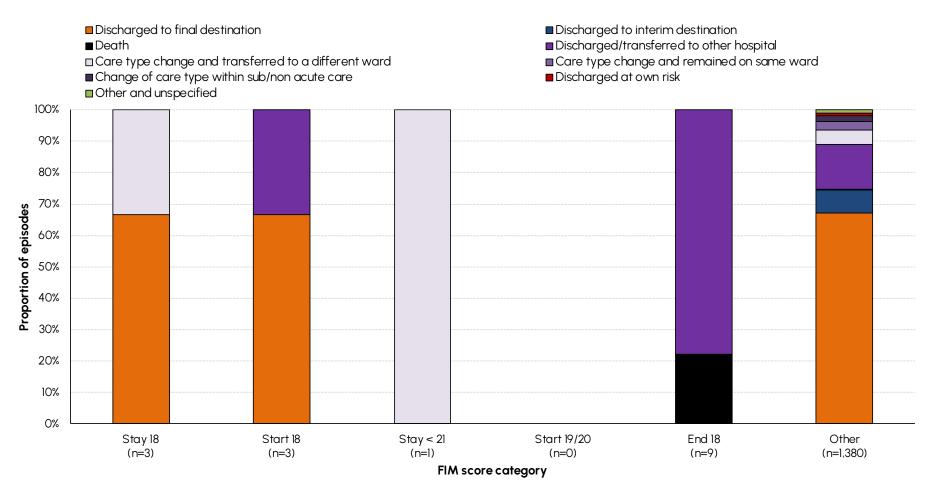
Low FIM score impairment distribution





Low FIM score Discharge Destination





Low FIM score Discharge Destination

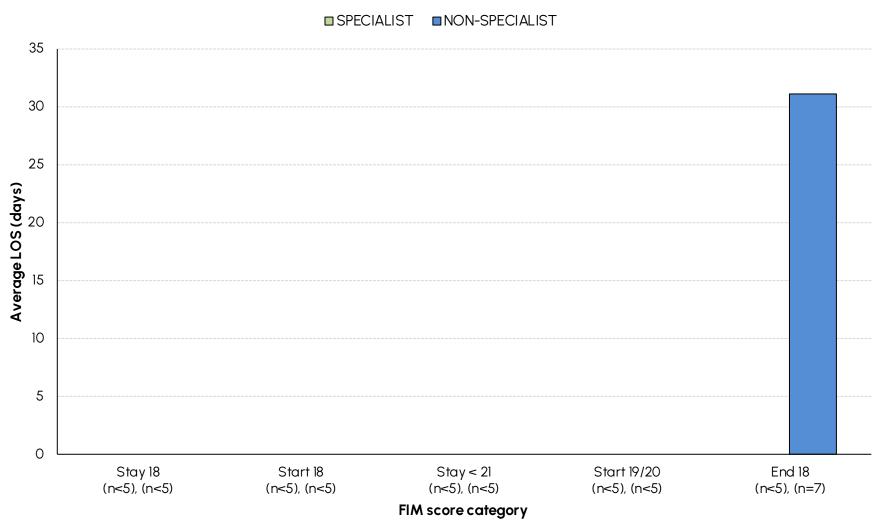


|--|

Discharge Destination	Stay 18	Start 18	Stay < 21	Start 19/20	End 18	Other
YOUR FACILITY						
Discharged to final destination	0	0	0	0	0	49
Discharged to interim destination	0	0	0	0	0	6
Death	0	0	0	0	0	0
Discharged/transferred to other hospital	0	0	0	0	0	7
Care type change and transferred to a different ward	0	0	0	0	0	0
Care type change and remained on same ward	0	0	0	0	0	2
Change of care type within sub/non acute care	0	0	0	0	0	1
Discharged at own risk	0	0	0	0	0	1
Other and unspecified	0	0	0	0	0	0
Total	0	0	0	0	0	66
SPECIALIST (ALL FACILITIES)						
Discharged to final destination	2	1	0	0	0	413
Discharged to interim destination	0	0	0	0	0	55
Death	0	0	0	0	0	2
Discharged/transferred to other hospital	0	0	0	0	2	79
Care type change and transferred to a different ward	0	0	1	0	0	21
Care type change and remained on same ward	0	0	0	0	0	19
Change of care type within sub/non acute care	0	0	0	0	0	3
Discharged at own risk	0	0	0	0	0	3
Other and unspecified	0	0	0	0	0	8
Total	2	1	1	0	2	603
NON-SPECIALIST (ALL FACILITIES)		Ţ				510
Discharged to final destination Discharged to interim destination	0	1	0	0	0	513 48
Death	0	0	0	0	2	2
Discharged/transferred to other hospital	0	1	0	0	5	118
Care type change and transferred to a different ward	1	0	0	0	0	39
Care type change and remained on same ward	0	0	0	0	0	20
Change of care type within sub/non acute care	0	0	0	0	0	22
Discharged at own risk	0	0	0	0	0	10
Other and unspecified	0	0	0	0	0	5
Total	1	2	0	0	7	777

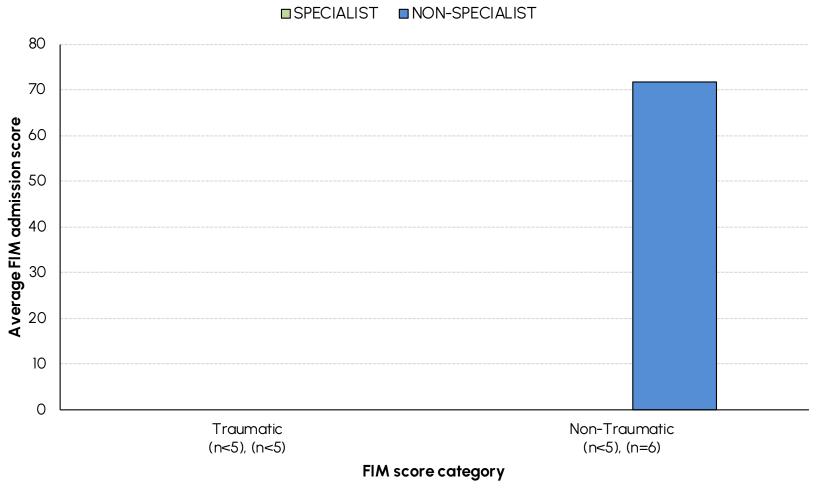
Low FIM score average LOS





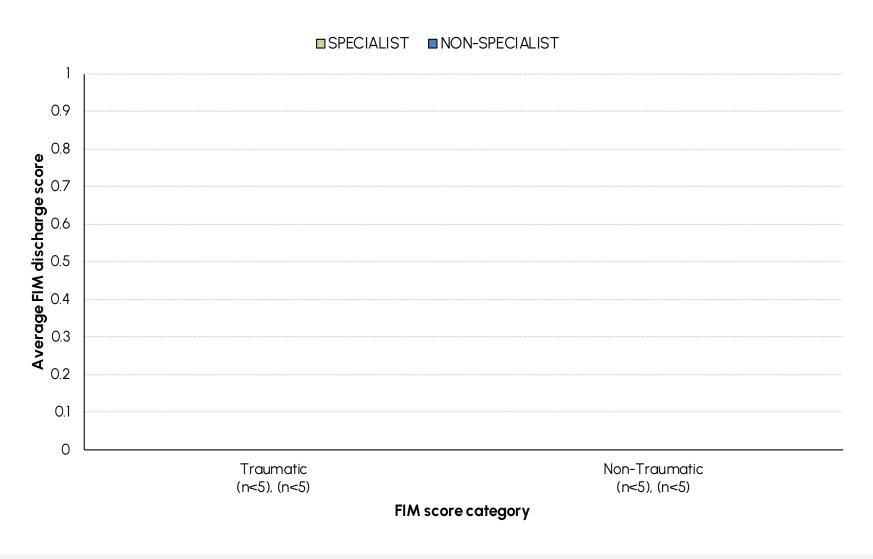
Low FIM score average FIM admission — episodes with end FIM=18





Low FIM score average FIM discharge — episodes with start FIM ≤ 20







AN-SNAP class

The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP) is a casemix classification for sub-acute and non-acute care provided in a variety of treatment settings. Version 5, introduced in July 2022 and used in these reports, uses the episode's impairment, age, weighted FIM motor admission score and FIM cognition score to determine which of 48 inpatient (admitted overnight adult) rehabilitation classes the episode should be assigned to.

Between AN-SNAP V4 and V5 there have been some minor refinements to the positioning of age and FIM score splits, and minor revisions to the impairment-specific weights used for the FIM item scores in the calculation of a motor score; orthopaedic replacement classes (lost in Version 4) have returned and brain injury classes are now split first on cognition FIM scores and second on motor FIM scores. Refer Appendix 3 for the full list of classes and the section Impairment specific weighted FIM scores below for more detail about how the items are weighted. For more information about AN-SNAP class V5 please refer to the AROC website.

AROC

The Australasian Rehabilitation Outcomes Centre (AROC) is the Australian and New Zealand rehabilitation medicine **integrated outcomes centre** that collects rehabilitation outcome measures at point-of-care from both private and public rehabilitation services across both countries. Established in 2002 it is a joint initiative of the Australasian rehabilitation sector (providers, payers, regulators and consumers) and current membership encompasses close to 100% of all Australian and New Zealand rehabilitation services, who routinely submit deidentified data to AROC for each rehabilitation episode, including information about demographics, process indicators and functional status.

Benchmark group

In Calendar Year 2015 new benchmark groups were introduced. With the exception of brain injury and spinal cord injury an episode's benchmark group is determined by the country of the submitting facility and can be either Australia or New Zealand. For episodes recorded as brain injury or spinal cord injury (or major multi trauma involving brain injury and/or spinal cord injury) the benchmark group is determined by first admission episodes reported by all specialist (brain/spinal) units in both Australia and New Zealand, calculated separately for traumatic and non-traumatic episodes. The benchmark data set is all episodes during the reporting period in the AROC database.



Casemix-adjusted relative mean

A comparison of some statistics such as length of stay and FIM change is only possible if the groups being compared comprise similar episodes. The specific impairment, level of functional independence, age and other factors relating to the episode have an impact on these statistics. If, for example, your average length of stay were different from the benchmark group, we could not tell if your episodes really were different or if the difference was merely due to the unique casemix.

To overcome this difficulty, it is possible to statistically control for casemix. This is achieved by adjusting measures such as length of stay and FIM change so that the comparison is only made between similar types of episodes.

In this report we have calculated casemix-adjusted relative mean length of stay and casemix-adjusted relative mean FIM change for completed episodes. To do this, we needed to know the LOS (or FIM change) and AN-SNAP class for each episode as well as the mean LOS (or FIM change) for the benchmark group for each AN-SNAP class. We then calculated the difference between each episode LOS (or FIM change) and the mean LOS (or FIM change) of the appropriate AN-SNAP class. These differences were then averaged to produce the casemix-adjusted relative mean. This may be easier to understand as a set of two equations illustrated below.

For each episode calculate:

LOSdiff = episode's LOS – mean LOS appropriate AN-SNAP class.

Casemix-adjusted relative mean = Sum of LOSdiff for all episodes divided by Number of episodes

A casemix-adjusted relative mean length of stay of, say, -2 days would indicate that, on average, your facility has a LOS of 2 days less than similar episodes in the benchmark group. A casemix-adjusted relative mean FIM change of, say, 4 would indicate that, on average, your facility improved 4 FIM points more than similar episodes in the benchmark group. It is important to consider both of these statistics together. For example, your episodes may have stayed longer than similar episodes in the benchmark group, but they may also have achieved a greater functional improvement.

Complete/incomplete episode

An episode is considered "complete" for the purpose of calculating outcome statistics in this report if (A) the mode of episode end was either 1 (discharged to usual accommodation) or 2 (discharged to interim accommodation) AND total FIM score at episode end was greater than 18, or (B) the mode of episode end was 7 (change of care type within sub-acute/non-acute care) AND length of stay greater than 6 days.



Confidence interval for a mean

To decide if a difference between your facility's mean score and the benchmark group's mean is statistically significant, look at the two confidence intervals. If they overlap, the difference is not likely to be statistically significant. For example your facility's mean onset to first admission may be 16 days while the benchmark group's mean is 12 days. These values are certainly different, but the difference may not be statistically significant. If the 95% confidence interval of your data were (13 - 19) (i.e. 13 days to 19 days) and that of the benchmark group data set were (10.5 - 13.5) (i.e. 10.5 days to 13.5 days), the difference is not likely to be statistically significant as the two confidence intervals overlap. Note that this is a conservative comparison and is not as accurate as a formal statistical test.

COVID-19

The immediate impact of COVID-19 in 2020 on rehabilitation was a 12% decline in the number of rehabilitation episodes following temporary suspension of elective surgeries, ward re-assignments and closures, and fewer traumatic accidents. There is still an ongoing impact of COVID-19 on rehabilitation in the form of reduced inpatient beds, increased patient complexity and staffing issues.

The extent of the impact of COVID-19 on the demand for rehabilitation in both the inpatient or community rehabilitation is still being realised. To help measure the impact of COVID, and importantly long COVID, AROC added COVID specific impairment codes, comorbidity and complication codes to the AROC datasets effective July 2022. Appendix 2 lists the COVID impairment codes, which map to AN-SNAP V5 classes 5A91-5A93 & 5AZ3-5AZ4. COVID related data provided to AROC through the adjunct data collection along with entries in the patient comment field have been mapped to the new COVID codes.

- Guidelines for the collection and coding of COVID-19 AROC data can be found at https://documents.uow.edu.au/content/groups/public/@web/@chsd/@aroc/documents/doc/uow272916.pdf
- The AROC COVID Coding Decision Tree can be found at https://documents.uow.edu.au/content/groups/public/@web/@chsd/@aroc/documents/doc/uow272917.pdf
- Updated **Data Collection Forms** can be found at https://ahsri.atlassian.net/wiki/spaces/AD/pages/17268778/Data+Collection+Forms
- Services who do not have access to the new COVID codes are asked to identify patients who have had COVID-19 in the AROC data set services by entering the relevant **COVID-19 impairment code**, **comorbidity or complication** (as appropriate) in the patient comment field.



COVID-19 (cont.)

The potential sequelae of COVID-19 appear to be numerous, so the functional deficits of these patients that result in the need for rehabilitation can be quite varied. To enable comprehensive reporting of rehabilitation outcomes for these patients, the National COVID-19 rehabilitation adjunct data collection was created, in collaboration with the NSW Agency for Clinical Innovation's Rehabilitation Community of Practice.

The national COVID-19 rehabilitation adjunct data collection covers all care settings – in-reach, inpatient and ambulatory – and services do not need to be an AROC member to participate. The data collection is to be completed for **ALL** patients who have received a positive diagnosis of COVID-19 and are now participating in rehabilitation in any care setting (even if COVID codes have been used in the AROC data collection). Where possible and appropriate, the National COVID-19 rehabilitation adjunct data will be linked with the AROC inpatient and/or ambulatory data collections.

The National COVID-19 rehabilitation adjunct data collection is entered online at https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX.

All relevant data items must be known prior to commencing data entry as there is no save and resume function. For convenience a data collection form is provided as an optional mechanism to collect the data (available here https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf).



Data Concatenation

Increasingly some jurisdictions have introduced business rules around data collection that have resulted in episodes of rehabilitation being ended and then re-commenced a few days later. AROC definitions would record these as one episode with the period in between defined as a suspension of rehabilitation. Such business rules result in two (or more) episodes of rehabilitation being reported to AROC when only one full episode should be reported.

Whilst this happens much more frequently in some impairment groups (e.g. spinal cord injury & brain injury) it does impact all impairments to some degree. Reporting of multiple episodes impacts outcomes analysis, resulting in shorter than real length of stays and reduced FIM change being reported.

Concatenated episodes will have a revised Length of stay and FIM change (start details will be taken from the identified primary episode; end details from the identified final episode), and will also have a revised number of suspensions (being the sum across all concatenated 'submitted episodes' plus the number of breaks between 'submitted episodes') and a revised number of suspension days (being the sum across all concatenated 'submitted episodes' plus the sum of all days between 'submitted episodes').

Submitted episodes to AROC are identified for concatenation based on the following rules:

- Subsequent episodes MUST have same impairment code and be from same reporting facility with same MRN and DOB.
- Leading episode must be discharged into the hospital system with following episode being admitted from hospital system.
- Number of days between episodes being 0-14 days for spinal and 0-7 days for all other impairments.

To make it easier for AROC to identify episodes that should be concatenated in January 2014 the data item Mode of Episode Start had an additional code set value added: **9 = recommenced rehabilitation episode following suspension**



Data completeness score

The data completeness score is the average percent reported for all AROC data items (including impairment specific items where relevant) with the exception of those items that are optional. Path, facility code, facility name, MRN and episode end date are not included as these fields are used to extract the data for reporting.

Functional Independence Measure (FIM)

The Functional Independence Measure (FIM) is used as a tool to assess the functional independence of patients at episode start and end.

- The FIM motor score is the sum of the scores obtained for the first thirteen (13) items in the FIM instrument. A higher FIM motor score indicates a greater level of functional independence in motor skills.
- The FIM cognition score is the sum of the scores obtained for the final five (5) items in the FIM instrument. A higher FIM cognition score indicates better cognitive function.

FIM change

The change in functional status from the beginning to the end of the episode is measured by the change in FIM score. This is calculated as the FIM score at the end of the episode minus the FIM score at the episode. In some instances the change in total FIM score (the sum of items 1 to 18) is calculated. In other cases either the change in FIM motor score (the sum of items 1 to 13) or the change in FIM cognition score (the sum of items 14 to 18) is calculated.

A higher FIM score corresponds to higher level of function while a lower FIM score represents less functional independence. This means that a positive value for the change in FIM score indicates functional improvement during the episode. A negative value for the change in FIM score indicates a decline in functional independence during the episode.

FIM efficiency

The FIM efficiency indicates the average FIM improvement per day. This statistic is calculated as the mean FIM change divided by the mean length of stay (LOS).



Impairment-specific weighted FIM motor scores

AN-SNAP v5, like Version 4, uses impairment-specific weighted FIM motor scores in the inpatient (admitted overnight adult) rehabilitation classes. Weights reflect the relative impact of each item on the cost of caring for the rehabilitation patient. If an item has a weight of more than 1, it will have an impact on the cost of care that is more than average – a weight less than 1 implies the impact will be less than average. Within each impairment type, the weights are scaled to sum to 13 – thus both weighted and unweighted scores range from a minimum of 13 to a maximum of 91. Where impairments are grouped together in the classification, a single set of weights for that group has been derived. The exception is the FIM motor item stairs where all weights were set to 1.

Interquartile range (IQR)

The middle 50% — between the 25% percentile and the 75% percentile.

Length of stay (LOS)

The length of stay (LOS) of an episode is the number of days on which care has been provided. It is calculated as the end date minus the start date, minus the number of leave days during the episode.

Mean

The mean, or average, is a measure of the "centre" of your data. It is calculated by adding all data values and dividing by the number of values. The mean can be used to calculate a total. For example, if the mean length of stay were 21 days for a group of 30 episodes, the total number of bed days could be calculated as 21 multiplied by 30.



Mean or median - which to use?

The mean and the median are both measures of the "centre" of your data. For data that are symmetric about the mean (e.g. normally distributed data), the mean and the median will be close to each other. However they may have very different values for some data sets.

As an example, consider length of stay. Typically, most episodes within a class will have roughly the same length of stay. However, there will be a few episodes that are longer than the others and a smaller number that are very long. These longer lengths of stay have the effect of increasing the mean length of stay, but have little or no effect on the median.

If you want to know how long episodes in this class "typically" stay, you will probably be interested in the median as this gives you the middle value - half the episodes are longer and half the episodes are shorter. If, however, your interest is in allocation of resources and you want to know how long episodes stay on average, or if you want to get an idea of the total number of days of care provided to episodes in this class, you will need to look at the mean. (The total days can be calculated by multiplying the mean with the number in the class).

Median

The median provides the middle value of your data – half the values lie above it and half the values lie below. For example, if your median length of stay were 20 days, half of your episodes would have stayed for 20 days or less, while the other half would have stayed 20 days or longer. Note that the median, unlike the mean, cannot be used to calculate the total number of bed days.



Relative Functional Gain (RFG) and Relative Functional Efficiency (RFE)

FIM change measures the absolute difference between admission FIM and discharge FIM scores, i.e. client 1 had a 10 point improvement (admission 46 - discharge 56) and client 2 also had a ten point improvement (admission 116 - discharge 126). FIM change does not take into account the proportion of FIM change possible, i.e. client 1 improved 10 points out of possible 80 (126-46) and client 2 improved 10 points out of a possible 10 (126-116). So not all patients that improve 10 FIM points are the same. This proportion of FIM change possible is known as the Relative Functional Gain (RFG) and tries to take into account the amount of FIM gain possible. RFG is calculated as follows:

- If actual FIM change > 0 [improved]
 - (Discharge FIM Admission FIM)/(126 Admission FIM)
 - e.g. (90 50)/(126 50) = 40/76 = 52.6%
- If actual FIM change < 0 [declined]</p>
 - (Discharge FIM Admission FIM)/ (Admission FIM)
 - e.g. (90 100)/100 = -10/100 = -10%
- · If actual FIM change = 0 [no change]
 - 0%

FIM efficiency measures the absolute difference between admission FIM and discharge FIM scores per day, without taking into account the proportion of FIM change possible. The Relative Functional Gain per day is known as the Relative Functional Efficiency (RFE), and is calculated as the RFG divided by the length of stay (LOS).

Submitted versus reporting episodes

Submitted episodes are those submitted to AROC either via direct data entry or upload through AROC Online Services. These episodes have not been concatenated

The reporting data used by AROC in this report is made up of concatenated episodes. For most episodes there is no difference between the submitted episode and the one used for reporting.



Valid FIM

For an episode to have a Valid FIM flag it must be a complete episode and each of the 18 items on admission and discharge must have been answered with a valid response of 1-7. The Valid FIM flag is used in analysis which measures FIM scores as an outcome.

Valid LOS

For an episode to have a Valid LOS flag it must be a complete episode with a length of stay ranging between 1 and 500 days. The Valid LOS flag is used in analysis which measures LOS as an outcome.

Version 4 data set

The version 4 (V4) AROC dataset was introduced on 1 July 2012. V4 is designed as a bank of data items, combinations of which are used to describe 4 possible pathways of care (see the AROC website for more information about the different pathways). NOTE: This report utilises only Pathway 3 data (inpatient direct care).

Appendix 2: AROC Impairment Codes



STROKE

Haemorrhagic

- 1.11 Left body involvement
- 1.12 Right body involvement
- 1.13 Bilateral involvement
- 1.14 No paresis
- 1.19 Other haemorrhagic stroke

Ischaemic

- 1.21 Left body involvement (right brain)
- 1.22 Right body involvement (left brain)
- 1.23 Bilateral involvement
- 1.24 No paresis
- 1.29 Other ischaemic stroke

BRAIN DYSFUNCTION

Non-traumatic

- 2.11 Sub-arachnoid haemorrhage
- 2.12 Anoxic brain damage
- 2.13 Other non-traumatic brain dysfunction

Traumatic

- 2.21 Open injury
- 2.22 Closed injury

NEUROLOGICAL CONDITIONS

- 3.1 Multiple Sclerosis
- 3.2 Parkinsonism
- 3.3 Polyneuropathy
- 3.4 Guillian-Barre
- 3.5 Cerebral palsy
- 3.8 Neuromuscular disorders
- 3.9 Other neurological conditions

SPINAL CORD DYSFUNCTION

Non traumatic spinal cord dysfunction

- 4.111 Paraplegia, incomplete
- 4.112 Paraplegia, complete
- 4.1211 Quadriplegia, incomplete C1-4
- 4.1212 Quadriplegia, incomplete C5-8
- 4.1221 Quadriplegia, complete C1-4
- 4.1222 Quadriplegia, complete C5-8
- 4.13 Other non-traumatic spinal cord dysfunction

Traumatic spinal cord dysfunction

- 4.211 Paraplegia, incomplete
- 4.212 Paraplegia, complete
- 4.2211 Quadriplegia, incomplete C1-4
- 4.2212 Quadriplegia, incomplete C5-8
- 4.2221 Quadriplegia, complete C1-4
- 4.2222 Quadriplegia, complete C5-8
- 4.23 Other traumatic spinal cord dysfunction

AMPUTATION OF LIMB

Not resulting from trauma

- 5.11 Single upper above elbow
- 5.12 Single upper below elbow
- 5.13 Single lower above knee (includes through knee)
- 5.14 Single lower below knee
- 5.15 Double lower above knee (includes through knee)
- 5.16 Double lower above/below knee
- 5.17 Double lower below knee
- 5.18 Partial foot (single or double)
- 5.19 Other amputation not from trauma

AMPUTATION OF LIMB Resulting from trauma



- 5.21 Single upper above elbow
- 5.22 Single upper below elbow
- 5.23 Single lower above knee (includes through knee)
- 5.24 Single lower below knee
- 5.25 Double lower above knee (includes through knee)
- 5.26 Double lower above/below knee
- 5.27 Double lower below knee
- 5.28 Partial foot (single or double)
- 5.29 Other amputation from trauma

ARTHRITIS

- 6.1 Rheumatoid arthritis
- 6.2 Osteoarthritis
- 6.9 Other arthritis

PAIN SYNDROMES

- 7.1 Neck pain
- 7.2 Back Pain
- 7.3 Extremity pain
- 7.4 Headache (includes migraine)
- 7.5 Multi-site pain
- 7.9 Other pain (includes abdo/chest wall)

Appendix 2: AROC Impairment Codes



ORTHOPAEDIC CONDITIONS

Fractures (includes dislocation)

- 8.111 Fracture of hip, unilateral (incl. #NOF)
- 8.112 Fracture of hip, bilateral (incl. #NOF)
- 8.12 Fracture of shaft of femur
- 8.13 Fracture of pelvis
- 8.141 Fracture of knee
- 8.142 Fracture of lower leg, ankle, foot
- 8.15 Fracture of upper limb
- 8.16 Fracture of spine
- 8.17 Fracture of multiple sites
- 8.19 Other orthopaedic fracture

Post Orthopaedic Surgery

- 8.211 Unilateral hip replacement
- 8.212 Bilateral hip replacement
- 8.221 Unilateral knee replacement
- 8.222 Bilateral knee replacement
- 8.231 Knee and hip replacement, same side
- 8.232 Knee and hip replacement, diff sides
- 8.24 Shoulder replacement
- 8.25 Post spinal surgery
- 8.26 Other orthopaedic surgery

Soft tissue injury

8.3 Soft tissue injury

CARDIAC

- 9.1 Following recent onset of new cardiac impairment
- 9.2 Chronic cardiac insufficiency
- 9.3 Heart and heart/lung transplant

PULMONARY

- 10.1 Chronic obstructive pulmonary disease
- 10.2 Lung transplant
- 10.9 Other pulmonary

BURNS

11 Burns

CONGENITAL DEFORMITIES

- 12.1 Spina bifida
- 12.9 Other congenital deformity

OTHER DISABLING IMPAIRMENTS

- 13.1 Lymphoedema
- 13.3 Conversion disorder
- 13.9 Other disabling impairments that cannot be classified into a specific group

MAJOR MULTIPLE TRAUMA

- 14.1 Brain + spinal cord injury
- 14.2 Brain + multiple fracture/amputation
- 14.3 Spinal cord + multi fracture/amputation
- 14.9 Other multiple trauma

DEVELOPMENTAL DISABILITIES

15.1 Developmental disabilities (excludes cerebral palsy)

RE-CONDITIONING/RESTORATIVE

- 16.1 Re-conditioning following surgery
- 16.2 Reconditioning following medical illness
- 16.3 Cancer rehabilitation

COVID-19 CONDITIONS

- 18.1 COVID-19 with pulmonary issues
- 18.2 COVID-19 with deconditioning
- 18.9 COVID-19 all other

Appendix 3: AN-SNAP V5 Overnight Rehabilitation Classes (Pathway 3)



0.000	Description of Art of the class	0.000	Description of Art Grand
5AA1	Stroke, Weighted FIM Motor 63 - 91, FIM Cognition 30 - 35	5AH4	Orthopaedic conditions, fractures, Weighted FIM Motor 19 - 47
5AA2	Stroke, Weighted FIM Motor 63 - 91, FIM Cognition 21 - 29	5A41	Orthopaedic conditions, replacement (knee, hip, shoulder), Weighted FIM Motor 61 - 91
5AA3	Stroke, Weighted FIM Motor 63 - 91, FIM Cognition 5 - 20	5A42	Orthopaedic conditions, replacement (knee, hip, shoulder), Weighted FIM Motor 45 - 60
5AA4	Stroke, Weighted FIM Motor 44 - 62, FIM Cognition 18 - 35	5A43	Orthopaedic conditions, replacement (knee, hip, shoulder), Weighted FIM Motor 19 - 44
5AA5	Stroke, Weighted FIM Motor 44 - 62, FIM Cognition 5 - 17	5A21	Orthopaedic conditions, all other, Weighted FIM Motor 57 - 91
5AA6	Stroke, Weighted FIM Motor 19 - 43, Age >= 80	5A22	Orthopaedic conditions, all other, Weighted FIM Motor 41 - 56
5AA7	Stroke, Weighted FIM Motor 19 - 43, Age 67 - 79	5A23	Orthopaedic conditions, all other, Weighted FIM Motor 19 - 40
5AA8	Stroke, Weighted FIM Motor 19 - 43 Age 18 - 66	5A31	Cardiac, Pain syndromes, and Pulmonary, Weighted FIM Motor 66 - 91
5ABI	Brain dysfunction, FIM Cognition 27 - 35 Weighted FIM Motor 59 - 91	5A32	Cardiac, Pain syndromes, and Pulmonary, Weighted FIM Motor 38 - 65
5AB2	Brain dysfunction, FIM Cognition 27 - 35 Weighted FIM Motor 19 - 58	5A33	Cardiac, Pain syndromes, and Pulmonary, Weighted FIM Motor 19 - 37
5AB3	Brain dysfunction, FIM Cognition 19 - 26 Weighted FIM Motor 50 - 91	5AP1	Major Multiple Trauma, Weighted FIM Motor 51 - 91
5AB4	Brain dysfunction, FIM Cognition 19 - 26 Weighted FIM Motor 19 - 49	5AP2	Major Multiple Trauma, Weighted FIM Motor 19 - 50
5AB5	Brain dysfunction, FIM Cognition 5 - 18 Weighted FIM Motor 39 - 91	5ARI	Reconditioning, Weighted FIM Motor 64 - 91, FIM Cognition 29 - 35
5AB6	Brain dysfunction, FIM Cognition 5 - 18 Weighted FIM Motor 19 - 38	5AR2	Reconditioning, Weighted FIM Motor 64 - 91, FIM Cognition 5 - 28
5AC1	Neurological conditions, Weighted FIM Motor 70 - 91	5AR3	Reconditioning, Weighted FIM Motor 48 - 63, FIM Cognition 19 - 35
5AC2	Neurological conditions, Weighted FIM Motor 50 - 69	5AR4	Reconditioning, Weighted FIM Motor 48 - 63, FIM Cognition 5 - 18
5AC3	Neurological conditions, Weighted FIM Motor 19 - 49	5AR5	Reconditioning, Weighted FIM Motor 19 - 47
5AD1	Spinal cord dysfunction, Weighted FIM Motor 55 - 91	5A91	All other impairments, Weighted FIM Motor 61 - 91
5AD2	Spinal cord dysfunction, Weighted FIM Motor 37 - 54	5A92	All other impairments, Weighted FIM Motor 42 - 60
5AD3	Spinal cord dysfunction, Weighted FIM Motor 19 - 36	5A93	All other impairments, Weighted FIM Motor 19 - 41
5AE1	Amputation of limb, Weighted FIM Motor 19-91	5AZ1	Weighted FIM Motor score 13-18, Brain, Spine, MMT, Burns, Age >= 59
5AHl	Orthopaedic conditions, fractures, Weighted FIM Motor 48 - 91, FIM Cognition 33 - 35	5AZ2	Weighted FIM Motor score 13-18, Brain, Spine, MMT, Burns, Age 18 - 58
5AH2	Orthopaedic conditions, fractures, Weighted FIM Motor 48 - 91, FIM Cognition 21 - 32	5AZ3	Weighted FIM Motor score 13-18, All other impairments, Age >= 79
5AH3	Orthopaedic conditions, fractures, Weighted FIM Motor 48 - 91, FIM Cognition 5 - 20	5AZ4	Weighted FIM Motor score 13-18, All other impairments, Age 18 - 78

Description of AN-SNAP class

Description of AN-SNAP class

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Disclaimer

AROC has made every effort to ensure that the data used in these reports are accurate. Data submitted to AROC are checked for anomalies and facilities are asked to re-submit data prior to the production of AROC reports. We have provided general guidelines on the interpretation of the information reported but would advise readers to use their professional judgement in considering all information contained in this report.

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