FYDO Hospital Update – 04/04/2024
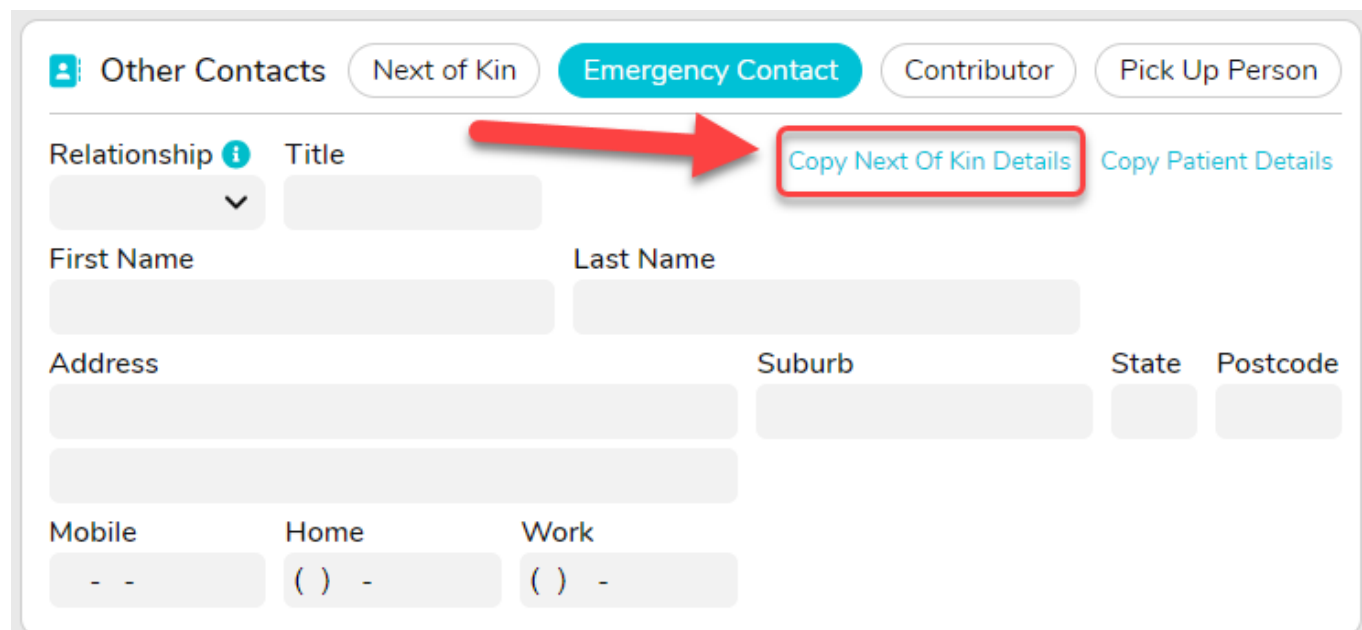
New 'Copy Next of Kin' Feature

There is now an additional option added to the **Emergency Contact, Contributor** and **Pick Up Person** tabs, which enables users to copy the **Next of Kin** details. While the option to **Copy Patient Details** remains available, this new feature will reduce repetitive data entry, particularly when the Next of Kin, Emergency Contact, Contributor and Pick Up Person are all the same.

Episode Screen Heading Amendments

The important information displayed at the top of each Episodes Screen has been updated to now include the **File Number**. This enhancement will be particularly advantageous for facilities that utilise both the File Number and the MRN.

New Rehab Screen

Rehabilitation facilities are now able to capture data for the Australasian Rehabilitation Outcomes Centre (AROC) and the Australian National Subacute and Non-Acute Patient (AN-SNAP) datasets.

Cancel Save

| MRN 104 - JACKSON, Michael | DOB (29/08/1958 - 66) | Sex Male | FileNo 1 | Fund BUP | Location Shaes Private Hospital (QLD) |
| Admission No. 392 | Admission Date/Time 04/03/2024 06:00 | | Discharge Date/Time 04/03/2024 16:00 | Dr/Surgeon CONNORS,Curtis | Anaesthestist LENNON,John |

AROC Impairment Code

AROC Impairment Code

Assessment Only   ○ Yes   ○ No

AN-SNAP Class

Rehabilitation Plan Date

Discharge Plan Date

Clinical Data Items

Date of injury / impairment onset ⓘ

Estimate time since onset

Date of relevant acute episode ⓘ

Funding Source

Episode Start

Referral date

Assessment date

Data clinicalled ready for rehab care

Was there a delay in episode start   ○ Yes   ○ No

Prior To This Impairment

Type of accommodation prior to this impairment

Carer status prior to this impairment ⓘ

☐ No carer and does not need one

☐ No carer and needs one

☐ Carer not living in

☐ Carer living in, not co-dependent

☐ Carer living in, co-dependent

Were any services being received within the month prior to this impairment?   ○ Yes   ○ No

If YES, please tick ALL services that were being received

☐ Domestic assistance   ☐ Meals

☐ Social support   ☐ Provision of goods & equip

☐ Nursing care   ☐ Transport services

☐ Allied health care   ☐ Case management

☐ Personal care

Employment status prior to this impairment

Rehabilitation Program

Is there an existing comorbidity interfering with this episode?   ○ Yes   ○ No

If YES, please select up to 4 comorbidities from list below:

Episode End

Date clinically ready for discharge

Was there a delay in discharge   ○ Yes   ○ No

If YES, indicate reason(s) for delay:

☐ Patient related issues (medical)   ☐ Equipment issues

☐ Service Issues   ☐ Patient behavioural issues

☐ External support issues

Will discharge plan be available to patient prior to discharge?   ○ Yes   ○ No

Mode of episode end

Interim destination ⓘ

Final destination ⓘ

Carer status post discharge ⓘ

Will any services be received post discharge? ⓘ   ○ Yes   ○ No

If YES, please tick ALL services that were being received

☐ Domestic assistance   ☐ Meals

☐ Social support   ☐ Provision of goods & equip

☐ Nursing care   ☐ Transport services

☐ Allied health care   ☐ Case management

☐ Personal care

Employment status after discharge ⓘ