



# About National Rehabilitation Reporting System Quick Stats

The National Rehabilitation Reporting System (NRS) was developed to support data collection by facilities providing services to adult inpatient rehabilitation clients. These rehabilitation services are provided in specialized rehabilitation facilities, or in general hospitals with rehabilitation units, programs or designated beds. Effective October 2002, the Ontario Ministry of Health and Long-Term Care mandated submission of NRS data for all facilities with designated adult inpatient rehabilitation beds in the province. Due to the mandate in Ontario and the size of that province's population, most of the records in the NRS relate to inpatient rehabilitation activity in Ontario.

As a result of its partly voluntary nature, the NRS does not have comprehensive coverage of all inpatient rehabilitation services in Canada. Therefore, the information presented in the NRS Quick Stats tables does not necessarily reflect the full picture of hospital-based inpatient rehabilitation in Canada. However, the information from the NRS provides a valuable and growing opportunity to enhance the knowledge about inpatient rehabilitation services across the country and to assist planning and management activities in this sector.

## Rehabilitation Client Groups

Within the NRS, a client is categorized into 1 of 17 health condition groups, known as the Rehabilitation Client Group (RCG). The RCG selected for a particular client is based on the condition that best describes the primary reason for the client's admission to the inpatient rehabilitation unit or facility (e.g., stroke, limb amputation). Some RCGs are further subdivided in order to facilitate more specific analyses of groups that contain large numbers of rehabilitation clients. The limb amputation RCG, for example, is further subdivided into groups that denote which limb was amputated and at what level the amputation occurred. A full list of RCGs used in the NRS can be obtained from CIHI by emailing [specializedcare@cihi.ca](mailto:specializedcare@cihi.ca). For the purposes of the dynamic Quick Stats tables, only the main level of each RCG is considered for analysis.

## Dynamic tables

- Function Scores of Inpatient Rehabilitation Clients: Average Admission, Discharge and Change in Scores by RCG
- Average and Median Days Waiting for Admission to Inpatient Rehabilitation by RCG and Source of Referral
- Demographic Characteristics of Inpatient Rehabilitation Clients by Facility Type and RCG
- Inpatient Rehabilitation Clients Reporting an Improvement of Pain at Discharge by RCG
- Median Length of Stay and Average Length of Stay Efficiency of Inpatient Rehabilitation Clients by RCG
- Median Length of Stay in Inpatient Rehabilitation by Facility Type, RCG and Type of Admission
- Primary Services Referred to After Discharge From Inpatient Rehabilitation by Facility Type and RCG
- Distribution of Days Waiting for Admission to Inpatient Rehabilitation by Facility Type and RC

## Methodology notes

- The number of records in any given fiscal year represents clients discharged from an inpatient rehabilitation facility.
- Clients may have admission dates in an earlier fiscal year.
- Clients with a length of stay of less than 4 days are excluded from most of the analyses because a limited amount of information is collected for these clients due to the short length of stay.
- Analyses based on data collected with the FIM® instrument are based on records with complete admission and discharge FIM® instrument assessments, which may be fewer than the total number of discharges.
- As the NRS is an event-based database, individuals with more than one episode of care in a given fiscal year are represented multiple times in the data.
- The Developmental Disabilities, Other Disabling Impairments and Congenital Deformities RCGs have been aggregated into the Other RCGs category due to small cell counts.

Rehabilitation Client Groups (RCGs) referenced herein are adapted, with permission, from the impairment codes, which are the property of Netsmart Technologies, Inc.

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**For data-specific information:**

[specializedcare@cihi.ca](mailto:specializedcare@cihi.ca)

