

APPENDIX I. Minimum Data Reporting Requirements

The specialist service national definition set for rehabilitation divides units into several different levels.

- Level 1 Tertiary services with a catchment population of over 1 million
- Level 2a Supra-district services with a catchment population of over 750 thousand
- Level 2b District/Local specialist services
- Level 3 Non-specialist services

As of April 2013 the minimum reporting requirements for each level of service are as follows, however sites are very welcome to submit more information than the minimum listed and it is possible that additional information may be required by commissioners.

All Levels

- Service profile including contact details, staffing levels, number of beds etc (completed annually and whenever significant changes to the service take place).
- The deadlines for submitting data for commissioning purposes (for level 1 & 2 units) are not yet known, however it is anticipated that data for each month will need to be submitted by around the 8th working day of the following month. Further information will be provided when known.

Level 1 & 2a

- Full demographic & episode details and/or items indicated with * in the configuration options screen of the software
- Itemised RCS-E scores (version 13 or 13T) carried out at admission, discharge and at fortnightly intervals in-between measuring what the patient has received rather than what they need.
- Itemised FIM+FAM scores on both admission and discharge.
- Cross-sectional data tranches consisting of matching RCS-E (version 13 or 13T), NPCNA/NPDS-H and NPTDA assessments (scored retrospectively based on what the patient received). See next page for more information.
- Data should be submitted monthly and include all current inpatients as well as patients who have been discharged.

Level 2b

- Basic demographic & episode details.
- Itemised RCS-E scores (version 13 or 13T) on admission & discharge (measuring what the patient has received).
- Level 2b sites wishing to use the weighted bed day tariff should report fortnightly RCS-E scores (scored retrospectively based on what the patient received).
- Itemised FIM or FIM+FAM or NPCNA or NPDS-H scores on both admission & discharge
- Cross-sectional data tranches consisting of RCS-E (version 13 or 13T).
- For sites using the weighted bed day tariff, data should be submitted monthly and include all current inpatients as well as patients who have been discharged, other level 2b services can currently choose to submit data quarterly if they prefer.

Level 3 + slow stream units/specialist nursing homes

- Basic demographic & episode details
- Itemised RCS scores on admission & discharge (measuring what the patient has received).
- Itemised Barthel or FIM or FIM+FAM or NPCNA or NPDS-H scores on both admission & discharge.
- Participation in the UK ROC dataset by these types of sites is optional. The checklist indicates the minimum amount of data required in order for an episode to be registered as an 'accrual' with the CLRN (Comprehensive Local Research Network).

Exceptions

Discharge RCS-E, Barthel, FIM, FIM+FAM, NPCNA and NPDS-H scores may be omitted for short episodes of up to 5 days where the primary purpose of the episode is to carry out an assessment of the patient and therefore no changes in the scores are expected.

Optional Information

- Goal Attainment Scaling (GAS)
- ASIA – for use with patients who have spinal cord injuries (not currently collected via the UK ROC software)
- SIGAM grade – for amputees (not currently collected via the UK ROC software)

Cross-Sectional Data Tranches

All Level 1, 2a & 2b sites are required to submit some cross-sectional data each year where all patients are scored during the same fortnight. This should be repeated each fortnight until a total of at least 100 sets of assessments have been gathered.

For Level 1 & 2a units, the cross-sectional data should include matching sets of RCS-E, NPCNA (or NPDS-H) and NPTDA assessments scored retrospectively based on what the patient received. As level 1 & 2a units are required to collect fortnightly RCS-E scores throughout the year, we recommend that the NPCNA & NPTDA assessments are carried out during the same weeks as the existing RCS-E assessments.

For level 2b units, only the RCS-E scores are required.

Other Notes

1. Some additional items (eg: co-morbidities and costs) are collected by the UK ROC software for local or historical purposes but are not part of the current or planned minimum requirements for any of the service levels.
2. Postcodes are optional but can be useful for mapping patients to geographical areas... only the first part of the postcode is included when the data is pseudonymised.
3. Due to the rapidly changing situation, the UK ROC team is not currently in a position to start accepting data collected using anything other than the software described in this user guide.

UK ROC Minimum Data Reporting Requirements Checklist - 2013/14

Items	Service Level (actual or aspired)					Notes * using weighted bed day tariff
	1*	2a*	2b*	2b	Other	
Patient Identification & Demographics						
Patient Name	✓	✓	✓	✓	✓	for local use only
Date of Birth	✓	✓	✓	✓	✓	for age calculations + commissioners
Gender	✓	✓	✓	✓	✓	
Ethnicity						desirable if available
Local Identifier						for local use + commissioners only
Hospital Number						for local use + commissioners only
NHS Number	✓	✓	✓	✓		for local use + commissioners only
Commissioning & Referral						
Funding Source (NHS CB, CCG, private etc)	✓	✓	✓	✓	✓	
Service Level (1, 2a, 2b, 3)	✓	✓				if commissioned at several levels
Patient Category (a, b, c, d)	✓	✓				
CCG name or code	✓	✓	✓	✓	✓	
GP Practice name, code and/or postcode	?	?	?	?		may be required by commissioners
GP name and/or code	?	?	?	?		may be required by commissioners
Patient postcode						optional, though useful if available
Referral date	✓	✓				
Referral source	✓	✓				
Date of decision (added to active waiting list)	✓	✓				
Date fit for admission	✓	✓				
Initial Assessment						
Date of initial assessment	✓	✓				
Assessed by (uni/multi-disciplinary)	✓	✓				
Diagnosis						
Onset date (original and/or current)	✓	✓				
Diagnosis category/subcategory	✓	✓	✓	✓	✓	
ICD 10 codes						optional
Admission Details						
Date of admission	✓	✓	✓	✓	✓	
Proposed discharge date	✓	✓				
Proposed trimpoint date						
Admitted from	✓	✓				
Admission purpose	✓	✓				
Interruptions & Extensions						
Interruptions (start & end date, reason)	✓	✓	✓	✓		
Extension date	✓	✓	✓	✓		
Discharge Details						
Date fit for discharge	✓	✓				
Discharge date	✓	✓	✓	✓	✓	
Reason for delay	✓	✓				
Discharge mode	✓	✓				
Discharge destination	✓	✓				
Discharge postcode						optional, though useful if available
Admission & Discharge Assessments (all assessments should be submitted with fully itemised scores)						
Patient Categorisation Tool (on admission)	✓	✓				complexity measure
RCS-E (version 13 or 13T) – scored retrospectively	✓	✓	✓	✓	✓	complexity measure
FIM+FAM (including NIS)	✓	✓				outcome measure
FIM, FIM+FAM, NPCNA or NPDS-H			✓	✓		outcome measure
Barthel, FIM, FIM+FAM, NPCNA or NPDS-H					✓	outcome measure
Fortnightly Assessments (scored retrospectively for all patients throughout the year based on what was provided)						
RCS-E (version 13 or 13T)	✓	✓	✓			complexity/inputs measure
Cross-Sectional Data Tranches (all assessments should be scored retrospectively based on what was actually provided) Collected fortnightly for ALL patients until at least 100 sets of matching assessments have been completed						
Matching RCS-E, NPCNA (or NPDS-H) & NPTDA	✓	✓				complexity/inputs measures
RCS-E version 13			✓		✓	complexity/inputs measure
Data Submission Frequency						
Monthly (including all current inpatients)	✓	✓	✓			
Quarterly (ideally including all current inpatients)				✓		monthly submissions preferred
Optional – no requirement to participate					✓	ideally submitted monthly or quarterly
Other (submitted annually and following any significant changes to service)						
Service Profile	✓	✓	✓	✓	✓	including staffing levels and costs