AROC Update

AROC is entering an exciting (albeit very busy) period with our first analysis of the New Zealand data taking place over the next month, and hopefully also our first analysis of some ambulatory data. Watch this space for reports on both those. Also coming up is the provision of the 2008/09 FY Calendar Reports for Australia and New Zealand.

There has been a growing awareness in the health community of the value of rehabilitation in the continuum of care thanks in part to focused lobbying of both AFRM and AROC; culminating in the proposal of a National Rehabilitation Strategy. This awareness has led, in part, to the importance of subacute care being recognised at a national level. The National Partnership Agreement on Hospital and Health Workforce Reform (which sits alongside the National Health Agreement (previously the AHCA – Australian Health Care Agreement) negotiated between the Commonwealth and the States for the funding of health care) comprises four reform components, one of which is “enhancing the provision of sub-acute services”. This $500m component seeks to improve health outcomes, functional capacity and quality of life of patients by increasing the volume and quality of the subacute care services in both hospital and community settings. Service levels and outcomes in subacute care are to be collected and publicly reported. The implementation plan for the agreement specifies the following:

Participation by States, Territories and the Commonwealth in working with national data collection agencies (such as the Australasian Rehabilitation Outcomes Centre and Palliative Care Outcomes Collaboration).

In addition the National Health and Hospitals Reform Commission’s interim report “A Healthier Future for all Australians” recognised the importance of subacute care in the patient’s journey with a significant portion of the report devoted to discussing potential improvements to this sector. The report identifies AROC as a “positive development”, and as an “innovative model of encouraging the collection and use of health outcomes data”. Further it indicates that through AROC “there are now good data available that demonstrate that rehabilitation services are improving outcomes for patients receiving such care”.

AROC is pleased to announce that the first version of the AROC Data Dictionary is now available. We would very much appreciate feedback on the usefulness of the dictionary, its ease of use, if there is any additional information we should include in the dictionary, and any other comments you might like to make.

To access the Dictionary, go to the AROC homepage.
**AROC Data Audit Project**

AROC has received some funding from the Australian Commission on Safety and Quality in Health Care to be a pilot site for the testing of the Commission’s Draft Operating Principles and Technical Standards for Australian Clinical Quality Registries. The funding received also allowed AROC to undertake a couple of other activities we have been wanting to do for some time – develop a proper data dictionary, and undertake a data audit in association with providing some on-site training to some of our members.

**Data Dictionary**

The initial development of the data dictionary is complete and it will be loaded onto our website very soon – keep your eyes open for it – and please let us know what you think. We are keen for feedback so that we can ensure it is as useful as possible for as many of our members as possible.

**Data Audit**

This has involved identifying and the recruiting the 30 most 'challenged' AROC data submitting members, randomly selecting 25 of their medical records, and then undertaking a site visit. During the site visit, the team become familiar with the facilities data collection processes, audit the selected medical records against the data provided to AROC, and provide dataset and data collection training, tailored by their findings, to the facility team. A formal report is then provided to each facility documenting AROC’s findings and recommendations.

To date, between Jodie, Monique and Frances more than 25 of the 30 units have been visited. The reception from those facilities visited has been fantastic with all participating fully in the process and from feedback received all believing the visit to be very useful in helping them understand the AROC data and its power in helping improve outcomes for patients more fully.

The ultimate output of this mammoth project will be, hopefully, better quality data, but also a formal Quality Assurance Plan for AROC.

**Benchmarking News**

**AROC Benchmarking Workshops – Reconditioning**

This workshop will take place on Friday 3 July in Melbourne (thank you Caulfield for hosting). The growth in the Reconditioning impairment group has been significant over the last few years, and it is timely that AROC work with providers to better understand the cohort being coded to reconditioning, and to develop draft outcome targets to guide the provision of rehabilitation to this cohort.

Watch for a report on the Workshop in the next edition of DataMatters, and if you are a provider of reconditioning rehabilitation watch for a letter seeking your views on the draft targets – all providers of reconditioning rehabilitation will be consulted as part of the process of finalising the draft targets developed at the workshop.
Review of Impairment 2.13 Other Non-traumatic Brain Dysfunction

Thank-you for assisting us with the 2.13 impairment review. Our aim was to improve our reporting against these episodes by finding out exactly what type of conditions are being coded to the code 2.13. Overall, we received additional information on 47% of all episodes coded 2.13 in 2008, so thanks again. We are now in the process of analysing this additional information to see if it’s appropriate to create some new impairment codes under non-traumatic brain dysfunction. We will inform you of our findings shortly, so watch this space...

Spinal Cord Injury and Brain Injury Adjunct Module (traumatic and non-traumatic)

One of the key points raised at the spinal cord injury (SCI) and brain injury (BI) benchmarking workshops was the desire to collect additional impairment specific data items that could be used to inform outcomes benchmarking. With this in mind, we have spent the last few months consulting with providers and developing an adjunct module (Excel spreadsheet) that can be used to record such data. The module is currently being piloted by providers who submitted more than 10 episodes of SCI and/or BI rehabilitation during 2008. This way we can ensure we are collecting meaningful data before we ask you all to begin collecting this extra data. If you would like to find out more or have any questions about this interesting initiative, please give us a call or drop us an email (aroc@uow.edu.au).

Thanks for your continued support in our objective to improve rehabilitation outcomes throughout Australasia.

AROC in New Zealand

After a whirlwind three education sessions in April there are now 19 Facility FIM™ trainers in rehabilitation units widely distributed over North and South Islands. These Clinicians are accredited to train FIM™ within their own facility, and it is hoped that many new clinicians will become FIM™ accredited using the new trainers. If your facility is interested in further FIM™ training of staff please do not hesitate to contact the AROC office.

Data Collection in NZ is well under way for 12 units throughout NZ. We are asking those units to provide AROC with a data extract submission by MONDAY JULY 6. This will enable early analysis of the data to present NZ rehabilitation benchmarking data at the 2009 AFRM / NIRR / NZRA Rehabilitation Conference later in July.

If you have any data collection or submission queries please don’t hesitate to contact Monique on aroc@uow.edu.au.
What is a suspension?
A suspension in rehabilitation is a temporary cessation in provision of rehabilitation treatment. This cessation may be due to treatments, medical investigations, illness or complications. The patient may remain in the rehabilitation bed or be transferred out and return. The suspension may be planned or unplanned.

The AROC data requires answers to three items of data:
1. Was there a suspension in this episode (answer either “Yes” or “No”)
2. If “Yes” then you must answer how many suspensions there were in the episode (occurrences) and
3. How many days were suspended in total.

Most patient are able to continue the original episode or rehabilitation after the suspension/s, however if the function of the patient is greatly altered or the reason for rehabilitation changes then a new episode of rehabilitation may be considered. If it is clinically appropriate to end the first episode of rehabilitation after the suspension, a new episode is required, and this episode may have the same or a different impairment code to the first episode.

What is a co-morbidity or a complication?
In the AROC data, a co-morbidity or complication must have interfered with the rehabilitation episode treatment to be included in the data item. This is different to the co-morbidities that would be collected as part of a history taking or complications that may be coded using ICD-10. The AROC items only include events that adversely affected the episode.

How do we answer “Mode of episode end” if the patient is being discharged to a nursing or rest home?
The item would be answered “1. Discharged to usual accommodation “ as the patient’s usual accommodation will become the nursing/rest home. This may be different from the place that the patient was admitted from, but the answer for mode of episode start and end will be answered the same. The patient’s accommodation on admission might have been their own home (which was their usual accommodation prior), and their accommodation on discharge may be the nursing/rest home (which will be their usual accommodation from now on).

How do you answer items 12 & 32 “level of support received” at episode start or end?
The items for “level of support prior” need only be answered if the patient’s type of accommodation prior to admission was a private residence.

The items for “level of support at episode end” need only be answered if the patient is being discharged to the community and their accommodation post discharge will be a private residence.

---

**AROC team**

**AROC National Manager:** Frances Simmonds  
**AROC Clinical Director:** Ass/Professor J E (Ben) Marosszeky  
**AROC Data Manager:** Tara Stevermuer  
**AROC Research Fellow:** Janet Law  
**AROC Research Fellow:** Monique Berger  
**AROC FIM Training Manager & Admin Support:** Julie de Clouet  
**AROC Associate Research Fellow:** Jodie Tazelaar-Molinia
Data Submission — Data due dates

The table below indicates the data collection periods and data submission timelines associated with the AROC inpatient dataset. Please note that we have reached another data submission deadline, episodes ending up to June 2009 needed to be submitted before July 31, 2009.

<table>
<thead>
<tr>
<th>Episodes ending up to</th>
<th>Submission month</th>
<th>Dataset Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2009</td>
<td>end of July 2009**</td>
<td>Version 3</td>
</tr>
<tr>
<td>September 2009</td>
<td>end of October 2008</td>
<td>Version 3</td>
</tr>
<tr>
<td>December 2009</td>
<td>end of January 2009**</td>
<td>Version 3</td>
</tr>
<tr>
<td>March 2010</td>
<td>end of April 2010</td>
<td>Version 3</td>
</tr>
</tbody>
</table>

** AROC reports to be generated for your facility based on this data - please resubmit after corrections.

AROC FIM™ Workshops— Workshops for 2009

AROC hosted workshops for this year are shown in the table below. If you would like to register interest in attending a workshop some time in the future please let us know and we will add you to our list.

<table>
<thead>
<tr>
<th>State</th>
<th>Open AROC Workshop</th>
<th>Facility Trainers Workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>28 August 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 November 2009</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>25 September 2009</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>2 October 2009</td>
<td>31 August 2009</td>
</tr>
</tbody>
</table>

A gentle reminder – when you register interest in a workshop please give us the quickest way we can contact you and please respond, even if its to say you can’t attend. Also, it takes quite a lot of organising to put together a workshop, which is why we have a registration cut off date prior to the workshop. We do accept late entries where we can – but please understand it can cause a lot of inconvenience. Where possible please be timely in your requests.

AROC FIM™ Q&A’s—Answers to some common questions

Eating -

Question:
How do you score a patient who’s food is cut up by kitchen staff before being presented to the patient? This request is done by the dietician who is filling out the meal requests and the system is being done to save the nurses time; it’s not done because the client requires a modified diet or safety concerns.

Answer:
Cutting up the food prior to “presenting in the customary manner…” it is not included in the scoring for eating, so would not be considered set-up. Since the client does not require food cut up for safety or require a modified diet, you would score a 7, independent.