## CRAFT FUNDED HOSPITALS REHABILITATION REPORT

**CAMPUS NAME:** **CAMPUS CODE:** **FINANCIAL YEAR: 2004–05**

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | to MAR | APR | MAY | JUN | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CARE TYPE 2: REHAB LEVEL 1 - ALL PATIENTS (EXCL. DVA PATIENTS)** | | | | | | | | | | | | | |
| **2.1 TOTL REHABILITATION SEPARATIONS** | | | | | | | | | | | | | |
| **2.2 TOTAL REHABILITATION PATIENT DAYS** | | | | | | | | | | | | | |
| **CARE TYPE 2: REHAB LEVEL 1 ( DVA PATIENTS ONLY)** | | | | | | | | | | | | | |
| **2.3 TOTAL REHABILITATION SEPARATIONS** | | | | | | | | | | | | | |
| **2.4 TOTAL REHABILITATION PATIENT DAYS** | | | | | | | | | | | | | |
| **CARE TYPE 6: REHAB LEVEL 2 - ALL PATIENTS (EXCL. DVA PATIENTS)** | | | | | | | | | | | | | |
| **6.1 SEPARATIONS DETAILS** | | | | | | | | | | | | | |
| 1 SHORT STAY (overnight) | | | | | | | | | | | | | |
| 2 STROKE/NEURO LB | | | | | | | | | | | | | |
| 3 STROKE/NEURO HB | | | | | | | | | | | | | |
| 4 ORTHO FRACTURE LB | | | | | | | | | | | | | |
| 5 ORTHO FRACTURE HB | | | | | | | | | | | | | |
| 6 ORTHO REPLACE HIP/KNEE LB | | | | | | | | | | | | | |
| 7 ORTHO REPLACE HIP/KNEE MB | | | | | | | | | | | | | |
| 8 ORTHO REPLACE HIP/KNEE HB | | | | | | | | | | | | | |
| 9 OTHER ORTHO LB | | | | | | | | | | | | | |
| 10 OTHER ORTHO HB | | | | | | | | | | | | | |
| 11 CARDIO/PULMONARY | | | | | | | | | | | | | |
| 12 OTHER REHABILITATION LB | | | | | | | | | | | | | |
| 13 OTHER REHABILITATION HB | | | | | | | | | | | | | |
| 14 UNCODED SEPARATIONS | | | | | | | | | | | | | |
| ***Subtotal*** | | | | | | | | | | | | | |
| 15 OTHER REHABILITATION SEPARATIONS - SPINAL | | | | | | | | | | | | | |
| 16 OTHER REHABILITATION SEPARATIONS - BURNS | | | | | | | | | | | | | |
| 17 OTHER REHABILITATION SEPARATIONS - AMPUTATIONS | | | | | | | | | | | | | |
| 18 OTHER REHABILITATION SEPARATIONS - MAJOR HEAD INJURY | | | | | | | | | | | | | |
| ***Subtotal*** | | | | | | | | | | | | | |
| **TOTAL REHABILITATION SEPARATIONS** | | | | | | | | | | | | | |

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| | | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | to MAR | APR | MAY | JUN | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **6.2** | **PATIENT DAY DETAILS** | | | | | | | | | | | | | |
| 1 | SHORT STAY (overnight) | | | | | | | | | | | | | |
| 2 | STROKE/NEURO LB | | | | | | | | | | | | | |
| 3 | STROKE/NEURO HB | | | | | | | | | | | | | |
| 4 | ORTHO FRACTURE LB | | | | | | | | | | | | | |
| 5 | ORTHO FRACTURE HB | | | | | | | | | | | | | |
| 6 | ORTHO REPLACE HIP/KNEE LB | | | | | | | | | | | | | |
| 7 | ORTHO REPLACE HIP/KNEE MB | | | | | | | | | | | | | |
| 8 | ORTHO REPLACE HIP/KNEE HB | | | | | | | | | | | | | |
| 9 | OTHER ORTHO LB | | | | | | | | | | | | | |
| 10 | OTHER ORTHO HB | | | | | | | | | | | | | |
| 11 | CARDIO/PULMONARY | | | | | | | | | | | | | |
| 12 | OTHER REHABILITATION LB | | | | | | | | | | | | | |
| 13 | OTHER REHABILITATION HB | | | | | | | | | | | | | |
| 14 | UNCODED PATIENT DAYS | | | | | | | | | | | | | |
| | ***Subtotal*** | | | | | | | | | | | | | |
| 15 | OTHER REHABILITATION SEPARATIONS - SPINAL | | | | | | | | | | | | | |
| 16 | OTHER REHABILITATION SEPARATIONS - BURNS | | | | | | | | | | | | | |
| 17 | OTHER REHABILITATION SEPARATIONS - AMPUTATIONS | | | | | | | | | | | | | |
| 18 | OTHER REHABILITATION SEPARATIONS - MAJOR HEAD INJURY | | | | | | | | | | | | | |
| | ***Subtotal*** | | | | | | | | | | | | | |
| | **TOTAL REHABILIATATION PATIENT DAYS** | | | | | | | | | | | | | |

## CRAFT FUNDED HOSPITALS REHABILITATION REPORT

**CAMPUS NAME:** **CAMPUS CODE:** **FINANCIAL YEAR: 2004–05**

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | to MAR | APR | MAY | JUN | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CARE TYPE 6: REHAB LEVEL 2 - ALL PATIENTS (EXCL. DVA PATIENTS)** ***Cont .. .*** | | | | | | | | | | | | | |
| **6.3 REHABILITATION WEIGHTED UNITS** | | | | | | | | | | | | | |
| 1 SHORT STAY (overnight) | | | | | | | | | | | | | |
| 2 STROKE/NEURO LB | | | | | | | | | | | | | |
| 3 STROKE/NEURO HB | | | | | | | | | | | | | |
| 4 ORTHO FRACTURE LB | | | | | | | | | | | | | |
| 5 ORTHO FRACTURE HB | | | | | | | | | | | | | |
| 6 ORTHO REPLACE HIP/KNEE LB | | | | | | | | | | | | | |
| 7 ORTHO REPLACE HIP/KNEE MB | | | | | | | | | | | | | |
| 8 ORTHO REPLACE HIP/KNEE HB | | | | | | | | | | | | | |
| 9 OTHER ORTHO LB | | | | | | | | | | | | | |
| 10 OTHER ORTHO HB | | | | | | | | | | | | | |
| 11 CARDIO/PULMONARY | | | | | | | | | | | | | |
| 12 OTHER REHABILITATION LB | | | | | | | | | | | | | |
| 13 OTHER REHABILITATION HB | | | | | | | | | | | | | |
| **TOTAL REHABILIATATION WEIGHTED UNITS** | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CARE TYPE 6: REHAB LEVEL 2 (DVA PATIENTS ONLY)** | | | | | | | | | | | | | |
| **6.4 TOTAL REHABILITATION SEPARATIONS** | | | | | | | | | | | | | |
| **6.5 TOTAL REHABILITATION PATIENT DAYS** | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CARE TYPE J: DESIGNATED REHAB PROGRAM/UNIT:** | | | | | | | | | | | | | |
| **HOME-BASED SUBSTITUTION - ALL PATIENTS (EXCL. DVA PATIENTS)** | | | | | | | | | | | | | |
| **J.1 TOTAL REHABILITATION SEPARATIONS** | | | | | | | | | | | | | |
| **J.2 TOTAL REHABILITATION PATIENT DAYS** | | | | | | | | | | | | | |
| **J.3 TOTAL REHABILITATION WEIGHTED UNITS** | | | | | | | | | | | | | |
| **CARE TYPE J: DESIGNATED REHAB PROGRAM/UNIT:** | | | | | | | | | | | | | |
| **HOME-BASED SUBSTITUTION - (DVA PATIENTS ONLY)** | | | | | | | | | | | | | |
| **J.4 TOTAL REHABILITATION SEPARATIONS** | | | | | | | | | | | | | |
| **J.5 TOTAL REHABILITATION PATIENT DAYS** | | | | | | | | | | | | | |