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AROC Impairment Specific Report

Amputation of Limb Report

INPATIENT – PATHWAY 3

1 January 2025 – 31 December 2025

Anywhere Hospital

Australasian Faculty of Rehabilitation Medicine

UNIVERSITY OF WOLLONGONG AUSTRALIA

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What's changed in this report?

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As part of AROC's routine quality assurance processes, we recently undertook a review of how **FIM Efficiency** is calculated and presented across our reporting outputs. Our review identified some inconsistencies in terminology (e.g. FIM gain vs FIM efficiency), the use of daily versus weekly rates, and the method used to summarise FIM efficiency across groups.

To address this, AROC has **standardised the calculation approach** for FIM Efficiency across all reporting products to ensure that FIM efficiency is reported as a **weekly rate calculated as the mean of individual episode FIM efficiencies within a group** (e.g. AN-SNAP class, service or national level).

As a result of this standardisation, some FIM efficiency benchmark values and casemix-adjusted FIM efficiency results may differ slightly from those reported previously. The underlying episode data and FIM scores are unchanged. Where tables or figures have been affected by this update, this has been indicated in the relevant footnotes.

Further information about the calculation of FIM efficiency is provided in Appendix 5.

Amputation of limb Dashboard

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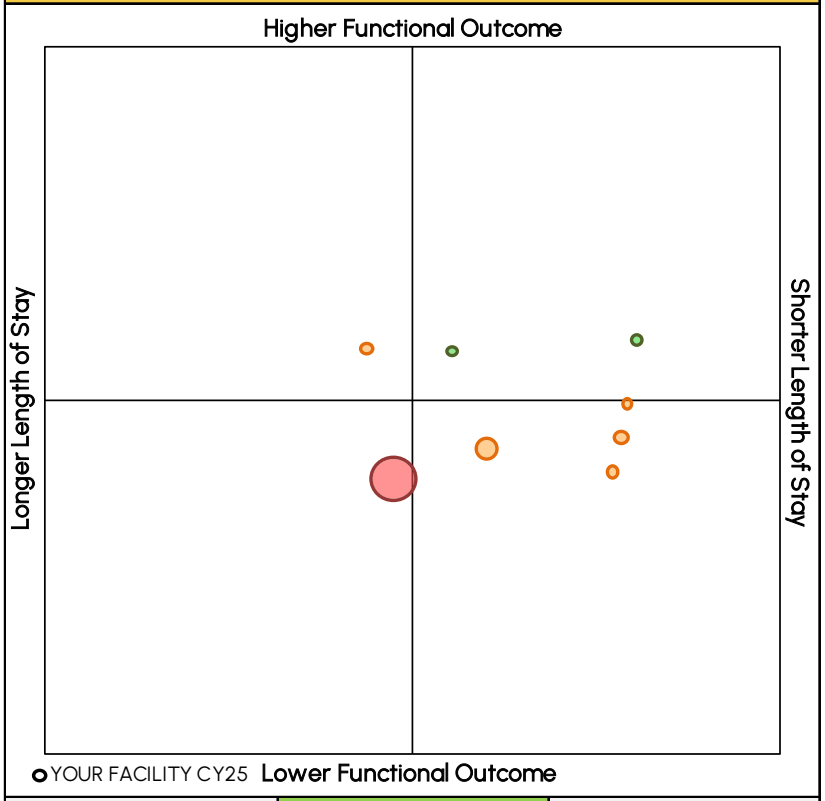
Rehabilitation Outcomes by Facility - AUSTRALIA

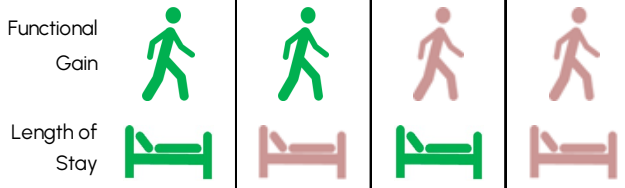


No outlier facilities are excluded from this graph

Green
Status

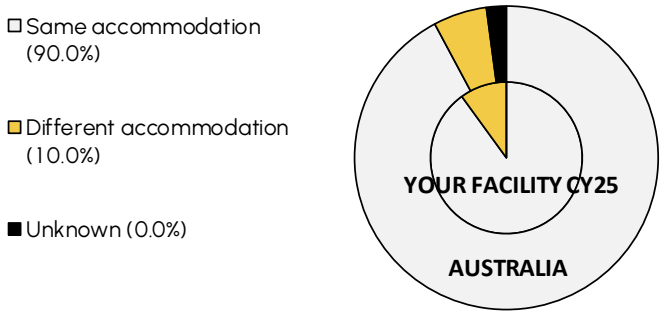
Trend data unavailable

Performance Against Benchmark

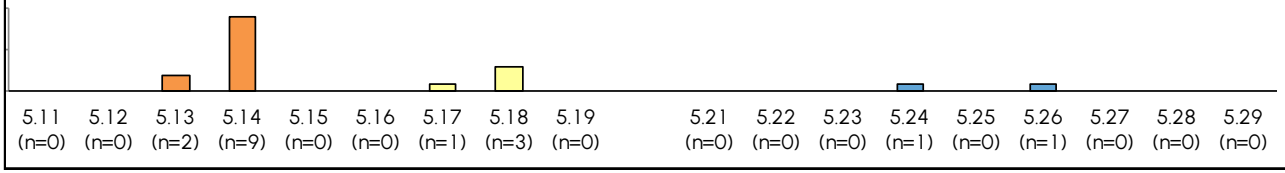


Trend data unavailable

Change in Accommodation



Number of Episodes by impairment code



0 Facility Beds (All wards)

0 All Amputation episodes (Total)

Amputation of limb Dashboard

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Key Indicators*

YOUR FACILITY CY25		AUSTRALIA CY25	
Age:	#N/A	Age:	65.2
Mortality Rate:	0.0%	Mortality Rate:	0.1%
% with at least one comorbidity:	35%	% with at least one comorbidity:	62%
% with at least one complication:	41%	% with at least one complication:	38%
% episodes with start delays:	25%	% episodes with start delays:	26%
Days between onset and rehab episode:	34.6	Days between onset and rehab episode:	25.9
Days between clinically rehab ready & start date:	1.3	Days between clinically rehab ready & start date:	1.5

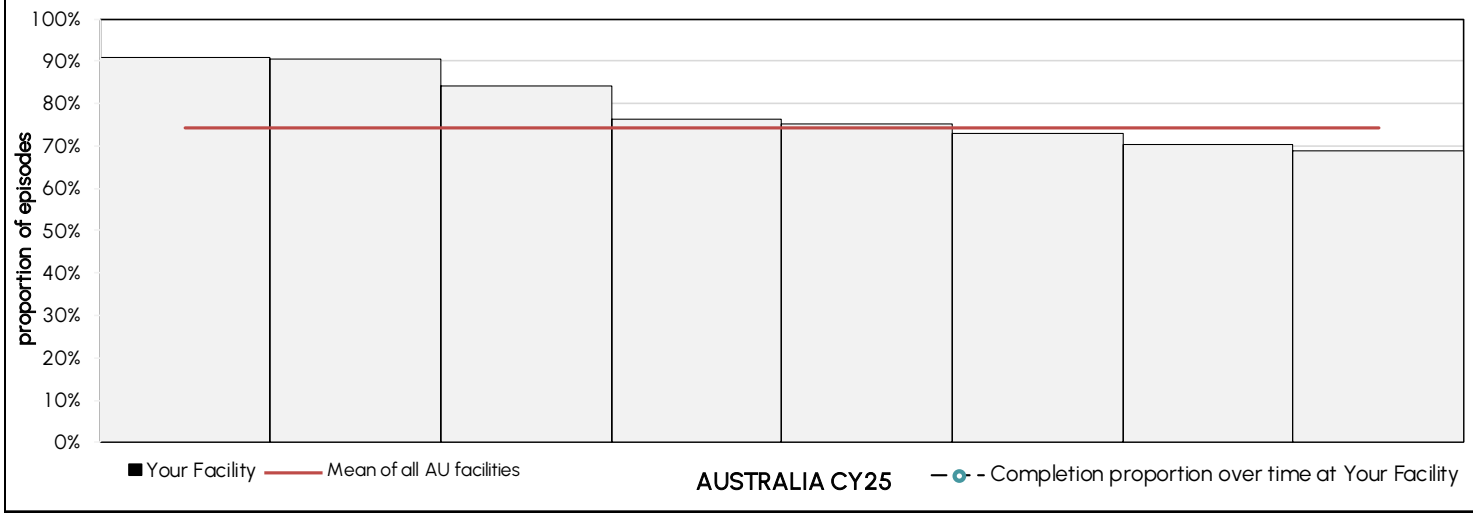
* Mean value provided unless otherwise specified

Facility FIM Training*

FIM Credentialed Staff per 100 Episodes	FIM Credentialed Facility Trainers
7.1 Your Facility	3 Your Facility
7.2 AUSTRALIA CY25 (Mean)	2 AROC Suggested Minimum

*This includes all impairments from all wards

Proportion of completed episodes by facility



Data used in this report

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- Amputation of limb episodes discharged during the reporting period (1 January 2025 – 31 December 2025) and time series data covering five years.
- Benchmark group is AUSTRALIA.
- Casemix analysis uses version 5 AN-SNAP classes (Appendix 3). Casemix adjustment is calculated against AUSTRALIA data.
- Unit of counting is by concatenated* episode, not by patient.
- Summary data (e.g. means, confidence intervals) are excluded from figures and tables when the number of episodes within a subgroup is less than 5.
- Missing data and ungroupable AN-SNAP classes excluded from figures and tables are noted in the inclusion footnote.
- Facilities will only receive this report when the facility reports a minimum of 20 completed amputation of limb episodes.

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.

Amputation of limb impairment codes

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Amputation of limb episodes were identified as those with the following AROC impairment codes:

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

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

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

Amputation of limb AN-SNAP classes

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

- 5AE1 Amputation of limb, weighted FIM Motor 19 - 91
- 5AZ3 Weighted FIM Motor score 13-18, All other impairments, Age >= 79
- 5AZ4 Weighted FIM Motor score 13-18, All other impairments, Age 18 - 78

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

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The BIG Picture

Volume of episodes by facility treating amputation of limb

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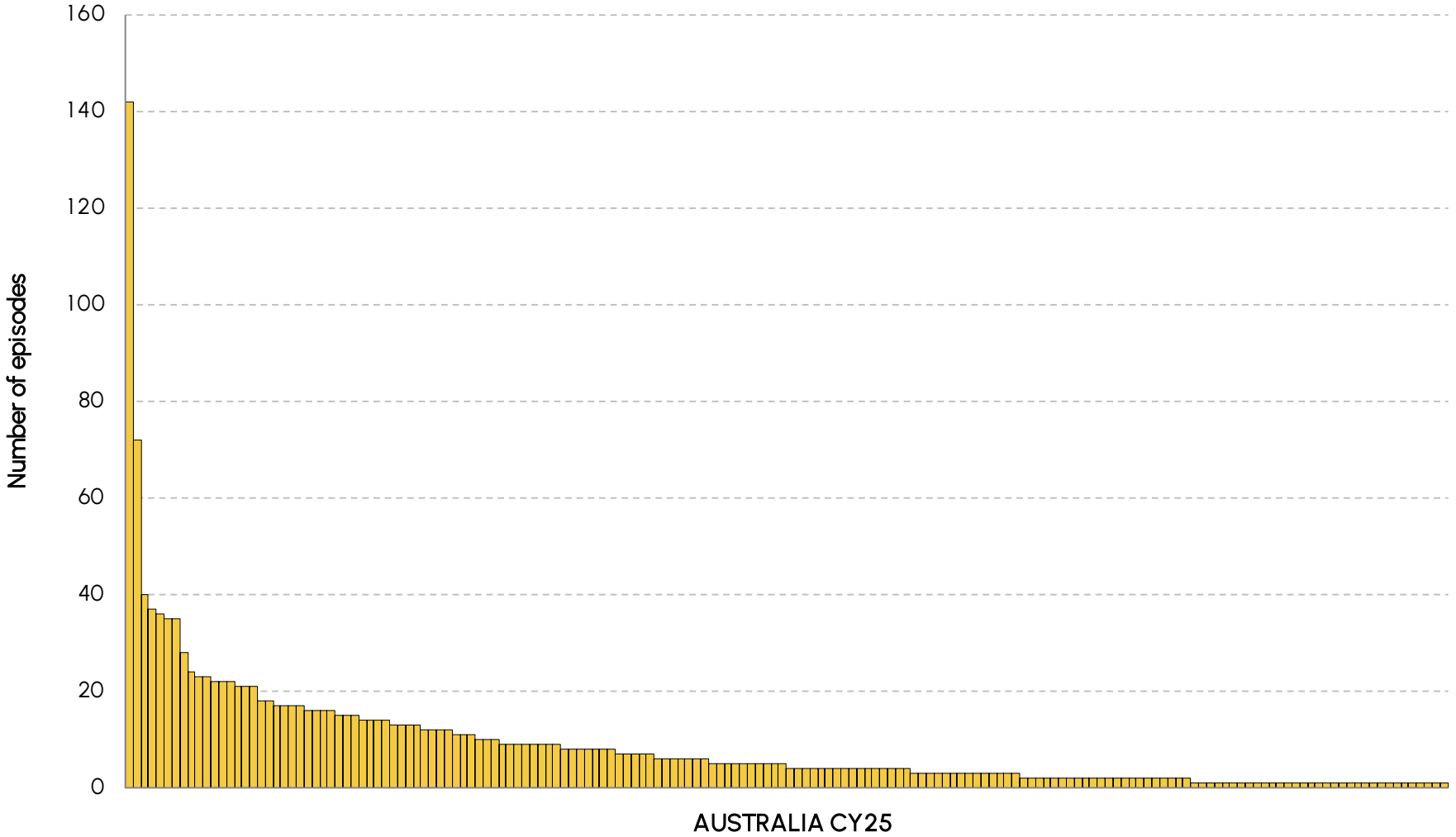

NOTE: 170 facilities reported at least one amputation episode, with 17 facilities reporting between 20 and 142 episodes in this reporting period

Proportion of amputation of limb episodes by AN-SNAP class

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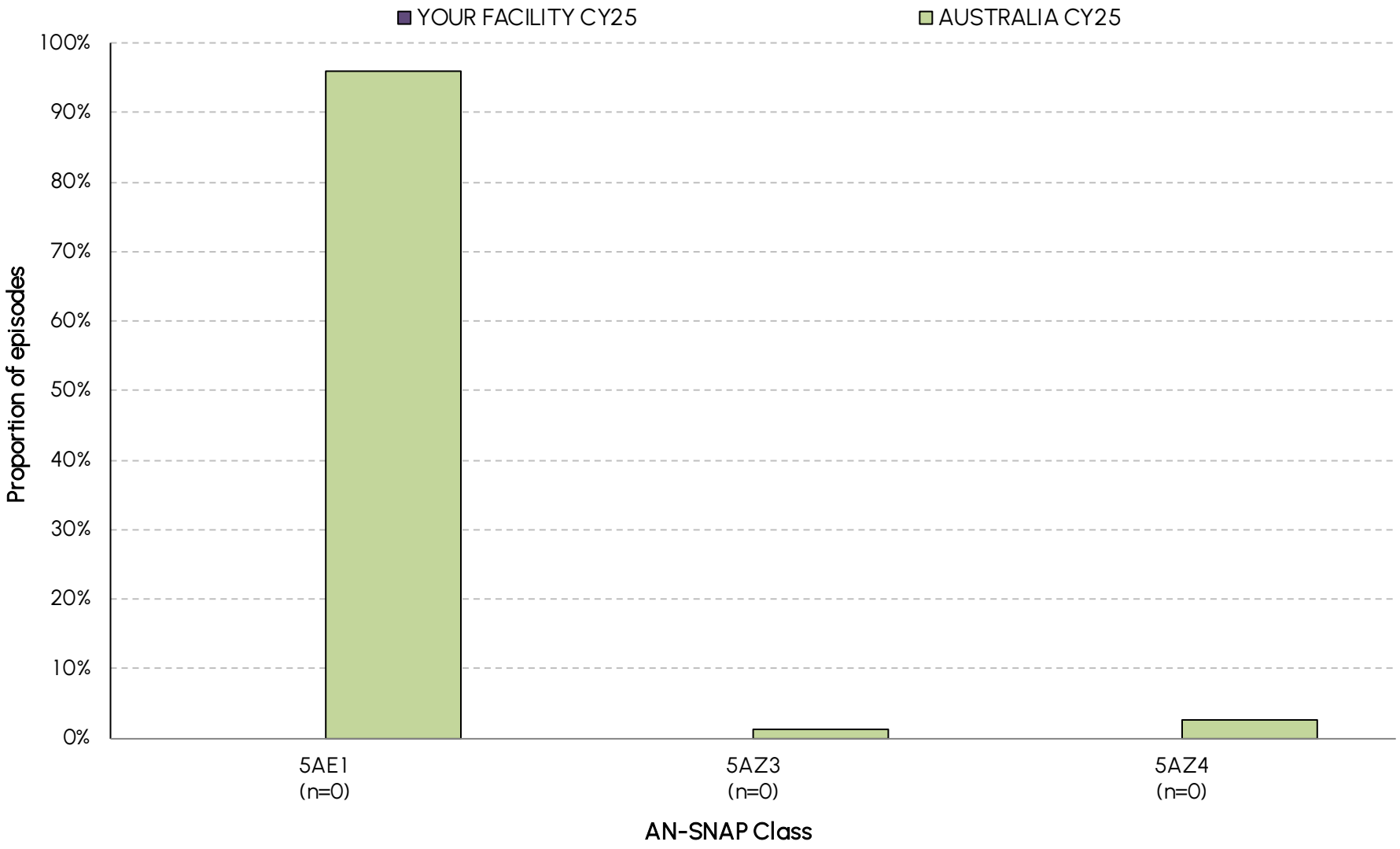

INCLUDES: episodes with a groupable AN-SNAP class (not 599A).

Proportion of amputation of limb episodes by impairment group

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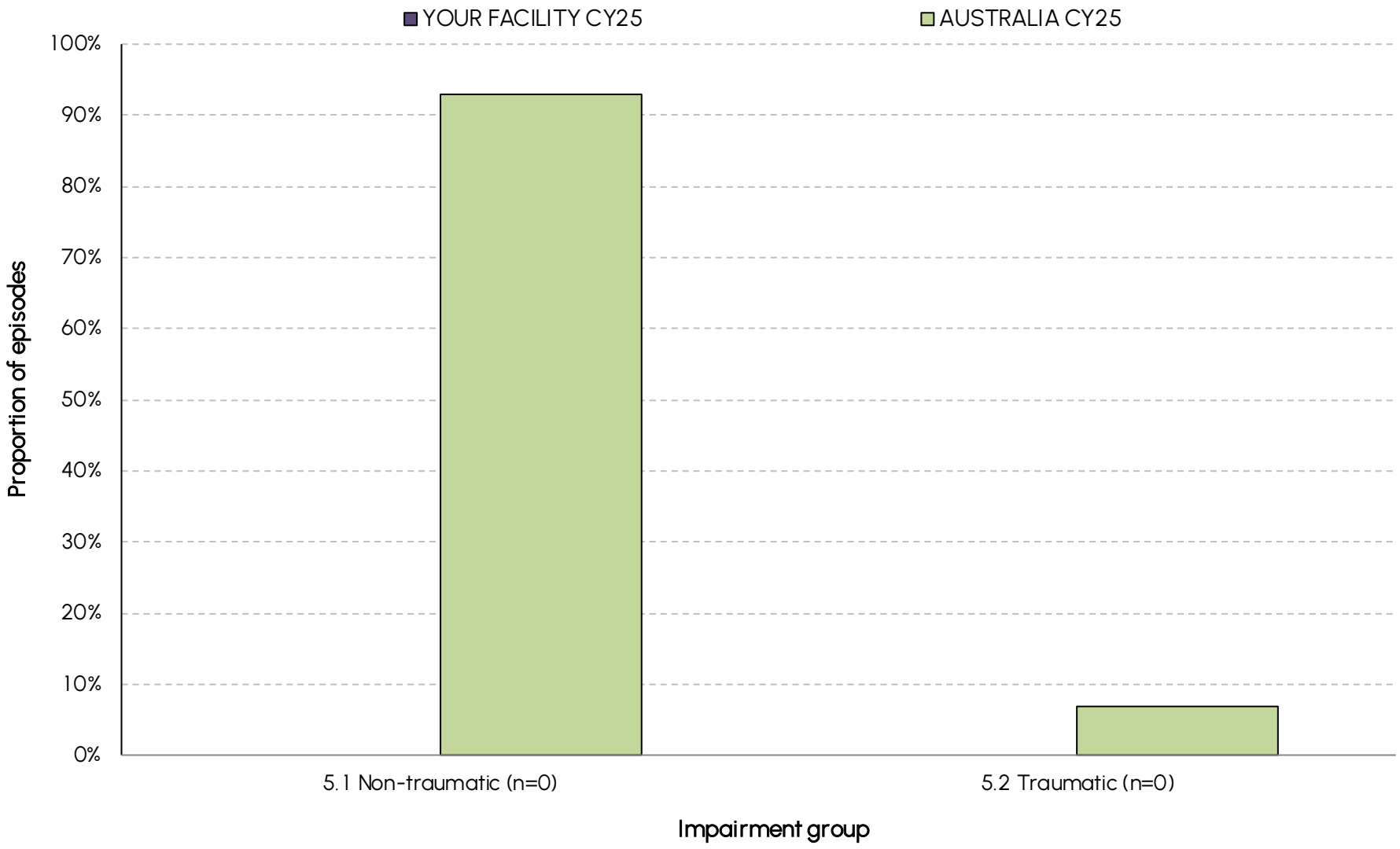

Number of amputation of limb episodes by AN-SNAP class and impairment code

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	YOUR FACILITY CY25									
	5AE1		5AZ3		5AZ4		599A		All Amputation of limb	
Impairment code	N	%	N	%	N	%	N	%	N	%
Non traumatic impairments										
5.11 Single upper amputation above the elbow	0	0.0	0	—	0	0.0	0	—	0	0.0
5.12 Single upper amputation below the elbow	0	0.0	0	—	0	0.0	0	—	0	0.0
5.13 Single lower amputation above the knee	2	15.4	0	—	0	0.0	0	—	2	13.3
5.14 Single lower amputation below the knee	8	61.5	0	—	1	50.0	0	—	9	60.0
5.15 Double lower amputation above the knee	0	0.0	0	—	0	0.0	0	—	0	0.0
5.16 Double lower amputation above/below the knee	0	0.0	0	—	0	0.0	0	—	0	0.0
5.17 Double lower amputation below the knee	1	7.7	0	—	0	0.0	0	—	1	6.7
5.18 Partial foot amputation (includes single/double)	2	15.4	0	—	1	50.0	0	—	3	20.0
5.19 Other non-traumatic amputation	0	0.0	0	—	0	0.0	0	—	0	0.0
All non traumatic impairments	**13**	**100.0**	**0**	**—**	**2**	**100.0**	**0**	**—**	**15**	**100.0**
Traumatic impairments										
5.21 Single upper amputation above the elbow	0	0.0	0	—	0	—	0	—	0	0.0
5.22 Single upper amputation below the elbow	0	0.0	0	—	0	—	0	—	0	0.0
5.23 Single lower amputation above the knee	0	0.0	0	—	0	—	0	—	0	0.0
5.24 Single lower amputation below the knee	1	50.0	0	—	0	—	0	—	1	50.0
5.25 Double lower amputation above the knee	0	0.0	0	—	0	—	0	—	0	0.0
5.26 Double lower amputation above/below the knee	1	50.0	0	—	0	—	0	—	1	50.0
5.27 Double lower amputation below the knee	0	0.0	0	—	0	—	0	—	0	0.0
5.28 Partial foot amputation (includes single/double)	0	0.0	0	—	0	—	0	—	0	0.0
5.29 Other traumatic amputation	0	0.0	0	—	0	—	0	—	0	0.0
All traumatic impairments	**2**	**100.0**	**0**	**—**	**0**	**—**	**0**	**—**	**2**	**100.0**
All Amputation of limb	**15**		**0**		**2**		**0**		**17**	

	AUSTRALIA CY25									
	5AE1		5AZ3		5AZ4		599A		All Amputation of limb	
Impairment code	N	%	N	%	N	%	N	%	N	%
Non traumatic impairments										
5.11 Single upper amputation above the elbow	10	0.8	n<5	—	n<5	—	n<5	—	10	0.7
5.12 Single upper amputation below the elbow	9	0.7	n<5	—	n<5	—	n<5	—	9	0.6
5.13 Single lower amputation above the knee	308	23.2	8	44.4	17	43.6	n<5	—	333	24.0
5.14 Single lower amputation below the knee	766	57.6	8	44.4	14	35.9	n<5	—	789	56.8
5.15 Double lower amputation above the knee	11	0.8	n<5	—	n<5	—	n<5	—	11	0.8
5.16 Double lower amputation above/below the knee	20	1.5	n<5	—	n<5	—	n<5	—	21	1.5
5.17 Double lower amputation below the knee	36	2.7	n<5	—	n<5	—	n<5	—	37	2.7
5.18 Partial foot amputation (includes single/double)	92	6.9	n<5	—	n<5	—	n<5	—	93	6.7
5.19 Other non-traumatic amputation	78	5.9	n<5	—	5	12.8	n<5	—	85	6.1
All non traumatic impairments	**1,330**	**100.0**	**18**	**100.0**	**39**	**100.0**	**n<5**	**—**	**1,388**	**100.0**
Traumatic impairments										
5.21 Single upper amputation above the elbow	n<5	—	n<5	—	n<5	—	n<5	—	n<5	—
5.22 Single upper amputation below the elbow	n<5	—	n<5	—	n<5	—	n<5	—	n<5	—
5.23 Single lower amputation above the knee	24	23.5	n<5	—	n<5	—	n<5	—	24	23.1
5.24 Single lower amputation below the knee	51	50.0	n<5	—	n<5	—	n<5	—	51	49.0
5.25 Double lower amputation above the knee	n<5	—	n<5	—	n<5	—	n<5	—	n<5	—
5.26 Double lower amputation above/below the knee	n<5	—	n<5	—	n<5	—	n<5	—	n<5	—
5.27 Double lower amputation below the knee	n<5	—	n<5	—	n<5	—	n<5	—	5	4.8
5.28 Partial foot amputation (includes single/double)	8	7.8	n<5	—	n<5	—	n<5	—	8	7.7
5.29 Other traumatic amputation	5	4.9	n<5	—	n<5	—	n<5	—	5	4.8
All traumatic impairments	**102**	**100.0**	**n<5**	**—**	**n<5**	**—**	**n<5**	**—**	**104**	**100.0**
All Amputation of limb	**1,432**		**18**		**41**		**n<5**		**1,492**	

DATA SUPRESSION: when <5 episodes in NATIONAL data counts and summary data is suppressed

Proportion of amputation of limb episodes by AN-SNAP class over time

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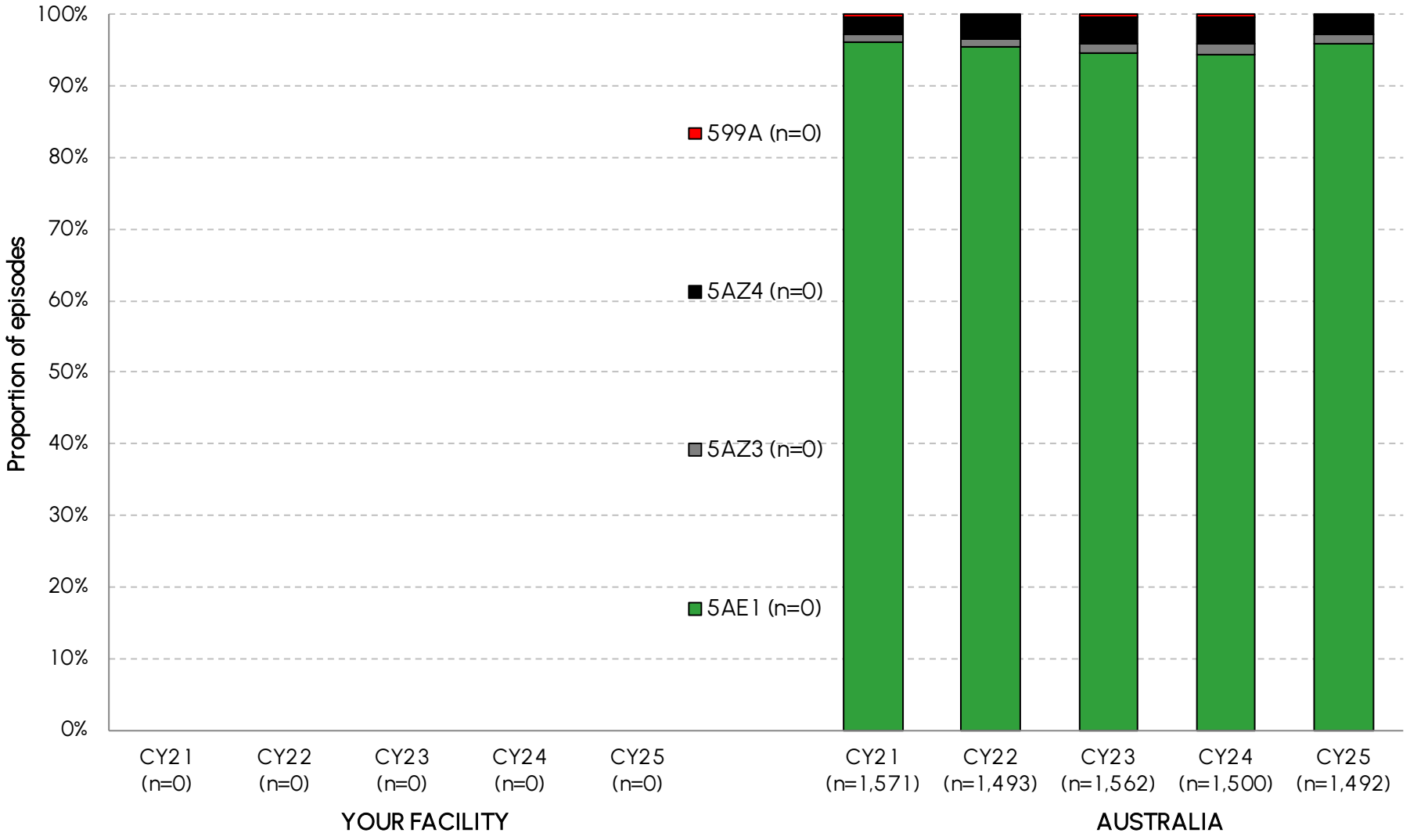

Number of amputation of limb episodes by AN-SNAP class over time

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	YOUR FACILITY — N					AUSTRALIA — N				
AN-SNAP class V5	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**
5AE1 (motor 63-91, cognition 30-35)	0	0	0	0	0	1,511	1,425	1,477	1,416	1,432
5AZ3 (motor 63-91, cognition 21-29)	0	0	0	0	0	17	18	20	22	18
5AZ4 (motor 63-91, cognition 5-20)	0	0	0	0	0	38	49	61	57	41
599A (ungroupable)	0	0	0	0	0	5	n<5	n<5	5	n<5
All Amputation of limb AN-SNAP Classes	**0**	**0**	**0**	**0**	**0**	**1,571**	**1,493**	**1,562**	**1,500**	**1,492**

	YOUR FACILITY — %					AUSTRALIA — %				
AN-SNAP class V5	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**
5AE1 (motor 63-91, cognition 30-35)	—	—	—	—	—	96.2	95.4	94.6	94.4	96.0
5AZ3 (motor 63-91, cognition 21-29)	—	—	—	—	—	1.1	1.2	1.3	1.5	1.2
5AZ4 (motor 63-91, cognition 5-20)	—	—	—	—	—	2.4	3.3	3.9	3.8	2.7
599A (ungroupable)	—	—	—	—	—	0.3	—	—	0.3	—
All Amputation of limb AN-SNAP Classes	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

DATA SUPRESSION: when <5 episodes in NATIONAL data counts and summary data is suppressed

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Review of FIM item scoring by AN-SNAP class

Interpreting the comparative FIM item scoring charts

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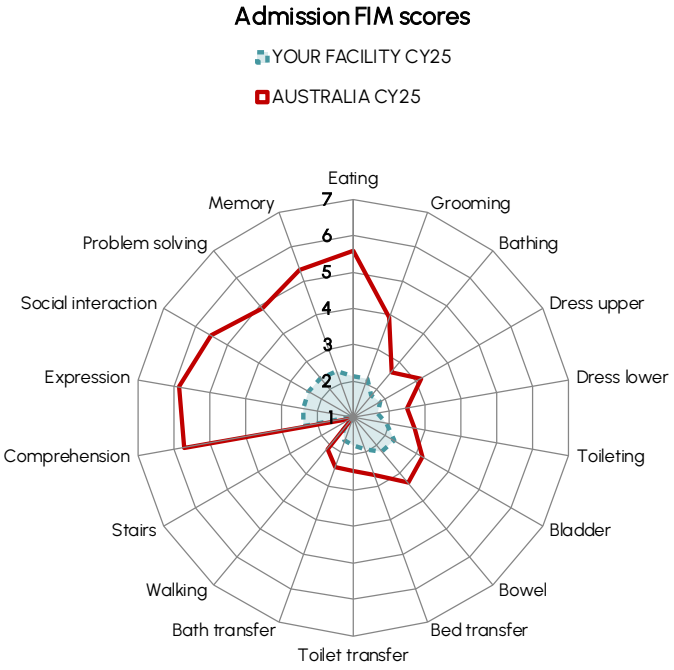

Figure A

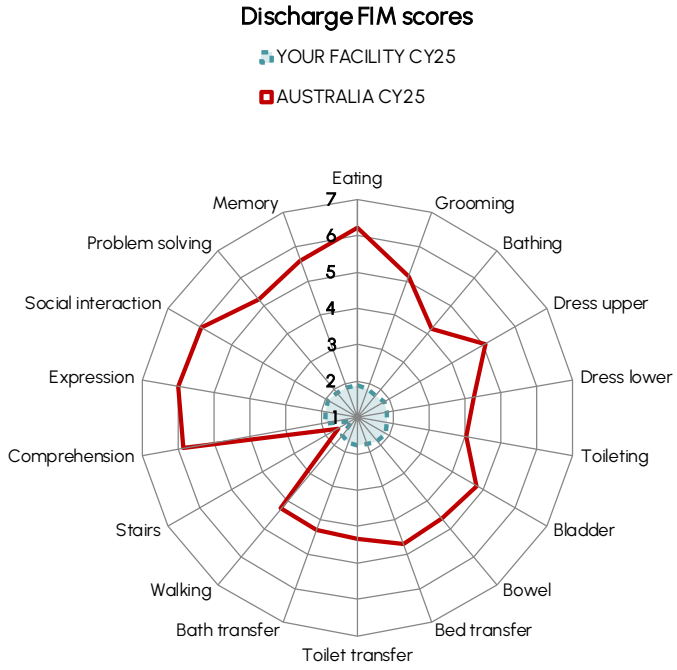

Figure B

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 NATIONAL 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 5AE1

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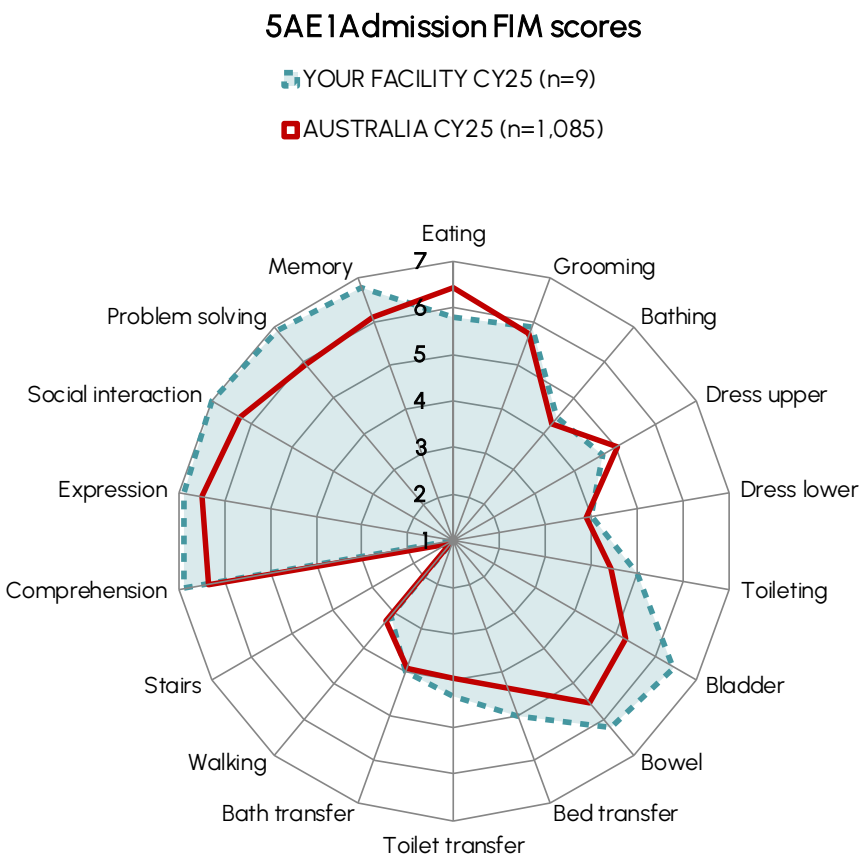

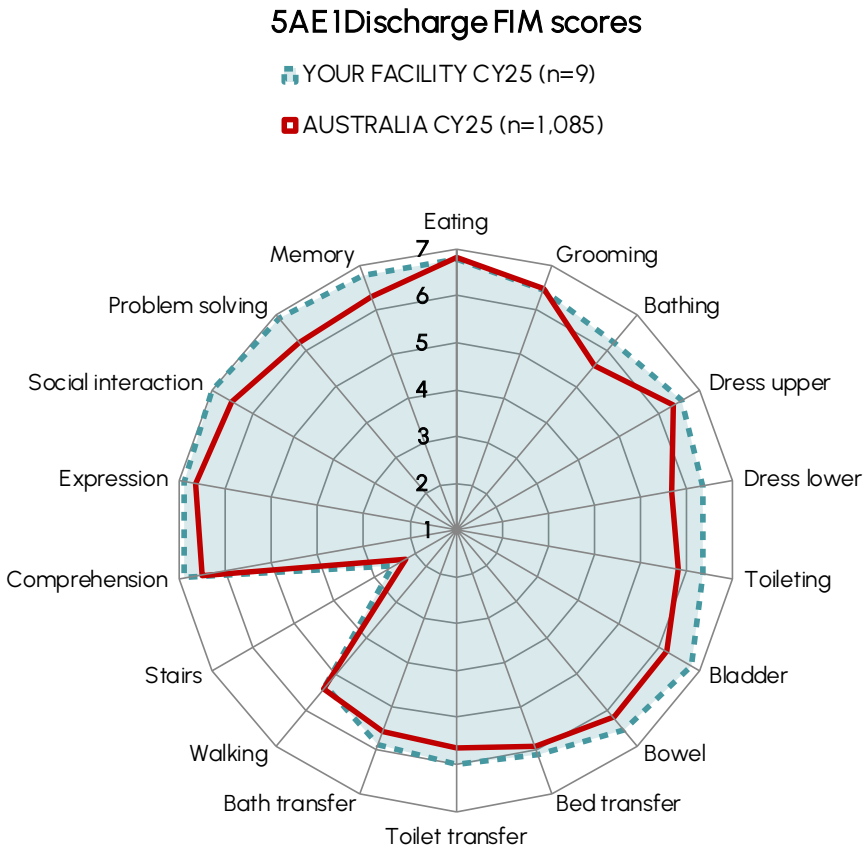

INCLUDES: complete episodes with valid FIM score. The definition of a complete episode can be found in the glossary at the end of this report.

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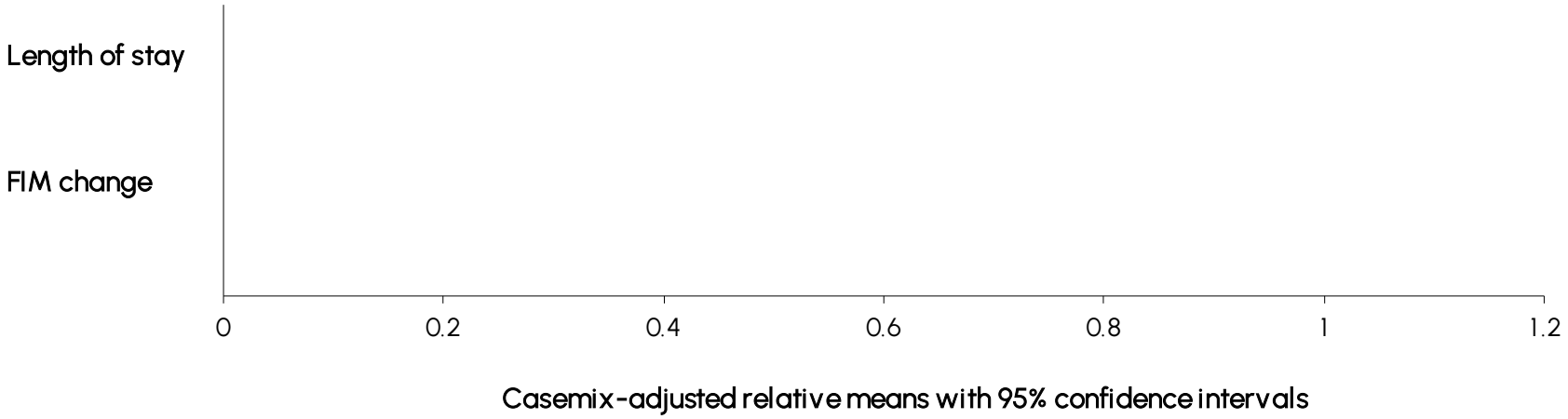
Outcomes Analysis

Casemix-adjusted relative means

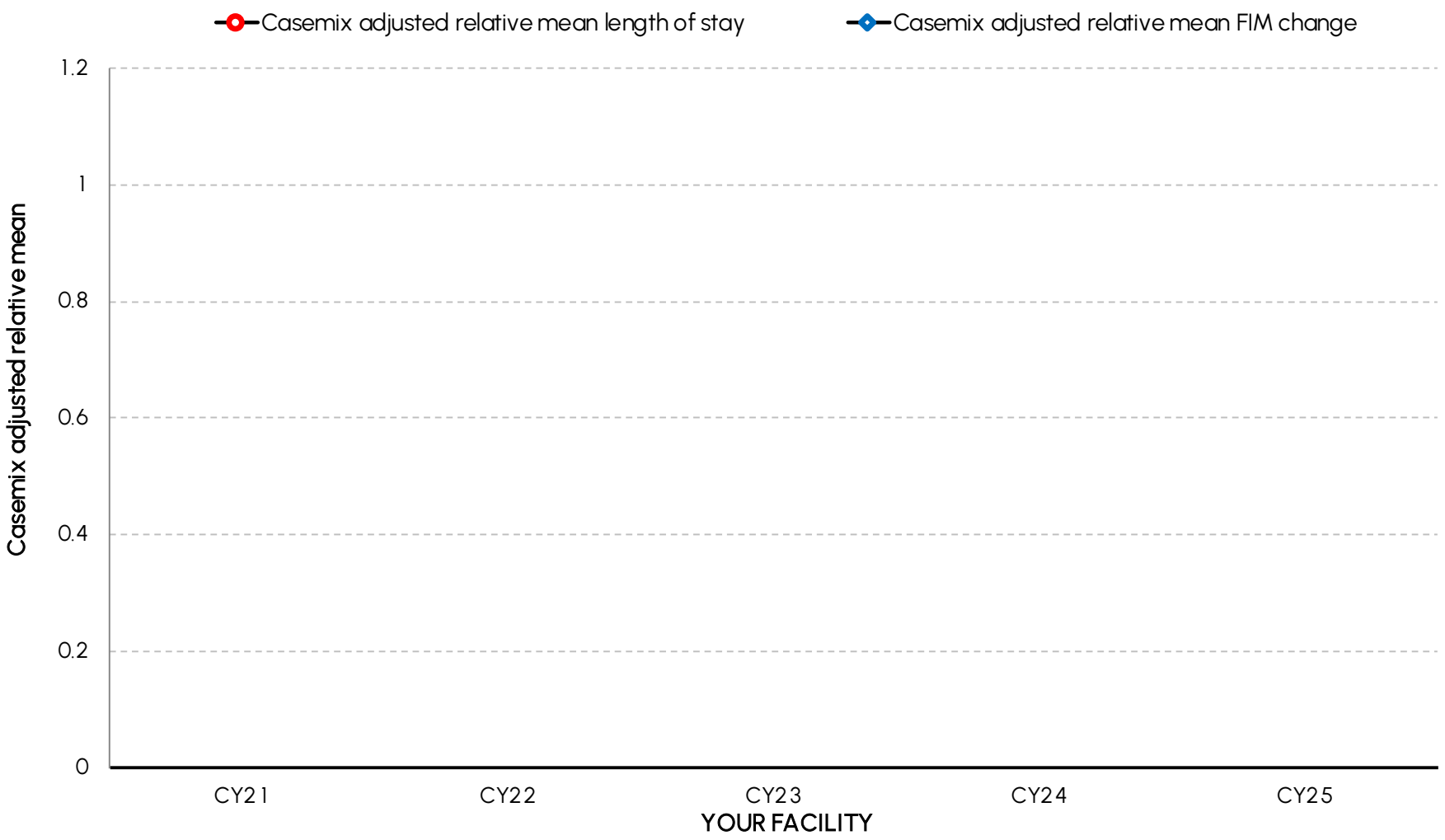


Casemix-adjusted relative means with 95% confidence intervals

		YOUR FACILITY CY25	AUSTRALIA CY25
Outcome measure	**Casemix-adjusted* relative mean**	**95% CI**	**National IQR**
Length of stay	n/a	#N/A	-18.1 to 7.9
FIM change	n/a	#N/A	-8.8 to 7.2

INCLUDES: complete episodes with valid LOS (<500 days), valid FIM score and a groupable AN-SNAP (not 599A). The definition of a complete episode can be found in the glossary.

Casemix-adjusted* relative means over time



*Casemix adjusted values are based on CY 2025

INCLUDES: complete episodes with valid LOS (<500 days), valid FIM score and a groupable AN-SNAP (not 599A). The definition of a complete episode can be found in the glossary.

Outcome measures – difference from National

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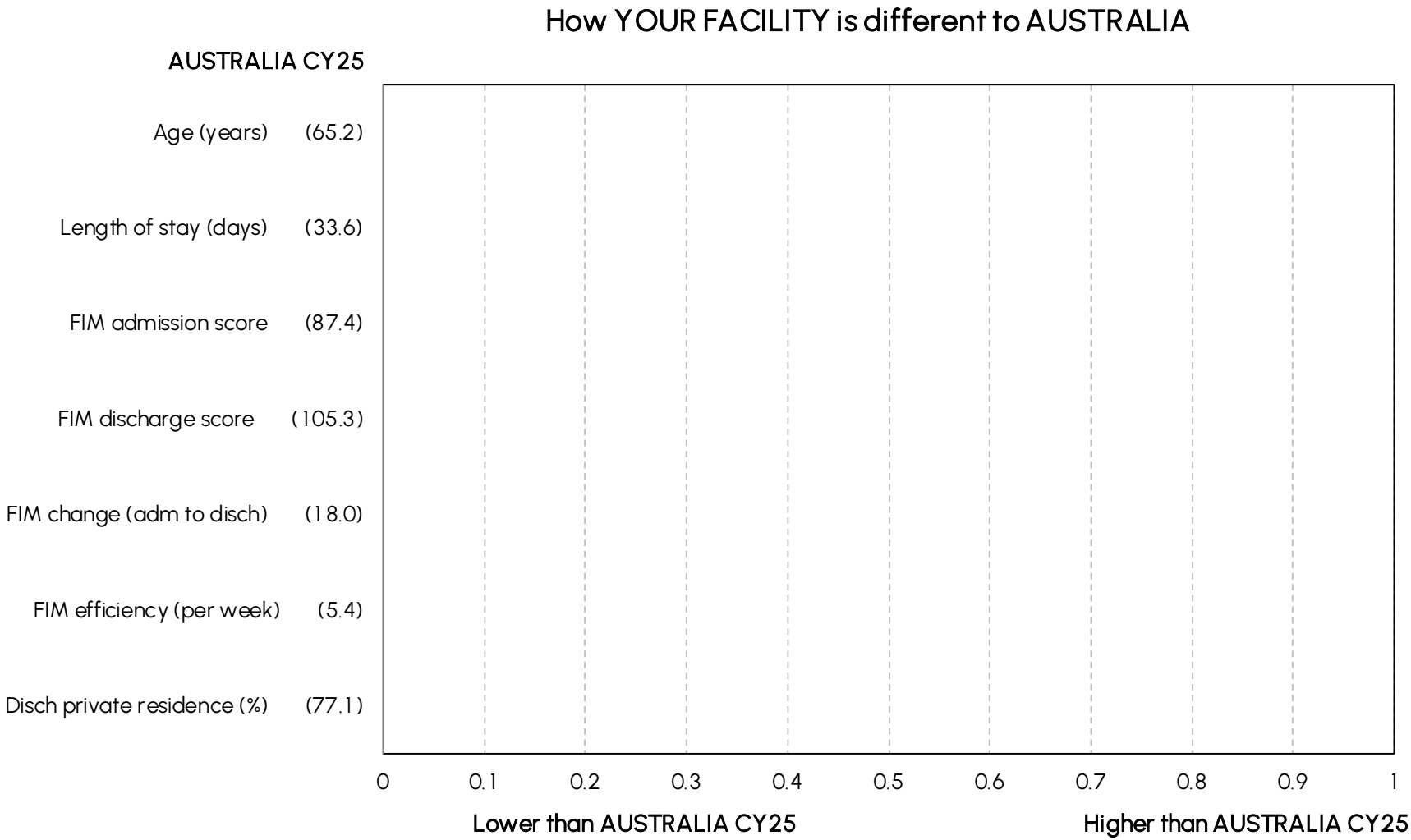

INCLUDES: Age (valid age), LOS (complete with Valid LOS (<500 days), FIM admission/discharge/change (Complete with Valid FIM), FIM efficiency (Complete Valid LOS and Valid FIM), Disch private residence (Complete episode). The definition of a complete episode can be found in the glossary at the end of this report.
UPDATE: The calculation of FIM efficiency (per week) has changed in this figure from a group rate to a group mean (of the individual episode-level FIM efficiencies per week within the group). For more details please refer to Appendix 5.

Outcome measures – difference from last year

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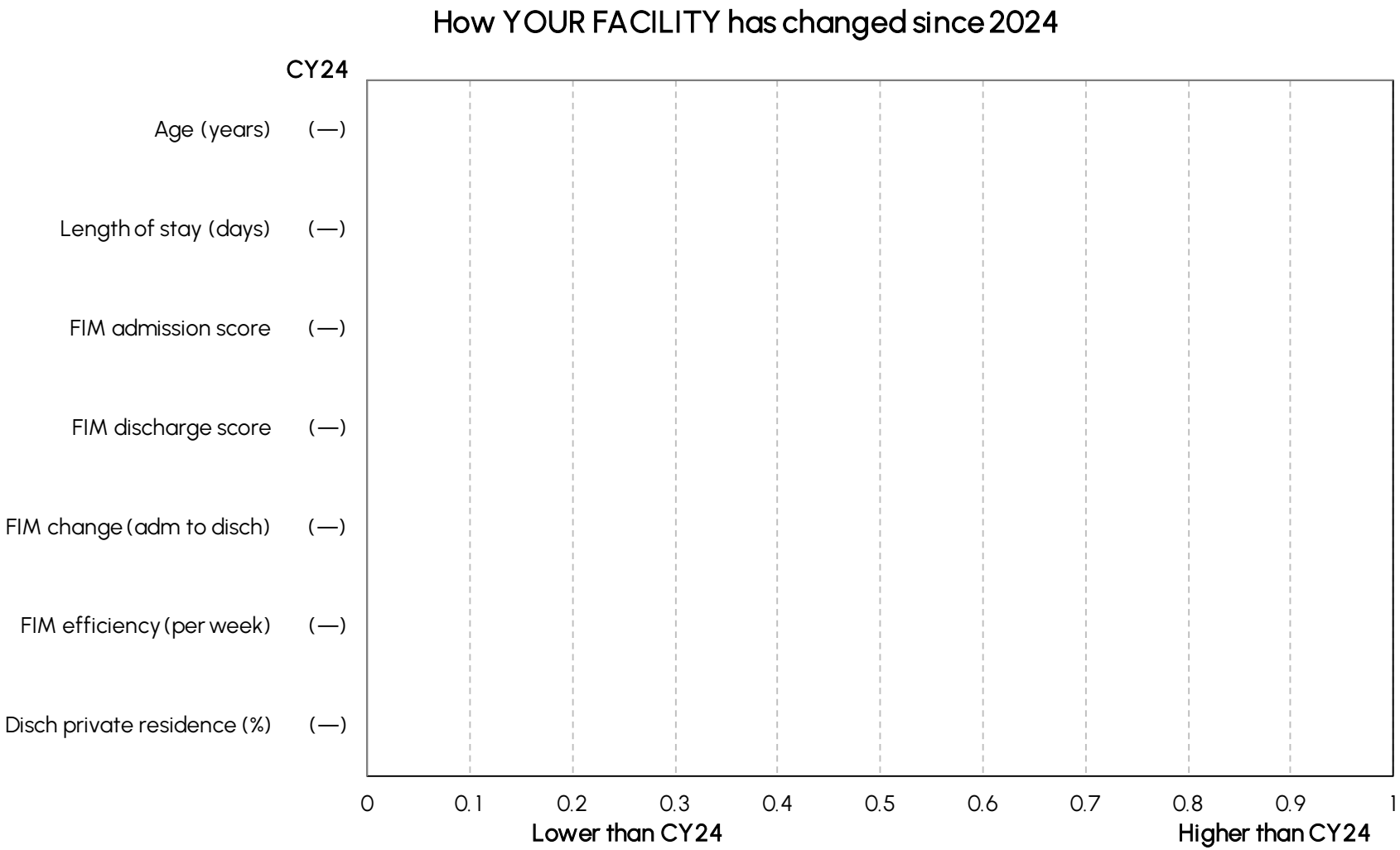

INCLUDES: Age (valid age), LOS (complete with Valid LOS (<500 days), FIM admission/discharge/change (Complete with Valid FIM), FIM efficiency (Complete Valid LOS and Valid FIM), Disch private residence (Complete episode). The definition of a complete episode can be found in the glossary at the end of this report.
UPDATE: The calculation of FIM efficiency (per week) has changed in this figure from a group rate to a group mean (of the individual episode-level FIM efficiencies per week within the group). For more details please refer to Appendix 5.

Mean length of stay by AN-SNAP class over time

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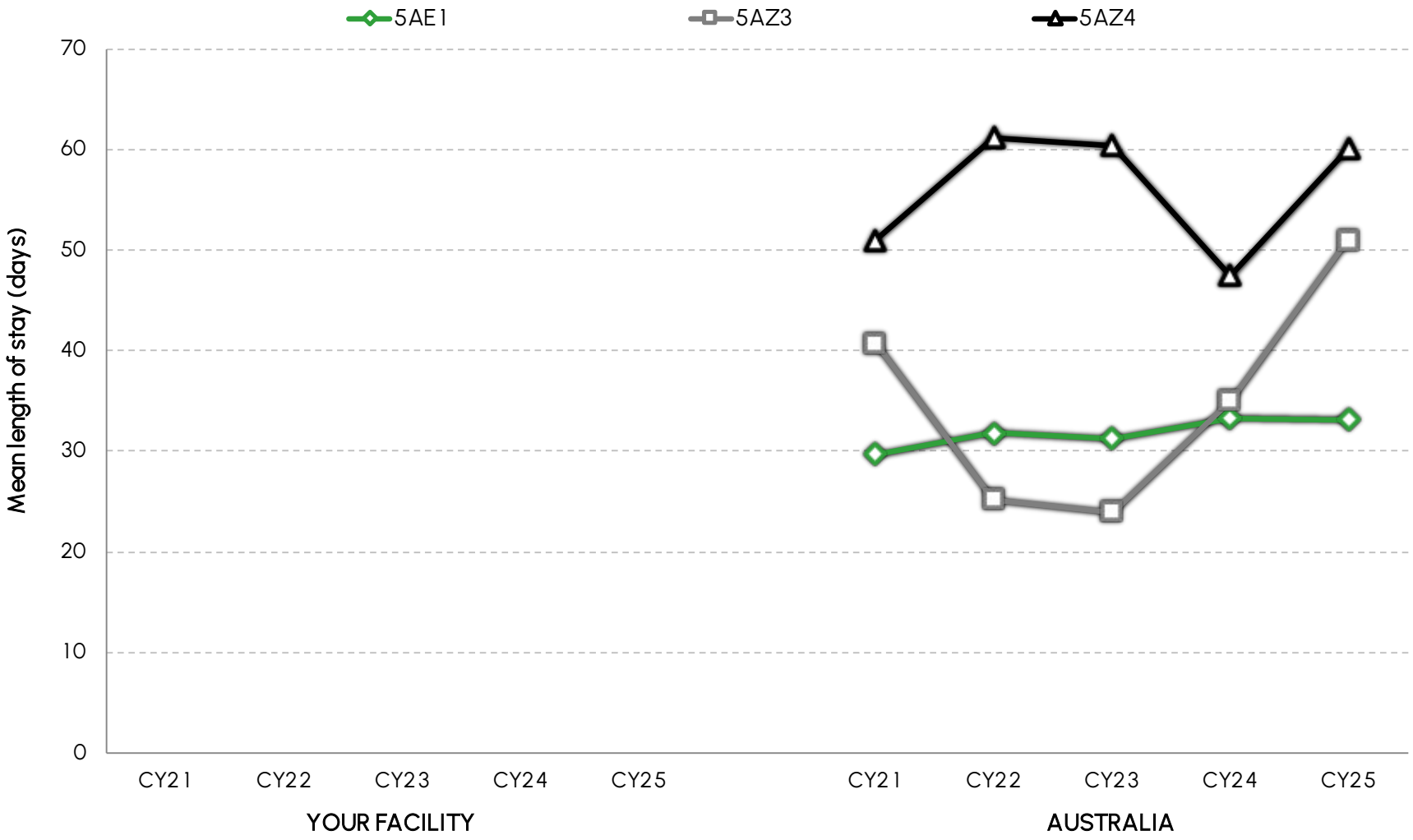
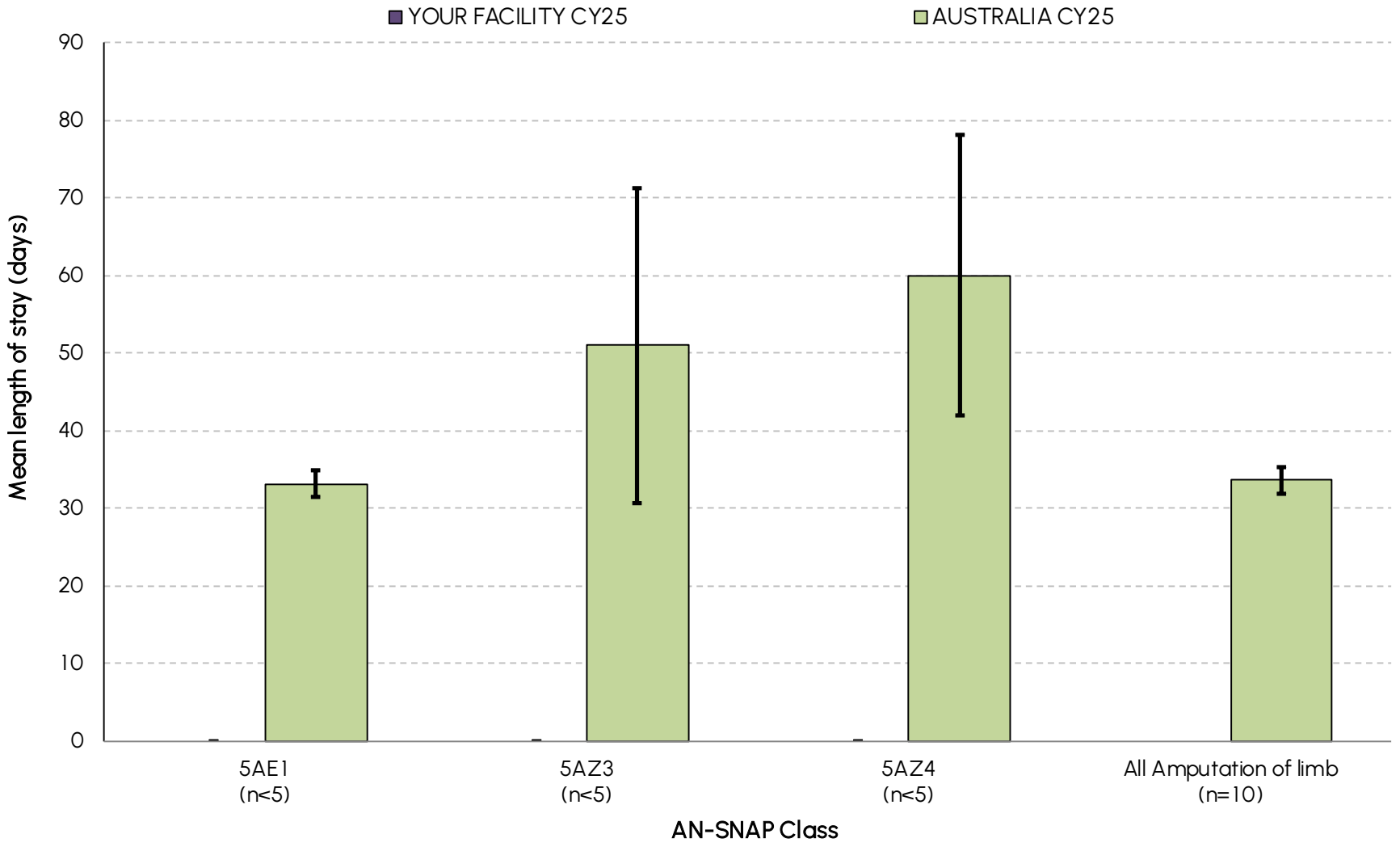


INCLUDES: complete episodes with valid LOS (<500 days) and a groupable AN-SNAP (not 599A). The definition of a complete episode can be found in the glossary.

Mean length of stay by AN-SNAP class



INCLUDES: complete episodes with valid LOS (<500 days) and a groupable AN-SNAP (not 599A). The definition of a complete episode can be found in the glossary.

Mean FIM change by AN-SNAP class over time

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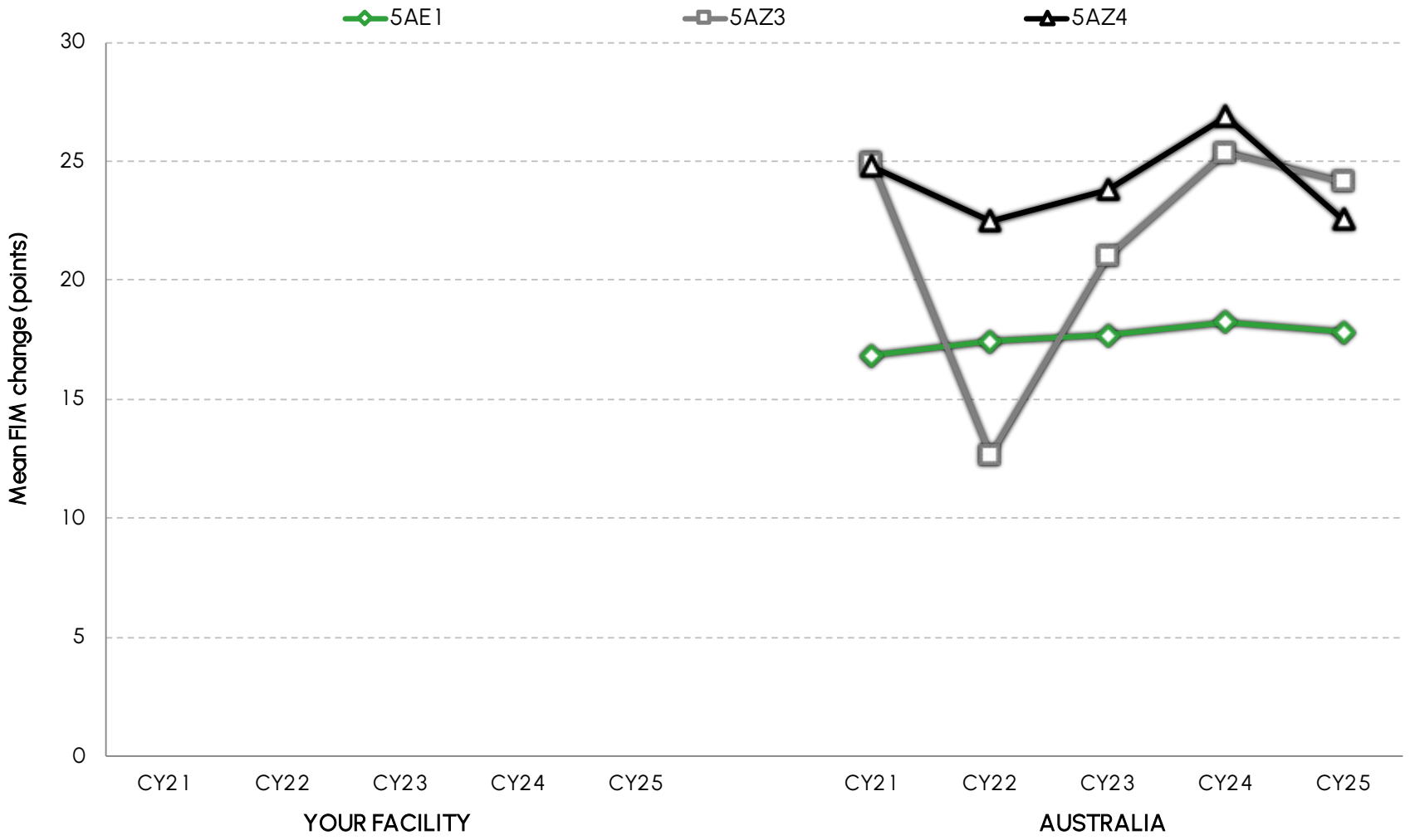

INCLUDES: complete episodes with valid FIM score and a groupable AN-SNAP (not 599A). The definition of a complete episode can be found in the glossary.

Mean FIM change by AN-SNAP class

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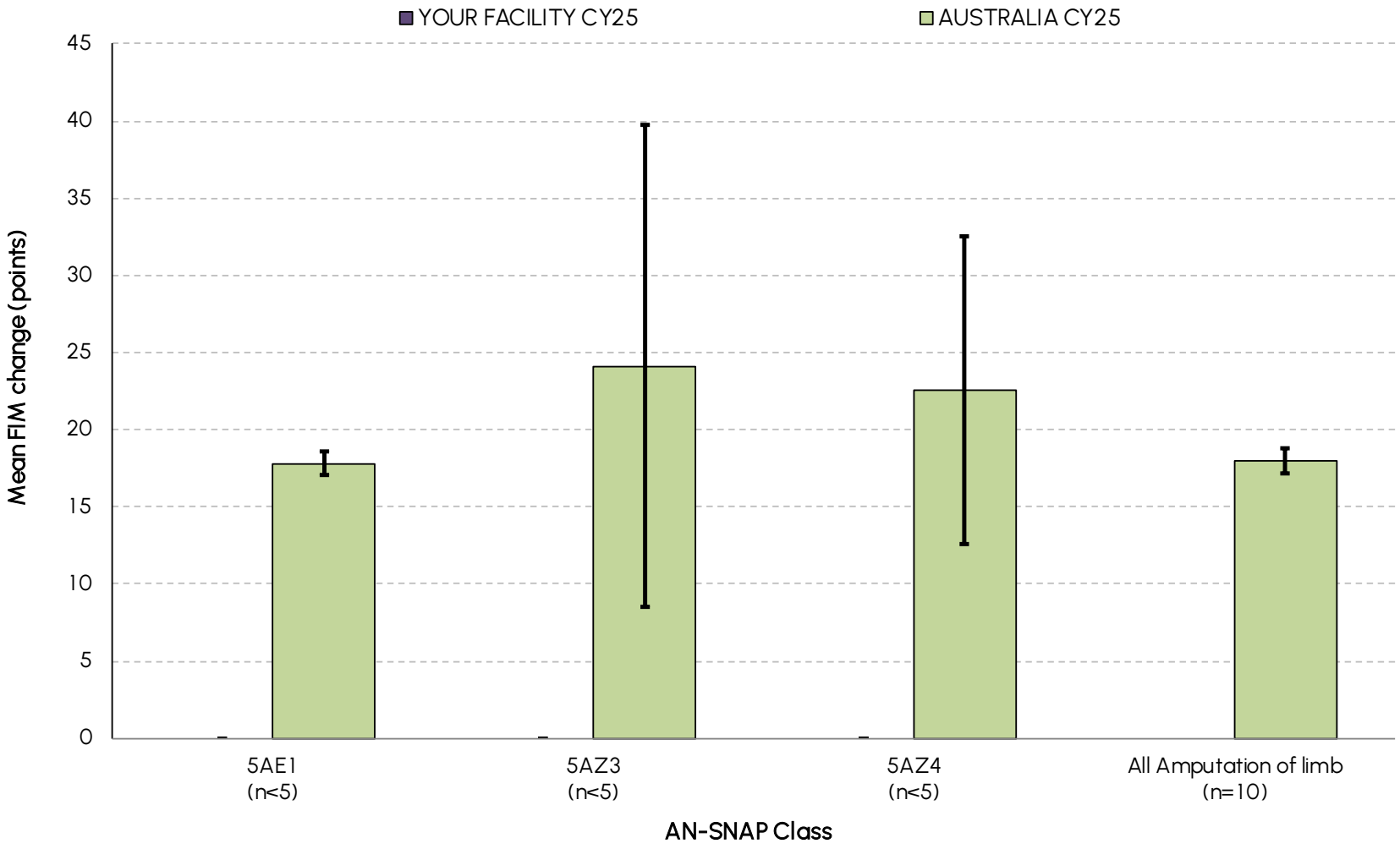
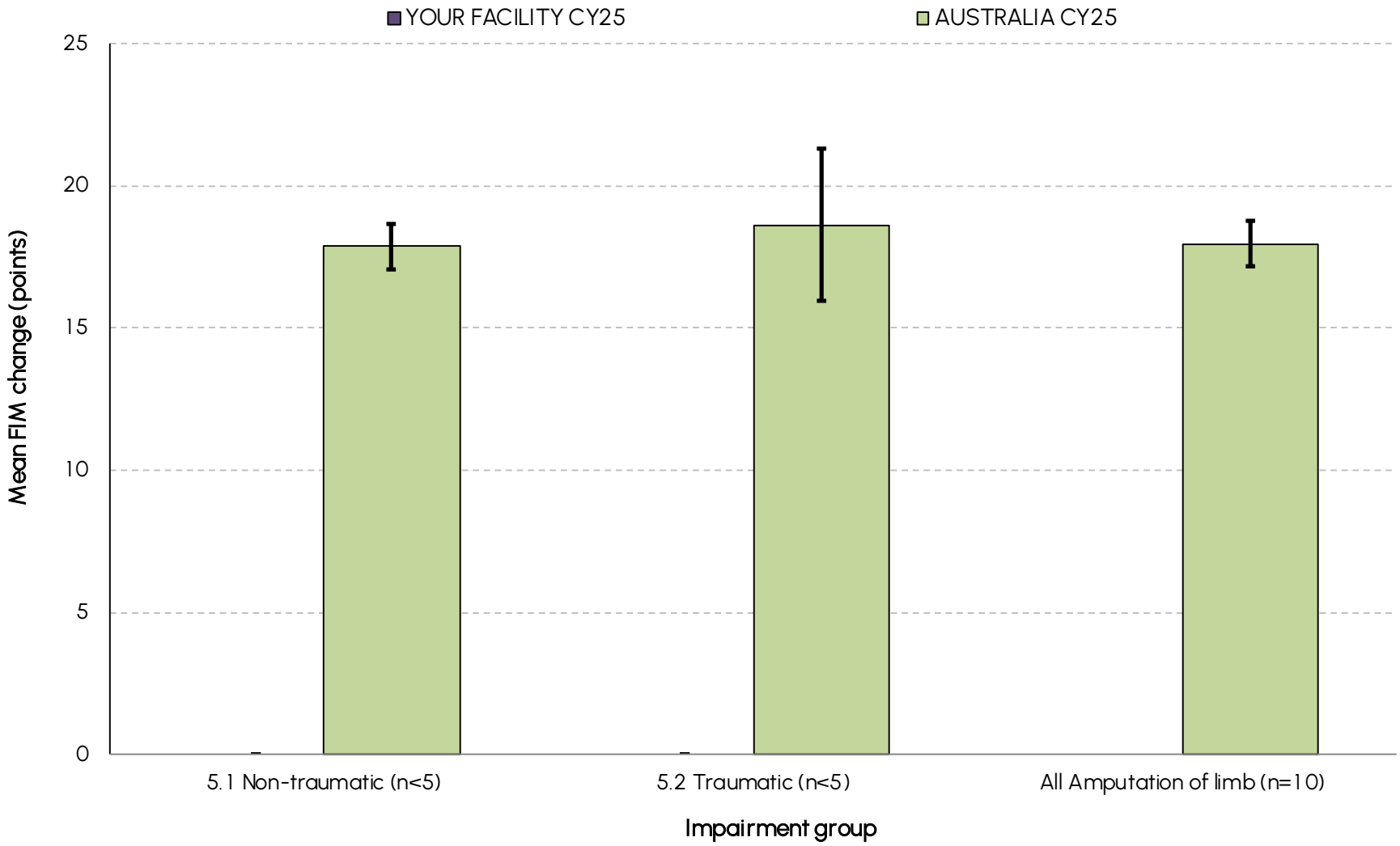


INCLUDES: complete episodes with valid FIM score and a groupable AN-SNAP (not 599A). The definition of a complete episode can be found in the glossary.

Mean FIM change by impairment group



INCLUDES: complete episodes with valid FIM score.. The definition of a complete episode can be found in the glossary.

Casemix-adjusted relative mean and mean length of stay and FIM change by AN-SNAP class and impairment group

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	YOUR FACILITY CY25								AUSTRALIA CY25			
	CARMI (95%CI)				Mean (95%CI)				Mean (95%CI)			
AN-SNAP class V5	**LOS**		**FIM change**		**LOS**		**FIM change**		**LOS**		**FIM change**	
5AE1 (motor 63-91, cognition 30-35)	—		—		—		—		33.1	(31.4 – 34.9)	17.8	(17.1 – 18.6)
5AZ3 (motor 63-91, cognition 21-29)	—		—		—		—		51.0	(30.7 – 71.3)	24.1	(8.5 – 39.8)
5AZ4 (motor 63-91, cognition 5-20)	—		—		—		—		60.1	(42.0 – 78.2)	22.6	(12.6 – 32.5)
All Amputation of limb AN-SNAP Classes	**#N/A**	**(-21.2 – 2.1)**	**#N/A**	**(-12.7 – 8.3)**	**#N/A**	**(14.5 – 35.3)**	**#N/A**	**(6.5 – 26.1)**	**33.6**	**(31.9 – 35.4)**	**18.0**	**(17.2 – 18.7)**

	YOUR FACILITY CY25								AUSTRALIA CY25			
	CARMI (95%CI)				Mean (95%CI)				Mean (95%CI)			
Impairment	**LOS**		**FIM change**		**LOS**		**FIM change**		**LOS**		**FIM change**	
5.1 Non-traumatic	—		—		—		—		32.8	(31.1 – 34.5)	17.9	(17.1 – 18.7)
5.2 Traumatic	—		—		—		—		43.0	(34.2 – 51.8)	18.6	(16.0 – 21.3)
All Amputation of limb	**#N/A**	**(-21.2 – 2.1)**	**#N/A**	**(-12.7 – 8.3)**	**#N/A**	**(14.5 – 35.3)**	**#N/A**	**(6.5 – 26.1)**	**33.6**	**(31.9 – 35.4)**	**18.0**	**(17.2 – 18.7)**

INCLUDES: complete episodes with valid LOS (<500 days), valid FIM score and a groupable AN-SNAP (not 599A). The definition of a complete episode can be found in the glossary.

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Explanatory data

Rockwood Clinical Frailty Scale scores over time

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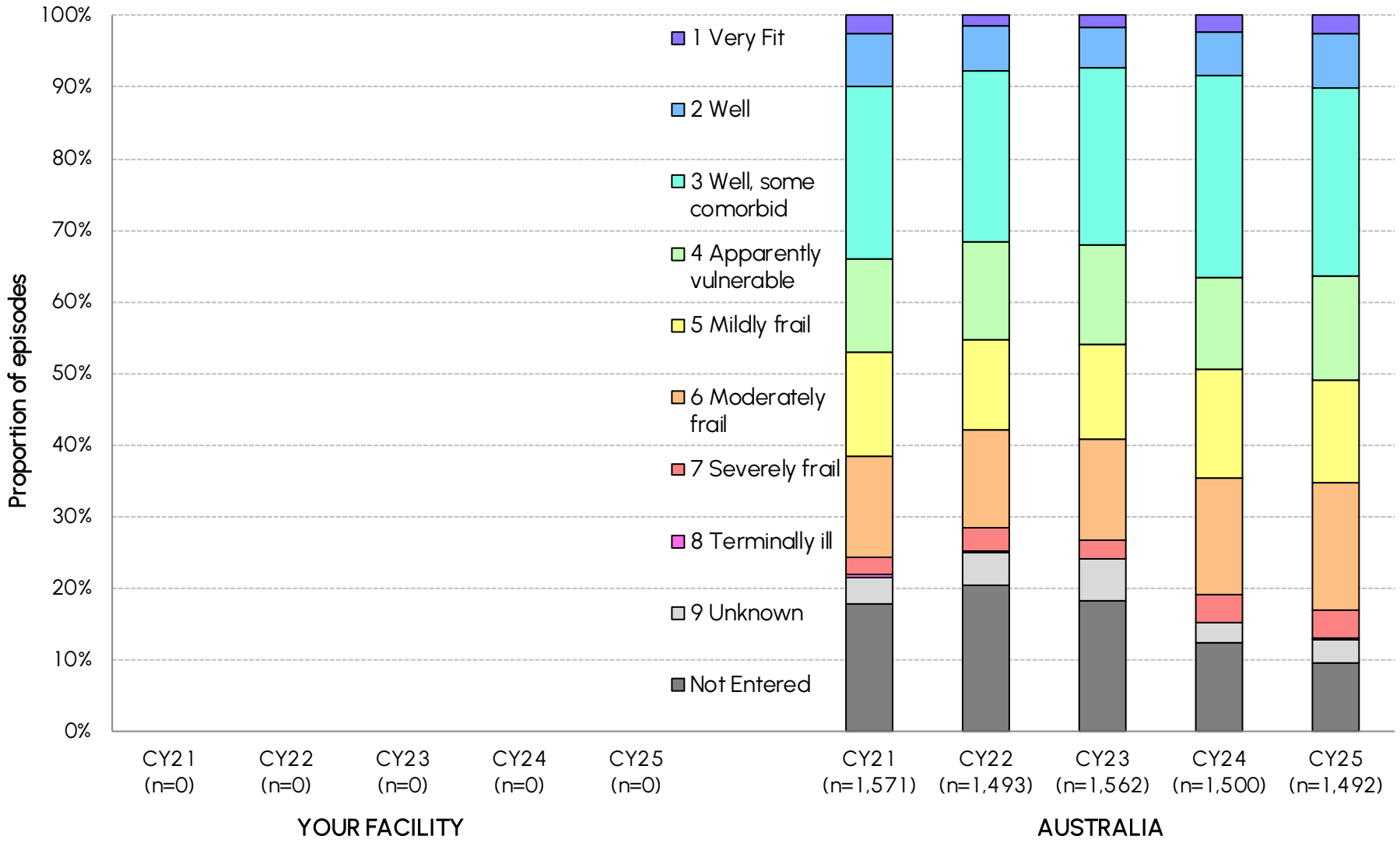

Number and proportion of episodes by Rockwood Clinical Frailty Scale score over time

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	YOUR FACILITY — N					AUSTRALIA — N				
Rockwood Frailty Scale Score	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**
1 Very Fit	0	0	0	0	0	39	22	25	35	37
2 Well	0	0	0	0	0	115	95	88	92	114
3 Well, some comorbid	0	0	0	0	0	380	356	386	423	393
4 Apparently vulnerable	0	0	0	0	0	204	203	219	191	215
5 Mildly frail	0	0	0	0	0	227	187	207	226	214
6 Moderately frail	0	0	0	0	0	224	205	219	244	265
7 Severely frail	0	0	0	0	0	37	48	42	61	60
8 Terminally ill	0	0	0	0	0	6	n<5	n<5	n<5	n<5
9 Unknown	0	0	0	0	0	57	68	91	41	49
Not Entered	0	0	0	0	0	282	306	285	187	143
All Amputation of limb	**0**	**0**	**0**	**0**	**0**	**1,571**	**1,493**	**1,562**	**1,500**	**1,492**

	YOUR FACILITY — %					AUSTRALIA — %				
Rockwood Frailty Scale Score	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**	**CY21**	**CY22**	**CY23**	**CY24**	**CY25**
1 Very Fit	—	—	—	—	—	2.5	1.5	1.6	2.3	2.5
2 Well	—	—	—	—	—	7.3	6.4	5.6	6.1	7.6
3 Well, some comorbid	—	—	—	—	—	24.2	23.8	24.7	28.2	26.3
4 Apparently vulnerable	—	—	—	—	—	13.0	13.6	14.0	12.7	14.4
5 Mildly frail	—	—	—	—	—	14.4	12.5	13.3	15.1	14.3
6 Moderately frail	—	—	—	—	—	14.3	13.7	14.0	16.3	17.8
7 Severely frail	—	—	—	—	—	2.4	3.2	2.7	4.1	4.0
8 Terminally ill	—	—	—	—	—	0.4	—	—	—	—
9 Unknown	—	—	—	—	—	3.6	4.6	5.8	2.7	3.3
Not Entered	—	—	—	—	—	18.0	20.5	18.2	12.5	9.6
All Amputation of limb	**—**	**—**	**—**	**—**	**—**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

DATA SUPRESSION: when <5 episodes in NATIONAL data counts and summary data is suppressed

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

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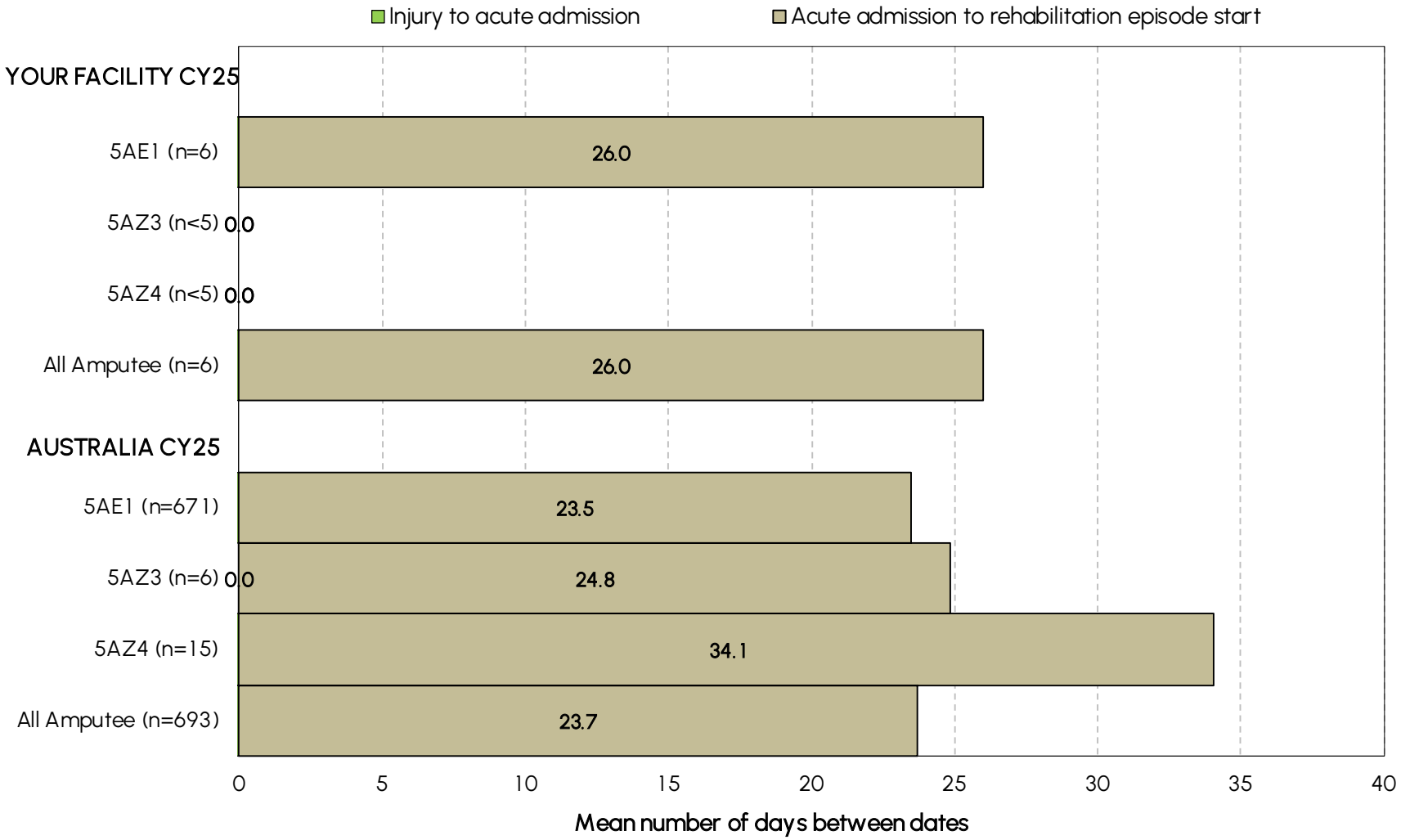

INCLUDES: first direct care admission episodes with valid date of onset, valid date of acute admission, valid episodes start date and a groupable AN-SNAP class (not 599A)
DATA SUPRESSION: when <5 episodes meet the inclusion criteria above, data is suppressed

Days from injury to rehabilitation episode start

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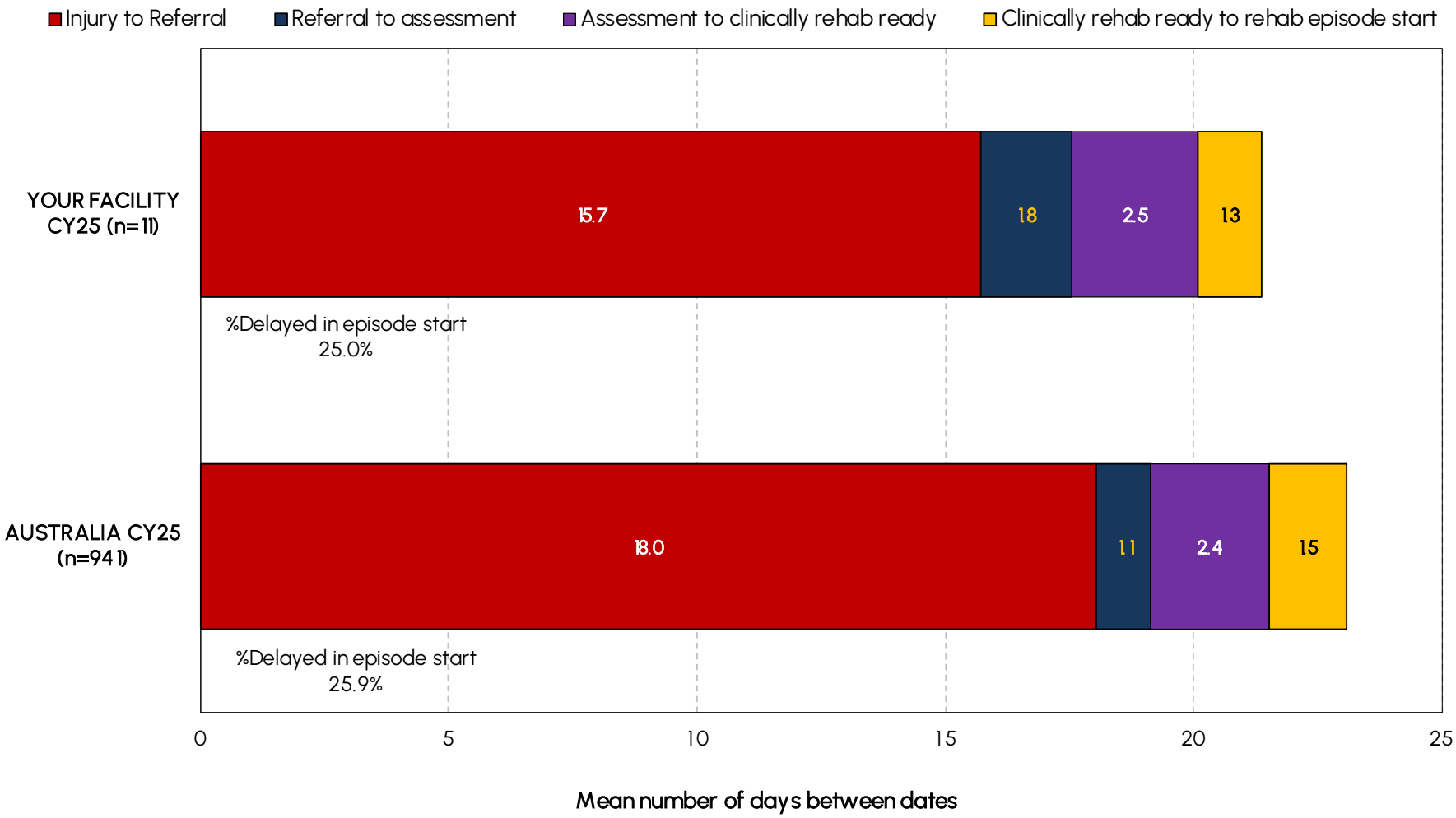

INCLUDES: first direct care admission episodes with valid date of onset, valid referral date, valid assessment date, valid clinically rehabilitation ready date and valid episode start date
DATA SUPRESSION: when <5 episodes meet the inclusion criteria above, data is suppressed

Reason for delay in amputation of limb episode start

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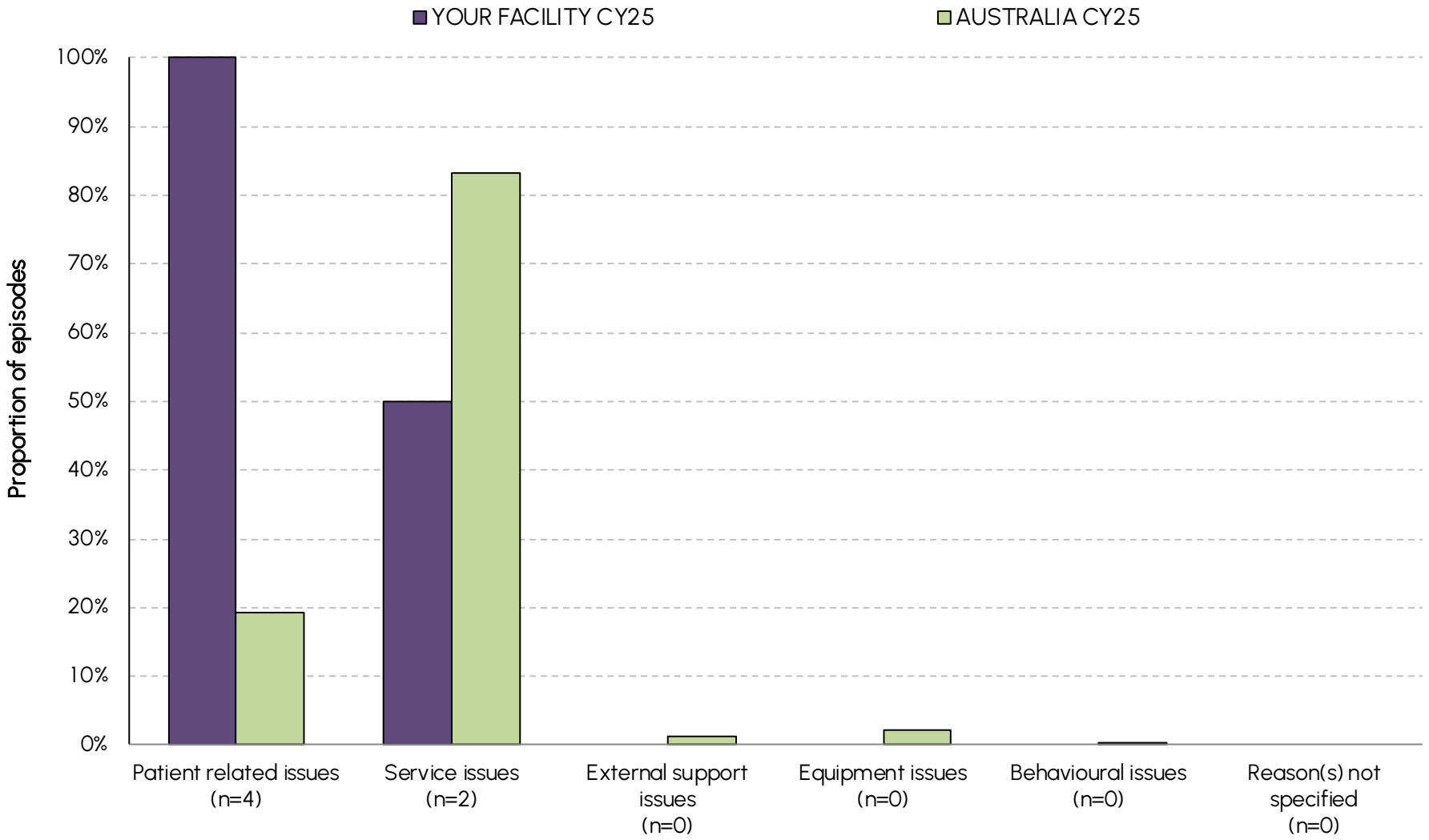

INCLUDES: first direct care admission episodes with a delay in episode start

Summary of delays in amputation of limb episode start

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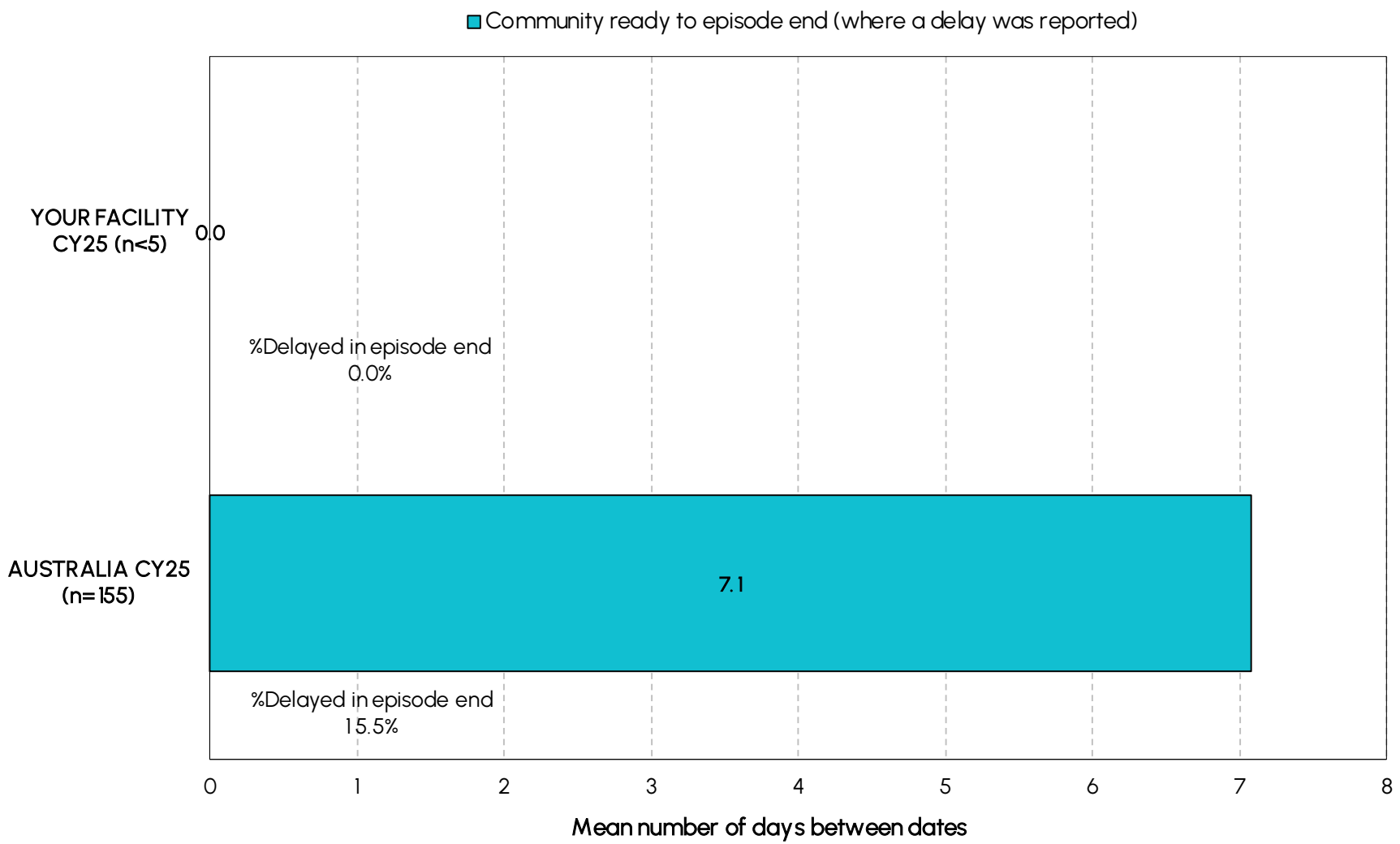
	YOUR FACILITY CY25		AUSTRALIA CY25	
Delay in episode start	**N**	**%**	**N**	**%**
No delay	12	75.0	1,083	74.1
Delay in episode start	4	25.0	378	25.9
Missing	1		31	
All episodes	**17**	**100.0**	**1,492**	**100.0**

	YOUR FACILITY CY25		AUSTRALIA CY25	
Reasons for delay in episode start	**N**	**%**	**N**	**%**
Patient related issues	4	100.0	73	19.3
Service issues	2	50.0	315	83.3
External support issues	0	0.0	5	1.3
Equipment issues	0	0.0	8	2.1
Behavioural issues	0	0.0	n<5	—
Reason(s) not specified	0	0.0	n<5	—

DATA SUPRESSION: when <5 episodes in NATIONAL data counts and summary data is suppressed

Days from community ready to discharge



INCLUDES: complete episodes with a delay in discharge and valid community ready date and episode end date
DATA SUPRESSION: when <5 episodes meet the inclusion criteria above, data is suppressed

Reasons for delay in discharge

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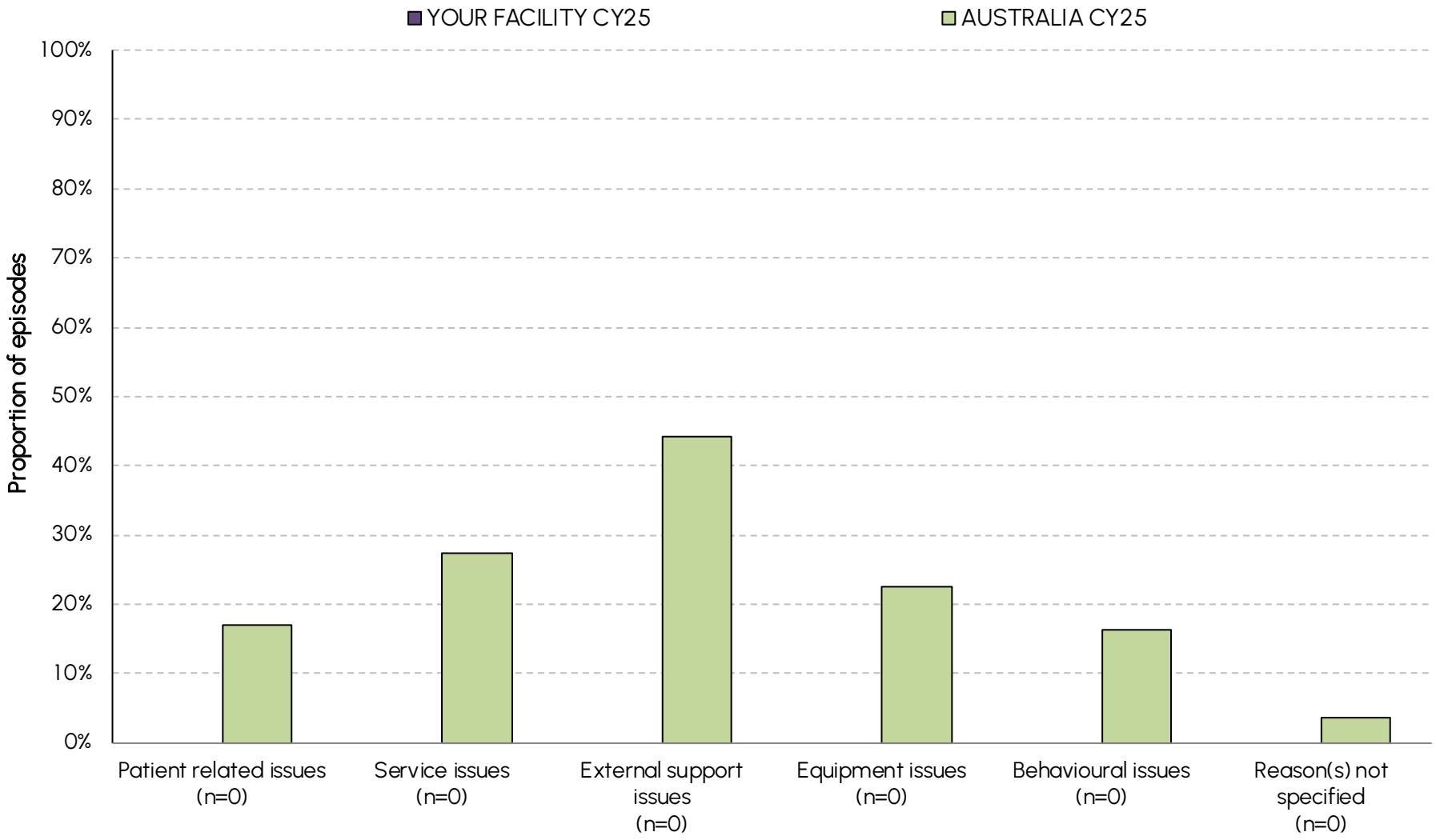

INCLUDES: complete episodes with a delay in episode end

Summary of delays in discharge at episode end

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	YOUR FACILITY CY25		AUSTRALIA CY25	
Delay in episode end	**N**	**%**	**N**	**%**
No delay	10	100.0	900	84.5
Delay in episode end	0	0.0	165	15.5
Missing	0		12	
All episodes	**10**	**100.0**	**1,077**	**100.0**

	YOUR FACILITY CY25		AUSTRALIA CY25	
Reasons for delay in episode end	**N**	**%**	**N**	**%**
Patient related issues	0	—	28	17.0
Service issues	0	—	45	27.3
External support issues	0	—	73	44.2
Equipment issues	0	—	37	22.4
Behavioural issues	0	—	27	16.4
Reason(s) not specified	0	—	6	3.6

INCLUDES: complete episodes

Mode of episode end

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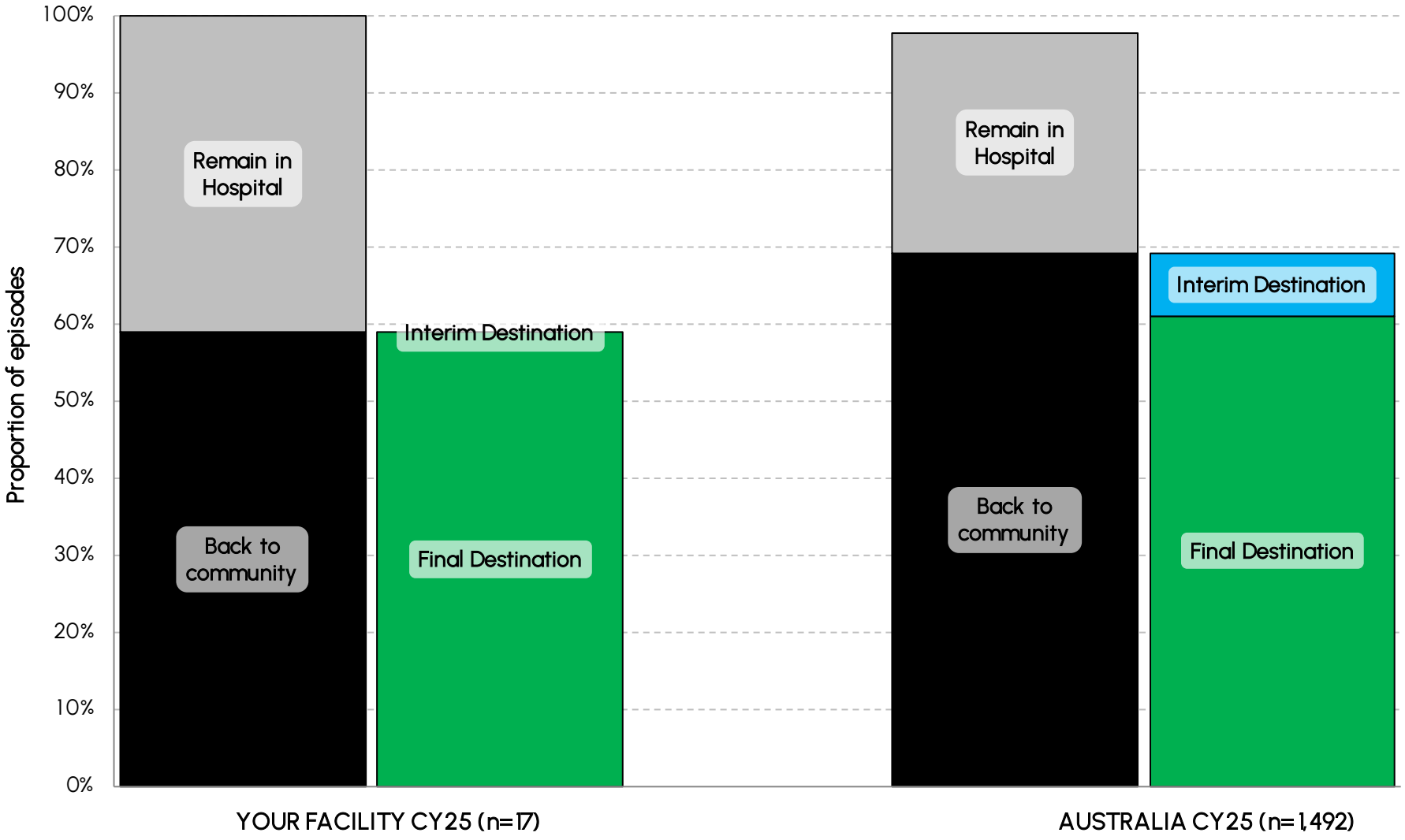

NOTE: episodes where mode of episode end is death, discharged own risk or other are not shown in the left bar – these account for the difference from 100%

Interim and final destination post discharge

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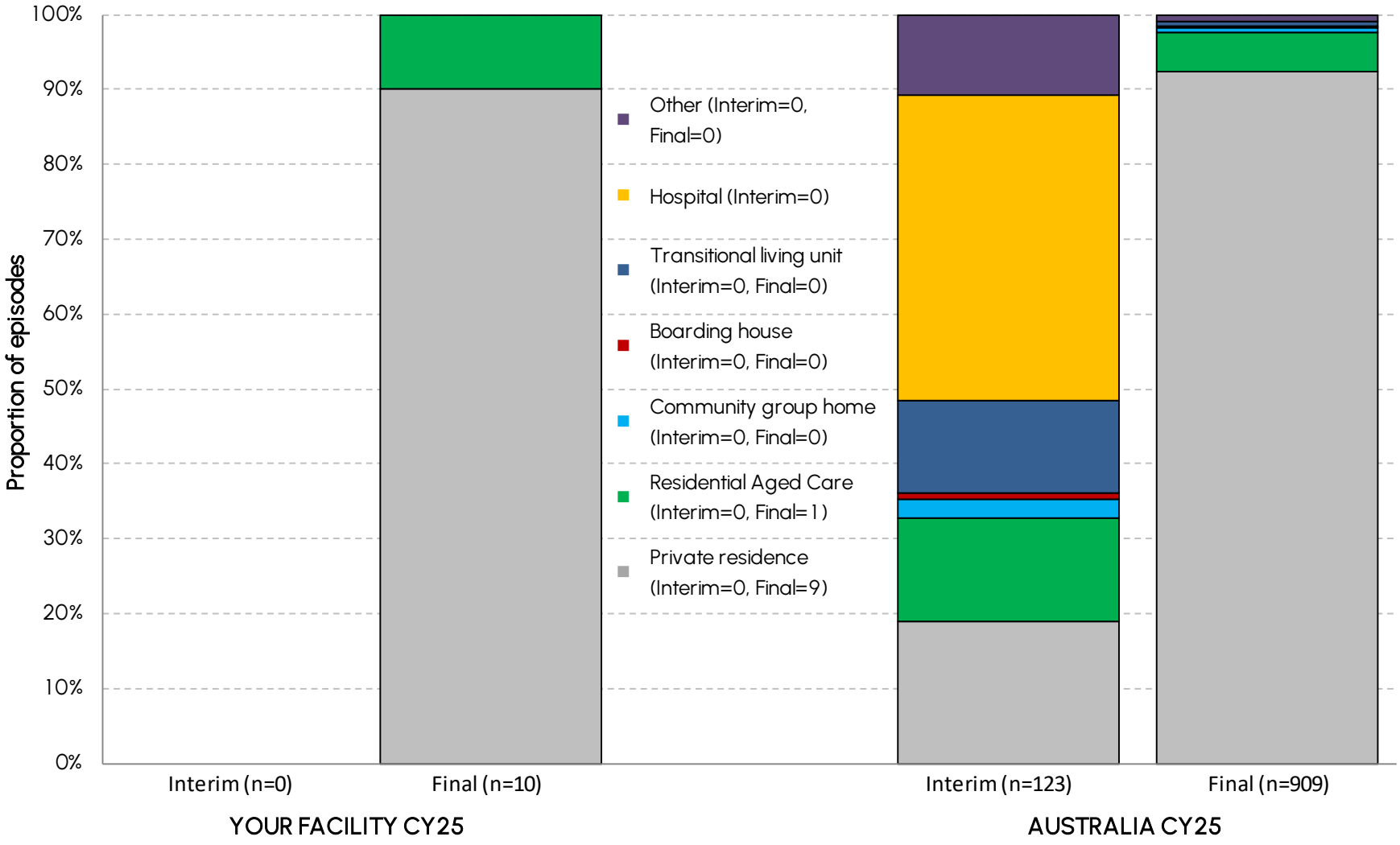

INCLUDES: episodes where mode of episode end is interim or final destination and destination is known.

Interim and final destination post discharge

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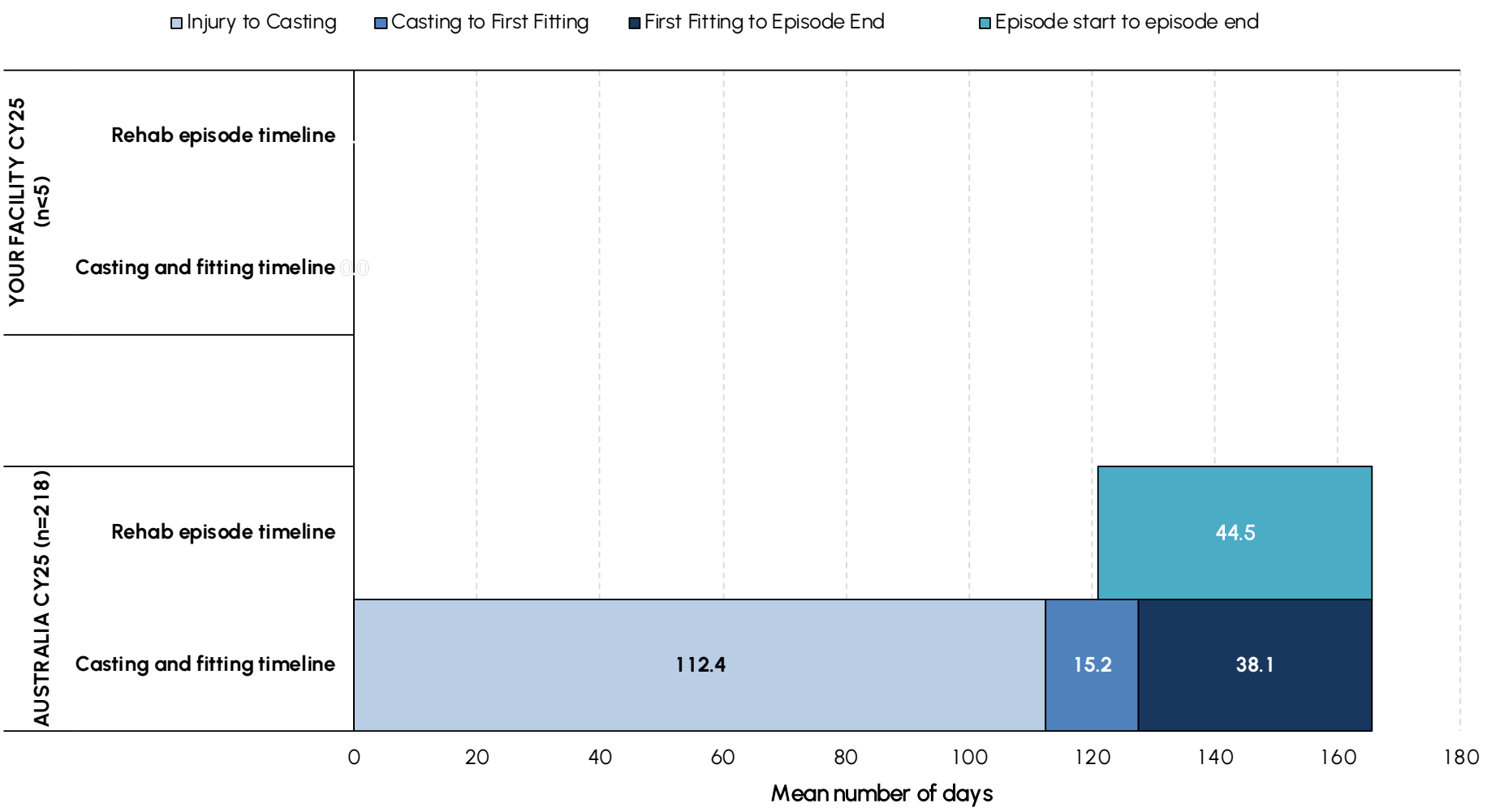
	YOUR FACILITY CY25				AUSTRALIA CY25			
Discharge destination	**Interim**	**(%)**	**Final**	**(%)**	**Interim**	**(%)**	**Final**	**(%)**
Private residence	0	—	9	(90.0%)	23	(18.9%)	858	(92.5%)
Residential Aged Care	0	—	1	(10.0%)	17	(13.9%)	48	(5.2%)
Community group home	0	—	0	(0.0%)	n<5	—	6	(0.6%)
Boarding house	0	—	0	(0.0%)	n<5	—	n<5	—
Transitional living unit	0	—	0	(0.0%)	15	(12.3%)	7	(0.8%)
Hospital	0	—	n.a.		50	(41.0%)	n.a.	
Other	0	—	0	(0.0%)	13	(10.7%)	8	(0.9%)
Missing/Unknown	0		0		n<5		n<5	
All episodes	**0**	**(100.0)**	**10**	**(100.0)**	**122**	**(100.0)**	**1,034**	**(100.0)**

INCLUDES: episodes where mode of episode end is interim or final destination.
n.a. Not applicable as "Hospital" not part of final destination codeset

Casting and fitting timeline



INCLUDES: episodes with valid injury date, valid casting date, valid fitting date, valid episode start date and valid episode end date

Proportion of amputation of limb episodes by start and end phase

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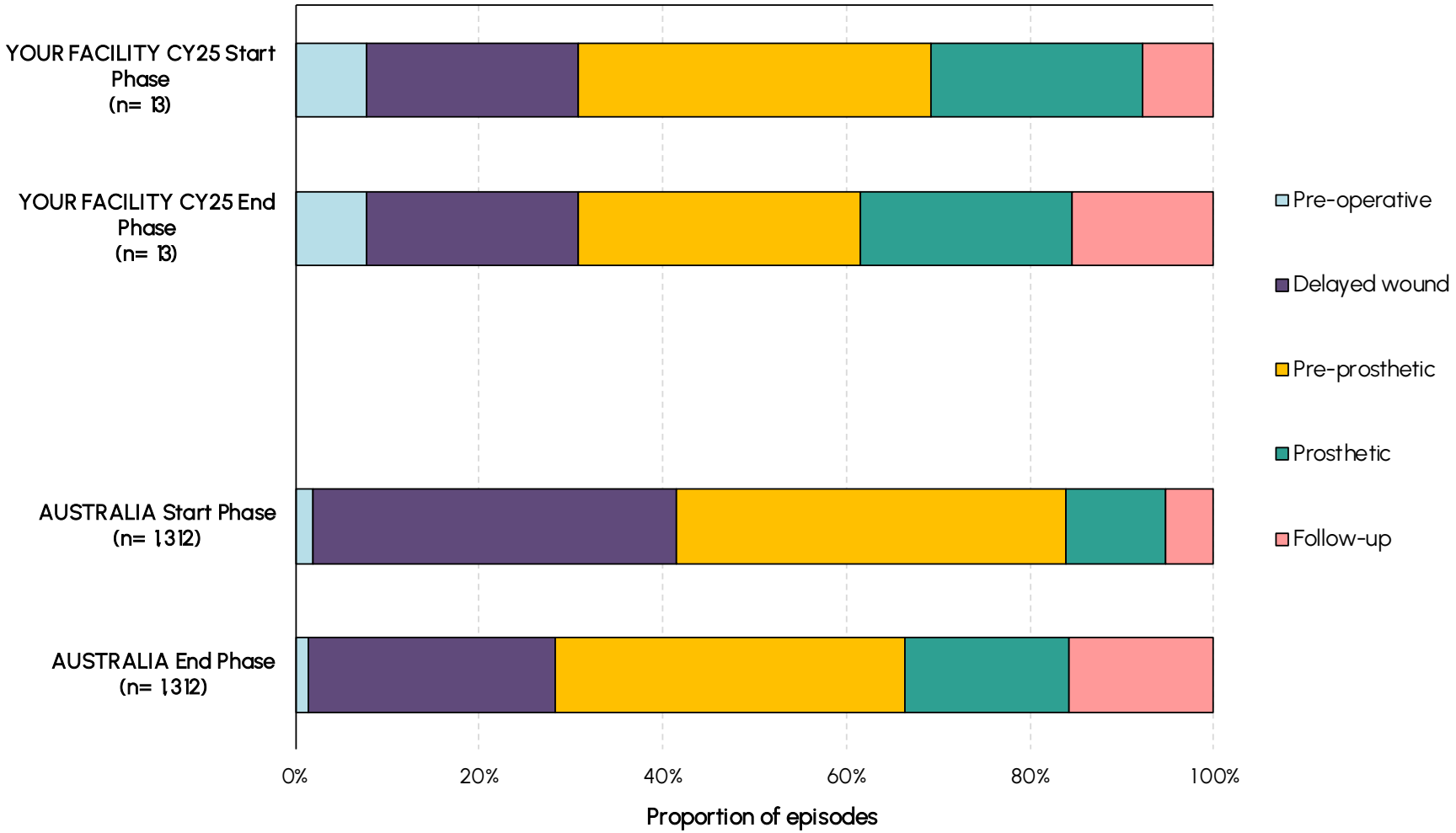
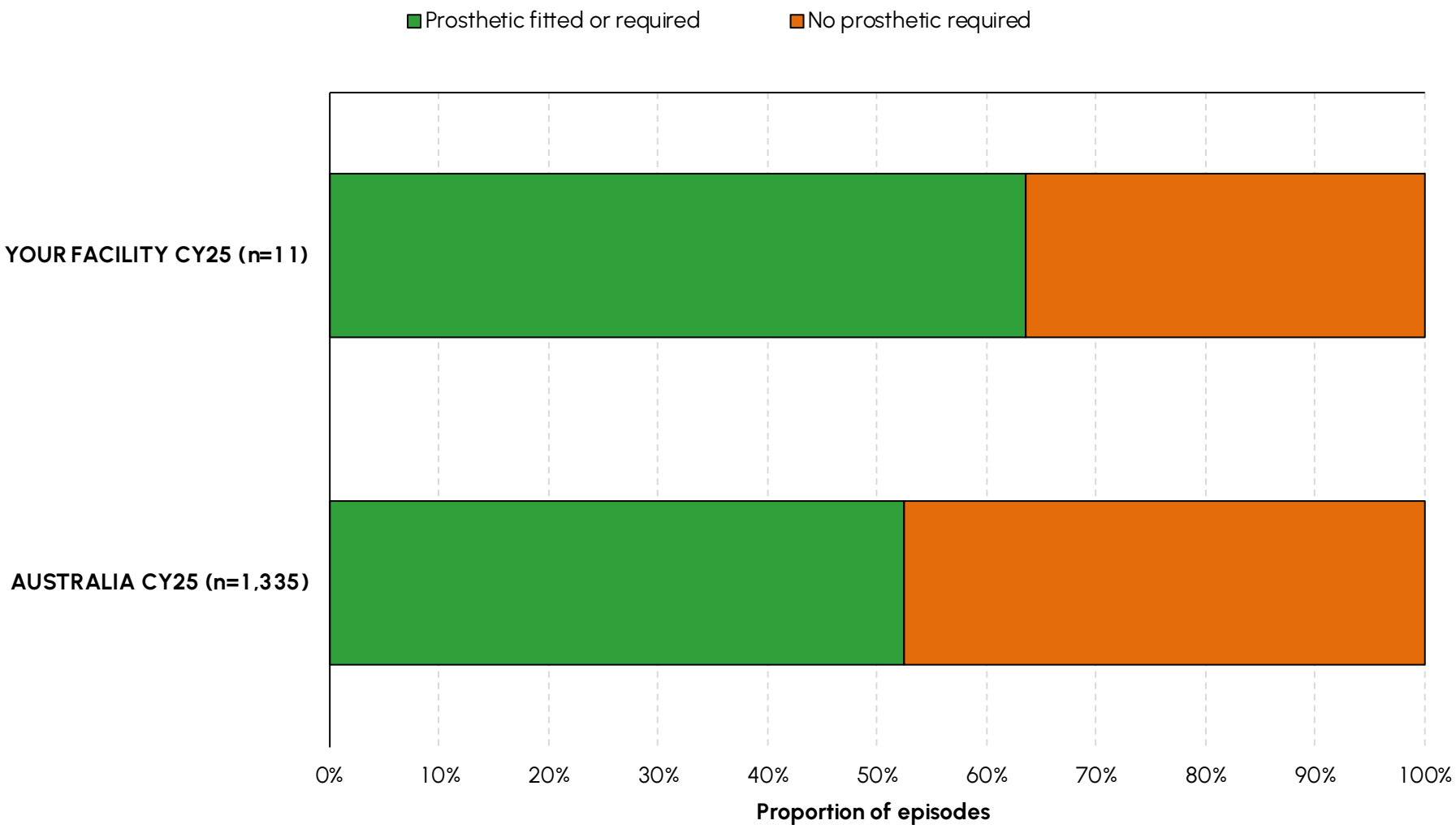


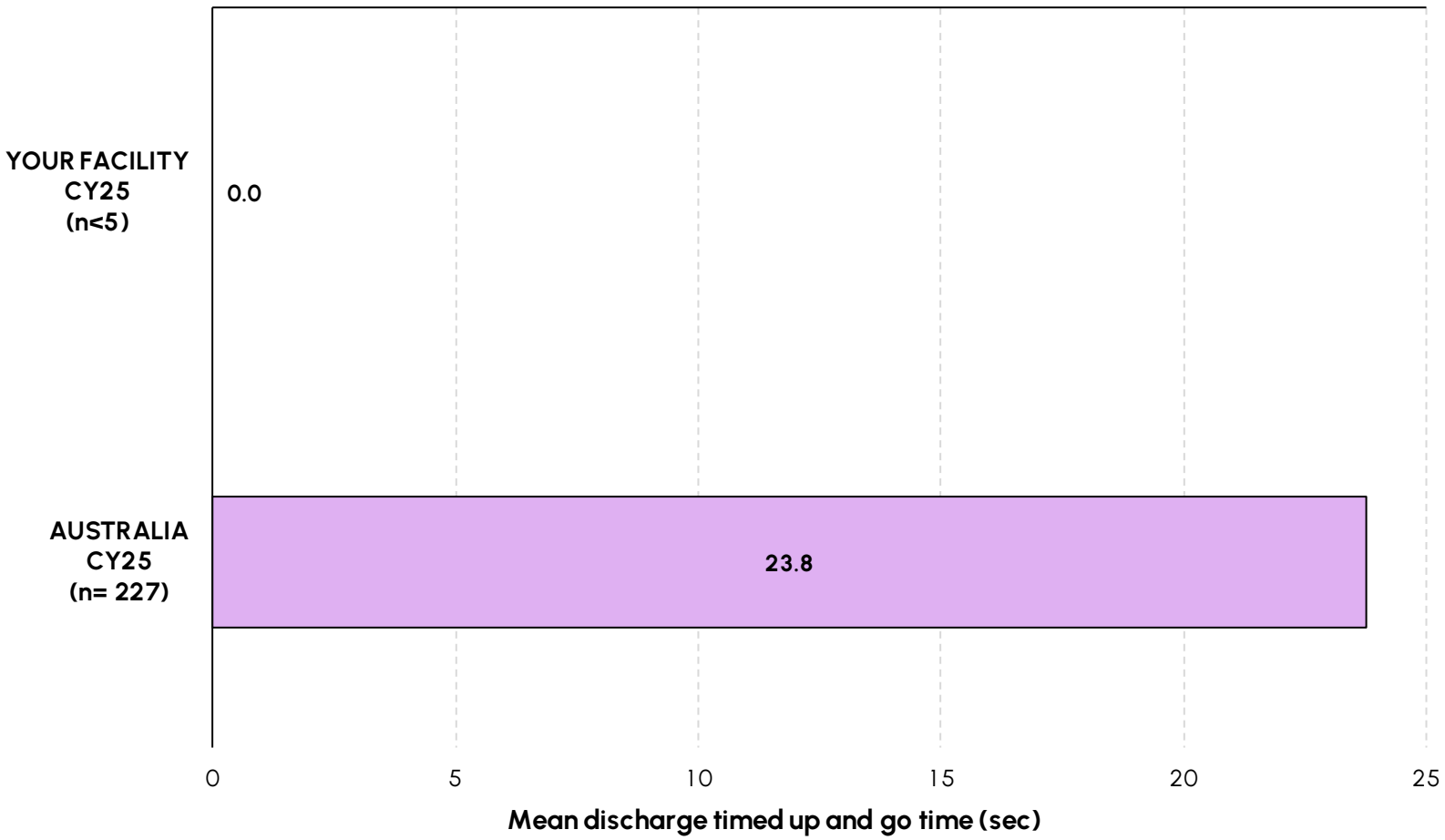
INCLUDES: episodes with valid start and end phase of amputee care

Proportion of amputation of limb prosthetics



INCLUDES: episodes with valid prosthetic data provided

Mean amputation of limb timed up and go times



INCLUDES: episodes valid TUG data (between 0 and 600 seconds)

Mean amputation of limb 10 metre walk times

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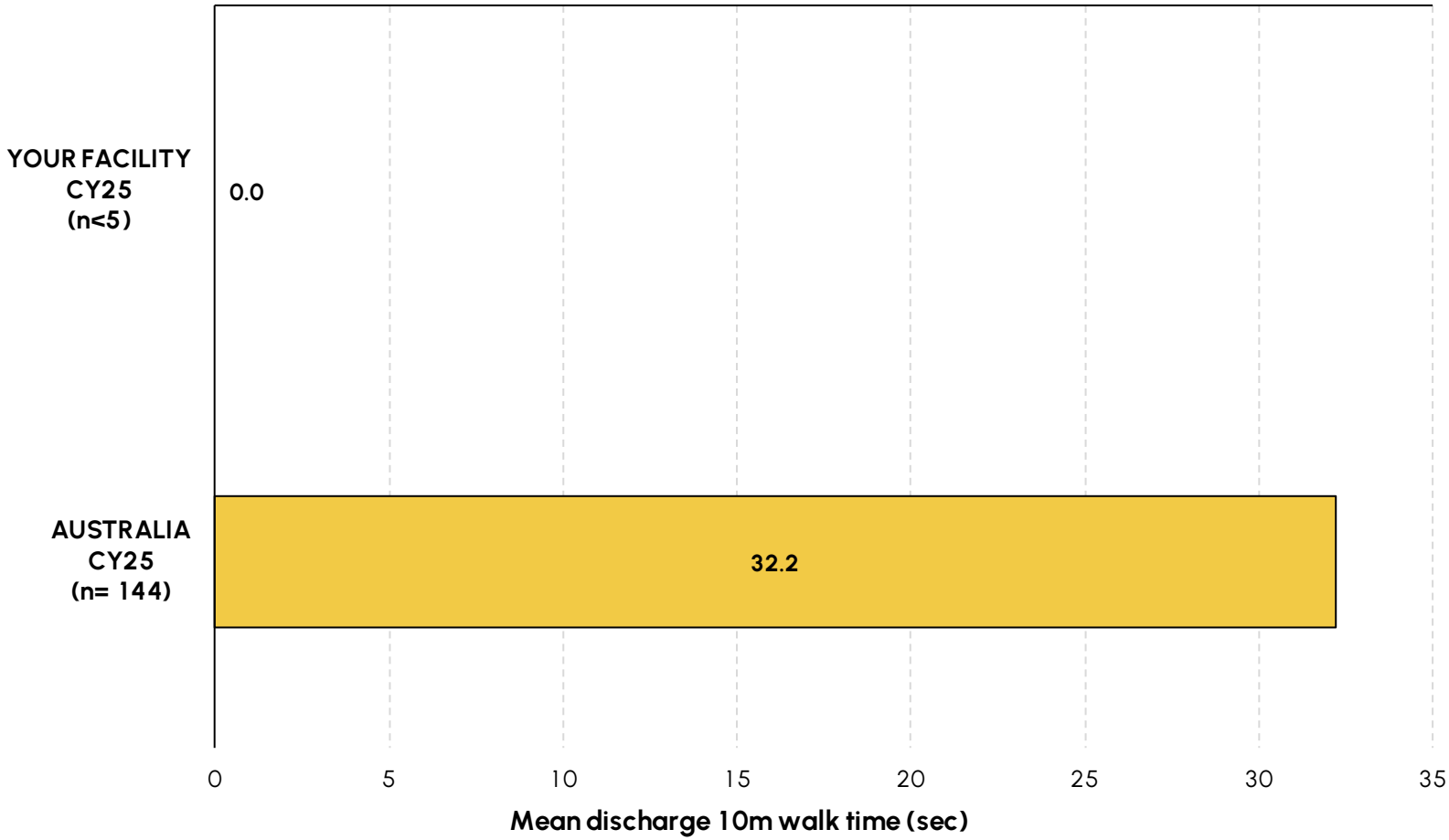
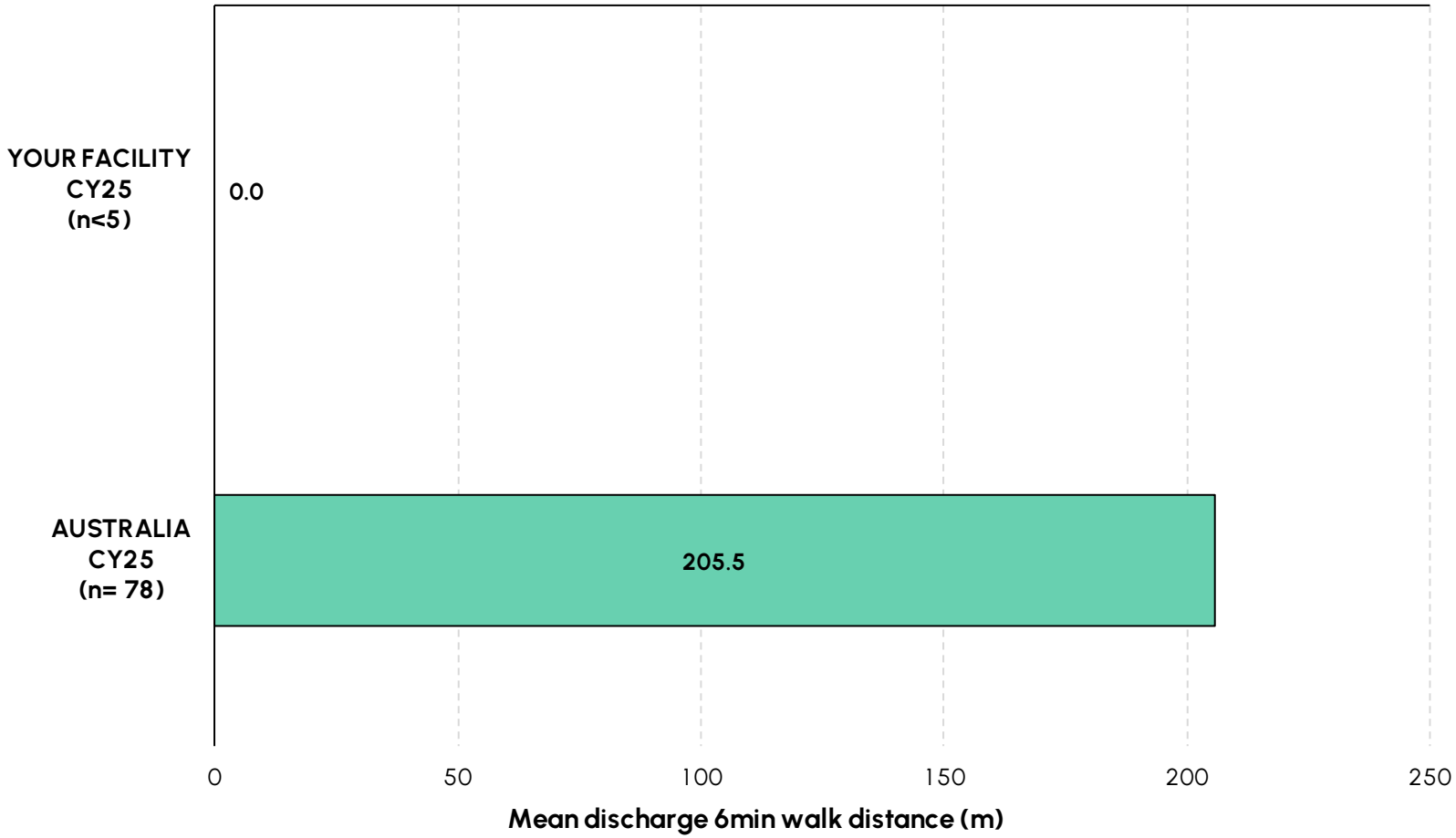


INCLUDES: episodes valid 10m walk data (between 4 and 600 seconds)

Mean amputation of limb 6 minute walk test distances



INCLUDES: episodes valid 6 minute walk data (between 10 and 600 metres)

Appendix 1 Glossary

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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

Benchmark groups are set nationally for all conditions except for those episodes recorded as brain injury or spinal cord injury (these include those with a major multi trauma involving brain and/or spinal cord injury). Benchmark groups for episodes of brain injury and spinal cord injury are set separately for traumatic and non-traumatic episodes by first admission episodes reported by specialist units binationally.

For Australian episodes and those episodes with a brain injury or spinal cord injury benchmarks are calculated each reporting period using all episodes submitted to AROC during the current reporting period. Commencing with the Calendar Year 2024 benchmark reports New Zealand episodes are benchmarked using the previously published CY2023 New Zealand benchmarks due to decreased episode volume.

Appendix 1 Glossary

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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 mean 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. We then took the mean of these differences 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 destination) or 2 (discharged to interim destination) 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.

Appendix 1 Glossary

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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 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. The ongoing impact of COVID-19 on rehabilitation from still reduced inpatient beds, increasing patient complexity and staffing issues has seen inpatient rehabilitation episodes decline 18% compared to the years prior to COVID.

The extent of the impact of COVID-19 on the demand for rehabilitation in both the inpatient or community rehabilitation is yet to be fully 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.

- **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://apps.ahsri.uow.edu.au/confluence/display/AD/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.

Appendix 1 Glossary

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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).

Appendix 1 Glossary

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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.

Appendix 1 Glossary

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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 start of 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

AROC reports FIM efficiency as the rate of functional improvement per week. It can be reported at the episode level or group level (e.g. AN-SNAP class, service, national). At the episode level, FIM efficiency is calculated as FIM change divided by length of stay (LOS, in days), multiplied by seven to express the rate of improvement per week. At the group level, FIM efficiency is calculated as the mean of the individual episode-level FIM efficiencies per week within the group.

Appendix 1 Glossary

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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.

Appendix 1 Glossary

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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.

Appendix 1 Glossary

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Relative Functional Gain (RFG)

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]
  - **(Discharge FIM - Admission FIM)/ (Admission FIM)**
    - e.g. (90 – 100)/100 = -10/100 = -10%
- If actual FIM change = 0 [no change]
  - 0%

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.

Appendix 1 Glossary

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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

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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 INJURY

Non-traumatic

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

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 INJURY

Non traumatic spinal cord injury

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 injury

Traumatic spinal cord injury

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 injury

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

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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 DISORDERS

- 12.1 Spina bifida
- 12.9 Other congenital disorder

OTHER DISABLING IMPAIRMENTS

- 13.1 Lymphoedema
- 13.3 Functional Neurological Disorder (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 Reconditioning 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

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Class	Description of AN-SNAP Class
5AZ1	Weighted FIM Motor score 13-18, Brain, Spine, MMT, Burns, Age >= 59
5AZ2	Weighted FIM Motor score 13-18, Brain, Spine, MMT, Burns, Age <= 58
5AZ3	Weighted FIM Motor score 13-18, All other impairments, Age >= 79
5AZ4	Weighted FIM Motor score 13-18, All other impairments, Age 18 - 78
5AA1	Stroke, Weighted FIM Motor 63 - 91, FIM Cognition 30 - 35
5AA2	Stroke, Weighted FIM Motor 63 - 91, FIM Cognition 21 - 29
5AA3	Stroke, Weighted FIM Motor 63 - 91, FIM Cognition 5 - 20
5AA4	Stroke, Weighted FIM Motor 44 - 62, FIM Cognition 18 - 35
5AA5	Stroke, Weighted FIM Motor 44 - 62, FIM Cognition 5 - 17
5AA6	Stroke, Weighted FIM Motor 19 - 43, Age >= 80
5AA7	Stroke, Weighted FIM Motor 19 - 43, Age 67 - 79
5AA8	Stroke, Weighted FIM Motor 19 - 43, Age 18 - 66
5AB1	Brain injury, FIM Cognition 27 - 35 Weighted FIM Motor 59 - 91
5AB2	Brain injury, FIM Cognition 27 - 35 Weighted FIM Motor 19 - 58
5AB3	Brain injury, FIM Cognition 19 - 26 Weighted FIM Motor 50 - 91
5AB4	Brain injury, FIM Cognition 19 - 26 Weighted FIM Motor 19 - 49
5AB5	Brain injury, FIM Cognition 5 - 18 Weighted FIM Motor 39 - 91
5AB6	Brain injury, FIM Cognition 5 - 18 Weighted FIM Motor 19 - 38
5AC1	Neurological conditions, Weighted FIM Motor 70 - 91
5AC2	Neurological conditions, Weighted FIM Motor 50 - 69
5AC3	Neurological conditions, Weighted FIM Motor 19 - 49
5AD1	Spinal cord injury, Weighted FIM Motor 55 - 91
5AD2	Spinal cord injury, Weighted FIM Motor 37 - 54
5AD3	Spinal cord injury, Weighted FIM Motor 19 - 36

Class	Description of AN-SNAP Class
5AE1	Amputation of limb, Weighted FIM Motor 19 - 91
5AH1	Orthopaedic conditions, fractures, Weighted FIM Motor 48 - 91, FIM Cognition 33 - 35
5AH2	Orthopaedic conditions, fractures, Weighted FIM Motor 48 - 91, FIM Cognition 21 - 32
5AH3	Orthopaedic conditions, fractures, Weighted FIM Motor 48 - 91, FIM Cognition 5 - 20
5AH4	Orthopaedic conditions, fractures, Weighted FIM Motor 19 - 47
5A41	Orthopaedic conditions, replacement (knee, hip, shoulder), Weighted FIM Motor 61 - 91
5A42	Orthopaedic conditions, replacement (knee, hip, shoulder), Weighted FIM Motor 45 - 60
5A43	Orthopaedic conditions, replacement (knee, hip, shoulder), Weighted FIM Motor 19 - 44
5A21	Orthopaedic conditions, all other, Weighted FIM Motor 57 - 91
5A22	Orthopaedic conditions, all other, Weighted FIM Motor 41 - 56
5A23	Orthopaedic conditions, all other, Weighted FIM Motor 19 - 40
5A31	Cardiac, Pain syndromes, and Pulmonary, Weighted FIM Motor 66 - 91
5A32	Cardiac, Pain syndromes, and Pulmonary, Weighted FIM Motor 38 - 65
5A33	Cardiac, Pain syndromes, and Pulmonary, Weighted FIM Motor 19 - 37
5AP1	Major Multiple Trauma, Weighted FIM Motor 51 - 91
5AP2	Major Multiple Trauma, Weighted FIM Motor 19 - 50
5AR1	Reconditioning, Weighted FIM Motor 64 - 91, FIM Cognition 29 - 35
5AR2	Reconditioning, Weighted FIM Motor 64 - 91, FIM Cognition 5 - 28
5AR3	Reconditioning, Weighted FIM Motor 48 - 63, FIM Cognition 19 - 35
5AR4	Reconditioning, Weighted FIM Motor 48 - 63, FIM Cognition 5 - 18
5AR5	Reconditioning, Weighted FIM Motor 19 - 47
5A91	All other impairments, Weighted FIM Motor 61 - 91
5A92	All other impairments, Weighted FIM Motor 42 - 60
5A93	All other impairments, Weighted FIM Motor 19 - 41
599A	(Ungroupable)

Appendix 4: Rehabilitation outcomes at your facility over time

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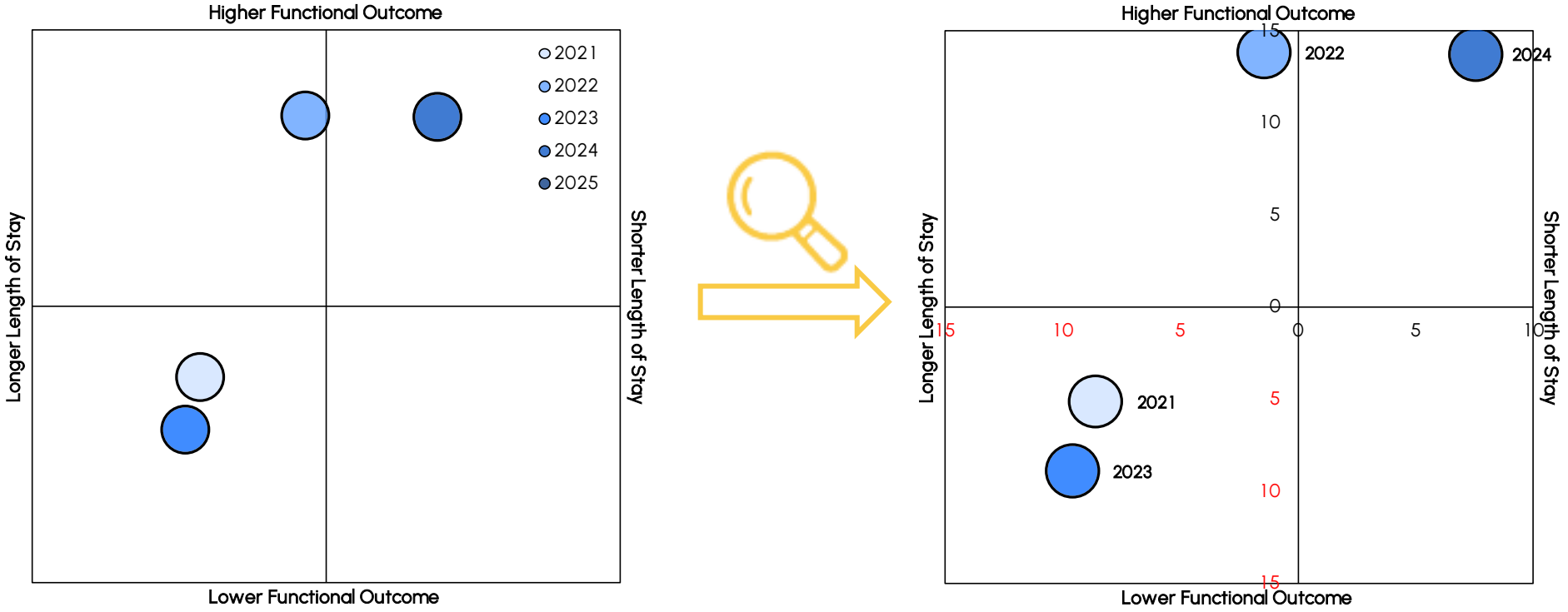
The quadrant graphs below show your facility's position on the quadrant graph over the last five calendar year benchmark reports. The graph on the right shows the same data as the graph on the left but has been rescaled to fit all your data; axis labels are provided.

Unlike all other time series data presented in this report, each facility marker on the quadrant graphs below is calculated using that calendar year's benchmarks. This means the position will be identical to that calendar year's report (e.g. CY24 position is calculated using the CY24 benchmarks and will be in the same position as it appears on your CY24 report quadrant graph).



NCLUDES: complete episodes with valid LOS (<500 days), valid FIM score and a groupable AN-SNAP class (not 599A). The definition of a complete episode can be found in the glossary at the end of this report.
NOTE 1: Benchmarks for the years before 2022 were created using AN-SNAP V4 classes, while benchmarks from 2022 and onwards used AN-SNAP V5 classes.
NOTE 2: facility marker will not be shown in either graph for each year where <20 episodes. Facility markers outside the published scale (left) will appear in the rescaled graph on the right.

Appendix 5: How AROC reports FIM efficiency

FIM efficiency represents the rate of functional improvement over time. FIM efficiency reported by AROC indicates the typical improvement in FIM score over a one-week period.

AROC reports FIM efficiency at both the **episode level** and the **group level** (e.g. AN-SNAP class, service, or national level).

EPISODE LEVEL

At the episode level, FIM efficiency is calculated by dividing the amount of functional improvement (FIM change) by the length of stay in days (LOS) for the episode.

This produces a daily rate of improvement, which is multiplied by seven to express the rate of improvement per week.

Episode-level FIM efficiency is available in data extracts only. In reporting outputs, episode-level values are used to calculate group-level FIM efficiency.

GROUP LEVEL

At the group level, FIM efficiency is calculated as the mean of the individual episode-level FIM efficiencies per week within the group.

Groups may include episodes within an AN-SNAP class, service, state or national dataset.

This approach reflects the mean efficiency of individual episodes within the group and allows AROC to calculate 95% confidence intervals for the reported values.

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- **AROC wish to acknowledge the valuable contributions made by:**
  - Members of the Management Advisory Group of the Australasian Rehabilitation Outcomes Centre
  - The many staff from the rehabilitation facilities who have spent a great deal of time and care to collect, collate and correct the data, without whose considerable effort these reports would not be possible.

- **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.

- **Suggested acknowledgement**

Anywhere Hospital AROC Impairment Report on Amputation of Limb (Inpatient - pathway 3), 1 January 2025 – 31 December 2025. Australasian Rehabilitation Outcomes Centre (2026).

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