CRAFT FUNDED HOSPITALS REHABILITATION REPORT

STATE REPORT — FINANCIAL YEAR: 2008-09

Year to Date: July 2008 to September 2009 VAED Consolidation

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
CARE TYPE 2: REHAB LEVEL 1 - ALL PATIENTS (EXCL. DVA PATIENTS)														
2.1	**SEPARATIONS**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.2	**PATIENT DAYS**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	CARE TYPE 2: REHAB LEVEL 1 (DVA PATIENTS ONLY)													
2.3	**SEPARATIONS**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.4	**PATIENT DAYS**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
CARE TYPE 6: REHAB LEVEL 2 - ALL PATIENTS (EXCL. DVA PATIENTS)														
6.1	**SEPARATIONS DETAILS**													
1	SHORT STAY (overnight)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2	STROKE/NEURO LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3	STROKE/NEURO HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
4	ORTHO FRACTURE LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5	ORTHO FRACTURE HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
6	ORTHO REPLACE HIP/KNEE LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
7	ORTHO REPLACE HIP/KNEE MB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
8	ORTHO REPLACE HIP/KNEE HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
9	OTHER ORTHO LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
10	OTHER ORTHO HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
11	CARDIO/PULMONARY	0	0	0	0	0	0	0	0	0	0	0	0	**0**
12	OTHER REHABILITATION LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
13	OTHER REHABILITATION HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
14	UNCODED SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Subtotal	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
15	OTHER REHABILITATION SEPARATIONS - SPINAL	0	0	0	0	0	0	0	0	0	0	0	0	**0**
16	OTHER REHABILITATION SEPARATIONS - BURNS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
17	OTHER REHABILITATION SEPARATIONS - AMPUTATIONS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
18	OTHER REHABILITATION SEPARATIONS - MAJOR HEAD INJURY	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Subtotal	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
TOTAL REHABILIATATION SEPARATIONS		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6.2	**PATIENT DAYS DETAILS**													
1	SHORT STAY (overnight)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2	STROKE/NEURO LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3	STROKE/NEURO HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
4	ORTHO FRACTURE LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5	ORTHO FRACTURE HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
6	ORTHO REPLACE HIP/KNEE LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
7	ORTHO REPLACE HIP/KNEE MB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
8	ORTHO REPLACE HIP/KNEE HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
9	OTHER ORTHO LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
10	OTHER ORTHO HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
11	CARDIO/PULMONARY	0	0	0	0	0	0	0	0	0	0	0	0	**0**
12	OTHER REHABILITATION LB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
13	OTHER REHABILITATION HB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
14	UNCODED PATIENT DAYS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Subtotal	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
15	OTHER REHABILITATION SEPARATIONS - SPINAL	0	0	0	0	0	0	0	0	0	0	0	0	**0**
16	OTHER REHABILITATION SEPARATIONS - BURNS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
17	OTHER REHABILITATION SEPARATIONS - AMPUTATIONS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
18	OTHER REHABILITATION SEPARATIONS - MAJOR HEAD INJURY	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Subtotal	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
TOTAL REHABILITATION PATIENT DAYS		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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CARE TYPE 6: REHAB LEVEL 2 - ALL PATIENTS (EXCL. DVA PATIENTS) Cont ...														
6.3	**WEIGHTED SEPARATIONS UNITS**													
1	SHORT STAY (overnight)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
2	STROKE/NEURO LB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3	STROKE/NEURO HB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
4	ORTHO FRACTURE LB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
5	ORTHO FRACTURE HB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
6	ORTHO REPLACE HIP/KNEE LB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
7	ORTHO REPLACE HIP/KNEE MB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
8	ORTHO REPLACE HIP/KNEE HB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
9	OTHER ORTHO LB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
10	OTHER ORTHO HB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
11	CARDIO/PULMONARY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
12	OTHER REHABILITATION LB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
13	OTHER REHABILITATION HB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
TOTAL REHABILITATION WEIGHTED UNITS		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

CARE TYPE 6: REHAB LEVEL 2 (DVA PATIENTS ONLY)														
6.4	**TOTAL REHABILITATION SEPARATIONS**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6.5	**TOTAL REHABILITATION PATIENT DAYS**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**