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# Data dictionary for spinal cord injury database

4th ed

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NSW GOVERNMENT

AGENCY FOR CLINICAL INNOVATION

The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

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**Agency for Clinical Innovation**

1 Reserve Road St Leonards NSW 2065
Locked Bag 2030, St Leonards NSW 1590

Phone: +61 2 9464 4666 | Email: aci-info@health.nsw.gov.au | Web: aci.health.nsw.gov.au


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# Contents

# Background

## Purpose of data dictionary

A data dictionary provides detailed information about the contents of a dataset or database, such as the names of measured variables, their data types or formats, and text descriptions. It provides a concise guide to understanding and using the data.

## Introduction

The NSW State Spinal Cord Injury Service (SSCIS) was created in 2003 to coordinate and provide clinical leadership in spinal cord medicine in NSW. A key objective of the SSCIS is the development and implementation of Spinal Cord Injury Database (SCID).

SCID is a centralised and integrated single sequel server system. It currently contains surveillance information on approximately 4,000-4,500 patients. This information provides the foundation for a statewide system of data collection for spinal cord injuries.

SCID is a modular system with an acute, rehabilitation and readmission episode registration for each patient. SCID is compatible with the following known and projected international standards:

- International Classification of External Causes of Injury (ICECI) – World Health Organization (collaborating centre on injury surveillance) and US Centers for Disease Control and Prevention)
- International Classification of Diseases (ICD) 10 code
- National Injury Surveillance Unit (NISU) – Australian Institute of Health and Welfare

The SSCIS is responsible for the management of people who have sustained a spinal cord injury, **with evidence of damage to the neural tissues**, as a result of trauma or from a non-progressive disease process (e.g., transverse myelitis, vascular occlusion, compression by infective process or haemorrhage). For patients who have traumatic spinal fractures **without neural damage** the transfer and referral process defaults to the NSW State Trauma Plan. Progressive conditions such as demyelinating and degenerative conditions of the spinal cord as well as metastatic lesions or congenital disorders **are not** the province of the SSCIS.

Patients who are admitted with some neurological losses and discharged with no neurological loss should be entered into SCID.

SCID collects a minimum data set, including socio-demographics, injury-related details, neurological impairment classification, co-morbidities, complications and so on.

# Parts of the SCID

## Registration

All minimum demographic data, including NISU data. It has two parts: initial registration and subsequent episodes.

### Initial registration (data entry)

- All demographic data is recorded for a patient with new spinal cord injury (SCI). Allocation of number with medical record number (MRN) of registered SSCIS hospital.

### Subsequent episodes (data entry)

- Demographic data for a readmission episode.

## Diagnoses and managements

All data on diagnoses and their managements. It has three parts: acute, rehabilitation and readmission.

### Acute (data entry)

Record hospital and spinal cord injury unit (SCIU) admission date and time with referral sources and discharge destination. It has the following parts:

- **Traumatic spinal column injuries** – record all traumatic spinal column injuries for this episode of care.
- **Non-traumatic spinal column injuries** – record all non-traumatic spinal column injuries for this episode of care.
- **Acute associated injuries** – record all injuries and conditions that occurred at the time of injury.
- **Acute co-morbidities** – record all pre-existing active or non-active conditions at the time of admission for acute episode of care.
- **Acute complications** – record all conditions that arise during the acute episode of care.

### Rehabilitation (data entry)

Record admission and discharged date to rehabilitation SCIU with referral source, discharge destination and all conditions that arise during the rehabilitation episode of care.

### Readmission (data entry)

Record admission and discharge date to admitted SSCIS hospital with referral source and discharge destination. Allow to record many episodes. It has the following parts:

- **Readmission principal diagnosis** – record a condition that has been the main focus of treatment, investigation and resource use, including bed days. This is determined at the time of discharge and confirmed with the admitting medical officer.

- **Readmission chronic co-morbidities** – record conditions that are pre-existing at the time of admission for the current episode but are active or inactive in terms or resource use at the time of admission. The purpose of collecting co-morbid condition in SCID is twofold. First, to indicate the complexity of the current episode; and second to document an individual patient's and SCI population health status that coexists and is **not** active in terms of resource use at the time of admission for the principal diagnosis.

- **Readmission active co-morbidities** – record all conditions that co-exist and are active in terms of resource use at the time of admission (secondary).

- **Readmission complications** – record all conditions that arise during the current episode of care.

## American Spinal Injury Association (ASIA) Impairment Scale

Allows to collect four ASIA records:

- **Acute admission ASIA** – it should be collected within 72 hours after the patient's admission to the hospital or as soon as possible.

- **Acute discharge ASIA** – it should be collected within one week before of the patient discharge from acute spinal unit other than local rehabilitation centre (Royal Rehab (RR) SCIU or Prince of Wales Hospital (POWH) rehabilitation SCIU).

If the patient is transferred to the local rehabilitation centres this ASIA is **not** required.

- **Rehabilitation admission ASIA** – it should be collected within 72 hours after the patient's admission to the rehabilitation hospital or as soon as possible. It should be collected for all patients who are transferred from an acute spinal unit to the local rehabilitation centre (RR SCIU or POWH rehab SCIU) or admitted directly.

- **Rehabilitation discharge ASIA** – it should be collected within one week before the patient discharge from rehabilitation unit.

## Functional independent mobility (FIM)

Allows to record four FIM scores. Two acute admission and discharge FIM are for Royal North Shore Hospital (RNSH) only:

- **Acute admission FIM (RNSH only**) – a FIM assessment is conducted within 72 hours from the time of commencement of rehabilitation or as soon as possible. This date should be similar to the acute category change date.
- **Acute discharge FIM (RNSH only**) – a FIM assessment should be done within one week before the patient discharge from rehabilitation unit.
- **Rehabilitation admission FIM** – a FIM assessment is conducted within 72 hours from the time of commencement of rehabilitation or as soon as possible. This date should be similar to the Acute Category change date.
- **Rehabilitation discharge FIM** – a FIM assessment should be done within one week before the patient discharge from rehabilitation unit.

# Initial registration items – summary (data entry)

| Register item | Field name | Comments |
|---|---|---|
| 1 | Registered hospital MRN | |
| 2 | Secondary hospital MRN | |
| 3 | RR MRN | |
| 4 | Medicare | Not in use |
| 5 | NISU | |
| 6 | Family name | |
| 7 | Given name | |
| 8 | Date of Birth | |
| 9 | Street | |
| 10 | City/Town | |
| 11 | Postcode | |
| 12 | State | |
| 13 | Country | |
| 14 | Phone(s) | |
| 15 | Height (cm) | |
| 16 | Weight (kg) | |
| 17 | Sex | |
| 18 | Highest education | |
| 19 | Occupation | Table 1: List of occupations |
| 20 | Employment | |
| 21 | Marital status | |
| 22 | Language | Table 2: List of languages |
| 23 | Ethnicity | |
| 24 | Country of birth | |
| 25 | External cause of injury | Table 3: List of causes of injury |
| 26 | Injury intent | |
| 27 | Type of activity when injured | |
| 28 | Type of place of injury occurrence | Table 4: List of places |
| 29 | Accident compensation | Table 5: List of accident compensations |
| 30 | Injury mechanism | |
| 31 | Methylprednisolone | |
| 32 | Injury date/time | |
| 33 | Hospital/spinal unit | |
| 34 | Admission registered as | |

| Register item | Field name | Comments |
|---|---|---|
| 35 | Acute hospital location | |
| 36 | Hospital/ward details | |
| 37 | Prior admissions | |
| 38 | Traumatic/Non-traumatic | |
| 39 | Brain injury | |
| 40 | Ventilator dependent quadriplegic (VDQ) | |
| 41 | Primary admission reason | NISU requirement |
| 42 | Spinal diagnosis on acute admission | NISU requirement |
| 43 | Activity at time of incident | NISU requirement |
| 44 | Describe what went wrong | NISU requirement |
| 45 | Next of kin name | |
| 46 | Next of kin street | |
| 47 | Next of kin phone | |
| 48 | Local Medical Officer (LMO) name | |
| 49 | LMO street | |
| 50 | LMO town | |
| 51 | LMO phone | |
| 52 | LMO email | |
| 53 | Alcohol use | |
| 54 | Drug use | |
| 55 | Allergies | |
| 56 | Deceased | |
| 57 | Not to be contacted | |
| 58 | NISU privacy consent | |
| 59 | Data management notes | |
| 60 | Consent to contact for research | Record whether the patient has consented to be contacted for research |
| 61 | Current street | Address at time of readmission |
| 62 | Current suburb | Address at time of readmission |
| 63 | Current state | Address at time of readmission |
| 64 | Current postcode | Address at time of readmission |
| 65 | Current contact | Contact at time of readmission |
| 66 | Incorrect address | Record whether the address is incorrect |
| 67 | Nursing home | Record whether the patient lives in a nursing home |

# Initial registration items – details

## Register item 1: Registered hospital MRN

| | |
|---|---|
| **Definition:** | Person identifier unique within establishment or agency first registered RNSH, POWH or RR. |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 10 |
| **Guide for use:** | |
| **Justification:** | This item could be used for identifying the person within the first registered establishment only (Related to item 33). |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Initially was used as primary key for SCID. This item is unique for each SSCIS hospital (RNSH, POWH and RR) where the patient initially registered. |

## Register item 2: Secondary hospital MRN

| | |
|---|---|
| **Definition:** | Person identifier unique within establishment or agency as readmitted (RNSH or POWH) |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 10 |
| **Guide for use:** | |
| **Justification:** | This item could be used for identifying the person within the hospitals. (RNSH or POWH). |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | A person with SCI might move between the SSCIS hospitals. If a person is first registered with RNSH admitted to POWH. This item can be used to record POWH MRN which is a unique identifier for that hospital. |

## Register item 3: Royal Rehab MRN

| | |
|---|---|
| **Definition:** | Person identifier unique for RR |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 10 |
| **Guide for use:** | |
| **Justification:** | This item could be used for identifying the person within RR for further links |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 4: Medicare

| | |
|---|---|
| **Definition:** | Medicare number |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 20 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | Not in use |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 5: National Injury Surveillance Unit (NSIU)

| | |
|---|---|
| **Definition:** | Person identifier unique for the NISU database (Australian Spinal Cord Injury Register (ASCIR)) and for the SCID. |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 10 |
| **Guide for use:** | Used as primary key for SCID to identify each individual. |
| **Justification:** | This item could be used for identifying the person within the ASCIR. |
| **Effective from:** | Since establishment of ASCIR |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Previously, this unique number was issued by NISU, after receiving the case registration from each hospital. Currently it is allocated automatically by the application (SCID). For POWH the number started from 25000 and for RNSH is from 15000. This was done by the programmer after discussing with NISU. This speeds up the registration process.<br>It should be allocated for all newly registered patients (for acute, rehabilitation and readmission). |

## Register items 6: Family name and 7: Given name

| | |
|---|---|
| **Definition:** | Person's name who has sustained a spinal cord injury. |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 50 each |
| **Guide for use:** | Surname is displayed in upper case. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 8: Date of birth

| | |
|---|---|
| **Definition:** | Date of birth of the person.<br>National Health Data Dictionary (NHDD) item P5 and ASCIR item 5 |
| **Classification/coding:** | DD MM YYYY |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | After entering this date, current age is calculated and filled in the Age field. |
| **Justification:** | Required to derive age for analysis by age at admission or separation and for use to derive a diagnosis related group (DRG), as needed. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register items 9: Street
## 10: City/Town and
## 11: Postcode

| | |
|---|---|
| **Definition:** | Residence of patient at time of injury<br>ASCIR item 12 |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 50 each |
| **Guide for use:** | City/town is displayed in upper case. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | In the ASCIR, the patient's address is used as part of patient identification and may be used in linkage and/or other follow up studies. |

## Register item 12: State

| | |
|---|---|
| **Definition:** | State name where the patient lives at time of injury<br>ASCIR Item 12 |
| **Classification/coding:** | Numeric<br>Select from a dropdown menu as follows:<br>New South Wales.....1<br>Victoria .....2<br>Queensland.....3<br>South Australia.....4<br>Western Australia.....5<br>Tasmania .....6<br>Northern Territory.....7<br>Australian Capital Territory.....8<br>Cocos Island .....9<br>Christmas Island .....10<br>Australian Antarctic Territory.....11<br>Norfolk Island .....12<br>Non-Australian state.....13<br>Other Australian territory .....14<br>N/A .....15 |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | The codes are not visible on screen, but the options are chosen from a dropdown menu. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | In the ASCIR, the patient's address is used as part of patient identification and may be used in linkage and/or other follow up studies. |

## Register item 13: Country of residence

| | |
|---|---|
| **Definition:** | Country of usual residence of the person at the time of injury.<br>ASCIR Item 12 |
| **Classification/coding:** | There is a drop-down menu with the names of the countries and the correct choice is selected and shown on screen. Using the Australian Standard Classification of Countries for Social Statistics (ASCCSS) 4-digit (individual country) level. |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | To be used with other related fields such as Street, City/Town, and State. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 14: Phone(s)

| | |
|---|---|
| **Definition:** | Phone contact of the patient<br>ASCIR Item 12 |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 40 |
| **Guide for use:** | The phone number may be either a mobile phone number or a landline. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | In the ASCIR, the patient's phone is used as part of patient identification and may be used in linkage and/or other follow up studies. |

## Register items 15: Height (cm) and 16: Weight (kg)

| | |
|---|---|
| **Definition:** | Height and weight to be record at acute admission to the hospital |
| **Classification/coding:** | Numeric, alpha or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 3 each |
| **Guide for use:** | They are used for body mass index (BMI) calculation. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 17: Sex

| | |
|---|---|
| **Definition:** | The sex of the person.<br>NHDD item P4 and ASCIR item 4 |
| **Classification/coding:** | M as Male<br>F as Female<br>U as Unknown |
| **Data type** | Nvarchar |
| **Length** | 1 |
| **Guide for use:** | |
| **Justification:** | Required for analyses of service use and epidemiological studies. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 18: Highest educational level attained

| | |
|---|---|
| **Definition:** | Highest level of education attained by the patient.<br>ASCIR item 9 |
| **Classification/coding:** | Numeric<br>Select from a dropdown menu as follows:<br>Still at school or university.....51<br>Left school aged 15 or less .....52<br>Left school aged 16 or over.....53<br>Highest available school level .....54<br>Tertiary / postgraduate .....55<br>Trade qualification/ apprentice .....56<br>Diploma or certificate .....57<br>Other .....58<br>Not entered .....59<br>No data.....999<br>Never attended school .....1000<br>Not entered .....0 |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | |
| **Justification:** | To facilitate analysis of the association of risk taking with socioeconomic status and for epidemiological purposes. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | There is no difference between 59 Not entered, 0 Not entered and 999 No data. They were created by previous programmer. |

## Register item 19: Occupation

| | |
|---|---|
| **Definition:** | The current occupation of the person is the current job or duties which the person is principally engaged in prior to the spinal cord injury or admission to the hospital.<br>NHDD item P15 and ASCIR item 11 |
| **Classification/coding:** | Numeric<br>(See Table 1 for the list of occupations) |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | The current occupation should be entered.<br>The occupations are shown as a series of dropdown menus on screen. |
| **Justification:** | There is considerable user demand for data on occupation-related injury and illness, including from Work safe and from industry, where unnecessary production costs are known in some areas and suspected to be related to others in work-related illness, injury, and disability. The report *Health for All Australians* also identifies occupational related ill health as a focus for health promotion and illness prevention activities. Lack of morbidity data is severely hampering the development of preventive interventions in this area. User demand can be expected to grow.<br><br>There is an increasing commitment by governments to reducing inequalities in health status between population sub-groups. There is already some evidence of higher incidence of morbidity and mortality in particular occupations, but greater knowledge in this area is required.<br><br>The Australian Institute of Health and Welfare included occupation in the National health data dictionary, based on evidence and the National Occupational Health and Safety Commission a minimum data set for the national monitoring of workplace injuries.[1] |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Table 1: List of occupations

| Occupation name | Occupation ID |
|---|---|
| Legislators and government appointed officials | 8011 |
| General managers | 8012 |
| Specialist managers | 8013 |
| Farmers and farm managers | 8014 |
| Managing supervisors (sales and service) | 8015 |
| Managing supervisors (other business) | 8016 |
| Natural scientists | 8021 |
| Building professionals and engineers | 8022 |
| Health diagnosis and treatment practitioners | 8023 |
| School teachers | 8024 |
| Other teachers and instructors | 8025 |
| Social professionals | 8026 |
| Business professionals | 8027 |
| Artist and related professionals | 8028 |
| Miscellaneous professionals | 8029 |
| Medical and science technical officers and technicians | 8031 |
| Engineering and building associates and tradespersons | 8032 |
| Air and sea transport technical workers | 8033 |
| Registered Nurses | 8034 |
| Police | 8035 |
| Miscellaneous paraprofessionals | 8036 |
| Metal fitting and machining technicians | 8041 |
| Other metal tradespersons | 8042 |
| Electrical and electronics tradespersons | 8043 |
| Building tradespersons | 8044 |
| Printing tradespersons | 8045 |
| Vehicle tradespersons | 8046 |
| Food tradespersons | 8047 |
| Amenity horticultural tradespersons | 8048 |
| Miscellaneous tradespersons | 8049 |

| Occupation name | Occupation ID |
|---|---|
| Stenographers and typists | 8051 |
| Data processing and business machine operators | 8052 |
| Numerical clerks | 8053 |
| Filing, sorting, and copying clerks | 8054 |
| Material recording and despatching clerks | 8055 |
| Receptionists, telephonists, and messengers | 8056 |
| Salespersons | 8061 |
| Sales representatives | 8062 |
| Sales assistants | 8063 |
| tellers, cashiers, and ticket salespersons | 8064 |
| Miscellaneous salespersons | 8065 |
| Personal service workers | 8066 |
| Childcare aide, assistant | 660113 |
| Childcare attendant, minder | 660115 |
| Home companion, home helper | 660711 |
| Family aide | 660713 |
| Plant and machine operators and drivers | 8067 |
| Road and rail transport drivers | 8071 |
| Trades assistants and factory hands | 8081 |
| Agricultural labourers and related workers | 8082 |
| Cleaners | 8083 |
| Construction and mining labourers | 8084 |
| Miscellaneous workers | 8089 |
| Domestic housekeeper | 891513 |
| Not entered | 80101 |
| Student | 89998 |
| Not applicable | 89999 |
| Tourist | 8090 |
| No data | 999 |
| Retired | 89997 |

## Register item 20: Employment

| | |
|---|---|
| **Definition:** | Self-reported employment status, as defined by the categories given below, immediately prior to admission.<br>NHDD item P14 and ASCIR item 10 |
| **Classification/coding:** | Numeric<br>Select from a dropdown menu as follows:<br>Not entered ..... 6<br>Employed full time ..... 100<br>Employed part time ..... 101<br>Employed (sheltered/supported) ..... 102<br>Employed casual ..... 103<br>Self-employed ..... 104<br>Retired age pension ..... 110<br>Pensioner on full invalid pension ..... 111<br>Pensioner on part invalid pension ..... 112<br>Pensioner other ..... 113<br>Unemployed – Social Security Benefits ..... 200<br>Unemployed – Other ..... 201<br>Not available for employment – infant ..... 300<br>Not available for employment – domestic duties ..... 301<br>Not available for employment – other ..... 302<br>Not available for employment – job placement train .... 303<br>Full time student ..... 305<br>Part time student ..... 306<br>No data ..... 399<br>No data ..... 999 |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | Options are shown as a series of dropdown menus on screen. |
| **Justification:** | The Australian Health Ministers' Advisory Council Health Targets and Implementation Committee (1988) identified socioeconomic status as the most principal factor explaining health differentials in the Australian population. The committee recommended that national health statistics routinely identify the various groups of concern. This requires routine recording in all collections of indicators of socioeconomic status. In order of priority, these would be employment status, income, occupation, and education. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | There is no difference between 399 No data and 999 No data. They were created by the programmer and hard coded. |

## Register item 21: Marital status

| | |
|---|---|
| **Definition:** | Current marital status of the person.<br>NHDD item P8 and ASCIR item 8 |
| **Classification/coding:** | Numeric<br>Select from a dropdown menu as follows:<br>Married ..... 1<br>Single ..... 2<br>Widowed..... 3<br>Divorced ..... 4<br>Separated..... 5<br>Unknown..... 6<br>Not entered ..... 7<br>No data ..... 8<br>Never married..... 9<br>Defacto ..... 10 |
| **Data type** | Integer |
| **Maximum character length** | 4 |
| **Guide for use:** | Options are shown as a series of dropdown menus on screen. |
| **Justification:** | To facilitate analysis of the association of marital status with use of services and for epidemiological purposes.<br>Marital status is a principal factor in determining the amount of support for the elderly within the home environment. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is slightly different from ASCIR.<br>Marital status is a core variable in a wide range of social, labour, and demographic statistics. Its main purpose is to establish the living arrangements of individuals. The Australian Bureau of Statistics has defined Registered Marital Status based on a legal concept and Social Marital Status, a social, marriage-like arrangement (i.e., Defacto marriage). |

## Register item 22: Language

| | |
|---|---|
| **Definition:** | Patient's spoken language at admission to hospital |
| **Classification/coding:** | Numeric<br>See Table – 2 for list of language |
| **Data type** | Integer |
| **Maximum character length** | 4 |
| **Guide for use:** | Options are shown as a dropdown menu on screen |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

### Table 2: List of languages

| Language | ID |
|---|---|
| Not given | 0 |
| Pidgin English | 5 |
| Other unclassified Asian language | 72 |
| Other unclassified European language | 79 |
| Central American Indian language | 80 |
| South American Indian language | 81 |
| North American Indian language | 82 |
| Torres Strait Island | 84 |
| Australian Aborigine - west | 85 |
| Other unspecified African language | 91 |
| Chinese dialect specified but unclassified | 92 |
| Chinese dialect unspecified | 93 |
| Papuan languages | 95 |
| Invented languages | 96 |
| Other language not classified elsewhere | 97 |

| Language | ID |
|---|---|
| Inadequately described | 98 |
| Not known | 99 |
| Aboriginal dialects | 100 |
| Australian Aborigine | 870 |
| Scots Gaelic | 1101 |
| Irish | 1102 |
| Welsh | 1103 |
| English | 1201 |
| German | 1301 |
| Yiddish | 1303 |
| Dutch/Flemish | 1402 |
| Danish | 1501 |
| Icelandic | 1502 |
| Norwegian | 1503 |
| Swedish | 1504 |
| Faeroese | 1599 |
| French | 2101 |
| Greek | 2201 |
| Catalan | 2301 |
| Portuguese | 2302 |
| Spanish | 2303 |
| Italian | 2401 |
| Maltese | 2501 |
| Basque | 2901 |
| Latin | 2902 |
| Friulian, Romansch, Ladin | 2999 |
| Latvian | 3101 |
| Lithuanian | 3102 |
| Estonian | 3201 |
| Finnish | 3202 |
| Karelia, Lapp, Ludic | 3299 |

| Language | ID |
|---|---|
| Hungarian | 3301 |
| Belorussian | 3401 |
| Russian | 3402 |
| Ukrainian | 3403 |
| Bosnian | 3501 |
| Bulgarian | 3502 |
| Croatian | 3503 |
| Macedonian | 3504 |
| Serbian | 3505 |
| Slovenian | 3506 |
| Czech | 3601 |
| Polish | 3602 |
| Slovak | 3603 |
| Albanian | 3901 |
| Armenian | 3902 |
| Romanian | 3904 |
| Georgian, Ingush, Romany | 3999 |
| Kurdish | 4101 |
| Pashto | 4102 |
| Iranian/Persian/Farsi | 4103 |
| Balochi, Tajik, Ossetic | 4199 |
| Amharic | 4201 |
| Arabic | 4202 |
| Assyrian | 4203 |
| Hebrew | 4204 |
| Tigrinya | 4205 |
| Kabyle, Riff, Shluh | 4299 |
| Thai | 4301 |
| Mongolian, Azeri, Tatar | 4399 |
| Kannada | 5101 |
| Malayalam | 5102 |

| Language | ID |
|---|---|
| Tamil | 5103 |
| Telegu | 5104 |
| Dravidian | 5199 |
| Bengali | 5201 |
| Gujarati | 5202 |
| Hindi | 5203 |
| Konkani | 5204 |
| Marathi | 5205 |
| Nepali | 5206 |
| Punjabi | 5207 |
| Sindhi | 5208 |
| Sinhalese | 5211 |
| Urdu | 5212 |
| Assamese, Kashmiri, Rajasthani | 5299 |
| Baltic, Burushaski, Nuristani | 5999 |
| Burmese | 6101 |
| Lisu, Pho, Rawang | 6199 |
| Hmong | 6201 |
| Khmer | 6301 |
| Vietnamese | 6302 |
| Mon-Khmer (Muong, Khmu, Khasi) | 6399 |
| Lao | 6401 |
| Thai | 6402 |
| Tai (Buyi, Jui, Tho) | 6499 |
| Bisaya | 6501 |
| Cebuano | 6502 |
| Ilokano | 6503 |
| Indonesian | 6504 |
| Malay | 6505 |
| Tagalog (Phillipino) | 6506 |
| Tetum | 6507 |

| Language | ID |
|---|---|
| Timorese | 6508 |
| Balinese, Bikol, Kapampangan | 6599 |
| Chavacano | 6999 |
| Cantonese | 7101 |
| Hakka | 7102 |
| Hokkien | 7103 |
| Mandarin | 7104 |
| Teochew | 7105 |
| Wu | 7106 |
| Chinese (Chang Chow, Hunan, Kan) | 7199 |
| Japanese | 7201 |
| Korean | 7301 |
| Other East Asian (Ainu, Tibetan, Bhotia) | 7999 |
| Australian Aborigine - northern | 8101 |
| Australian Aborigine - central | 8201 |
| Australian Aborigine - Cape York Pen. | 8301 |
| Australian Aborigine - Kalaw Lagaw Ya | 8401 |
| Australian Aborigine - Meryam Mir | 8402 |
| Australian Aborigine - eastern | 8699 |
| American languages | 9101 |
| Acholi | 9201 |
| Afrikaans | 9202 |
| Akan | 9203 |
| Asante | 9204 |
| Mauritian creole | 9205 |
| Oromo | 9206 |
| Shona | 9207 |
| Somali | 9208 |
| Swahili | 9211 |
| Yoruba | 9212 |
| Zulu | 9213 |

| Language | ID |
|---|---|
| Malagasy, Fante, Bemba | 9299 |
| Fijian | 9301 |
| Gilbertese | 9302 |
| Maori (Cook Island) | 9303 |
| Maori (NZ) | 9304 |
| Motu | 9305 |
| Nauruan | 9306 |
| Niue | 9307 |
| Samoan | 9308 |
| Tongan | 9311 |
| Hawaiian, Rotuman, Tuvaluan | 9399 |
| Tok Pisin | 9401 |
| Pitcairnese, Solomon Island. Pidgin | 9499 |
| Sign language - Auslan | 9701 |
| Sign language - Makaton | 9702 |
| Sign language - not specified | 9799 |

## Register item 23: Ethnicity

| | |
|---|---|
| **Definition:** | Patient's ethnicity |
| **Classification/coding:** | Numeric as follows:<br>Aboriginal or Torres Strait Islander.....1<br>Caucasian.....2<br>Asian.....3<br>Mediterranean .....4<br>Polynesian.....5<br>African .....6<br>Other.....7<br>Not entered.....8<br>Indian.....9<br>Middle Eastern.....10<br>Unknown.....11<br>No data .....999 |
| **Data type** | Integer |
| **Maximum character length** | 4 |
| **Guide for use:** | Ethnicity shall be determined by patient self-identification. Aboriginality of person is determined according to the following Australian Bureau of Statistics: a person of Aboriginal or Torres Strait Islander descent who identifies themselves, or was identified by another household member as an Aboriginal or Torres Strait Islander.[2]<br>Options are shown as a dropdown menu on screen. |
| **Justification:** | Ethnicity is an important concept, both in the study of disease patterns and in the provision of services.<br>Given the gross inequalities in health status between Aborigine people and non-Aborigine people in Australia, the size of the Aboriginal population and their historical and political context, there is a convincing case for ensuring that information on Aboriginality is collected for planning and service delivery purposes and for monitoring Aboriginal health. |
| | |
| **Comment:** | There is no difference between 11 Unknown and 999 No data.<br>This item is different from ASCIR.<br>In ASCIR they use only Aboriginality Yes/No. |

## Register item 24: Country of birth

| | |
|---|---|
| **Definition:** | The country in which the person was born.<br>NHDD item P6 and ASCIR item 6 |
| **Classification/coding:** | ASCCSS 4-digit (individual country) level. |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | Options are shown as a dropdown menu on screen |
| **Justification:** | Country of birth is the most easily collected and consistently reported of ethnicity data items. Uses of this data item included:<br>• investigating the differences in health status between different population groups in Australia and providing a basis for planning, resource, and service delivery to reduce inequalities cost effectively<br>• enabling healthcare authorities and organisations to monitor the health status of migrants<br>• assisting healthcare workers to provide socio-culturally acceptable and non-discriminatory services to all migrant and ethnic groups. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 25: External cause of injury

| | |
|---|---|
| **Definition:** | Event, circumstance, or condition associated with the occurrence of injury or poisoning.<br>**Not applicable if cause of injury is non-traumatic** |
| **Classification/coding:** | Numeric, alpha, or alphanumeric<br>See table 3 for list of external cause of injury. |
| **Data type** | Nvarchar |
| **Length** | 10 |
| **Guide for use:** | Select the item which best characterises the circumstances of the injury, based on the information available at the time it is recorded. If two or more categories are judged to be equally appropriate, select the one that comes first in the code list.<br>Must always be accompanied by an *intent* code |
| **Justification:** | Enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing, and identifying cases for in-depth research. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

### Table 3: List of external causes of injury

| External cause of injury | Code |
|---|---|
| Vehicle - M/cycle driver - wearing approved helmet | 2A3a |
| Vehicle - M/cycle driver - wearing non-approved helmet | 2A3b |
| Vehicle - M/cycle driver - not wearing helmet | 2A3c |
| Vehicle - M/cycle driver - not known whether wearing helmet or not | 2A3d |
| Vehicle - M/cycle passenger - wearing approved helmet | 2A4a |
| Vehicle - M/cycle passenger - wearing non-approved helmet | 2A4b |
| Vehicle - M/cycle passenger - not wearing helmet | 2A4c |
| Vehicle - M/cycle passenger - not known whether wearing helmet or not | 2A4d |
| Vehicle - bicycle driver - wearing approved helmet | 2A51a |

| External cause of injury | Code |
|---|---|
| Vehicle - bicycle driver - wearing non-approved helmet | 2A51b |
| Vehicle - bicycle driver - not wearing helmet | 2A51c |
| Vehicle - bicycle driver - not known whether wearing helmet or not | 2A51d |
| Vehicle - bicycle passenger - wearing approved helmet | 2A52a |
| Vehicle - bicycle passenger - wearing non-approved helmet | 2A52b |
| Vehicle - bicycle passenger - not wearing helmet | 2A52c |
| Vehicle - bicycle passenger - not known whether wearing helmet or not | 2A52d |
| Vehicle - Pedestrian - collision with car/truck | 2A6a |
| Vehicle - Pedestrian - collision with m/cycle, bicycle | 2A6b |
| Vehicle - Pedestrian - collision with another pedestrian | 2A6c |
| Vehicle - Pedestrian - other collision | 2A6d |
| Aircraft - Fixed wing - commercial flight | 2A8z |
| Aircraft - Fixed wing - light aircraft | 2A8y |
| Aircraft - Rotating wing - helicopter | 2A8w |
| Aircraft - Rotating wing - gyrocopter | 2A8x |
| Sport - water related - diving (not surf) | 2A28a |
| Sport - water related - surf related | 2A28b |
| Sport - water related - water skiing | 2A28c |
| Sport - water related - boating | 2A28d |
| Sport - water related - water slide | 2A28e |
| Sport - water related - windsurfing | 2A28f |
| Sport - water related - drowning in swimming pool | 2A12a |
| Sport - water related - drowning (not in swimming pool) | 2A12b |
| Sport - football - Rugby League | 2A13a |
| Sport - football - Rugby Union | 2A13b |
| Sport - football - Aussie Rules | 2A13c |
| Sport - football - Grid Iron | 2A13e |
| Sport - football - Soccer | 2A13f |
| Sport - football - Other | 2A13g |
| Sport - horse related | 2A8 |
| Sport - snow related - snow skiing | 2A28g |

| External cause of injury | Code |
|---|---|
| Sport - snow related - snowboarding | 2A28h |
| Sport - aerial sports - hangliding | 2A8a |
| Sport - aerial sports - parachuting | 2A8b |
| Sport - aerial sports - ultralight | 2A8c |
| Sport - aerial sports - glider | 2A8d |
| Sport - aerial sports - light aircraft (non-commercial) | 2A8e |
| Sport - aerial sports - rotating wing aircraft (non-commercial) | 2A8f |
| Sport - aerial sports - ballooning | 2A8g |
| Sport - aerial sports - other | 2A8h |
| Sport - field sports - cricket | 2A9a |
| Sport - field sports - hockey | 2A9b |
| Sport - field sports - baseball | 2A9c |
| Sport - field sports - lacrosse | 2A9d |
| Sport - field sports - other | 2A9e |
| Sport - other - climbing | 2A10a |
| Sport - other - abseiling | 2A10b |
| Sport - other - skate boarding | 2A28d |
| Sport - other - rollerblading | 2A10d |
| Sport - other - rodeo (excl. horse related) | 2A10e |
| Sport - other - Gymnastics | 2A23 |
| Sport - martial arts - boxing | 2A23a |
| Sport - martial arts - judo | 2A23b |
| Sport - martial arts - karate | 2A23c |
| Sport - martial arts - TKDO | 2A23d |
| Sport - martial arts - wrestling | 2A23e |
| Sport - martial arts - other ** | 2A23f |
| Playground - low fall | 2A9f |
| Playground - high fall | 2A9g |
| Playground - Blunt trauma | 2A9h |
| Falls - low fall < 1 m | 2A9z |
| Falls - high fall > 1 m | 2A10z |

| External cause of injury | Code |
|---|---|
| Other - machinery in operation | 2A24 |
| Other - electricity | 2A25 |
| Other - struck by blunt object or person | 2A23k |
| Other - specified ext. cause | 2A28z |
| Other - unspecified external cause | 2A29z |
| Other - bullet wound | 2A29y |
| Other - miscellaneous - threat to breathing | 2A13 |
| Other - poisoning - medication | 2A17 |
| Other - poisoning - other causes | 2A18 |
| Other - ambient temperature - heat | 2A26 |
| Other - ambient temperature - cold | 2A27 |
| Other - miscellaneous - heat related - flames, fire, smoke | 2A14 |
| Other - miscellaneous - heat related - hot gas or liquid | 2A15 |
| Other - miscellaneous - heat related - hot object | 2A16 |
| Boat related | 2A7a |
| Railway related - train | 2A7b |
| Firearms | 2A19 |
| Cutting or piercing object | 2A20 |
| Struck by blunt object or person | 2A21 |
| Automobile driver - restrained and airbag present | 2A1a |
| Automobile driver - restrained and airbag absent | 2A1b |
| Automobile driver - restrained and airbag unknown | 2A1c |
| Automobile driver - unrestrained | 2A1d |
| Automobile driver - not known if restrained | 2A1f |
| Automobile passenger - restrained and airbag present | 2A2a |
| Automobile passenger - restrained and airbag absent | 2A2b |
| Automobile passenger - restrained and airbag unknown | 2A2c |
| Automobile passenger - unrestrained | 2A2d |
| Automobile passenger - not known if restrained | 2A2e |
| Truck driver - restrained and airbag present | 2A1g |
| Truck driver - restrained and airbag absent | 2A1h |

| External cause of injury | Code |
|---|---|
| Truck driver - restrained and airbag unknown | 2A1i |
| Truck driver - unrestrained | 2A1j |
| Truck driver - not known if restrained | 2A1k |
| Truck passenger - restrained and airbag present | 2A2f |
| Truck passenger - restrained and airbag absent | 2A2g |
| Truck passenger - restrained and airbag unknown | 2A2h |
| Truck passenger - unrestrained | 2A2i |
| Truck passenger - not known if restrained | 2A2j |
| Bus driver - restrained and airbag present | 2A1l |
| Bus driver - restrained and airbag absent | 2A1m |
| Bus driver - restrained and airbag unknown | 2A1n |
| Bus driver - unrestrained | 2A1o |
| Bus driver - not known if restrained | 2A1p |
| Bus passenger - restrained and airbag present | 2A2k |
| Bus passenger - restrained and airbag absent | 2A2l |
| Bus passenger - restrained and airbag unknown | 2A2m |
| Bus passenger - unrestrained | 2A2n |
| Bus passenger - not known if restrained | 2A2o |
| Sport - horse related - equestrian event | 2A77a |
| Sport - horse related - recreational horse riding | 2A77b |
| Sport - other - skateboarding | 2A10c |
| Not entered | 999 |
| Lifting | 2A31 |
| Not relevant for non-traumatic injury | 9999 |
| Twisted body | 2A32 |
| Jumping | 2A33 |
| Post procedure | 2A34 |
| Sport – horse related – other | 2A77c |
| Quad bike driver – wearing approved helmet | 2A3a1 |
| Quad bike driver – wearing non-approved helmet | 2A3b1 |
| Quad bike driver – not wearing helmet | 2A3c1 |

| External cause of injury | Code |
|---|---|
| Quad bike driver – not known whether wearing helmet or not | 2A3d1 |
| Quad bike passenger – not known whether wearing helmet or not | 2A4d1 |
| Quad bike passenger – not wearing helmet | 2A4c1 |
| Quad bike passenger – wearing non-approved helmet | 2A4b1 |
| Quad bike passenger – wearing approved helmet | 2A4a1 |

## Register item 26: Injury intent

| | |
|---|---|
| **Definition:** | The role of human intent in the occurrence of the injury.<br>**Not applicable if cause of injury is non-traumatic**<br>ASCIR item 21 |
| **Classification/coding:** | Numeric, alpha, or alphanumeric<br>Select from below list:<br>Accident; injury was not intended ..... 2B.1<br>Other specified intent ..... 2B.10<br>Intent not known .....2B.11/2B7<br>Not entered ..... 2B.12<br>Intentional self-harm..... 2B.2<br>Sexual assault (by bodily force) ..... 2B.3<br>Assault by parent (physical) ..... 2B.4<br>Assault by parent (sexual) .....2B.4/2B.3<br>Assault by spouse or partner (physical) ..... 2B.5<br>Assault by spouse or partner (sexual) –.....2B.5/2B.3<br>Other or unspecified assault (physical) ..... 2B.6<br>Other or unspecified assault (sexual) .....2B.6/2B.3<br>Event of undetermined inten ..... 2B.7<br>Legal intervention (Inc. police) or operations of war..... 2B.8<br>Adverse effect or complication of medical or surgical care . 2B.9<br>No data.....999<br>Not relevant for non-traumatic injury .....9999 |
| **Data type** | Nvarchar |
| **Length** | 10 |
| **Guide for use:** | Select the item which best characterises the role of human intent in the occurrence of the injury, based on the information available at the time it is recorded. If two or more categories are judged to be equally appropriate, select the one that comes first in the code list. Must always be accompanied by an **external cause group** code. |
| **Justification:** | Enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 27: Type of activity when injured

| | |
|---|---|
| **Definition:** | The type of activity being undertaken by the person when injured.<br>**Not applicable if cause of injury is non-traumatic.**<br>ASCIR item 23 |
| **Classification/coding:** | Numeric<br>Select from below list:<br>Sports activity ..... 4001<br>Leisure activity ..... 4002<br>Working for income (incl. travel to and from work) ..... 4003<br>Other type of work (incl. unpaid work) ..... 4004<br>Resting, sleeping, eating, other personal activity ..... 4005<br>Being nursed, cared for ..... 4006<br>Engaged in formal educational activity (as a student) ..... 4007<br>Other specified activity ..... 4008<br>Unspecified activity ..... 4009<br>Not entered ..... 4010<br>No data ..... 999<br>Not relevant for non-traumatic injury ..... 9999 |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | Select the item which best characterises the type of activity being undertaken by the person when injured, based on the information available at the time it is recorded. If two or more categories are judged to be equally appropriate, select the one that comes first in the code list. |
| **Justification:** | Enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing, and identifying cases for in-depth research. This item is the basis for identifying work-related and sport-related injuries. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 28: Type of place of injury occurrence

| | |
|---|---|
| **Definition:** | The specific type of place at which the person was situated when injured.<br>**Not applicable if cause of injury is non-traumatic** |
| **Classification/coding:** | Numeric, alpha, or alphanumeric<br>See table – 4 for the list of places. |
| **Data type** | Nvarchar |
| **Length** | 50 |
| **Guide for use:** | Select the category that best describes the specific type of place at which the person was situated when injured. If two or more categories are judged to be equally appropriate, select the one that comes first in the code list.<br><br>Unless otherwise stated, places include attached grounds, outbuildings, etc. (e.g., 'Home' includes dwelling and associated garden, garage, shed, etc.) |
| **Justification:** | Enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

### Table 4: List of places

| Name of place | Place ID |
|---|---|
| Home | 1.0 |
| Farmhouse | 1.1 |
| Free-standing house | 1.2 |
| Flat, apartment, terrace house | 1.3 |
| Boarding house, hostel | 1.4 |
| Caravan, mobile home | 1.5 |
| Other or unspecified home | 1.9 |
| Mine or quarry | 10.0 |

| Name of place | Place ID |
|---|---|
| Underground mine | 10.1 |
| Open mine or quarry | 10.2 |
| Oil or gas extraction facility | 10.3 |
| Other or unspecified mine or quarry | 10.9 |
| Farm (excludes farmhouse) | 11.0 |
| Farm | 11.1 |
| Timber plantation | 11.4 |
| Other or unspecified farm | 11.9 |
| Bush, remote, or undeveloped place | 12.1 |
| Railway (excluding station) | 12.2 |
| Camping ground, caravan park (excluding caravan) | 12.3 |
| On board a vehicle | 12.4 |
| Other specified place (incl. Forest, beach, abandoned building) | 12.9 |
| Other specified remote or undeveloped place | 12.91 |
| Unspecified place | 13.9 |
| Residential institution (excludes hospital) | 2.0 |
| Institutional home | 2.1 |
| Home for elderly, frail or sick | 2.2 |
| Prison | 2.3 |
| School, other institution, public administrative area | 3.0 |
| Childcare centre | 3.1 |
| Pre-school, kindergarten | 3.2 |
| Primary tertiary and adult education institutions | 3.3 |
| Secondary school | 3.4 |
| Public administration place | 3.6 |
| Place for the arts | 3.7 |
| Other or unspecified school, other institution, or public administration | 3.9 |
| Hospital or other health service | 4.0 |
| Community health centre | 4.2 |
| Medical surgery or clinic | 4.3 |
| Dental surgery or clinic | 4.4 |

| Name of place | Place ID |
|---|---|
| Other or unspecified hospital or health service | 4.9 |
| Recreation area (place for informal recreational activity | 5.0 |
| Amusement Park | 5.1 |
| Holiday resort | 5.2 |
| Public Park | 5.3 |
| Aquatic recreation centre | 5.4 |
| Aquatic recreation - surf | 5.5 |
| Aquatic recreation - river | 5.6 |
| Aquatic recreation - lake | 5.7 |
| Aquatic recreation - swimming pool | 5.8 |
| Other or unspecified recreational area | 5.9 |
| Sports or athletics area (place for formal sports, etc.) | 6.0 |
| Oval, field, pitch | 6.1 |
| Stadium, arena | 6.2 |
| Racetrack (horse, motorcycle, car, etc.) | 6.3 |
| Other:  land-based sport | 6.4 |
| Other:  water-based sport | 6.5 |
| Other:  snow or ice-based sport | 6.6 |
| Other or unspecified sports or athletics area | 6.9 |
| Street or highway (public road)' | 7.0 |
| Non-urban road | 7.3 |
| Other or unspecified street or highway | 7.9 |
| Trade or service area | 8.0 |
| Shop | 8.1 |
| Commercial eating place | 8.2 |
| Entertainment/drinking place | 8.3 |
| Airport | 8.4 |
| Bus or railway station | 8.5 |
| Service station | 8.6 |
| Warehouse | 8.7 |
| Office building | 8.8 |

| Name of place | Place ID |
|---|---|
| Other or unspecified trade or service area | 8.9 |
| Industrial or construction area | 9.0 |
| Construction site | 9.1 |
| Demolition site | 9.2 |
| Factory | 9.3 |
| Other or unspecified industrial or construction area | 9.9 |
| Not entered | 998 |
| No data | 999 |
| Not relevant for non-traumatic injury | 9999 |

## Register item 29: Accident compensation

| | |
|---|---|
| **Definition:** | Any person who is entitled to the payment of, or who has been paid compensation for, damages or other benefits (including a payment in settlement of a claim for compensation, damages, or other benefits) in respect of the injury, illness, or disease for which he or she is receiving care and treatment, is classified as a compensable patient.<br>Compensable status to be recorded on the person's separation from hospital.<br>NHDD item P18 and ASCIR item 14 |
| **Classification/coding:** | Numeric as follows:<br>See Table 5 for list of accident compensation |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **NMDS from:** | |
| **NMDS to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | It is recognised that the compensable status of a patient may change during the hospital stay. It is therefore recommended that this data item reflect the status of the patient at separation.<br>Recently Lifetime care and support (LTCS) is added to the list with all different options. |

## Table 5: List of accident compensation

| Accident compensation list | AccidCompo1ID |
|---|---|
| Worker's compensation | 10 |
| 3rd party insurance | 20 |
| Lifetime Care and Support (LTCS) | 30 |
| LTCS + worker’s compensation | 31 |
| LTCS + 3rd party insurance | 32 |
| LTCS + victim compensation | 33 |
| LTCS + other | 34 |
| Victim's compensation | 50 |
| Income protection insurance | 40 |
| Sporting Injury Commission compensation | 60 |
| Travel insurance | 7230 |
| Military insurance scheme | 8230 |
| Private insurance | 70 |
| National Disability Insurance Scheme (NDIS) | 80 |
| My Aged Care | 81 |
| Other insurance | 6230 |
| No insurance at all | 333 |
| No data | 999 |

## Register item 30: Injury mechanism

| | |
|---|---|
| **Definition:** | Mechanism which caused the spinal cord injury. |
| **Classification/coding:** | Numeric |
| **Guide for use:** | Select from list below:<br>Extension .....750<br>Flexion.....755<br>Lateral flexion.....760<br>Crushing.....765<br>Other .....770<br>No data.....999<br>Not relevant for non-traumatic.....9999 |
| **Data type** | Integer |
| **Length** | 4 |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register Item 31: OBJ Methylprednisolone

| | |
|---|---|
| **Definition:** | Administration of methylprednisolone when a patient admitted to a hospital. |
| **Classification/coding:** | Yes/No<br>DD MM YYYY hh:mm AM/PM |
| **Data type** | Bit<br>Date/Time |
| **Length** | 1<br>8 |
| **Guide for use:** | If yes, a date and time of administration is required. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Not in use |

## Register item 32: Injury date/time

| | |
|---|---|
| **Definition:** | Date and time on which injury occurred. If injury had gradual onset, then the date on which it was first noticed.<br>NDS-IS level 2, item 9 and ASCIR item 24 |
| **Classification/coding:** | DD MM YYYY and hh:mm am/pm |
| **Data type** | Date/time |
| **Length** | 8 |
| **Guide for use:** | If only year, or month and year, is known, record this. Missing day or month should be coded “99”<br>If time is unknown just enter the date. |
| **Justification:** | Date of injury is important for prevention (temporal patterns of occurrence), retrieval (assessment of time to treatment) and health service use (assessment of repeat visits following a single injury). |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Time shows on screen as 24-hour clock. It is important to collect time of injury for all traumatic spinal cord injury. For non-traumatic time of injury is difficult to collect. |

## Register item 33: Hospital/spinal unit

| | |
|---|---|
| **Definition:** | Name of hospital where initially the patient is registered. |
| **Classification/coding:** | Numeric<br>Select from list below:<br>Royal North Shore Hospital..... 1<br>Prince of Wales Hospital Acute Spinal Unit..... 2<br>Prince of Wales Hospital Rehab Spinal Unit ..... 3<br>Royal Rehab Spinal Unit ..... 4 |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | To be able to register a patient with SCI into SCID we must register them with one of the above hospitals. If a patient with a pre-existing SCI has not been registered into SCID, and is readmitted to any of the above hospitals, they should be registered with that hospital. Geographically NSW is divided between Royal North Shore Hospital (injuries north of the harbour) and Prince of Wales Hospital (injuries south of the harbour). However, when one unit is unable to take patients, the other unit will.<br>This item is used with item 1 (registered hospital MRN). |

## Register item 34: Admission registered as

| | |
|---|---|
| **Definition:** | Type of admission to the initial hospital. |
| **Classification/coding:** | Numeric<br>Select from the below list:<br>**Acute**..... 2<br>(Patient with new SCI registered for the first time into the SCID and has never been registered with any of the SSCIS hospitals)<br>**Readmission** ..... 3<br>(A patient who has had a previous SCI and has not been registered in SCID. It should be noted that not all old RNSH SCI patients have been registered with SCID, if they have not had recent readmissions).<br>**Rehab**..... 5<br>(A patient's acute episode of care occurred in another hospital (Not in SSCIS Hospitals) and admitted to any of the SSCIS hospitals for rehabilitation<br>**OPD (Outpatient department)** (No in use) ..... 4<br>**SOS (Spinal outreach service)** (Not in use)..... 9<br>**Other hospitals** (Not in use) ..... 11<br>**Rural** (Not in use) ..... 13 |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to differentiate whether a patient is registered with SCID as acute, readmission or rehabilitation. |

## Register item 35: Acute hospital location

| | |
|---|---|
| **Definition:** | Records the location of acute episode of care. |
| **Classification/coding:** | Numeric |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | There are two options:<br>5000 = Same as registered hospital: When the acute episode of care occurred in the hospital where the patient was registered as an acute patient. It should be noted that sometimes patients may start their acute care at another hospital and continue their acute episode at the SSCIS hospital and therefore be registered as acute patient at the SSCIS hospital.<br>5005 = Other hospital: When the acute episode of care of the admitted patient has occurred in another hospital and the patient is admitted for rehabilitation or as a readmission. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used with items 33 hospital/spinal unit and 34 admissions registered as. |

## Register item 36: Hospital/ward details

| | |
|---|---|
| **Definition:** | Records details of the hospital and ward where the acute episode of care has occurred. |
| **Classification/coding:** | Text |
| **Data type** | char |
| **Length** | 50 |
| **Guide for use:** | For example – RNSH spinal intensive care unit (ICU), POWH acute spinal injury unit, orthopaedic, Gosford Hospital or Westmead Hospital, etc. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used with items 34 admission registered as and 35 acute hospital location. |

## Register item 37: Prior admissions

| | |
|---|---|
| **Definition:** | Records the names of the hospitals that an SCI patient is admitted prior to the patient's admission to an SSCIS hospital. |
| **Classification/coding:** | Text |
| **Data type** | Button |
| **Length** | |
| **Guide for use:** | Allows recording of multiple admissions. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 38: Traumatic or non-traumatic

| | |
|---|---|
| **Definition:** | Record if the cause of spinal cord injury is traumatic or non-traumatic. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | If Traumatic is ticked, the user should complete other related items (items 25, 26, 27, 28, 44 and 45).<br>If Non-Traumatic is ticked, the above-mentioned items are automatically filled by 'Not relevant for non-traumatic.' |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | These items are used to differentiate between traumatic and non-traumatic and one of them can be used. Complication of surgery is currently defined as non-traumatic.<br>Post spinal surgery should be recorded as traumatic.<br>NISU proposal:<br>"The classification of SCI as traumatic or non-traumatic is determined by the cause. In both instances, traumatic and non-traumatic, laminectomies and decompressions are recorded in the ASCIR.<br>If the SCI is due to an external cause and a laminectomy or decompression procedure occurred, the SCI would be a traumatic one. If the SCI were due to a bacterial infection/abscess, or birth defect, for example, and the above procedures were done as part of their treatment, the SCI would be non-traumatic.<br>If a non-traumatic case were admitted and there was a surgical complication during a laminectomy which resulted in permanent SCI (iatrogenic cause), the SCI would be classified as a traumatic SCI (my preference). At the present time, there is a debate going on about classifying iatrogenic causes as traumatic or non-traumatic (particularly when the underlying medical problem leading to intervention is not a traumatic cause). The main issue here I think is legal liability rather than a clinical one. A decision by [International Spinal Cord Society] ISCoS has not been made yet, but from a classification point of view based on ICD-10 and ICECI, it would be classified as a traumatic case." |

## Register item 39: Brain injury

| | |
|---|---|
| **Definition:** | Record if the patient had head or brain injury while having spinal cord injury or later diagnosed while inpatient at SSCIS hospitals. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | If a patient had head injury and confirmed. It should be ticked. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to quickly differentiate a patient with head injury. Brain injury as detail will be recorded in diagnoses and management section of the database. |

## Register item 40: Ventilator dependent quadriplegic (VDQ)

| | |
|---|---|
| **Definition:** | Record if the patient with spinal cord injury is VDQ for the rest of their life. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | |
| **Justification:** | . |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to quickly differentiate a patient who is VDQ. |

## Register item 41: Primary admission reason

| | |
|---|---|
| **Definition:** | Brief description of patient's traumatic or non-traumatic spinal injury, cause of injury and transfer information if transferred from another health facility. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 350 |
| **Guide for use:** | |
| **Justification:** | This item allows getting brief description of the initial admission to the hospital. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Required by NISU. |

## Register item 42: Spinal diagnoses on acute admission

| | |
|---|---|
| **Definition:** | Brief description of patient's spinal injuries and neurological level with ASIA impairment at admission. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 350 |
| **Guide for use:** | |
| **Justification:** | This item allows getting brief description of the spinal injuries at admission to the hospital. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Required by NISU. |

## Register item 43: Activity at time of incident

| | |
|---|---|
| **Definition:** | Structured description of the injury event.<br>Not applicable if cause of injury is non-traumatic.<br>ASCIR item 26 |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 350 |
| **Guide for use:** | Write a brief description of how the injury came about. It must specify:<br>• activity at the time of injury (driving a car with seat belt)<br>• the mechanism by which this led to injury (high speed)<br>• the place of occurrence. |
| **Justification:** | Narrative is rated as of remarkably high importance by injury control workers to identify features of cases not revealed by the coded data. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Required by NISU. |

## Register item 44: Describe what went wrong

| | |
|---|---|
| **Definition:** | Structured description of the injury event continues.<br>**Not applicable if cause of injury is non-traumatic.**<br>ASCIR item 26 |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 350 |
| **Guide for use:** | Write a brief description of how the injury came about. It must specify:<br>• what went wrong (the 'breakdown event')<br>• the objects or substances most important in the event<br>• any other prominent or unusual features. |
| **Justification:** | Narrative is rated as of remarkably high importance by injury control workers to identify features of cases not revealed by the coded data. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | NISU |
| **Comment:** | Required by NISU. |

## Register items 45: Next of kin name
## 46: Next of kin Street
## 47: Next of kin phone

| | |
|---|---|
| **Definition:** | Most appropriate contact person other than the patient (name, address, and contact). |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 50 each |
| **Guide for use:** | Surname first and then given name. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | To be used if we cannot find the patient. |

# Register items 48: Local medical officer (LMO) name
# 49: LMO street
# 50: LMO town
# 51: LMO contact phones
# 52: LMO email

| | |
|---|---|
| **Definition:** | Name, address and contact of local medical officer or general practitioner who is looking after the patient in the community. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 100 each |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 53: Alcohol use

| | |
|---|---|
| **Definition:** | Record whether a patient with SCI was intoxicated with alcohol while having the accident |
| **Classification/coding:** | Yes/No<br>Numeric, alpha, or alphanumeric |
| **Data type** | Bit (Alcohol use)<br>Nvarchar (Amount of alcohol) |
| **Length** | 1<br>50 |
| **Guide for use:** | Whether alcohol was involved in the current incident.<br>If yes, then the tick box should be ticked. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | As it is difficult to get the amount of alcohol, by ticking the alcohol box, a zero is added in the amount. |

## Register item 54: Drug use

| | |
|---|---|
| **Definition:** | Record whether a patient with spinal cord injury intoxicated with drug while having the accident |
| **Classification/coding:** | Yes/No<br>Yes/No<br>Numeric, alpha, or alphanumeric |
| **Data type** | Bit (Drug use)<br>Bit (Prescribed drug)<br>Nvarchar (List of drugs) |
| **Length** | 1<br>1<br>50 |
| **Guide for use:** | Whether drug was involved in the current incident.<br>If yes, then the tick box should be ticked.<br>If it is a prescribed drug, the tick box should be ticked.<br>Also, name of drug and whether the drug was prescribed or not should be recorded in the corresponding fields. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 55: Allergies

| | |
|---|---|
| **Definition:** | Record list of all allergens at admission to the hospital. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 100 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 56: Deceased

| | |
|---|---|
| **Definition:** | Record whether the patient died at any time |
| **Classification/coding:** | Yes/ No (for deceased)<br>DD MM YYYY (for date of death)<br>Numeric, alpha, or alphanumeric (for death reason) |
| **Data type** | Bit<br>Date/Time<br>Nvarchar |
| **Length** | 1<br>8<br>50 |
| **Guide for use:** | If a patient died or we have been informed about it, the tick box should be ticked. After ticking the box, the application required a valid date and cause of death.<br>For cause of death there is a pop-up list (table 6) from which the reason for the death can be selected. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | It is important to record if a patient is deceased, as they should be excluded for further study or research. |

## Table 6: Cause of death look-up table

| Cause of death list | Mortality code |
|---|---|
| Unknown | 999 |
| Septicaemia | A30 |
| Neoplasm | C00 |
| Nervous system diseases | G00 |
| Cardiovascular diseases | I20 |
| Cerebrovascular diseases | I60 |
| Respiratory diseases | J00 |
| Digestive system diseases | K00 |
| Urinary system diseases | N17 |
| Spinal injury | S00 |
| All other causes | W20 |
| Suicide or self-harm | Z91 |

## Register item 57: Not to be contacted

| | |
|---|---|
| **Definition:** | Record whether the patient has refused to be contacted at all in the future or is deceased. |
| **Classification/coding:** | Yes/ No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | If a patient refused to be contacted or died, the tick box should be ticked. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | It is important to record if a patient does not want to be contacted. |

## Register item 58: NISU privacy consent

| | |
|---|---|
| **Definition:** | Record whether a patient signed the NISU privacy consent form and allows us to send their details **only** to NISU in Adelaide. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | If the patient signed the consent, the user should tick the box.<br>If the patient does not sign the consent, the tick box should not be ticked. Obviously, their details **cannot** be sent to NISU.<br>Some de-identified data is sent to NISU (see comments). |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | As per agreement with NISU at the end of each year we send only total number patients who did not sign the consent (Total number Traumatic vs non-traumatic, cause of injury and neurological level with ASIA impairment). |

## Register item 59: Data management notes

| | |
|---|---|
| **Definition:** | Record any extra information for the patient. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 2500 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 60: Consent to contact for research

| | |
|---|---|
| **Definition:** | Record whether a patient signed to be contacted for research and follow up (SCID only). |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | If the patient signed the consent, the user should tick the box.<br>If the patient does not sign the consent, the tick box should not be ticked. Therefore, the patient should NOT be contacted. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register items 61: Current street
## 62: Current suburb
## 64: Current postcode

| | |
|---|---|
| **Definition:** | Current residence of the patient (at time of readmission) |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar / nvarchar / numeric |
| **Length** | 50 /50/9 |
| **Guide for use:** | City or town is displayed in upper case. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | In the ASCIR, the patient's address is used as part of patient identification and may be used in links and/or other follow up studies. |

## Register item 63: Current state

| | |
|---|---|
| **Definition:** | Current state where the patient lives (at time of readmission). |
| **Classification/coding:** | Numeric<br>Select from a dropdown menu as follows:<br>New South Wales.....1<br>Victoria .....2<br>Queensland.....3<br>South Australia.....4<br>Western Australia.....5<br>Tasmania .....6<br>Northern Territory.....7<br>Australian Capital Territory.....8<br>Cocos Island .....9<br>Christmas Island .....10<br>Australian Antarctic Territory.....11<br>Norfolk Island .....12<br>Non-Australian State .....13<br>Other Australian territory .....14<br>N/A .....15 |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | The codes are not visible on screen, but the options are chosen from a dropdown menu. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | In the ASCIR, the patient's address is used as part of patient identification and may be used in links and/or other follow up studies. |

## Register item 65: Current contact

| | |
|---|---|
| **Definition:** | Current contact of the patient (at time of readmission) |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 50 |
| **Guide for use:** | The phone number may be either a mobile phone number or a landline. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | In the ASCIR, the patient's phone is used as part of patient identification and may be used in links and/or other follow up studies. |

# Subsequent episodes registration items – summary (data entry)

| Register item | Field name | Comments |
|---|---|---|
| 69 | Admitted hospital MRN | |
| 70 | Family name | See register item 6 |
| 71 | Given name | See register item 7 |
| 72 | DOB | See register item 8 |
| 73 | Street | See register item 9 (at current admission) |
| 74 | City/Town | See register item 10 (at current admission) |
| 75 | Postcode | See register item 11 (at current admission) |
| 76 | State | See register item 12 (at current admission) |
| 77 | Country of residence | See register item 13 (at current admission) |
| 78 | Phone(s) | See register item 14 (at current admission) |
| 79 | Nursing home | Record whether the patient lives in a nursing home |
| 80 | Highest education | See register item 18 (at current admission) |
| 81 | Occupation | See register item 19 (at current admission) |
| 82 | Employment | See register item 20 (at current admission) |
| 83 | Marital status | See register item 21 (at current admission) |
| 84 | Readmission date | |
| 85 | Admission registered as | |
| 86 | Current admission reason | |
| 87 | Accident compensation | See register item 29 (at current admission)<br>Not updated |
| 88 | Hospital/spinal unit | See register item 33 (at current admission) |
| 89 | Next of kin name | See register item 45 (at current admission) |
| 90 | Next of kin street | See register item 46 (at current admission) |
| 91 | Next of phone | See register item 47 (at current admission) |
| 92 | LMO name | See register item 48 (at current admission) |
| 93 | LMO street | See register item 49 (at current admission) |
| 94 | LMO town | See register item 50 (at current admission) |
| 95 | LMO phone | See register item 51 (at current admission) |
| 96 | Allergies | See register item 55 (at current admission) |

| Register item | Field name | Comments |
|---|---|---|
| 97 | Readmissions to acute SCIU (tab) | Shows all readmissions to RNSH and POWH |
| 98 | Readmissions to rehab SCIU (tab) | Shows all readmissions to RR spinal injury unit and POWH rehabilitation unit. |
| 99 | Data Management notes | See register item 59 (at current admission) |

# Subsequent episodes registration items – details

## Register item 69: Admitted hospital MRN

| | |
|---|---|
| **Definition:** | Person identifier unique within establishment or agency admitted (RNSH, POWH or RR) |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 10 |
| **Guide for use:** | |
| **Justification:** | This item could be used for identifying the person within the admitted establishment only (related to item 78). |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 84: Readmission date

| | |
|---|---|
| **Definition:** | Date when an established SCI patient is admitted to the SSCIS hospitals. |
| **Classification/coding:** | DD MM YYYY |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | This date is the initial date of admission to the hospital only. (Does not matter whether the patient is admitted to another ward and later transferred to SCIU or vice versa). |
| **Justification:** | Required deriving length of stay for analysis. It calculates only hospital length of stay (not SCIU). |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 85: Admission registered as

| | |
|---|---|
| **Definition:** | Type of admission to the hospital |
| **Classification/coding:** | Numeric<br>Select from the below list:<br>33 – **Readmission to SCIU** (An established SCI patient admitted to the SCIU in the hospital at any stage of the admission. It means<br>• A patient is admitted to SCIU and stay in the unit until discharged.<br>• A patient initially admitted to SCIU later transferred to another ward and discharged.<br>• A patient initially admitted to another ward and later transferred to SCIU.<br>37 – **Readmission to another ward in the hospital** (An established SCI patient is admitted to another ward of the hospital for management and never admitted to the spinal injury unit).<br>35 – **Readmission to rehab** (An established SCI patient is admitted to the hospital for rehabilitation. It is used mostly for patients who admitted to RR spinal injury unit for rehab readmission.) |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to differentiate whether a patient is admitted to SCIU or another ward in the hospital or rehabilitation. |

## Register item 86: Current admission reason

| | |
|---|---|
| **Definition:** | Brief description of the patient's current problems. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 255 |
| **Guide for use:** | |
| **Justification:** | This item allows getting brief description of admission to the hospital. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

# Acute diagnosis and management registration items – summary (data entry)

| Register item | Field name | Definition |
|---|---|---|
| 100 | Hospital admission date/time | |
| 101 | From (referral source) | |
| 102 | Specific source | Record name of the facility |
| 103 | Discharge date/time | |
| 104 | To (discharge destination) | |
| 105 | Specific destination | Record name of the facility |
| 106 | SCIU admission. Date/time | |
| 107 | Spinal medical officer | |
| 108 | Non spinal medical officer | |
| 109 | Intensive Care Unit (ICU) | |
| 110 | Spinal Outreach Service (SOS) | |
| 111 | Overall acute admission neurological level | Data is derived from ASIA |
| 112 | Overall acute discharge neurological level | Data is derived from ASIA |
| 113 | Acute category change | |
| 114 | Traumatic spinal column injuries (tab) | Record all traumatic spinal column injuries for this episode of care.<br>Allows recording of only 6 diagnoses.<br>Allows editing and deleting existing diagnosis.<br>Allows selecting details on spinal surgery and whether that occurred in the SSCIS hospitals or elsewhere.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |

| Register item | Field name | Definition |
|---|---|---|
| 115 | Non-traumatic spinal column injuries (tab) | Record all non-traumatic spinal column injuries for this episode of care.<br>Allows recording of only 3 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows selecting details on spinal surgery and whether that occurred in the SSCIS hospitals or elsewhere.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |
| 116 | Data management note (tab) | |
| 117 | Acute associated injuries (tab) | Record all injuries and conditions that occurred at the time of injury.<br>Allows recording of 21 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>Allows recording of name of hospital or ward where it was diagnosed (e.g., ICU). It shows a **green** box in the application.<br>Allows recording of a patient is transferred to ICU or another ward for management.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |
| 118 | Acute co-morbidities (tab) | Record all pre-existing active or non-active conditions at the time of admission for acute episode of care.<br>Allows recording of 21 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |

| Register item | Field name | Definition |
|---|---|---|
| 119 | Acute complications (tab) | Record all conditions that arise during the acute episode of care<br>All complications acquired at another hospital or ward prior to transfer to the SCIU are considered to have occurred in a single episode and recorded as **complications not co-morbidities**.<br>Allows recording of 21 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>Allows recording of name of hospital or ward where it was diagnosed (e.g., ICU). It shows a **green** box in the application.<br>Allows recording of a patient transferred to ICU or another ward for management.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |

## Register item 100: Hospital admission date and time

| | |
|---|---|
| **Definition:** | Date and time when a SCI patient is admitted to the hospital for acute episode of care. |
| **Classification/coding:** | DD MM YYYY HH: mm AM/PM |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | If acute episode of care occurred in the SSCIS hospitals then, this date is the acute admission date to the hospitals. (It does not matter if a patient was transferred from another hospital).<br>If acute episode of care occurred in another hospital and the patient is admitted to the SSCIS hospitals for rehabilitation (direct rehab admission) then this date is admission date for that hospital.<br>Also, for a patient who admitted for rehab to the SSCIS hospitals, this date/time is admission date for the **last** hospital from where the patient was transferred. (Date and name of other hospitals should be recorded in register item 37 prior admission).<br>It is important to record time of admission to the hospital for further analysis. If time is unknown just fill the date only. |
| **Justification:** | Required deriving length of stay for analysis. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 101: From (referral source)

| | |
|---|---|
| **Definition:** | Referral sources. |
| **Classification/coding:** | Numeric<br>Select from below table 6. |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | All patients who are admitted directly to the hospital should be classified as '**Emergency department**.'<br>RR and POWH Rehab should be recorded as '**Rehab centre**.'<br>CARS/Corabel, brain injury unit RR should be recorded as '**Rehab facility other**.'<br>Boundaries for metro and rural public hospitals depend on the area health services. (They might change.) Hospital in Hunter and Illawarra areas are now classified as '**Metro public hospital**.'<br>Canberra Hospital is classified as '**Interstate hospital**.'<br>Ferguson Lodge, Weemala should be classified as '**Other health accommodation**.'<br>Any patient using a hospital as their residential facility should be classified as '**Metro**' or '**rural**' **hospital** depending on the location.<br>Group home should be classified as '**Home**.'<br>Correctional centres and other should be classified as '**Other facility or accommodation**.'<br>'**Split rehab – Xfer from rehab centre**' should be used if a patient transferred from RNSH to POWH rehab unit or from POWH acute spinal unit to RR SCIU. |
| **Justification:** | Required for outcome analysis |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to classify all referral sources under below sub-group. It is used for reporting purposes. There is no difference between 299 and 999. Both are coded as No data. |

## Table 7: Referral source look-up table

| Source location | Location code |
|---|---|
| | 0 |
| Emergency department | 225 |
| Home | 230 |
| Rehab centre | 235 |
| Rehab facility other | 277 |
| Metro public hospital | 240 |
| Rural public hospital | 242 |
| Private hospital | 245 |
| Private rehab hospital | 246 |
| Interstate hospital | 275 |
| Overseas hospital | 300 |
| Other health accommodation | 255 |
| Other accommodation | 280 |
| Nursing home | 250 |
| OPD | 262 |
| Another ward | 260 |
| Split rehab - Xfer from rehab centre | 99 |
| Split acute – Xfer from acute to acute | 88 |
| Split private – Xfer to RRP | 77 |
| No data | 299 |
| No data | 999 |

## Register item 103: Discharge date/time

| | |
|---|---|
| **Definition:** | Date on which a SCI patient completes the acute episode of care by formal separation, which is the administrative process by which a hospital records the completion of treatment and/or care accommodation of a patient (discharge, transfer, death). |
| **Classification/coding:** | DD MM YYYY |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | If acute episode of care occurred in the SSCIS hospitals, then this date is the acute discharge date from the hospitals.<br>If acute episode of care occurred in another hospital and the patient is admitted to the SSCIS hospitals for rehabilitation (direct rehab admission) then this date is discharging date for that hospital. |
| **Justification:** | Required deriving length of stay for analysis. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 104: To (discharge destination)

| | |
|---|---|
| **Definition:** | Mode of separation of the patient (discharge, transfer, or death) and place to which the patient is released (where applicable). |
| **Classification/coding:** | Numeric<br>Select from table 8. |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | RR and POWH rehab should be recorded as '**Rehab centre**.'<br>RR or POWH rehab via other facility or home should be recorded as '**Rehab centre via other facility**'<br>CARS/Corabel, brain injury unit RR should be recorded as '**Rehab facility other**.'<br>All acute or rehab private hospitals are classified as '**Private hospital**.'<br>Boundaries for metro and rural public hospitals depend on the Area Health Services. (They might change). Hospitals in the Hunter and Illawarra areas are now classified as '**Metro public hospital**.'<br>Canberra Hospital is classified as '**Interstate hospital**.'<br>Ferguson Lodge, Weemala should be classified as '**Other health accommodation**.'<br>Any patient using a hospital as their residential facility should be classified as '**Metr**o' or '**Rural hospital**' depending on the location.<br>Group home should be classified as '**Home**.'<br>Correctional centres and other should be classified as **'Other facility or accommodation**.'<br>If a patient is still in the unit, '**Still in the unit**' should be selected otherwise discharge date is required. |
| **Justification:** | Required for outcome analysis |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to classify all referral sources under below sub-group. It is used for reporting purposes. |

## Table 8: Discharge destination look-up table

| Destination | Code |
|---|---|
| | 0 |
| Discharged by the hospital | 1 |
| Discharged at patient's own risk | 2 |
| Nursing home | 3 |
| Metro public hospital | 4 |
| Rural public hospital | 5 |
| Died | 6 |
| Interstate hospital | 7 |
| Other health accommodation | 8 |
| Rehab centre | 9 |
| Overseas hospital | 10 |
| Private hospital | 11 |
| Rehab facility other | 12 |
| Other accommodation | 13 |
| Other ward within hospital | 14 |
| Private Royal Rehab | 77 |
| Split acute – Xfer from acute to acute | 88 |
| Rehab via home | 90 |
| Rehab via hospital | 91 |
| Rehab via other | 92 |
| Rehab via interstate hospital | 93 |
| Rehab via overseas | 94 |
| Rehab via nursing home | 95 |
| Split rehab - Xfer to rehab centre | 99 |
| No data | 999 |
| Not discharged yet | 1000 |
| Still in the unit | 9999 |

## Register item 106: SCIU admission date/time

| | |
|---|---|
| **Definition:** | Date and time when a SCI patient is admitted to the acute SCIU for an acute episode of care. |
| **Classification/coding:** | DD MM YYYY HH: mm AM/PM |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | If acute episode of care occurred in the SSCIS hospitals then, this date is the acute admission date to the SCIU of the hospitals (RNSH SCIU or POWH acute SCIU).<br>If a patient is admitted directly to the SCIU, this date and register item 92 will be the same.<br>If acute episode of care occurred in another hospital and the patient is admitted to the SSCIS hospitals for **rehabilitation** (direct rehab admission) then this date should be **same** date as discharge date to show that the patient was never admitted to the SCIU.<br>It is important to record time of admission to the SCIU for further analysis. If time is unknown just fill the date only. |
| **Justification:** | Required for deriving length of stay in the SCIU for analysis. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | Specific for SCID. |
| **Comment:** | |

## Register item 107: Spinal medical officer

| | |
|---|---|
| **Definition:** | Records name of spinal staff specialist who is looking after the patient while in hospitals (SSCIS). |
| **Classification/coding:** | Numeric<br>Select from a list in the application |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | Only list of staff specialists working in each hospital can be seen.<br>The application allows the user to add a new staff specialist by clicking the first field 'Add new entry' in the pop-up list and fill details of the specialist accordingly. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used if a patient is under care of the specialist, does not matter whether in the SCIU or other ward within the hospital. |

## Register item 108: Non spinal medical officer

| | |
|---|---|
| **Definition:** | Records name of other medical officer who is looking after the patient while in hospitals (neurosurgeon, orthopaedic surgeon and other) |
| **Classification/coding:** | Numeric<br>Select from a list in the application. |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | Only list of all medical officers working in each hospital can be seen.<br>The application allows the user to add new medical officer by click the first field 'Add new entry' in the pop-up list and fill details of the specialist accordingly. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to find out about the surgeon. |

## Register item 109: Intensive Care Unit (ICU)

| | |
|---|---|
| **Definition:** | Record if a SCI patient initially admitted to the ICU. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | Only patient who is initially admitted to ICU is recorded.<br>A patient admitted to ICU later while in the hospital for a problem, can be recorded under the acute complication tab. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item is used to differentiate a patient who is initially admitted to ICU. |

## Register item 110: Spinal Outreach Services (SOS)

| | |
|---|---|
| **Definition:** | Record if a SCI patient referred to SOS for further management. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | Currently not in use. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | This item can be used to find out list of all patients referred to SOS.<br>Also, will allow us to link SCID with SOS database. |

## Register item 113: Acute category change

| | |
|---|---|
| **Definition:** | When a SCI patient is medically and surgically stable and able to participate actively in a specialised inpatient rehabilitation program or ready to be discharged from the acute hospital to home or other facility. |
| **Classification/coding:** | Yes/No (for acute category change)<br>DD MM YYYY (date of category change)<br>Numeric, alpha, or alphanumeric (Reason for the change)<br>For the reason select from table 9. |
| **Data type** | Bit<br>Date/Time<br>Integer |
| **Length** | 1<br>8<br>4 |
| **Guide for use:** | |
| **Justification:** | The purpose of changing the category to rehabilitation of discharge at this stage is to measure the delay between readiness for rehabilitation and the actual date of acute separation. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | Lack of a rehabilitation bed should not delay the change of classification from acute to rehabilitation status.<br>If a patient is admitted as rehabilitation to acute SCIUs (Spinal Cord Injury Unit) (Spinal Cord Injury Unit), this date should be same as acute admission date. |

## Table 9: Category changes look-up table

| Category change list | Code |
|---|---|
| No data | 0 |
| Awaiting home modifications | 1 |
| Awaiting local rehab bed | 2 |
| Awaiting placement in nursing home | 3 |
| Awaiting Dept. of Housing application | 4 |
| Awaiting equipment | 5 |
| Awaiting home care arrangements | 6 |
| Awaiting transfer to other hospital | 7 |
| More than one reason (Please specify in DM notes) | 8 |
| Awaiting accommodation decision | 9 |
| Waiting for a procedure | 10 |
| VDQ for rehab | 11 |
| Inpatient rehab | 12 |
| No data | 999 |

## Register item 116: Data management note

| | |
|---|---|
| **Definition:** | Record any extra information for the acute episode of care. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 500 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

# Acute rehabilitation

Rehabilitation is the application of the skills, knowledge and resources required to achieve a treatment goal of improving the functional status of a person with a spinal cord injury as defined by the SSCIS definition.

Inpatient rehabilitation is based upon a multidisciplinary approach, involving two or more professional disciplines, and using an individualised interdisciplinary rehabilitation plan, which includes negotiated rehabilitation goals, defined times, and regular progress reviews.

Early involvement of rehabilitation team members often occurs soon after acute admission to manage issues associated with SCI, such as neuropathic bladder, and to prevent secondary complications that could delay or impact rehabilitation later.

- The start of rehabilitation is defined as when the client is able to sit in a chair for a period of at least 60 minutes to participate in active rehabilitation and on three consecutive working days.
- The client has the ability to achieve active rehabilitation goals with the level of injury.
- No pressure area or wound that prevents sitting up in wheelchair for extended periods and/or participating actively in rehabilitation (e.g., on a prone trolley).
- A FIM assessment is conducted within 72 hours from the time of start of rehabilitation (as defined above) and again at discharge from rehabilitation.
- Unplanned interruption to rehabilitation program because of medical or surgical complication requiring transfer to acute episode of care for more than 72 hours, whether within the same hospital ward, another ward, or another acute hospital. This process is collected within the SCID rehabilitation module as a complication with interruption period and details as to transfers recorded.

# Acute rehabilitation diagnosis and management register items – summary

| Register item | Field name | Definition |
|---|---|---|
| 120 | Hospital admission date/time | |
| 121 | From (referral source) | See register item 97 |
| 122 | Specific source | Record name of the facility, accommodation, or home. |
| 123 | Discharge date/time | |
| 124 | To (discharge destination) | See register item 100 |
| 125 | Specific destination. | Record name of the facility, accommodation, or home. |
| 126 | Admitting officer | |
| 127 | Rehab maintenance | |
| 128 | Rehab notes | |
| 129 | Overall admission neurological level | Data derived from ASIA admission to rehabilitation. |
| 130 | Overall discharge neurological level | Data derived from ASIA discharge from rehabilitation. |
| 131 | Rehabilitation complications (tab) | Record all conditions that arise during the rehabilitation episode of care.<br>Allows recording of 21 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>Allows recording of name of hospital or ward where it was diagnosed (e.g., ICU). It shows a **green** box in the application.<br>Allows recording of a patient is transferred to ICU or another ward for management.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |

# Acute rehabilitation diagnosis and management register items – details

## Register item 120: Hospital admission date/time

| | |
|---|---|
| **Definition:** | Date and time when a SCI patient is admitted to the hospital for rehabilitation episode of care. |
| **Classification/coding:** | DD MM YYYY |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | By pressing the edit button, the application copies the acute discharge date. |
| **Justification:** | Required deriving length of stay for analysis. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | **Please** double check the **admission date** for a patient who is transferring from a third place (e.g., home, or other facilities) after discharging from acute SCIU hospital (RNSH or POWH).<br>As by pressing the edit button every time the application copies the acute discharge date into this date. |

## Register item 123: Discharge date/time

| | |
|---|---|
| **Definition:** | Date on which a SCI patient completes the rehabilitation episode of care by formal separation, which is the administrative process by which a hospital records the completion of treatment and/or care accommodation of a patient (discharge, transfer, or death). |
| **Classification/coding:** | DD MM YYYY |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | |
| **Justification:** | Required deriving length of stay and duration of care for analysis. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 126: Admitting officer

| | |
|---|---|
| **Definition:** | Records name of spinal staff specialist who is looking after the patient while in hospitals (SSCIS). |
| **Classification/coding:** | Numeric<br>Select from a list in the application. |
| **Data type** | Integer |
| **Length** | 4 |
| **Guide for use:** | Only list of staff specialists working in each hospital can be seen.<br>The application allows the user to add new staff specialist by click the first field ‘Add new entry’ in the pop-up list and fill details of the specialist accordingly. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 127: Rehabilitation maintenance (transition)

| | |
|---|---|
| **Definition:** | A patient is to start a transition and/or maintenance program once inpatient goals are achieved, the discharge process is completed, and the allocation of the resources required for discharge is progressing. Patient is ready to be discharged or transferred to home or other facilities. |
| **Classification/coding:** | Yes/No (for maintenance or transition change)<br>DD MM YYYY (date of maintenance change)<br>Numeric, alpha, or alphanumeric (reason for maintenance)<br>For the reason, select from table 10. |
| **Data type** | Bit<br>Date/Time<br>Integer |
| **Length** | 1<br>8<br>4 |
| **Guide for use:** | If there are several reasons, write in the management notes. |
| **Justification:** | The purpose of changing the category from rehabilitation to maintenance is to measure the delay between maintenance and actual discharge or separation from rehabilitation facility. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | It important to find out reason for delay. |

**Table 10: Category changes look-up table**

| Category change list | Code |
|---|---|
| No data | 0 |
| Awaiting home modifications | 1 |
| Awaiting local rehab bed | 2 |
| Awaiting placement in nursing home | 3 |
| Awaiting Dept. of Housing application | 4 |
| Awaiting equipment | 5 |
| Awaiting home care arrangements | 6 |
| Awaiting transfer to other hospital | 7 |
| More than one reason (Please specify in data manager notes) | 8 |
| Awaiting accommodation decision | 9 |
| Awaiting a procedure | 10 |
| VDQ for rehab | 11 |
| Inpatient rehab | 12 |
| No data | 999 |

## Register item 128: Rehab note

| | |
|---|---|
| **Definition:** | Record any extra information for the rehabilitation episode of care. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 500 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

# Readmission diagnosis and management registration items – summary (data entry)

| Register Item | Field name | Definition |
|---|---|---|
| 132 | Admission date | Copied from register item 84 subsequent episode (data entry). |
| 133 | From (Referral source) | See register item 97 |
| 134 | Specific source | Record name of the facility. |
| 135 | Discharged date/time | |
| 136 | To (Discharge destination) | See register item 104 |
| 137 | Specific destination | Record name of the facility. |
| 138 | Spinal medical officer | See register item 107 |
| 139 | Non spinal medical officer | See register item 108 |
| 140 | Spinal Outreach Service (SOS) | Currently not in use |
| 141 | Planned | |
| 142 | Pressure ulcer as main diagnosis | |
| 143 | Patient registered with Spinal Plastic Service (SPS) | |
| 144 | Readmission category change | See register item 113 |
| 145 | Readmission principal diagnosis | Record a condition that has been the focus of treatment, investigation, and resource use, including bed days, and determined at the time of discharge and confirmed with the admitting medical officer.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>By double clicking in the diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |
| 146 | Readmission data manager (DM) notes | |

| Register Item | Field name | Definition |
|---|---|---|
| 147 | Readmission associated diagnoses (tab) | Record conditions that co-exist and are active in terms of resource use at the time of admission.<br>Allows recording of 21 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>Allows recording of name of hospital or ward where it was diagnosed. (ICU). It shows a GREEN box in the application.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and Management box. |
| 148 | Readmission co-morbidities (tab) | Record conditions that are pre-existing at the time of admission for the current episode but are active or inactive in terms or resource use at the time of admission.<br>The purpose of collecting co-morbid condition in SCID is twofold. First, to indicate the complexity of the current episode and second to document an individual patient's and SCI population health status that co-exists and is **not** active in terms of resource use at the time of admission for the principal diagnosis.<br>Allows recording of 21 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>Allows recording of name of hospital or ward where it was diagnosed (e.g., ICU). It shows a **green** box in the application.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |

| Register Item | Field name | Definition |
|---|---|---|
| 149 | Readmission complications (tab) | Record all conditions that arise during the current episode of care.<br>Allows recording of 21 diagnoses.<br>Allows editing and deleting an existing diagnosis.<br>Allows recording information about treatment and management of the diagnosis.<br>Allows recording of name of hospital or ward where it was diagnosed (e.g., ICU). It shows a **green** box in the application.<br>Allows recording of a patient is transferred to ICU or another ward for management.<br>By double clicking in each diagnosis, the application allows you to see the treatment or management of it in the treatment and management box. |
| 150 | Chronic co-morb Xfer | By clicking the Readmission chronic co-morbidities tab, this button reveals. It allows transferring all chronic co-morbidities from previous admission to the current episode. |

## Register item 135: Discharge date

| | |
|---|---|
| **Definition:** | Date on which a SCI patient completes the readmission episode of care by formal separation, which is the administrative process by which a hospital records the completion of treatment and/or care accommodation of a patient (discharge, transfer, or death). |
| **Classification/coding:** | DD MM YYYY |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | |
| **Justification:** | Required deriving length of stay and duration of care for analysis. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 141: Planned

| | |
|---|---|
| **Definition:** | Record whether this admission is planned |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | |
| **Justification:** | It is used to differentiate between planned and unplanned admission. |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 142: Pressure ulcer as main diagnosis

| | |
|---|---|
| **Definition:** | Records if main and principal diagnosis is management of pressure ulcer. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | Quick reference to identify patients who are readmitted for pressure ulcer management. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 143: Patient registered with spinal plastic service (SPS)

| | |
|---|---|
| **Definition:** | Records if a patient is under SPS. |
| **Classification/coding:** | Yes/No |
| **Data type** | Bit |
| **Length** | 1 |
| **Guide for use:** | Quick reference to identify patient's number registered under SPS. |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

## Register item 146: Readmission data manager (DM) notes

| | |
|---|---|
| **Definition:** | Record any extra information for the readmission episode of care. |
| **Classification/coding:** | Numeric, alpha, or alphanumeric |
| **Data type** | Nvarchar |
| **Length** | 500 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

# Acute and rehabilitation ASIA registration items – summary (data entry)

| Register item | Field name | Definition |
|---|---|---|
| 151 | Overall neurological level | This is the lowest segment where motor and sensory function is normal on both sides.<br>The box **only** allows entry of the following: C1- S4-5 and ND- No deficit. |
| 152 | Assessment date | |
| 153 | ASIA taken at | Allows to record ASIA at admission or at discharge. |
| 154 | Complete/incomplete/NL (No loss or no deficit) | Determined whether the injury is complete or incomplete (sacral sparing).<br>If voluntary anal contraction (Register item 166) is '**No**' **and** all S4-5 sensory scores = **0 and** any anal sensation (Register item 167) is '**No**', then injury is **complete**.<br>Otherwise, the injury is **incomplete**. |
| 155 | ASIA impairment scale | Select one of these options accordingly:<br>**A complete** – No motor or sensory function is preserved in the sacral segments S4-S5<br>**B incomplete** – Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5.<br>**C incomplete** – Sensory but not motor function is preserved below the neurological level and more than half of key muscles below the neurological level have a muscle grade less than 3.<br>**D incomplete** – Motor function is preserved below the neurological level and at least half of key muscles below the neurological level have a muscle grade of 3 or more.<br>**E normal** – Motor and sensory functions are normal. |
| 156 | Clinical syndromes | Please select one of the following options:<br>**Central cord syndrome** – Produces sacral sparing and greater weakness in the upper limbs than in the lower limbs.<br>**Brown Sequard syndrome** – Produces greater ipsilateral proprioceptive and motor loss and contralateral loss of sensitivity to pain and temperature.<br>**Anterior syndrome** – Produces variable loss of motor function and of sensitivity to pain and temperature, while preserving proprioception.<br>**Conus medullaris syndrome** – Injury of the sacral cord (conus) and lumber nerve roots, results in areflexic bladder, bowel, and lower limbs. |

| Register item | Field name | Definition |
|---|---|---|
| | | **Cauda equina syndrome** – Injury to lumbosacral nerve roots, results in areflexic bladder, bowel, and lower limbs. |
| 157 | Neurological level<br>Sensory<br>Right and left | Enter lowest neurologically **normal** level for each site<br>To enter, right click and select from the list (C1 – S4-5). |
| 158 | Neurological level<br>Motor<br>Right and left | Enter the lowest neurologically **normal** level for each site.<br>To enter, right click and select from the list (C1 – S4-5).<br>**Note**: In the regions where there is no myotome to test, the motor level is presumed to be the same as the sensory level. |
| 159 | Zone of partial preservation<br>Sensory<br>Right and left | This section is activated when a patient has **a complete** lesion.<br>For zone of partial preservation, record lowest dermatome on each side with some (non-zero score) preservation.<br>To enter, right click and select from the list (C1 – S4-5). |
| 160 | Zone of partial preservation<br>Motor<br>Right and left | This section is activated when a patient has **a complete** lesion.<br>For zone of partial preservation, record lowest myotome on each side with some (non-zero score) preservation.<br>To enter, right click and select from the list (C1 – S4-5). |
| 161 | Motor<br>Right and left<br>C5 – T5<br>L2 – S1 | To enter data, right click and select from the pop-up list below:<br>Total paralysis.....0<br>Palpable or visible contraction.....1<br>Active movement, full range of motion, gravity eliminated.....2<br>Active movement, full range of motion, against gravity 3<br>Active movement, full range of motion, against gravity and provides some resistance.....4<br>Active movement, full range of motion, against gravity and provides normal resistance.....5<br>Not testable.....NT<br>Patient unable to reliably exert effort or muscle unavailable for testing due to factors such as immobilization, pain on effort or contracture. (NT is shown as Tin the application). |
| 162 | Light touch<br>Right and left<br>C2 – S4-5 | To enter data, right click and select from the pop-up list below:<br>No sensation..... 0<br>Partial sensation is preserved..... 1<br>Normal sensation..... 2 |

| Register item | Field name | Definition |
|---|---|---|
| | | Not testable.....NT |
| 163 | Pin prick<br>Right and left<br>C2 – S4-5 | To enter data, right click and select from the pop-up list below:<br>No sensation..... 0<br>Partial sensation is preserved..... 1<br>Normal sensation..... 2<br>Not testable.....NT |
| 164 | Copy data from | It is a function to allow the user to transfer the existing data from acute to rehab and vice versa (admission or discharge data). |
| 165 | Motor/<br>Light touch/<br>Pin prink tabs | Allows to add the corresponding value for all levels of the following:<br>For Motor (right and left) 0-5 and NT<br>For Light touch (right and left) 0-2 and NT<br>For Pin prink (right and left) 0-2 and NT |
| 166 | Voluntary anal contraction (tick box) | For yes, tick the box.<br>Note: It is important to collect this information. |
| 167 | Any anal sensation (tick box) | For yes, tick the box.<br>Note: It is important to collect this information. |
| 168 | General notes | Enter any extra information related to ASIA. |

# Acute and rehabilitation ASIA registration items – details

## Register item 152: Assessment date

| | |
|---|---|
| **Definition:** | Date when the ASIA form has assessed and completed. |
| **Classification/coding:** | DD MM YYYY |
| **Data type** | Date/Time |
| **Length** | 8 |
| **Guide for use:** | |
| **Justification:** | |
| **Effective from:** | |
| **Effective to:** | |
| **Used with:** | |
| **Source:** | |
| **Comment:** | |

# Functional independent mobility (FIM) rehabilitation register items – summary (data entry)

| Register item | Field name | Definition |
|---|---|---|
| 169 | Admission assessment date | Date when the admission FIM assessment was done |
| 170 | Discharge assessment date | Date when the discharge FIM assessment was done |
| 171 | Self-care – Eating<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 172 | Self-care – Grooming<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 173 | Self-care – Bathing<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 174 | Self-care – Upper body<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 175 | Self-care – Lower body<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 176 | Self-care – Toileting<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 177 | Sphincter control – Bladder management<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 178 | Sphincter control – Bowel management<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 179 | Mobility – Bed, chair, wheelchair<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |
| 180 | Mobility – toilet –<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list. (See table 11: FIM score) |

| Register item | Field name | Definition |
|---|---|---|
| 181 | Mobility – Tub, shower<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score) |
| 182 | Locomotion – Walk, wheelchair<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score)<br>We are collecting data on **wheelchair** locomotion **only**. |
| 183 | Locomotion – Stairs<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score) |
| 184 | Communication – Comprehension<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score) |
| 185 | Communication – Expression<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score) |
| 186 | Social cognition – Social interaction<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score) |
| 187 | Social cognition – Problem solving<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score) |
| 188 | Social cognition – Memory<br>– on admission (A)<br>– on discharge (D) | To enter, right click, then select from the list.<br>(See table 11: FIM score) |
| 190 | Notes | Allows entering extra information about FIM. |

**Table 11: FIM score**

| Assistance | Score |
|---|---|
| Total assistance (subject = 0%+) | 1 |
| Maximal assistance (subject = 25%+) | 2 |
| Moderate assistance (subject = 50%+) | 3 |
| Minimal assistance (subject = 75%+) | 4 |
| Modified dependence (supervision) | 5 |
| Modified independence (device) | 6 |
| Complete independence (timely, safely) | 7 |

# Clinical indicators

The NSW State Spinal Cord Injury Service collects data on all patients with a spinal cord injury who are admitted following acute injury, or as a readmission with a complication.

Clinical indicators that have been identified as monitors of quality of care and patient's clinical outcome are common complications in spinal cord injury. The clinical indicators listed in this document and their definitions and parameters have been agreed to by the spinal medical specialists' group.

These complications are entered with the SCID as they occur, and aggregated de-identified reports are prepared on a quarterly basis by the clinical data management team.

Validity of clinical indicator data will be strengthened by strict adherence to identification and/or determination of these complications against the agreed definitions and diagnostic criteria outlined in this document. It is the spinal speciality registrars' responsibility to correctly diagnose, document and report these complications to the SCID clinical data manager on a less than a weekly basis.

## Pneumonia

"Pneumonia is a state of lung tissue inflammation of infectious aetiology with radiographic demonstration of parenchymal disease."[3]

In SCID an episode of pneumonia is recorded at any stage of care (acute, rehabilitation or readmission) by date of occurrence and confirmation using the following methods:

- confirmed radiologically
- unconfirmed radiologically.

## Pulmonary embolism

"Condition resulting when a pulmonary artery becomes acutely obstructed by a clot formed upstream from the pulmonary arterial vascular tree."[3]

Document clinical impression or confirmed clinical diagnoses of pulmonary embolism followed by definitive anticoagulation therapy.

In SCID an episode of pulmonary embolism is recorded at any stage of care (acute, rehabilitation or readmission) by date of occurrence and confirmation using the following methods:

- confirmed by pulmonary angiogram or helical CT (Computed Tomographic) scan
- high probability on V/Q scan (ventilation-perfusion lung scan)
- strongly suspected but not confirmed by any specific diagnostic techniques or procedure.

## Deep vein thrombosis (DVT)

"Deep Vein Thrombosis (DVT) of the lower extremity is an occlusion of the venous system of the lower extremity. Positive DVT with definitive therapy (e.g., anticoagulation, cava filter) instituted."[3]

In SCID an episode of DVT is recorded at any stage of care (acute, rehabilitation or readmission) by date of occurrence and confirmation using the following methods:

- confirmed by duplex/doppler, ultrasound
- confirmed by 1-125 labelled fibrinogen uptake (I-125)
- confirmed by venogram
- confirmed by impedance plethysmography (IPG)
- confirmed by another non-specific test, e.g., D-dimer
- treated on strong clinical suspicion.

## Urinary tract infection (UTI)

Description: **Symptomatic** urinary tract infection[4]

- The primary outcome measure was the proportion of patients with symptomatic UTI according to defined clinical criteria, along with a positive quantitative urine culture. This is the most clinically significant outcome measure for populations at long-term risk of recurrent urinary tract infections.

Symptoms of UTI **in the incomplete spinal patients** may be similar to the general population and include fever, dysuria, frequency, urgency, voiding of small volumes, abrupt onset, supra-pubic pain, and loin pain. In spinal injured patients with less bladder sensation, additional relevant symptoms should be **unexplained by other inter-current pathology** and include **fever, autonomic dysreflexia,** increased frequency of muscle spasms or spasticity, failure of usual control of urinary incontinence and new abdominal discomfort.

Comments: A clinically significant UTI **must** be followed by definitive treatment with appropriate antibiotic therapy, along with a beneficial clinical response to this therapy.

In SCID an episode of UTI is recorded at any stage of care (acute, rehabilitation or readmission) by date of occurrence and name of the micro-organism which caused it.

## Pressure injury

Pressure injuries are “injuries of the skin and/or underlying tissue, usually over a bony prominence, caused by unrelieved pressure, friction or shearing. They occur most commonly on the sacrum and heel, but can develop anywhere on the body. Pressure injury is a synonymous term for pressure ulcer.”[5]

In SCID place the grade of the pressure injury in the appropriate location tree in the data entry screen. The purpose of this variable is primary prevention and quality assurance. Therefore, each injury should only be **documented once**, at onset (with episode(s) defined by date of occurrence of clinical confirmation), and the **worst grade** should be recorded as follows:

- During acute care
- During inpatient rehabilitation
- At or during readmission

### Grading system

**Grade 1**: Limited to the superficial epidermal and dermal layers. Include redness that does not blanch to the touch and redness that requires intervention.

**Grade 2**: Involving the epidermal and dermal layers and extending into the adipose tissue.

**Grade 3**: Extending through superficial structures and adipose tissue down to and including muscle.

**Grade 4**: Destruction of all soft tissue structures and communication with bone or joint structures.

**Grade unknown**

For descriptions, see Pressure injury toolkit for spinal cord injury and spina bifida - Wound assessment: Stage

### Locations and grades of pressure injuries

- Occiput (includes back of head)
- Elbow (left and right)
- Scapula (includes shoulder – left and right)
- Ribs (includes chest and thorax – left and right)
- Natal cleft
- Iliac crest (left and right)
- Sacrum (includes sacroiliac, coccygeal, tailbone)
- Ischium (includes gluteal, intergluteal and buttock areas – left and right)
- Trochanter (includes hip – left and right)

- Genitals (include perianal, scrotal, and other)
- Knee (includes pre-tibial, tibial, and fibular condyles, shin, and popliteal areas – left and right)
- Lateral malleolus (left and right)
- Medial malleolus (left and right)
- Heel (includes calcaneus – left and right)
- Foot (includes toes, dorsum, and any part of the foot – left and right)
- Back (includes spinous process and other part of back)
- Other location, unspecified (includes neck, hands, phalanges, nostril, and others)

When there are multiple ulcers in the same location, count all ulcers at the same location.

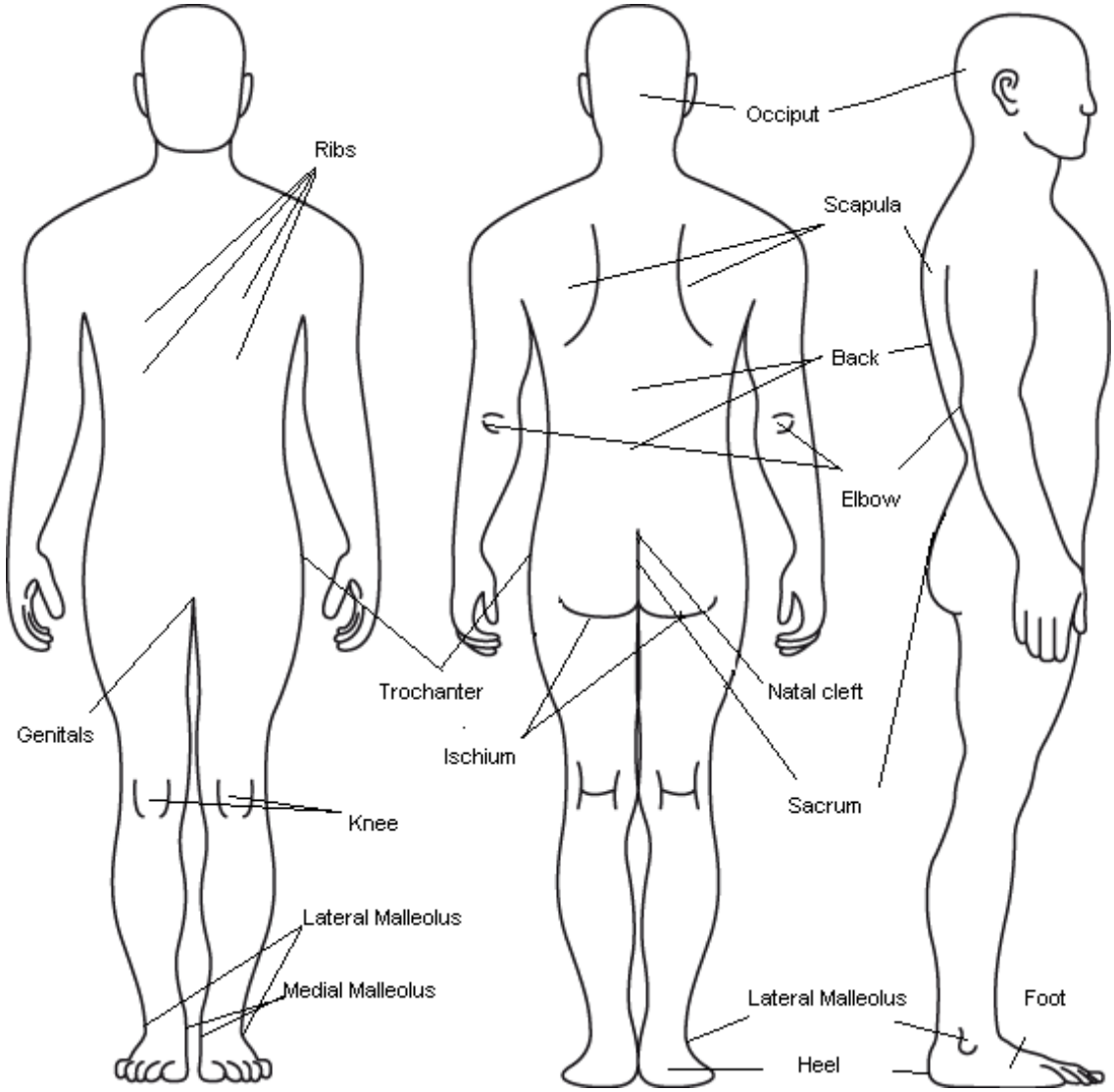


*Figure 1: Locations of pressure injuries*

# Glossary

| | |
|---|---|
| ASCIR | Australian Spinal Cord Injury Register |
| ASIA | American Spinal Injury Association |
| ASCCSS | Australian Standard Classification of Countries for Social Statistics |
| BMI | Body Mass Index |
| DM | Data manager |
| DRG | Diagnosis related groups |
| DVT | Deep vein thrombosis |
| FIM | Functional independent mobility |
| ICD-10 | International Classification of Diseases10 |
| ICECI | International Classification of External Causes of Injury |
| ICU | Intensive care unit ICU |
| IPG | Impedance plethysmography |
| ISCoS | International Spinal Cord Society |
| LMO | Local medical officer |
| LTCS | Lifetime care and support |
| MRN | medical record number |
| NDIS | National Disability Insurance Scheme |
| NHDD | National Health Data Dictionary |
| NISU | National Injury Surveillance Unit |
| OPD | Outpatient department |
| POWH | Prince of Wales Hospital |
| RNSH | Royal North Shore Hospital |
| RR | Royal Rehab |
| SCI | Spinal cord injury |
| SCID | Spinal Cord Injury Database |
| SCIU | Spinal cord injury unit |
| SOS | Spinal outreach service |
| SPS | Spinal plastic service |
| SSCI | State Spinal Cord Injury Service |
| UTI | Urinary tract infection |
| VDQ | Ventilator dependent quadriplegic |

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