

# AROC Inreach Report

## INPATIENT – PATHWAY 2

1 January 2025 – 31 December 2025

**Anywhere Hospital**



**Australasian  
Faculty of  
Rehabilitation  
Medicine**



**UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA**

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## Anywhere Hospital

- Reporting period is 1 January 2025 – 31 December 2025
- Benchmark group is all services
- 237 episodes submitted covering the period 1 January 2025 – 31 December 2025
- Data completeness score for the reporting period is 95.8%

# AROC data collection — volume of data reported

Number of episodes submitted each month to AROC by

## Anywhere Hospital

Do these numbers look like a complete year was submitted?

	<b>N episodes</b>
<b>Month</b>	
January	29
February	17
March	27
April	15
May	20
June	22
July	19
August	17
September	9
October	28
November	18
December	16
<b>Full year</b>	<b>237</b>

# AROC data collection — completeness of data

AROC core data set items	Item collected	
	N	%
Path	237	100.0
Facility code	237	100.0
Facility name	237	100.0
Ward code <sup>1</sup>	230	97.0
Ward name <sup>1</sup>	176	74.3
Patient Identifier	237	100.0
Letters of name	237	100.0
Date of birth	237	100.0
DOB estimate flag	237	100.0
Sex	237	100.0
Indigenous status/Ethnicity	237	100.0
Postcode	235	99.2
Referral date	237	100.0
Assessment date	237	100.0
Clinically ready start date	236	99.6
Delay in episode start?	236	99.6
— Start delay reason(s)	77	100.0
Episode begin date	237	100.0
Accommodation prior to episode	237	100.0
Carer status prior to episode	222	100.0
Any services received prior to episode?	222	100.0
— Services received prior to episode	73	100.0

AROC core data set items	Item collected	
	N	%
Date of multi-disciplinary rehab plan	236	99.6
Episode begin reason	237	100.0
Impairment group	236	99.6
Date of FIM assessment - episode begin	237	100.0
18 FIM items - episode begin	236	99.6
Date of FIM assessment - episode end	237	100.0
18 FIM items - episode end	205	98.1
Community ready date	62	26.2 ←
Delay in episode end?	62	26.2 ←
— End delay reason(s)	10	100.0
Existing comorbidity interfering with rehab	236	99.6
— Comorbidities identified	122	100.0
Complications interfering with rehab	235	99.2
— Complications identified	92	98.9
Episode end date	237	100.0
Episode end reason	236	99.6
Interim accommodation - episode end	8	88.9
Final accommodation - episode end	61	98.4
Carer status - episode end	48	100.0
Any services to be received post discharge?	47	97.9
— Services to be received post discharge	41	97.6

AROC impairment specific items	Item collected	
	N	%
<b>Brain injury*</b>	<b>11</b>	
— Date emerged from/duration of PTA	10	90.9
<b>Spinal cord injury*</b>	<b>8</b>	
— ASIA start score	8	100.0
— Injury start level	8	100.0
— Ventilator dependent	8	100.0
— Injury end level	8	100.0
— ASIA end score	8	100.0
<b>Amputation</b>	<b>7</b>	
— Date ready for casting <sup>2</sup>	2	28.6
— Amputee start phase	7	100.0
— Amputee phases during <sup>2</sup>	7	100.0
— Prosthetic?	7	100.0
— Date first prosthetic fitting <sup>2</sup>	2	28.6
— Reason for delay in fitting <sup>2</sup>	1	14.3
— Timed up and go test	6	85.7
— Six min walk test <sup>1</sup>	6	85.7
— Ten metre walk test <sup>1</sup>	6	85.7
— Frailty	7	100.0
<b>Reconditioning</b>	<b>89</b>	
— Frailty	86	96.6
— Participate in therapy	86	96.6
— Fallen in last 12 months	86	96.6
— Weight loss > 10%	86	96.6

\*Also includes MMT that contain this impairment

**Overall data completeness score 95.8**

**NOTE:** AROC can provide case listings of missing data to assist with updating.

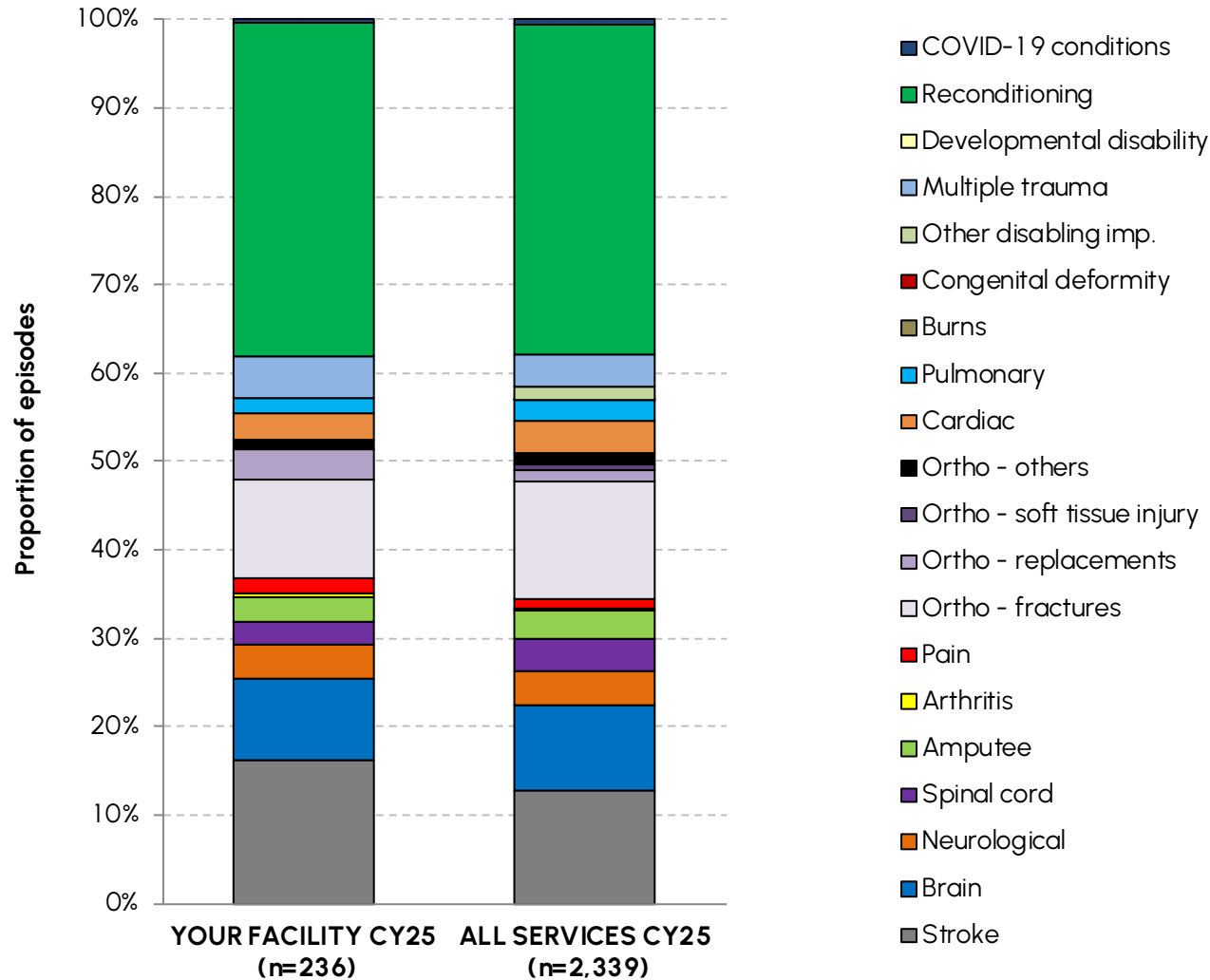
(1) These data items are optional to collect (2) Not included in overall data completeness score

- Some elements of analysis contain data against only a small number of episodes. Interpretation of these elements should be judiciously undertaken.
- There may be unreported data in some figures and tables
  - interpret these elements carefully.
  - slides 4 and 5 provide details of the volume and completeness of your AROC data collection.
- Not all statistically significant differences are clinically significant. Sometimes an organisation's results may be statistically significantly different from the benchmark group, but the difference is too small to be of concern or to warrant a change in clinical practice. Use your professional judgement to decide whether any differences are clinically significant.

Key Indicators	
YOUR FACILITY CY25	ALL SERVICES CY25
Age: <b>67.7</b>	Age: <b>67.5</b>
back to acute rate: <b>5.9%</b>	back to acute rate: <b>6.3%</b>
% with at least one comorbidity: <b>52%</b>	% with at least one comorbidity: <b>57%</b>
% with at least one complication: <b>40%</b>	% with at least one complication: <b>40%</b>
% episodes with start delays: <b>33%</b>	% episodes with start delays: <b>31%</b>
Days between clinically rehab ready & start date: <b>1.1</b>	Days between clinically rehab ready & start date: <b>1.1</b>

- Data are presented for your service and “all services” combined.
- Missing data are provided in tables, but not shown in figures.
- Such data are useful to provide context to the more detailed analysis of rehabilitation outcomes, but in themselves are not able to be affected by clinical practice.
- Measures included here are:
  - Distribution of facilities and episodes
  - Impairment
  - Age and sex
  - Episode source
  - Prior accommodation

# Episodes by impairment group

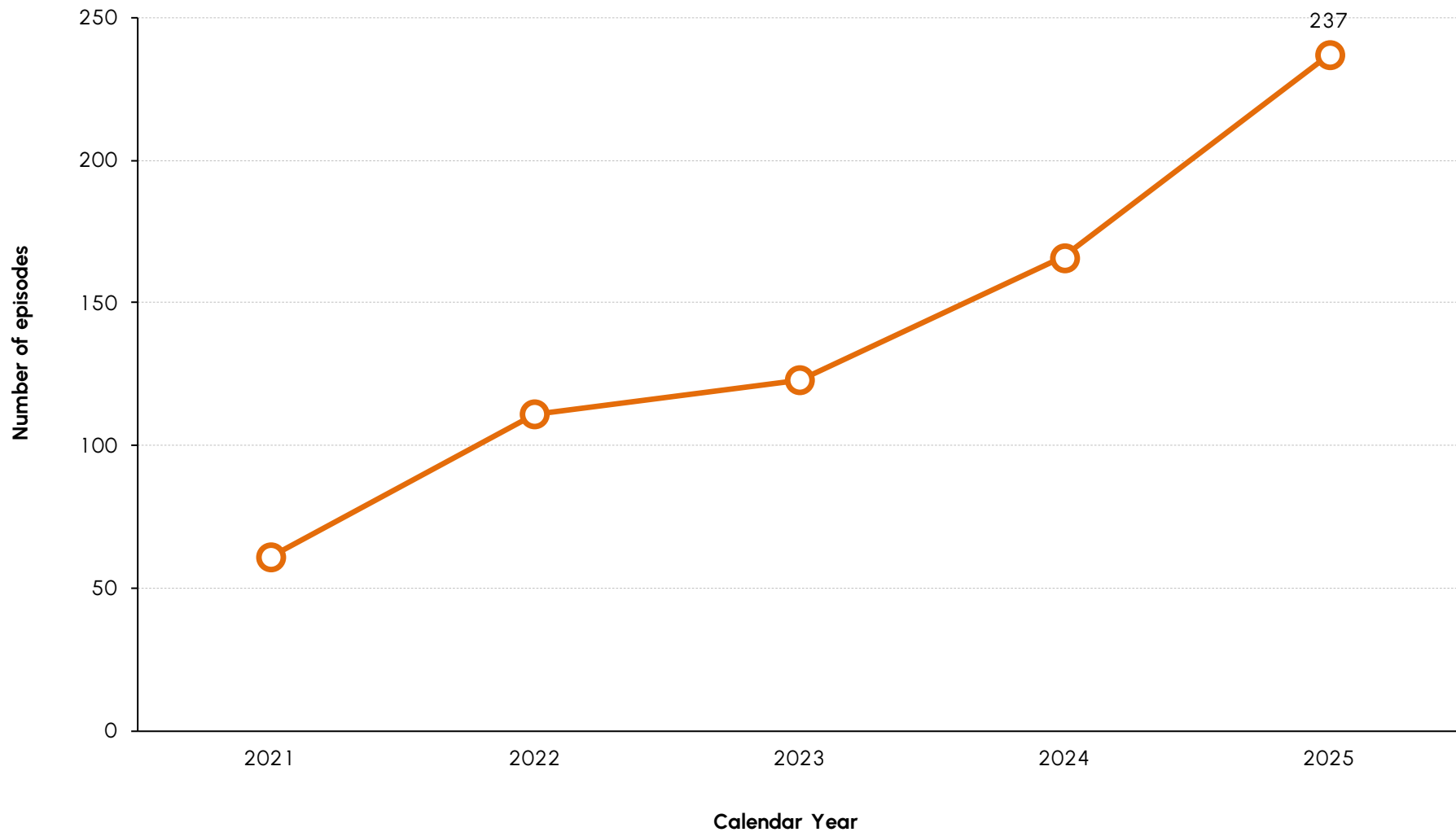


INCLUDES: episodes with valid impairment code reported (refer appendix 2)

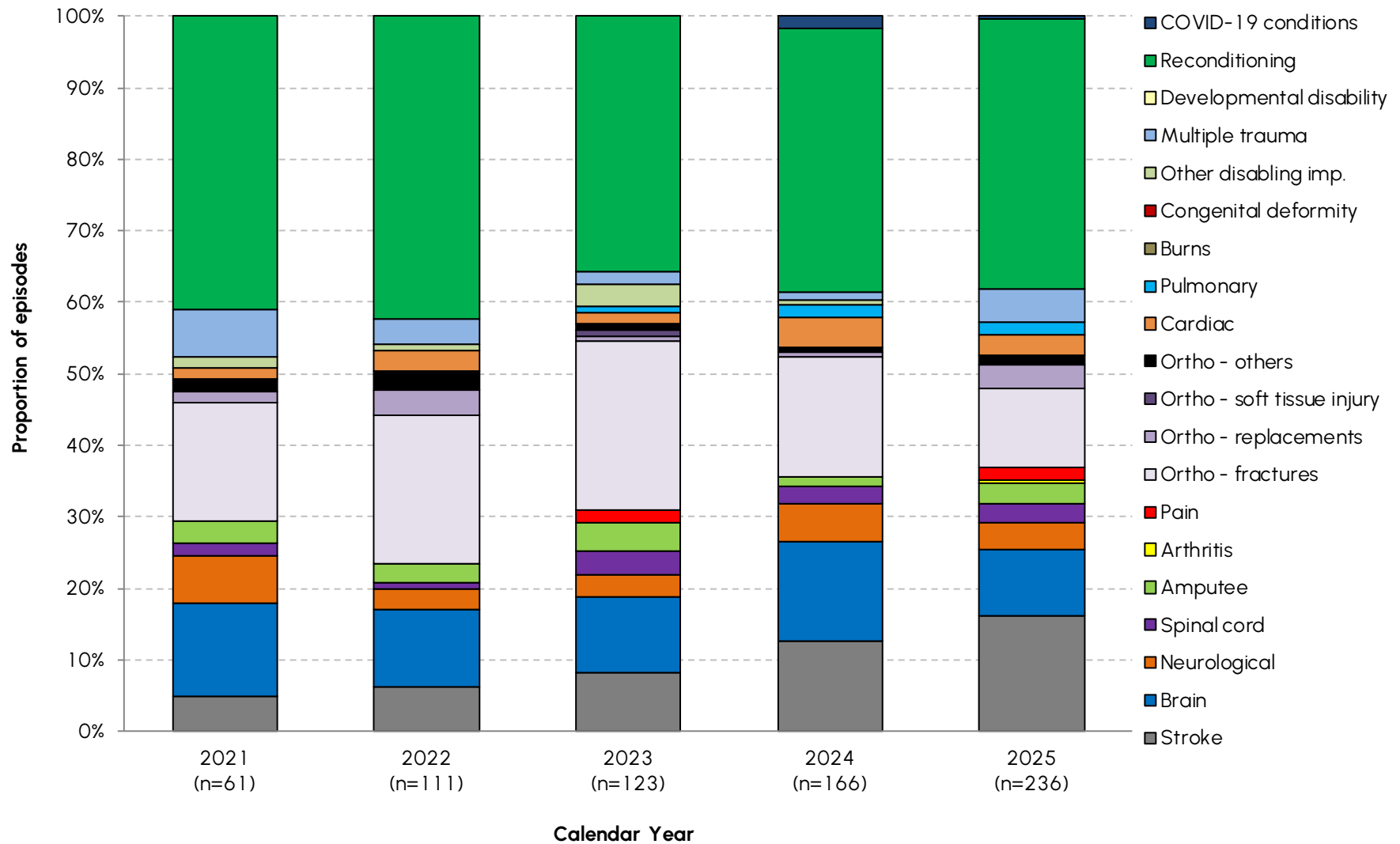
# Episodes by impairment group

Impairment group	YOUR FACILITY CY25		ALL SERVICES CY25	
	N	%	N	%
Stroke	38	16.1	301	12.9
Brain	22	9.3	223	9.5
Neurological	9	3.8	90	3.8
Spinal cord	6	2.5	84	3.6
Amputee	7	3.0	77	3.3
Arthritis	1	0.4	7	0.3
Pain	4	1.7	25	1.1
Ortho - fractures	26	11.0	309	13.2
Ortho - replacements	8	3.4	32	1.4
Ortho - soft tissue injury	0	0.0	13	0.6
Ortho - others	3	1.3	33	1.4
Cardiac	7	3.0	83	3.5
Pulmonary	4	1.7	54	2.3
Burns	0	0.0	n<5	—
Congenital deformity	0	0.0	n<5	—
Other disabling imp.	0	0.0	33	1.4
Multiple trauma	11	4.7	89	3.8
Developmental disability	0	0.0	n<5	—
Reconditioning	89	37.7	872	37.3
COVID- 19 conditions	1	0.4	13	0.6
Missing	1		12	
<b>All episodes</b>	<b>237</b>	<b>100.0</b>	<b>2,351</b>	<b>100.0</b>

# Time series analysis — change in volume of episodes over time

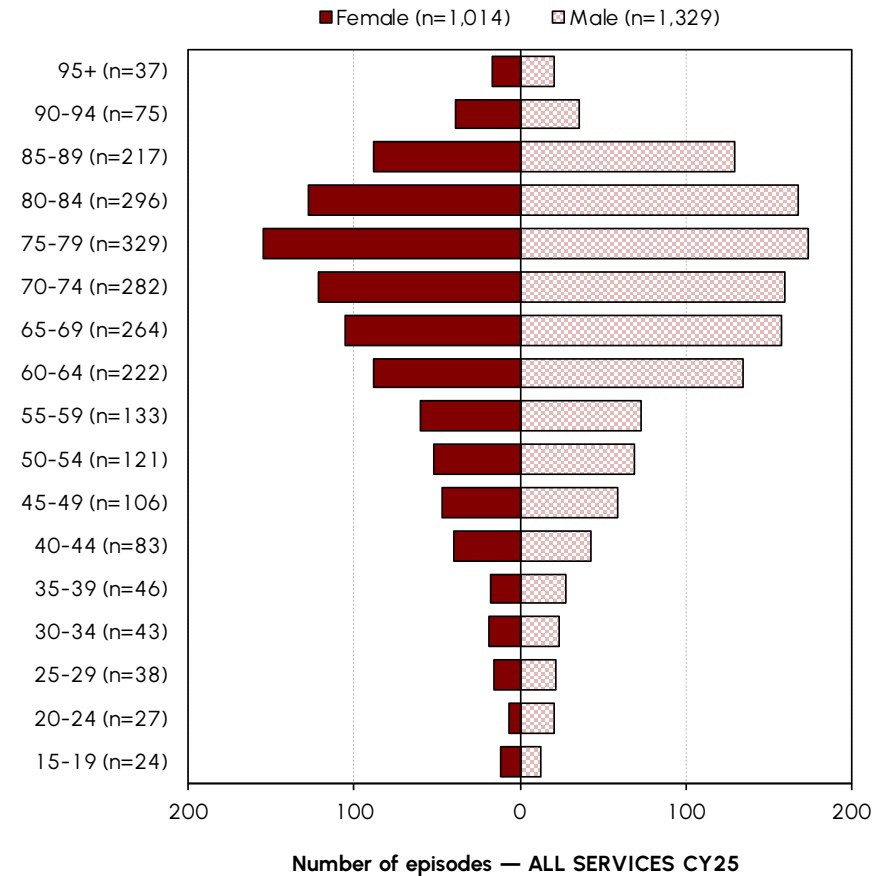
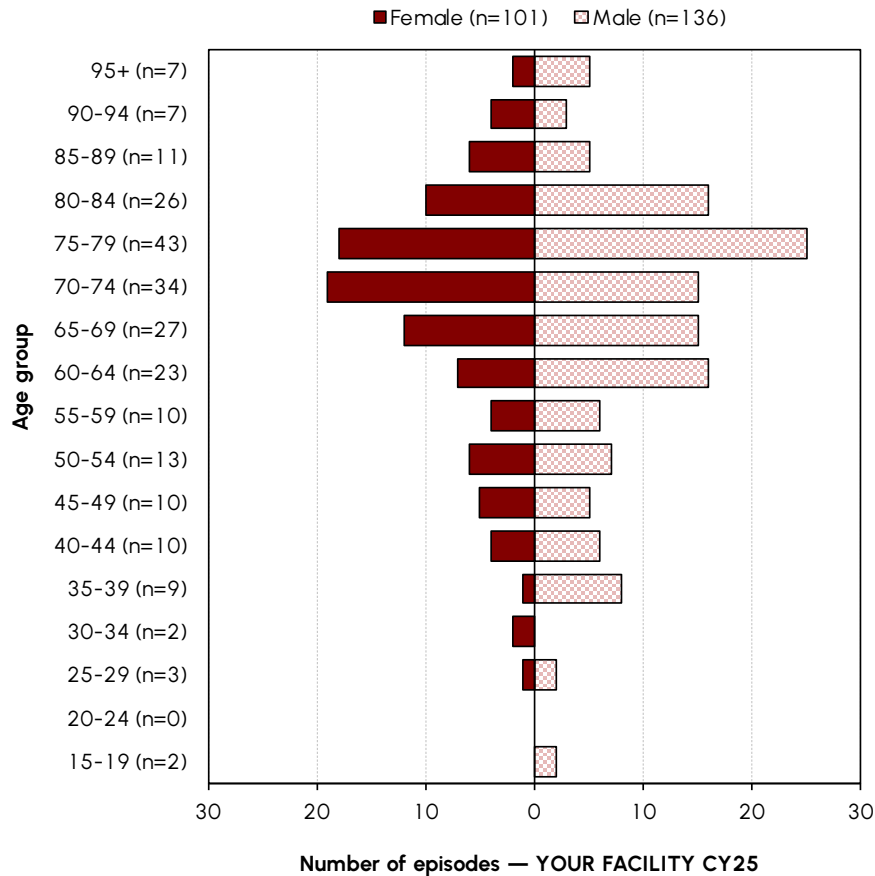


# Time series analysis — change in proportion of episodes over time by impairment group



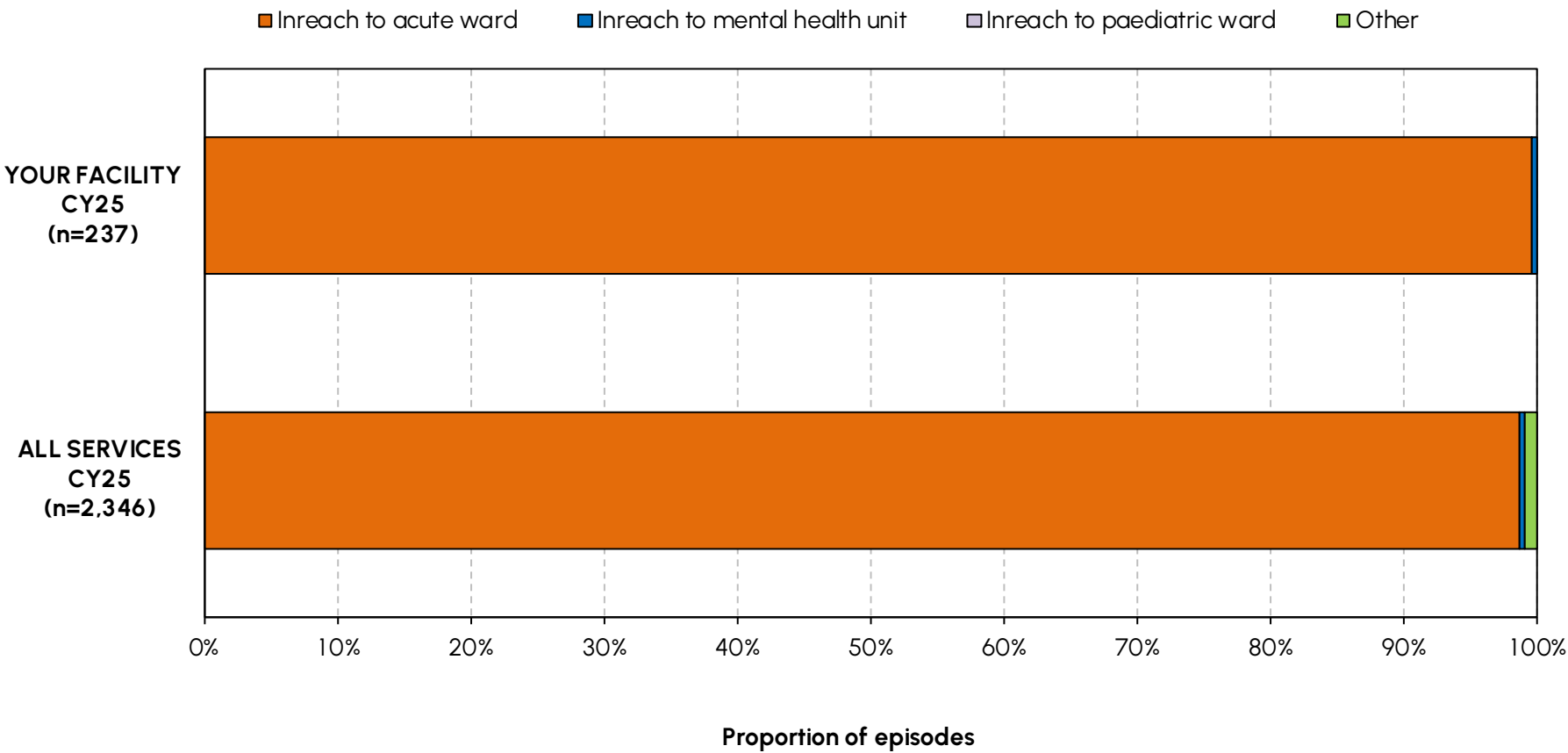
INCLUDES: episodes with valid impairment code reported (refer appendix 2)

# Age and sex distribution



INCLUDES: episodes with sex reported as male or female, valid date of birth, valid episode start date and calculated age of 15-110 years old

# Mode of episode start

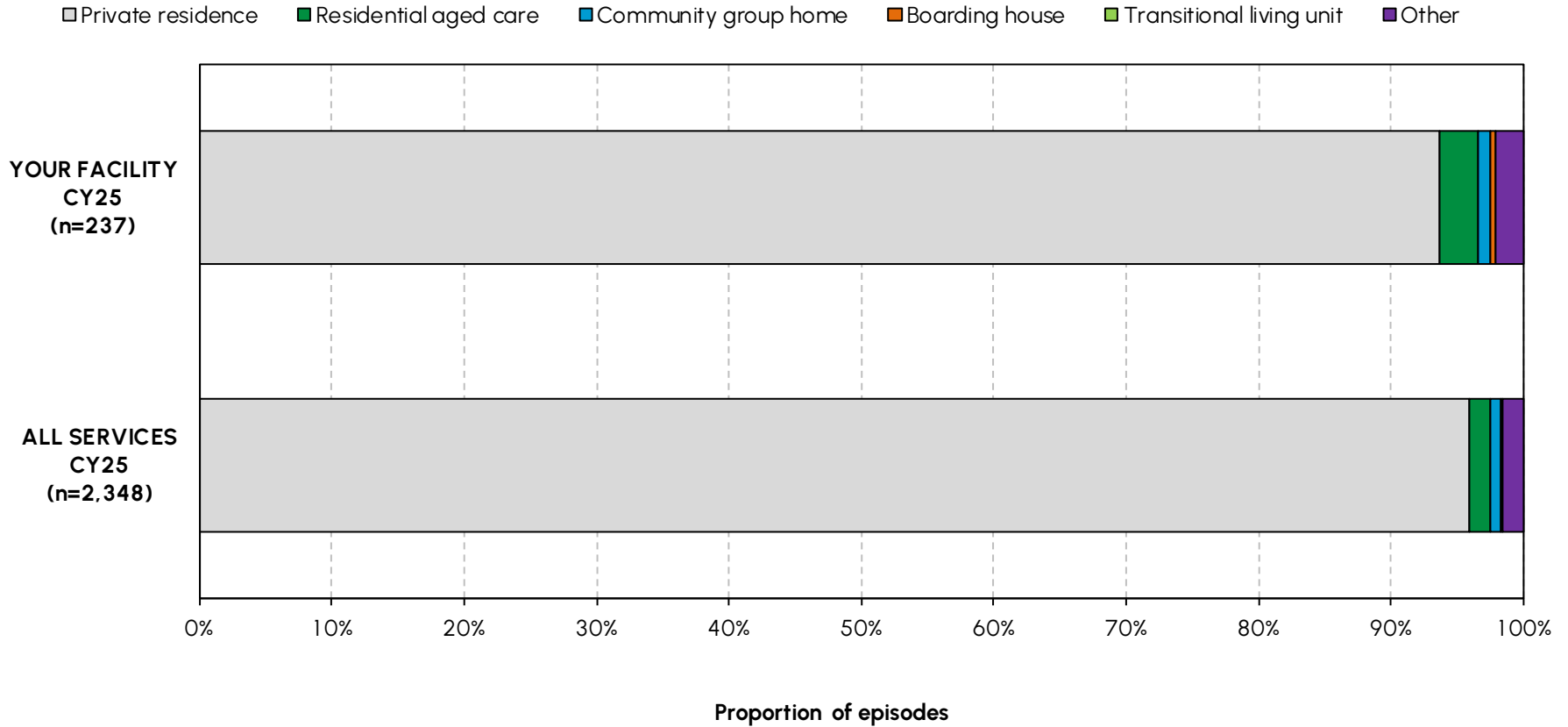


INCLUDES: episodes with mode of episode start reported (see next page for table with missing data included)

# Mode of episode start

Mode of episode start	YOUR FACILITY CY25		ALL SERVICES CY25	
	N	%	N	%
Inreach to acute ward	236	99.6	2,315	98.7
Inreach to mental health unit	1	0.4	11	0.5
Inreach to paediatric ward	0	0.0	0	0.0
Other	0	0.0	20	0.9
Missing	0		5	
<b>All episodes</b>	<b>237</b>	<b>100.0</b>	<b>2,351</b>	<b>100.0</b>

# Accommodation prior to this impairment



INCLUDES: episodes with accommodation prior to this episode reported (see next page for table with missing data included)

# Accommodation prior to this impairment

Type of accommodation prior to this impairment	YOUR FACILITY CY25		ALL SERVICES CY25	
	N	%	N	%
Private residence	222	93.7	2,251	95.9
Residential aged care	7	3.0	39	1.7
Community group home	2	0.8	18	0.8
Boarding house	1	0.4	(n<5)	—
Transitional living unit	0	0.0	(n<5)	—
Other	5	2.1	38	1.6
Missing	0		(n<5)	
<b>All episodes</b>	<b>237</b>	<b>100.0</b>	<b>2,351</b>	<b>100.0</b>

The following analysis groups episodes by their clinical discharge pathway out of the inreach service.

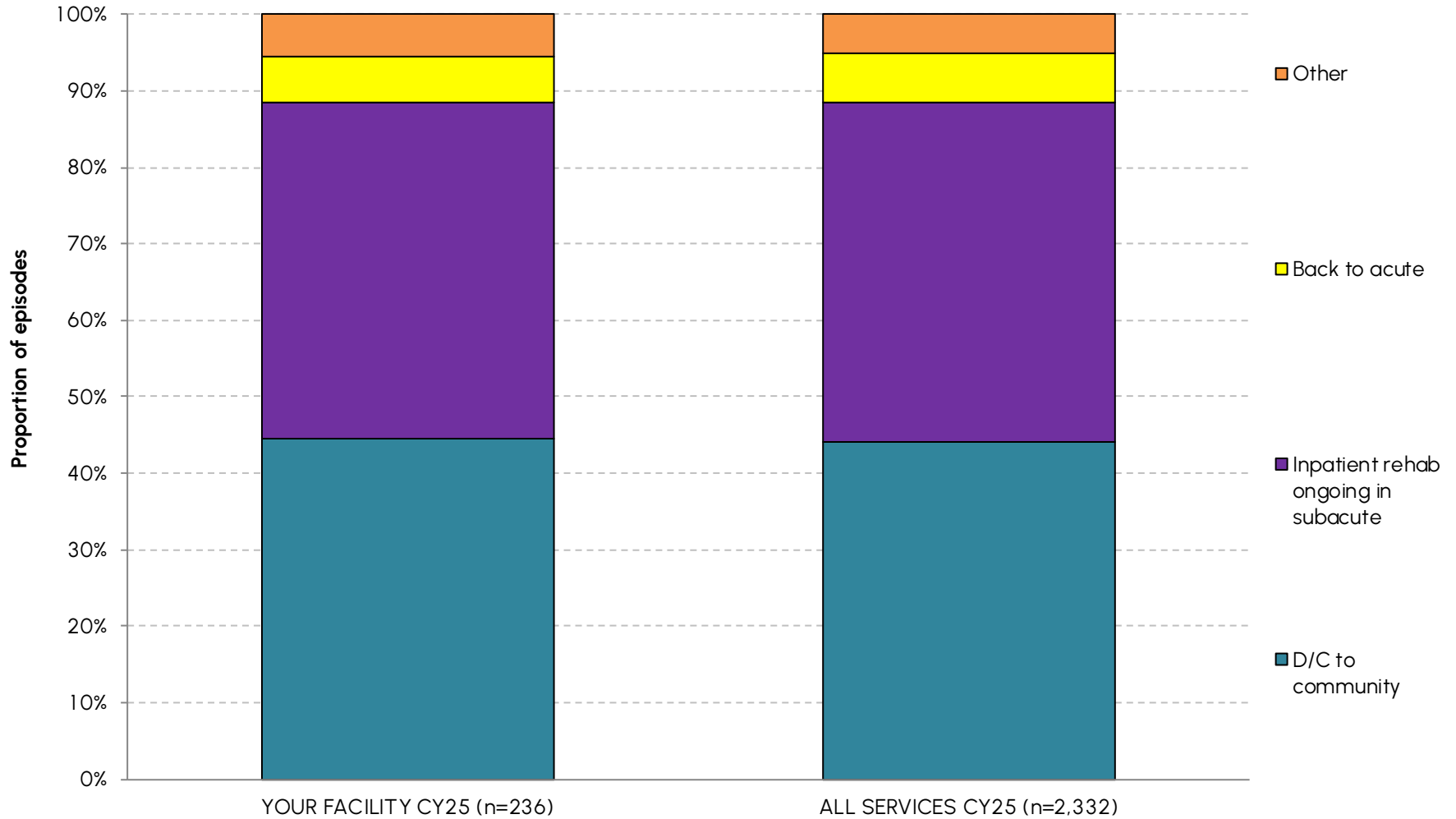
The discharge pathways are determined by the mode of episode end.

1. **D/C to community** = mode of episode ends: 1 (final destination), 2 (interim destination), 4 (rehab interventions finished, remains in hospital)
2. **Inpatient rehab ongoing in subacute** = mode of episode ends: 6 (transferred to inpatient rehabilitation ward same organisation/district/health service), 7 (transferred to inpatient rehabilitation ward different organisation/district/health service)
3. **Back to acute** = mode of episode end 5 (change in medical stability, no longer suitable for rehab: remains in hospital)
4. **Other** = mode of episode ends: 3 (death), 8 (D/C at own risk), 9 (other and unspecified)

# Mode of episode end

Mode of episode end	YOUR FACILITY CY25		ALL SERVICES CY25	
	N	%	N	%
Discharged to final destination	53	22.5	598	25.6
Discharged to interim destination	9	3.8	75	3.2
Death	2	0.8	17	0.7
Rehab interventions finished; remains in hospital	43	18.2	353	15.1
Change in medical stability, no longer suitable for rehab; remains in hospital	14	5.9	148	6.3
Transferred to inpatient rehab, same org/district/health service	90	38.1	918	39.4
Transferred to inpatient rehab, different org/district/health service	14	5.9	121	5.2
Discharged at own risk	2	0.8	19	0.8
Other and unspecified	9	3.8	83	3.6
Missing	1		19	
<b>All episodes</b>	<b>237</b>	<b>100.0</b>	<b>2,351</b>	<b>100.0</b>

# Episodes by discharge pathway



MISSING DATA: 1 episodes at YOUR FACILITY and 19 episodes at all services did not contain a valid mode of episode end

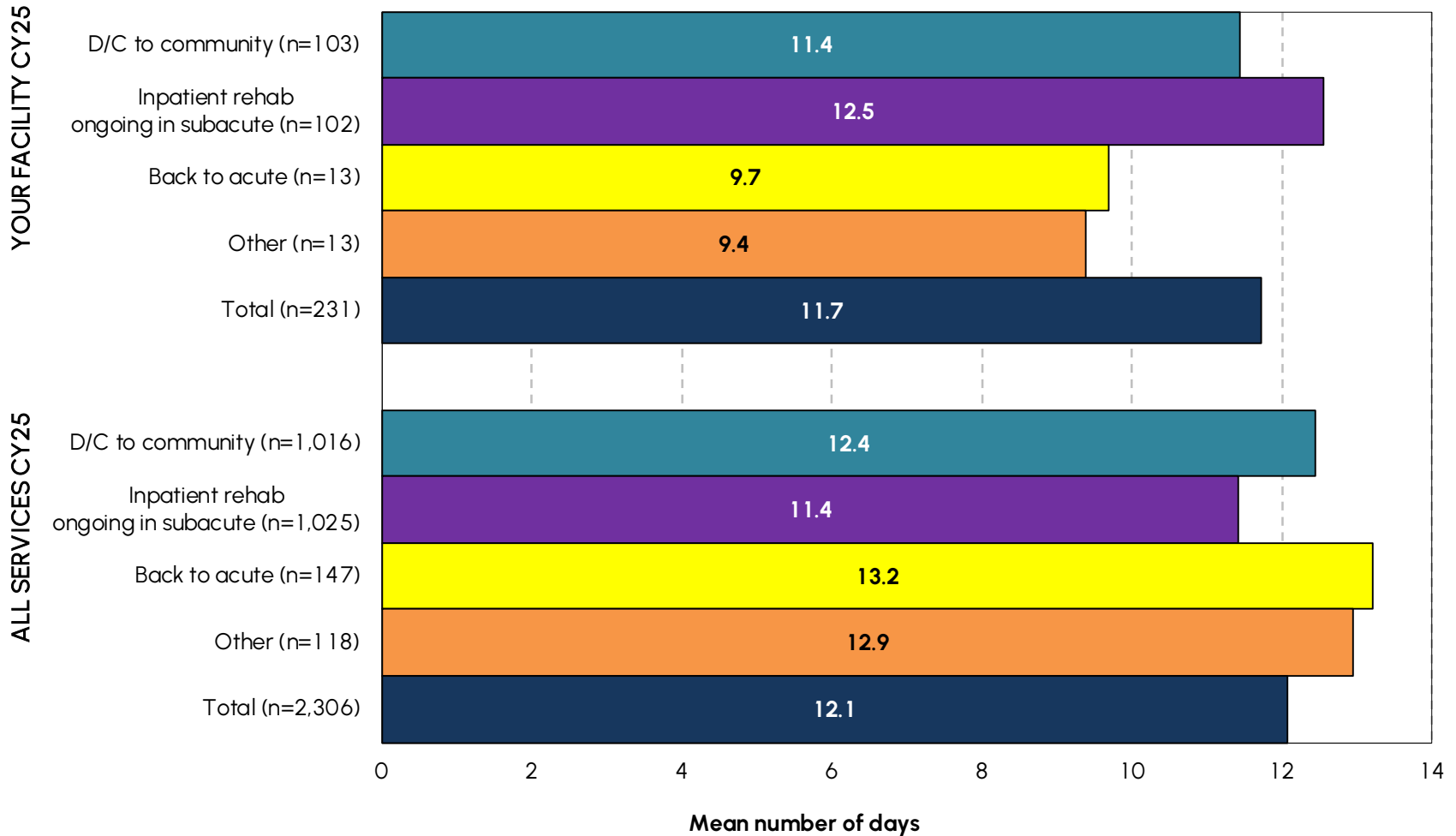
# Episodes by discharge pathway by impairment

Impairment group	YOUR FACILITY CY25										ALL SERVICES CY25									
	All	D/C to community	%	Rehab ongoing	%	Back to acute	%	Other	%	All	D/C to community	%	Rehab ongoing	%	Back to acute	%	Other	%		
Stroke	38	13	34.2	23	60.5	1	2.6	1	2.6	298	84	28.2	184	61.7	9	3.0	21	7.0		
Brain	22	6	27.3	15	68.2	0	0.0	1	4.5	222	68	30.6	133	59.9	9	4.1	12	5.4		
Neurological	9	5	55.6	4	44.4	0	0.0	0	0.0	90	40	44.4	45	50.0	n<5		n<5			
Spinal cord	6	2	33.3	4	66.7	0	0.0	0	0.0	84	15	17.9	61	72.6	n<5		5	6.0		
Amputee	7	0	0.0	5	71.4	0	0.0	2	28.6	77	25	32.5	38	49.4	7	9.1	7	9.1		
Arthritis	1	1	100.0	0	0.0	0	0.0	0	0.0	7	n<5		5	71.4	n<5		n<5			
Pain	4	2	50.0	2	50.0	0	0.0	0	0.0	25	14	56.0	9	36.0	n<5		n<5			
Ortho - fractures	26	14	53.8	10	38.5	1	3.8	1	3.8	308	148	48.1	131	42.5	18	5.8	11	3.6		
Ortho - replacements	8	5	62.5	3	37.5	0	0.0	0	0.0	32	21	65.6	8	25.0	n<5		n<5			
Ortho - soft tissue injury	0	0	—	0	—	0	—	0	—	13	6	46.2	7	53.8	n<5		n<5			
Ortho - others	3	0	0.0	2	66.7	1	33.3	0	0.0	33	8	24.2	16	48.5	n<5		5	15.2		
Cardiac	7	4	57.1	2	28.6	0	0.0	1	14.3	82	40	48.8	31	37.8	7	8.5	n<5			
Pulmonary	4	2	50.0	2	50.0	0	0.0	0	0.0	54	31	57.4	18	33.3	n<5		n<5			
Burns	0	0	—	0	—	0	—	0	—	n<5	—		—	—	—	—	—			
Congenital deformity	0	0	—	0	—	0	—	0	—	n<5	—		—	—	—	—	—			
Other disabling imp.	0	0	—	0	—	0	—	0	—	33	25	75.8	7	21.2	n<5		n<5			
Multiple trauma	11	5	45.5	5	45.5	0	0.0	1	9.1	89	29	32.6	49	55.1	n<5		9	10.1		
Developmental disability	0	0	—	0	—	0	—	0	—	n<5	—		—	—	—	—	—			
Reconditioning	89	46	51.7	26	29.2	11	12.4	6	6.7	870	463	53.2	293	33.7	78	9.0	36	4.1		
COVID-19 conditions	1	0	0.0	1	100.0	0	0.0	0	0.0	13	7	53.8	n<5		n<5		n<5			
Missing	0									n<5										
<b>All episodes</b>	<b>236</b>	<b>105</b>	<b>44.5</b>	<b>104</b>	<b>44.1</b>	<b>14</b>	<b>5.9</b>	<b>13</b>	<b>5.5</b>	<b>2,330</b>	<b>1,024</b>	<b>43.9</b>	<b>1,035</b>	<b>44.4</b>	<b>128</b>	<b>5.5</b>	<b>106</b>	<b>4.5</b>		

Note 1: No data provided when less than 5 episodes

Note 2: Only includes episodes with mode of episode end provided

# Length of inreach episodes

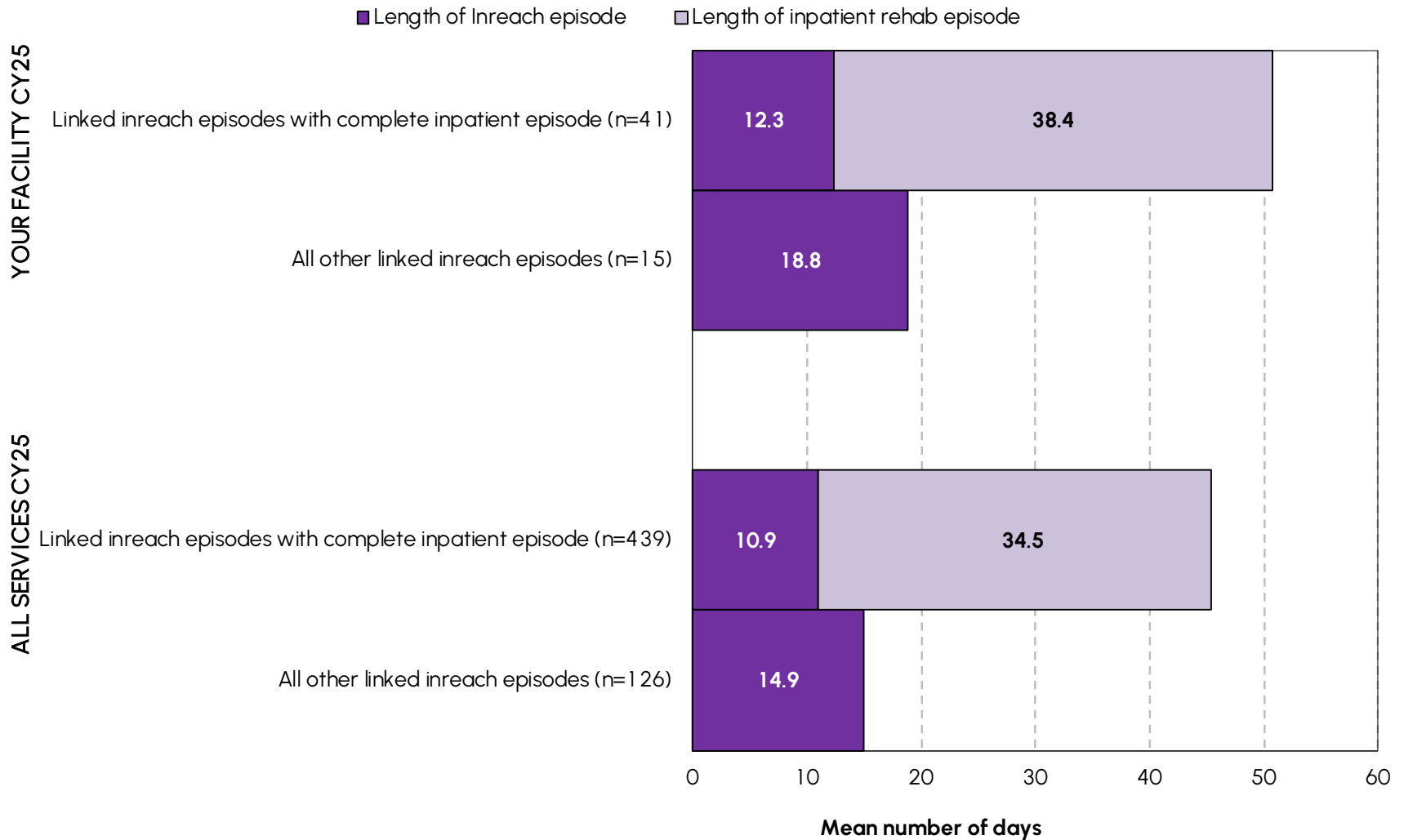


Note 1: No data provided when less than 5 episodes have dates and mode of episode end

Note 2: Only includes episodes with valid episode begin and end dates

# Length of inreach and inpatient episodes

## — Inpatient rehab ongoing in subacute discharge pathway

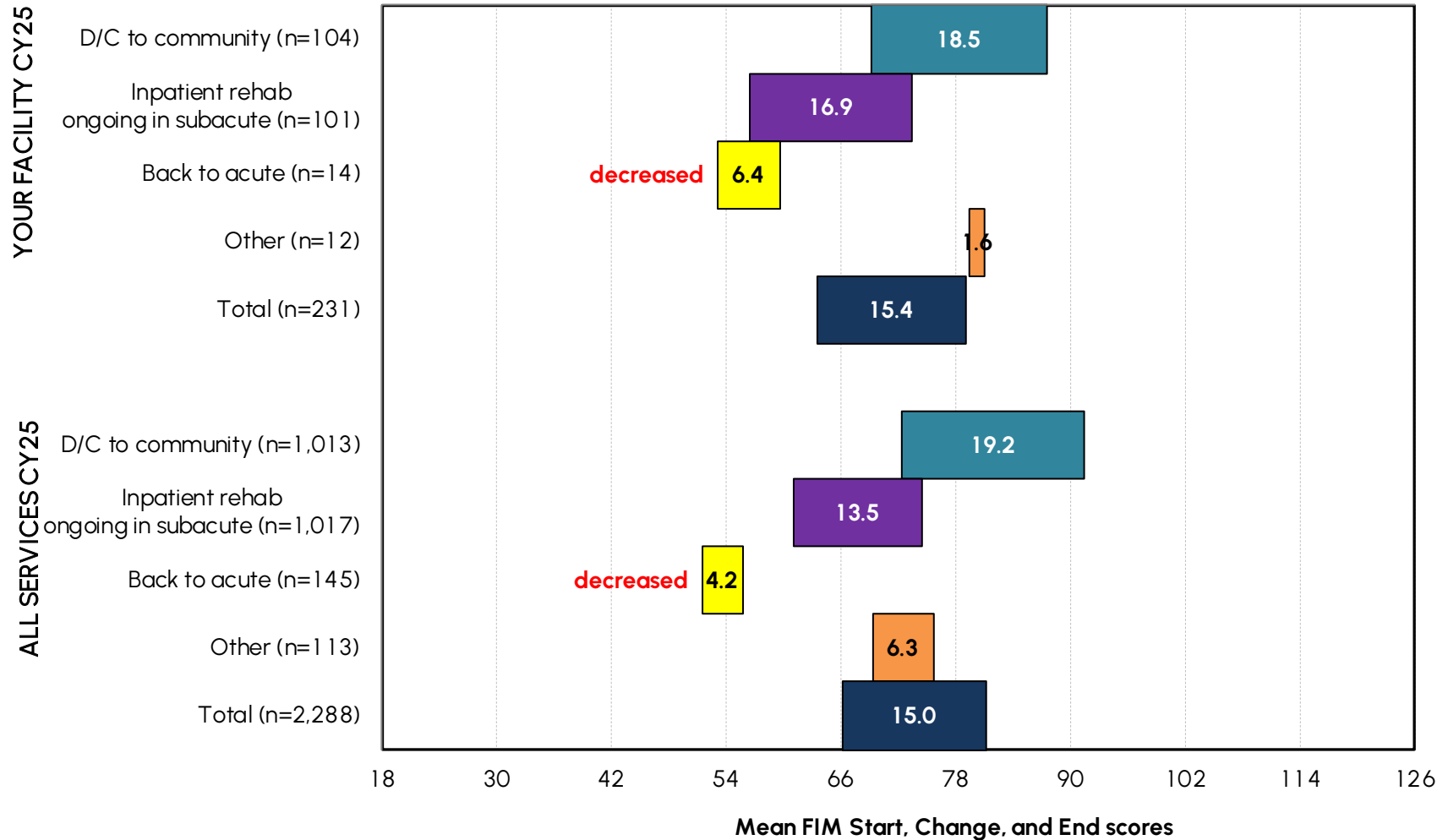


Note 1: No data provided when less than 5 episodes have dates

Note 2: Only includes linked inreach and inpatient episodes where the inpatient episode was completed and both the inreach and inpatient episode have valid length of stay

Note 3: Linked inreach and inpatient episodes are determined by having the same statistical linkage key (SLK) with the inpatient episode commencing the day the inreach episode ends or within 7 days. Linked inpatient episodes do not have to occur at the same service as the inreach episode or have the same impairment code.

# FIM change of inreach episodes

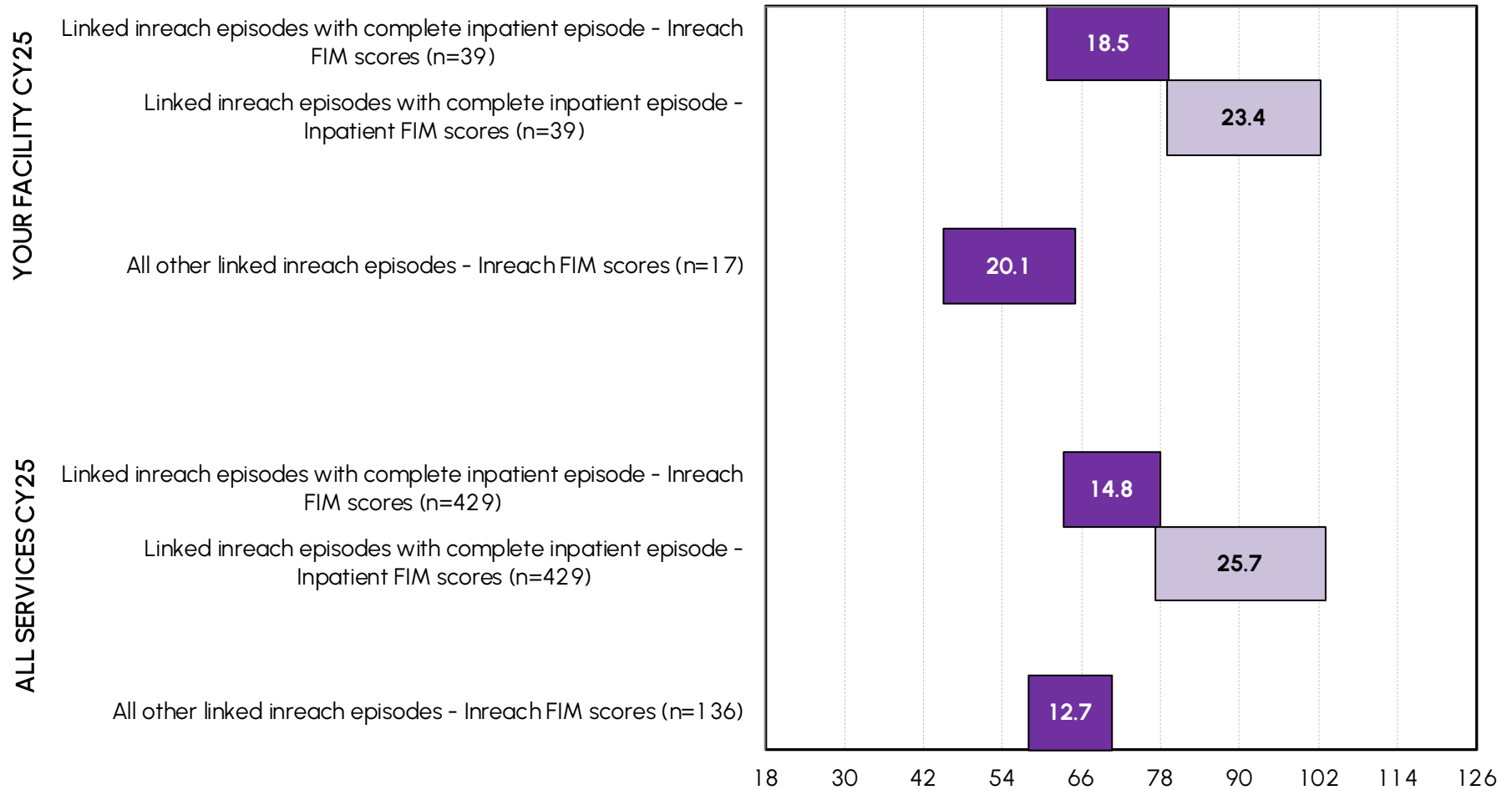


Note 1: No data provided when less than 5 episodes have valid FIM scores at episode start and end

Note 2: Where FIM change has decreased, the FIM start is the higher score and the FIM end is the lower score, the amount FIM change decreased is in the box

# FIM change of inreach and inpatient episodes

## — Inpatient rehab ongoing in subacute discharge pathway

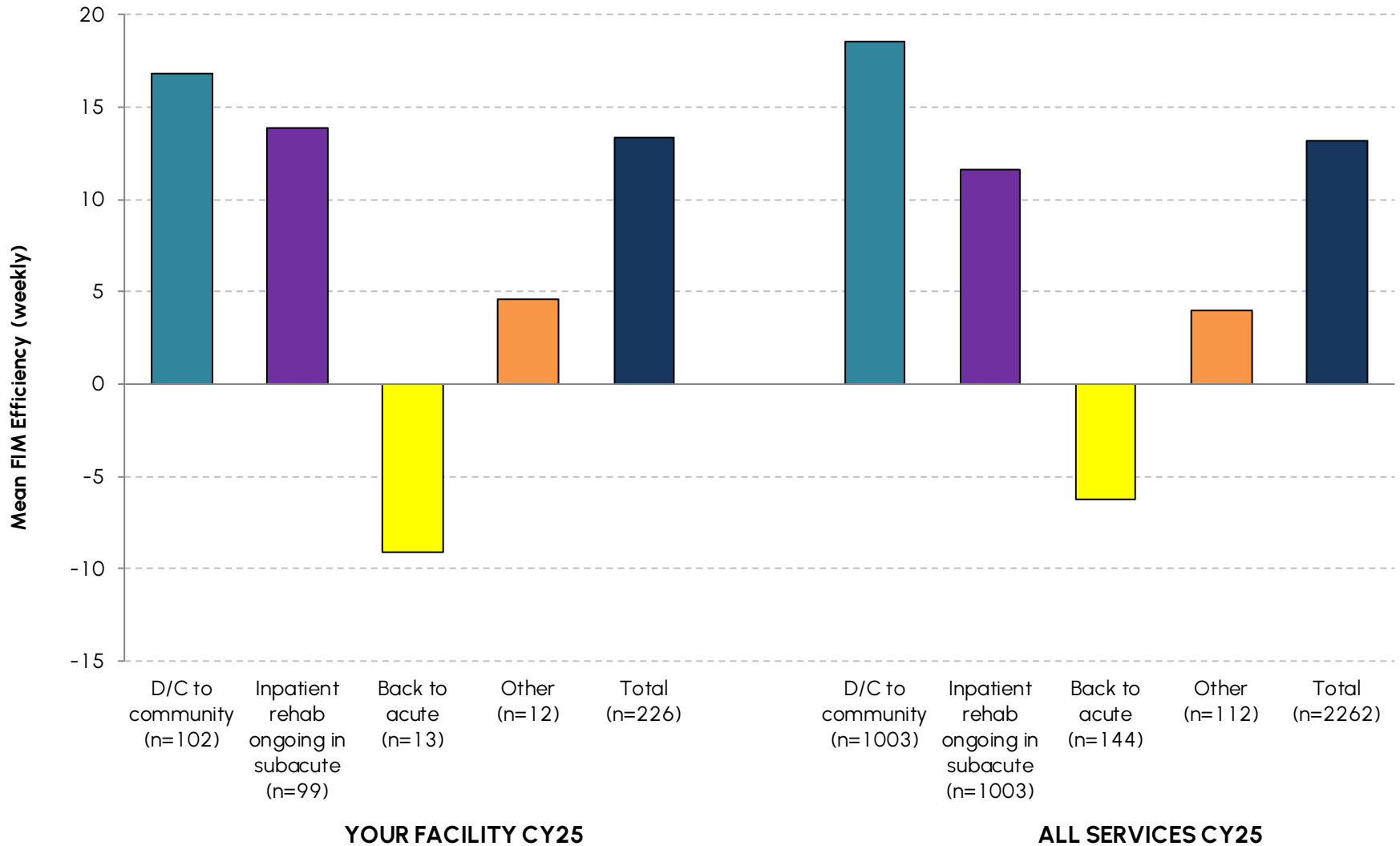


Note 1: No data provided when less than 5 episodes have dates

Note 2: Only includes linked inreach and inpatient episodes where the inpatient episode was completed and both the inreach and inpatient episode have valid FIM scores

Note 3: Linked inreach and inpatient episodes are determined by having the same statistical linkage key (SLK) with the inpatient episode commencing the day the inreach episode ends or within 7 days. Linked inpatient episodes do not have to occur at the same service as the inreach episode or have the same impairment code.

# FIM efficiency of inreach episodes

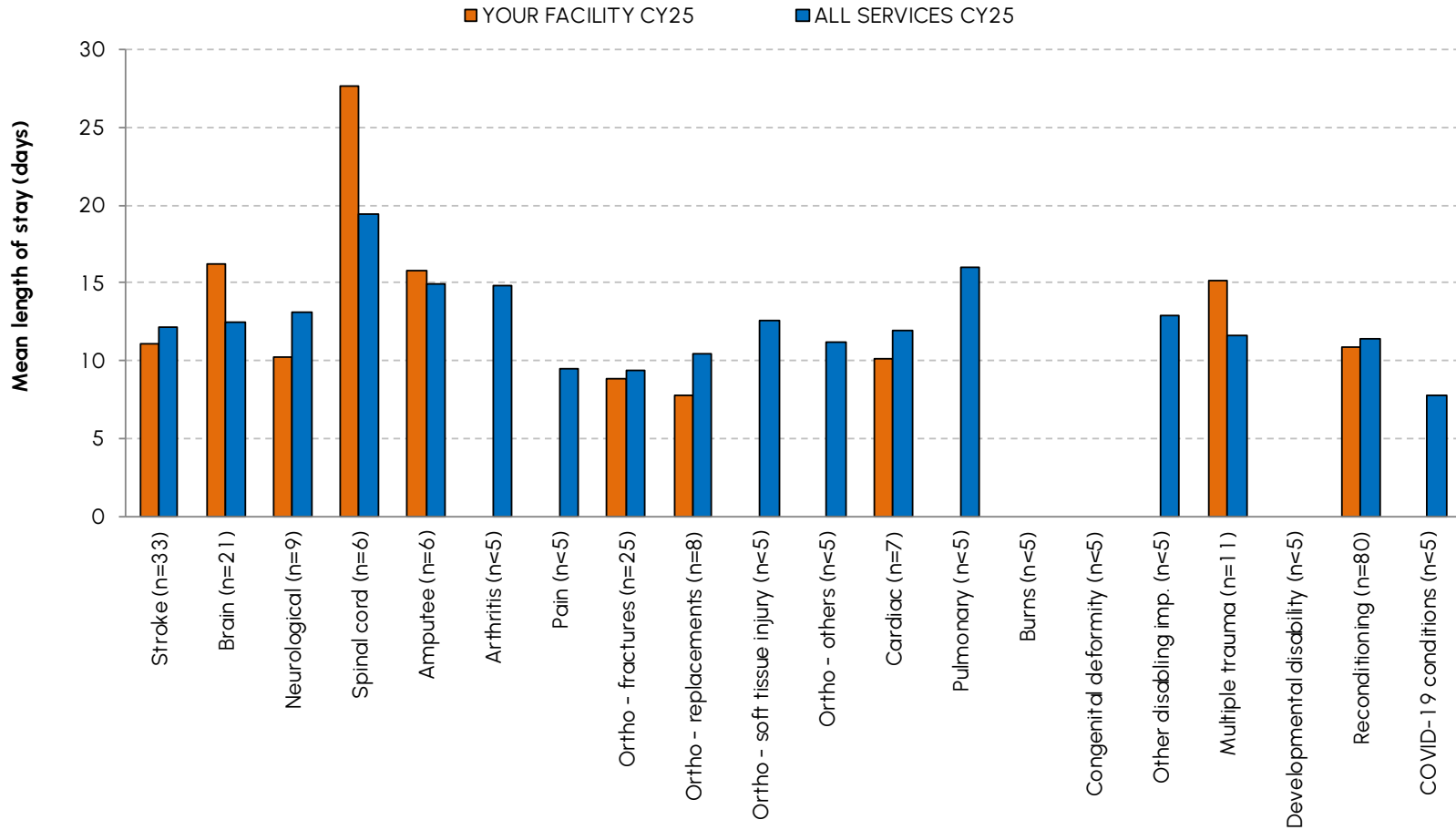


Note 1: No data provided when less than 5 episodes have valid FIM scores at episode start and end and valid episode start and end dates

- The following outcome measures by impairment include episodes from all discharge pathways.\*
- Outcome measures provided are:
  - Length of stay (LOS)
  - FIM change
  - Discharge destination

\*The definitions of episode discharge pathways can be found on page 18

# Episode length of stay by impairment



NOTE 1: episodes with invalid FIM scores and LOS>500 days are excluded from analysis.

NOTE 2: Where the number of episodes < 5 in all services data, details are not given for reasons of privacy and accuracy.

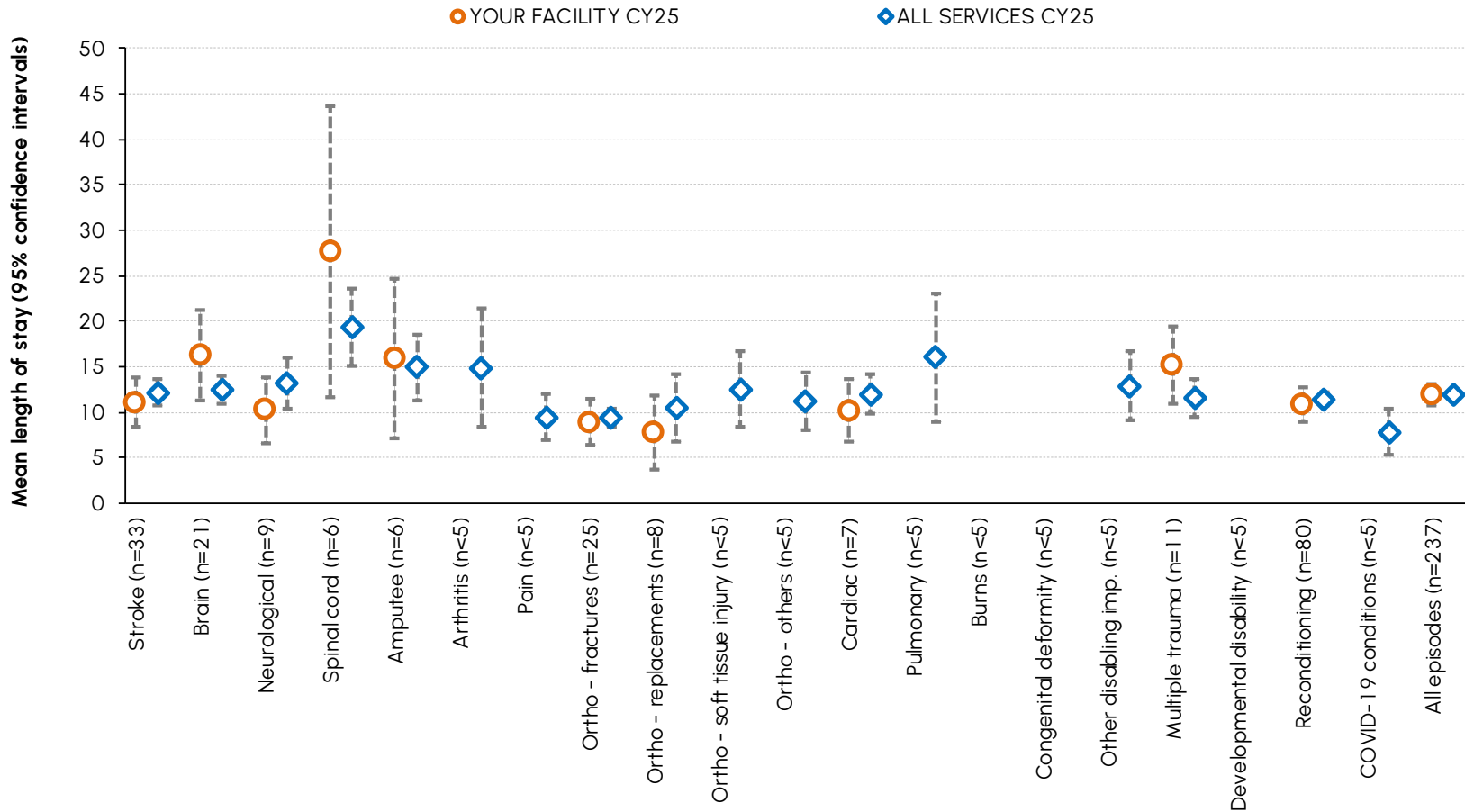
# Episode length of stay by impairment

Impairment group	YOUR FACILITY CY25			ALL SERVICES CY25		
	N	Mean	(95% CI)	N	Mean	(95% CI)
Stroke	33	11.1	(8.3 – 13.9)	269	12.2	(10.7 – 13.6)
Brain	21	16.2	(11.3 – 21.2)	200	12.5	(11.0 – 14.0)
Neurological	9	10.2	(6.6 – 13.9)	84	13.2	(10.3 – 16.0)
Spinal cord	6	27.7	(11.7 – 43.7)	82	19.4	(15.1 – 23.6)
Amputee	6	15.8	(7.0 – 24.6)	74	15.0	(11.3 – 18.6)
Arthritis	1	8.0		7	14.9	(8.3 – 21.4)
Pain	3	12.0	(8.1 – 15.9)	22	9.5	(7.0 – 12.0)
Ortho - fractures	25	8.8	(6.3 – 11.4)	291	9.4	(8.4 – 10.4)
Ortho - replacements	8	7.8	(3.7 – 11.8)	31	10.4	(6.7 – 14.1)
Ortho - soft tissue injury	0	—		13	12.5	(8.4 – 16.7)
Ortho - others	3	10.7	(-0.1 – 21.4)	31	11.2	(8.0 – 14.3)
Cardiac	7	10.1	(6.7 – 13.6)	82	12.0	(9.8 – 14.1)
Pulmonary	4	16.8	(9.6 – 23.9)	53	16.0	(9.0 – 23.1)
Burns	0	—		n<5	—	
Congenital deformity	0	—		n<5	—	
Other disabling imp.	0	—		33	12.9	(9.0 – 16.7)
Multiple trauma	11	15.2	(10.9 – 19.5)	84	11.6	(9.5 – 13.7)
Developmental disability	0	—		n<5	—	
Reconditioning	80	10.8	(8.9 – 12.7)	816	11.4	(10.7 – 12.1)
COVID-19 conditions	1	5.0		12	7.8	(5.3 – 10.4)
Missing or excluded	19			154		
<b>All episodes</b>	<b>237</b>	<b>11.9</b>	<b>(10.7 – 13.1)</b>	<b>2,351</b>	<b>11.9</b>	<b>(11.4 – 12.4)</b>

NOTE 1: episodes with invalid FIM scores and LOS>500 days are excluded from analysis.

NOTE 2: Where the number of episodes < 5 in all services data, details are not given for reasons of privacy and accuracy.

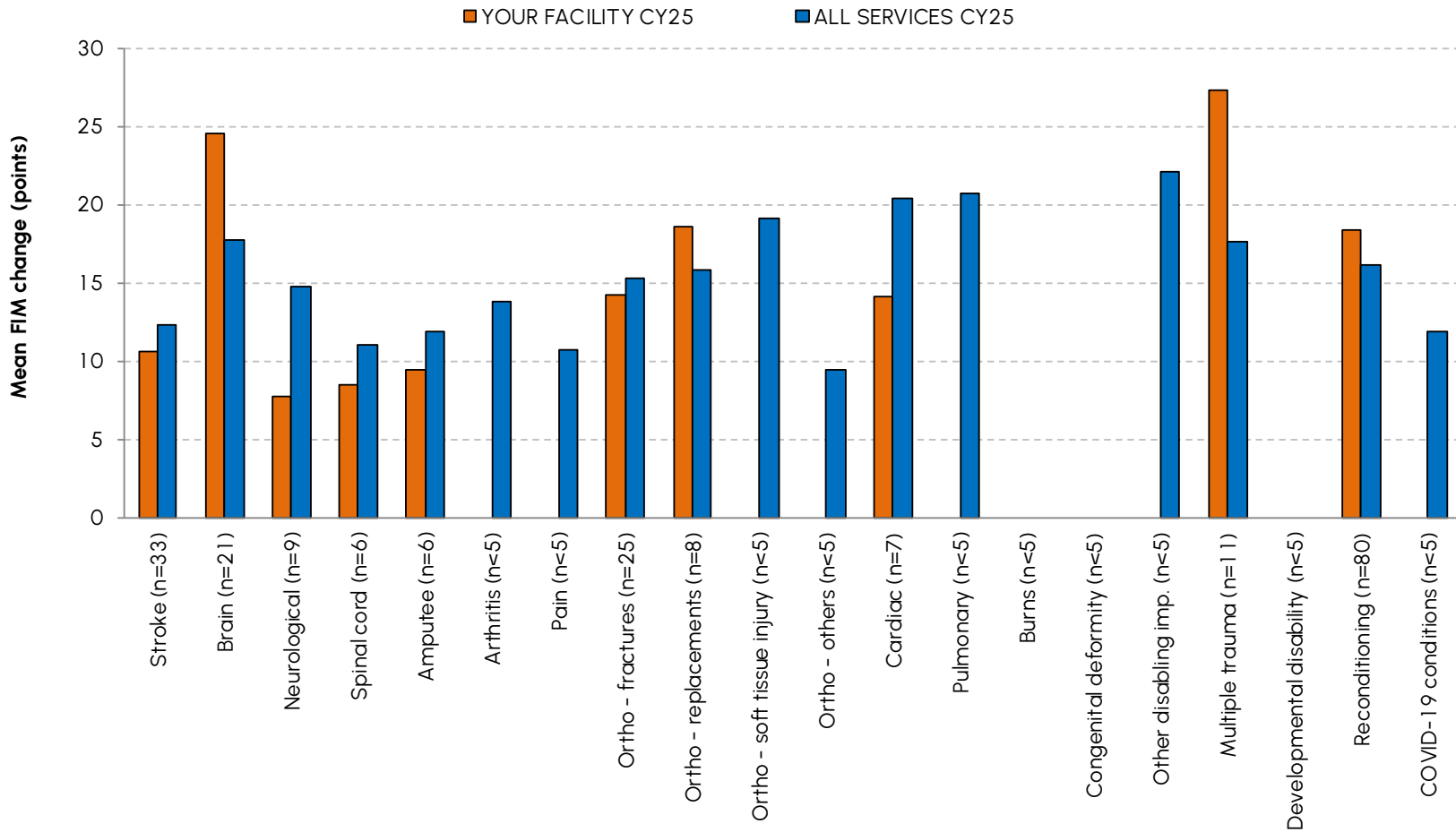
# Comparison of length of stay with national average by impairment



NOTE 1: episodes with invalid FIM scores and LOS>500 days are excluded from analysis.

NOTE 2: Where the number of episodes < 5 in all services data, details are not given for reasons of privacy and accuracy.

# FIM change by impairment



NOTE 1: episodes with invalid FIM scores and LOS>500 days are excluded from analysis.

NOTE 2: Where the number of episodes < 5 in all services data, details are not given for reasons of privacy and accuracy.

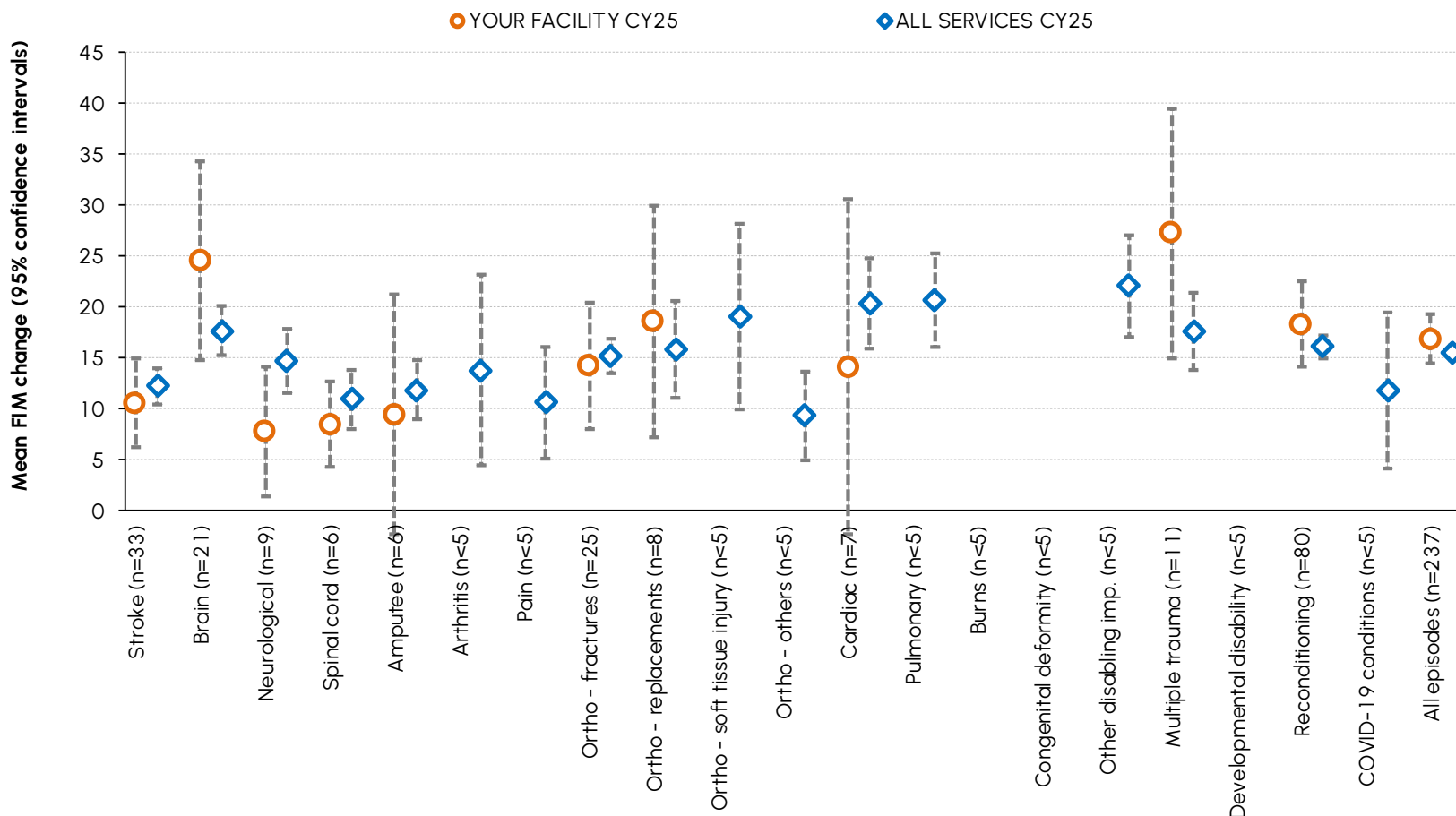
# FIM change by impairment

Impairment group	YOUR FACILITY CY25			ALL SERVICES CY25		
	N	Mean	(95% CI)	N	Mean	(95% CI)
Stroke	33	10.6	(6.2 – 15.0)	269	12.3	(10.6 – 14.0)
Brain	21	24.6	(14.8 – 34.3)	200	17.7	(15.3 – 20.1)
Neurological	9	7.8	(1.4 – 14.2)	84	14.8	(11.7 – 17.9)
Spinal cord	6	8.5	(4.3 – 12.7)	82	11.0	(8.1 – 13.9)
Amputee	6	9.5	(-2.2 – 21.2)	74	11.9	(9.0 – 14.8)
Arthritis	1	22.0		7	13.9	(4.6 – 23.2)
Pain	3	19.7	(-0.3 – 39.6)	22	10.7	(5.2 – 16.1)
Ortho - fractures	25	14.3	(8.1 – 20.4)	291	15.3	(13.6 – 17.0)
Ortho - replacements	8	18.6	(7.3 – 29.9)	31	15.8	(11.1 – 20.6)
Ortho - soft tissue injury	0	—		13	19.2	(10.0 – 28.3)
Ortho - others	3	0.7	(-0.6 – 2.0)	31	9.4	(5.1 – 13.8)
Cardiac	7	14.1	(-2.3 – 30.6)	82	20.4	(16.0 – 24.8)
Pulmonary	4	38.5	(8.9 – 68.1)	53	20.8	(16.2 – 25.3)
Burns	0	—		n<5	—	
Congenital deformity	0	—		n<5	—	
Other disabling imp.	0	—		33	22.1	(17.1 – 27.2)
Multiple trauma	11	27.3	(15.0 – 39.5)	84	17.7	(13.9 – 21.4)
Developmental disability	0	—		n<5	—	
Reconditioning	80	18.4	(14.2 – 22.5)	816	16.1	(15.0 – 17.3)
COVID-19 conditions	1	3.0		12	11.9	(4.2 – 19.6)
Missing or excluded	19			166		
<b>All episodes</b>	<b>237</b>	<b>16.9</b>	<b>(14.4 – 19.3)</b>	<b>2,351</b>	<b>15.6</b>	<b>(14.9 – 16.2)</b>

NOTE 1: episodes with invalid FIM scores and LOS>500 days are excluded from analysis.

NOTE 2: Where the number of episodes < 5 in all services data, details are not given for reasons of privacy and accuracy.

# Comparison of FIM change with national average by impairment



NOTE 1: episodes with invalid FIM scores and LOS>500 days are excluded from analysis.

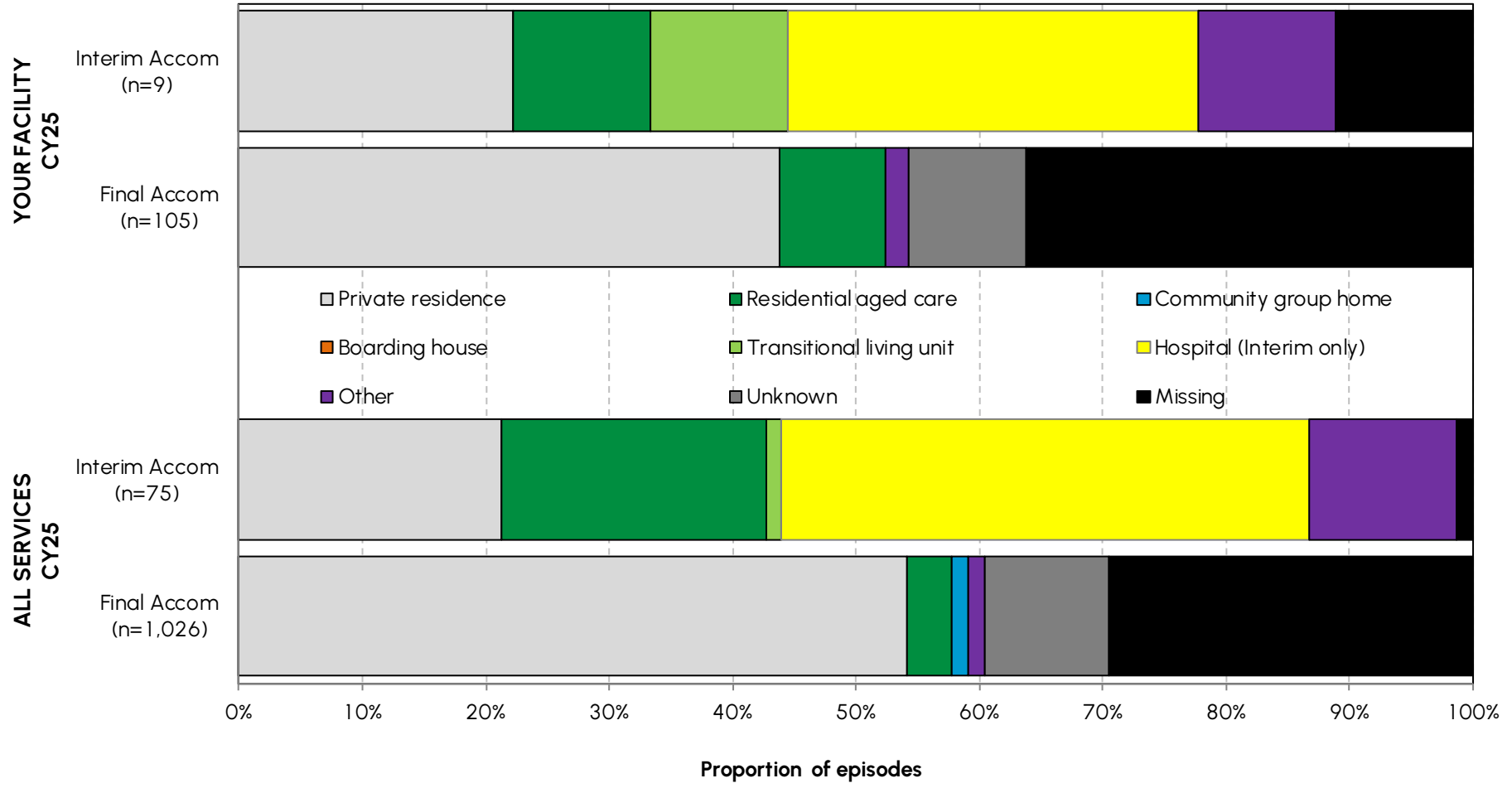
NOTE 2: Where the number of episodes < 5 in all services data, details are not given for reasons of privacy and accuracy.

- Another measure of performance involves the type of accommodation a client is discharged to at the end of their rehabilitation.
- Accommodation data is analysed for the D/C to community pathway only.\*

\*The definitions of episode discharge pathways can be found on page 18

# Accommodation post discharge

## — Discharge pathway: D/C to community



NOTE 1: Discharge to the community includes those episodes with mode of episode end equal to either 1 (final destination), or 2 (interim destination), or 4 (rehab interventions finished, remains in hospital)

## 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

The benchmark data set is all episodes during the reporting period in the AROC database.

## 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 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](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.

## 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 – inreach, 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 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 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

## 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

## Valid FIM

For an episode to have a Valid FIM flag it must have all 18 items on admission and discharge 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 have a length of stay ranging between 1 and 500 days. The Valid LOS flag is used in analysis which measures LOS as an outcome.

# 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 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

## 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 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: 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.

- **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.
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