

Australasian Rehabilitation Outcomes Centre (AROC) Membership Form – Inpatient / Ambulatory Rehabilitation Service Submitting Data –

Section A — REHABILITATION SERVICE DETAILS	COMMONWEALTH PROVIDER UNIT NUMBER _____ <i>(Inpatient only)</i>
Official name of rehabilitation service _____	
Name of rehabilitation service to appear on benchmark report _____	
Mailing address _____	
Street address _____	
Rehab service phone (____) _____ Rehab service email _____	
Please indicate which sector your service belongs to:	
<input type="radio"/> Public: Area Health Service/District _____	
<input type="radio"/> Private: Parent company (if applicable) _____	
Please indicate which best describes your service: <input type="radio"/> Stand-alone rehabilitation service <input type="radio"/> Co-located rehabilitation service	

Section B — DATA COLLECTION			
AROC members submit data using the AROC Online Services (AOS) Data Entry System and / or the AOS Data Upload System.			
What AROC data will your service be collecting? <input type="radio"/> Inpatient only <input type="radio"/> Ambulatory only <input type="radio"/> Both inpatient & ambulatory			
INPATIENT (if applicable):			
Mode of data submission: <input type="radio"/> AOS Data Entry System <input type="radio"/> AOS Data Upload System		Please specify data capture software used: _____	
AMBULATORY (if applicable):			
Mode of data submission: <input type="radio"/> AOS Data Entry System <input type="radio"/> AOS Data Upload System		Please specify data capture software used: _____	

Section C — DATA ENTRY STAFF (APPLICATION FOR AOS ACCOUNT)						
Please enter details of staff who will be entering data into the AOS Data Entry System (if applicable). An AOS account will be set up and emailed to each individual.						
Name:						
Position in organisation:						
Telephone / Mobile:						
E-mail address (work):						
Data entry for:	<input type="radio"/> Inpatient only	<input type="radio"/> Ambulatory only	<input type="radio"/> Both	<input type="radio"/> Inpatient only	<input type="radio"/> Ambulatory only	<input type="radio"/> Both
Name:						
Position in organisation:						
Telephone / Mobile:						
E-mail address (work):						
Data entry for:	<input type="radio"/> Inpatient only	<input type="radio"/> Ambulatory only	<input type="radio"/> Both	<input type="radio"/> Inpatient only	<input type="radio"/> Ambulatory only	<input type="radio"/> Both

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Section D — REHABILITATION SPECIALTY DETAILS

INPATIENT SERVICES ONLY

TOTAL NUMBER of **designated** rehabilitation beds: _____ Delineated level of rehabilitation service: Level _____

Number of **general** rehabilitation beds: _____ Number of dedicated **brain injury** unit beds: _____

Number of dedicated **spinal** unit beds: _____ Number of dedicated **stroke** unit beds: _____

Other **dedicated** beds:

Type of bed: _____ Number of dedicated beds: _____

Type of bed: _____ Number of dedicated beds: _____

INPATIENT & AMBULATORY SERVICES

Specialty areas or programs (tick all that apply)

	Inpatient	Outpatient	Community	Same day
Orthopaedic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amputee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reconditioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify): _____

Specialists' position in organisation	Specialists' name	Inpatient	Ambulatory	Rehabilitation physician	Geriatrician	General physician	Other (please specify)
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Section E — HOSPITAL & REHABILITATION STAFF DETAILS		
AROC contact role:	Director of Inpatient Rehabilitation	Director of Ambulatory Rehabilitation
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		
AROC contact role:	Inpatient Rehabilitation Unit Manager	Ambulatory Rehabilitation Program Manager
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		
AROC contact role:	Inpatient Data Contact Person	Ambulatory Data Contact Person
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		
AROC contact role:	Nurse Unit Manager	FIM Facility Coordinator
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		
AROC contact role:	Chief Executive Officer / General Manager	Finance / Membership Contact
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		

Section F — FIM CREDENTIALING DETAILS (<i>Inpatient only</i>)	
Number of staff currently undertaking FIM assessments:	_____
Number of staff currently credentialed in the FIM:	_____
Number of staff currently trained but not credentialed in the FIM:	_____
Estimated number of staff to be credentialed in the FIM this calendar year:	_____
Estimated number of staff to be credentialed in the FIM next calendar year:	_____
Name of current FIM Facility Trainer(s):	_____ _____
Name of prospective FIM Facility Trainer(s):	_____ _____

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Section G — USE OF AROC DATA

AROC reserves the right to use non-identifiable data for reporting, benchmarking and research purposes.

Rehabilitation services will receive reports with their data benchmarked against the national and other benchmark data sets. However, individual rehabilitation services will not be identified in reports sent to any third party.

AROC will only release information that identifies a rehabilitation service with the consent of that service. Participating rehabilitation services will be given the opportunity to give consent to AROC to release data that identifies a service under one of the following circumstances:

- Under an industry regulation, a copy of which is held by AROC
- As a condition of funding, a copy of which is held by AROC
- In accordance with an existing contract between the submitting organisation and an insurer or other third party payer
- To any other AROC member nominated by the submitting organisation

Section H — CONFORMITY WITH PRIVACY LEGISLATION AND OTHER MEASURES DESIGNED TO PROTECT THE CONFIDENTIALITY OF CONSUMERS

We _____ (NAME OF SERVICE) accept responsibility for ensuring that the data we submit to AROC will be collected in accordance with relevant Commonwealth, State or Territory legislation designed to protect the privacy of individual patients and absolve AROC of any responsibility in relation to the way that data is collected or stored by the service or transmitted to AROC.

Yes / No (please circle)

Section I — DATE OF COMMENCEMENT

Date from which data will be / has been submitted to AROC: _____ / _____ / _____

Comment: _____

Section J — NAME OF INDIVIDUAL MAKING THE APPLICATION ON BEHALF OF THE ORGANISATION

The person completing this membership form has the authority within the organisation to provide the above information.

Name: _____

Position in organisation: _____

Signature: _____ Date: _____ / _____ / _____

COMPLETED FORMS SHOULD BE SCANNED AND EMAILED TO aroc@uow.edu.au