The AROC Annual Report: the state of rehabilitation in Australia in 2006

AROC is pleased to announce that the AROC ‘State of the Nation’ report describing the 2006 data has recently been published. A copy of this paper can be accessed via this link: http://chsd.uow.edu.au/Publications/2008_pubs/ahr_son_2008.pdf

...or you can find it in the latest edition of Australian Health Review, the reference is:


AROC Out And About

AROC has been represented at a number of conferences over the last few months. The conferences and the titles of the papers are listed below. Copies of each of these presentations are often accessible through the AROC website: http://chsd.uow.edu.au/aroc/presentations.html


Australasian Rehabilitation Nurses Association NSW Conference, Sydney, 25 July 2008

Australian Private Hospitals Association 28th National Congress, Adelaide, 21-23 October 2007


DataMatters
AROC Out And About

Benchmarking Workshops

The #NOF and Stroke Outcome Targets are now finalised. A big thank you to all those who contributed to their development. AROC will also include a new report in the FY Benchmarking Reports comparing each facilities Outcomes with these targets.

- These are QUALITY TARGETS and SHOULD NOT be linked to funding.
- Outcomes in rehabilitation cannot be measured in isolation. It is the combination of outcomes that tells the story of the patient’s rehabilitation journey.

Stroke Outcome Targets

<table>
<thead>
<tr>
<th>Stroke Target</th>
<th>AN-SNAP Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S2-204</td>
</tr>
<tr>
<td>Time Since Onset to Rehabilitation</td>
<td>50% of all stroke episodes to be admitted to rehabilitation within 7 days, 75% to be admitted within 19 days.</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>14 days or less</td>
</tr>
<tr>
<td>Average FIM Change</td>
<td>14 points or more</td>
</tr>
<tr>
<td>Discharge Destination</td>
<td>80%</td>
</tr>
</tbody>
</table>

#NOF Outcome Targets

The #NOF Outcome Targets have been finalised. Thank you to all who contributed to their development. AROC will include a new report in the FY Benchmarking Report comparing each facilities #NOF outcomes with these targets.

<table>
<thead>
<tr>
<th>#NOF Targets</th>
<th>S2-227</th>
<th>S2-228</th>
<th>S2-229</th>
<th>S2-230</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Since Surgery to Rehabilitation</td>
<td>80% of #NOF episodes will be admitted for rehabilitation within 7 days post surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>Treatment of all #NOF episodes to achieve an average length of stay of...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average FIM Score Change</td>
<td>14 days or less</td>
<td>18 days or less</td>
<td>21 days or less</td>
<td>19 days or less</td>
</tr>
<tr>
<td>Discharge Destination</td>
<td>16 points or more</td>
<td>25 points or more</td>
<td>29 points or more</td>
<td>19 points or more</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>75%</td>
<td>60%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Upcoming Benchmarking Workshops

Brain Injury – 12 September 2008
Spinal Cord Injury – 19 November 2008, in conjunction with the Casemix Conference in Adelaide
Reconditioning/Restorative – 2009
Data collection periods and their submission months

The table below indicates the data collection periods and data submission timelines associated with the AROC inpatient dataset. Please note that we are coming up to another data submission deadline … discharges up to the end March are due to be submitted by the end of July 2008.

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

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

ACHS Clinical Indicator Report in SNAPShot

NOW AVAILABLE in SNAPshot 3.82e is the ACHS Clinical Indicator report. Find it in the reports selection—Report number.

Some of our facilities have reported that there appears to be an error resulting in the numerator being greater than the denominator, particularly with Indicators 5 and 6, functional gain achieved and destination after discharge. We are currently investigating this and will advise as soon as possible the outcome.

Professor Kathy Eagar awarded AFRM honorary Fellowship

Professor Kathy Eagar from UOW's Centre for Health Service Development (CHSD) has become only the second non-physician to be made an honorary Fellow of the Australasian Faculty of Rehabilitation Medicine (AFRM). According to past President of the AFRM, Dr Garry Pearce, the only other person without a medical qualification to be honoured as a Fellow was Sir Zelman Cowen, the 19th Governor General of Australia.

Dr Pearce (far left) and Associate Professor Ben Marosszeky (far right) from AFRM presented Professor Eagar with her award at a ceremony today (June 2), as she was unable to attend the official induction of new fellows and the AFRM Annual Scientific meeting last month in Adelaide.

"We welcome Kathy into to the Faculty of Rehabilitation Medicine for her exceptional services to the Faculty," Dr Pearce said in his speech at the ceremony.

Professor Eagar was acknowledged for her outstanding contributions to the practice of medicine as it relates to rehabilitation medicine in Australia. "The fact that Kathy is only the second non-medical person to receive this award shows the high esteem in which she is held," he said.

In reply, Professor Eagar said that the recognition of her work by AFRM is due to a "real team effort and strong relationships with the Faculty."

AROC FIM™ Workshops in 2008

AROC Hosted FIM™ Training Workshops for 2008
25th July 2008—Sydney Business School
Please register your interest in this workshop by contacting AROC or if you are unable to attend this workshop but would like to register your interest to attend a future workshop please express your interest by contacting Julie de Clouet: Ph: 02 4221 5282 or email fim@uow.edu.au
Coding of Spinal Cord Impairment

The coding of Spinal Code impairments has presented a challenge to some people, as was revealed when AROC undertook an audit of their coding last year. Dr Peter New and colleagues have written a short paper (see below) to provide further information to help people code these impairments more appropriately. The recommendations from this paper have been included in the AROC Coding Guidelines document which can be accessed through this link— http://chsd.uow.edu.au/aroc/documents/aroc_sicv1_coding_guidelines.pdf

Interim recommendations on the coding of spinal cord injury for the Australasian Rehabilitation Outcome Centre (AROC) data collection.

prepared by Dr Peter New, Dr Ruth Marshall and Raymond Cripps - March 2008

Spinal cord injury (SCI) has been defined as “... the occurrence of an acute, traumatic lesion involving neural elements in the spinal canal (spinal cord and cauda equina) resulting in resolving or permanent neurological deficit.”(1) It is well documented, however, that damage to the "neural elements in the spinal canal (spinal cord and cauda equina) resulting in resolving or permanent neurological deficit" can also arise from non traumatic causes. The descriptive label given to these types of SCI include the following: Non-traumatic spinal cord injury (NT-SCI), spinal cord disease (medical subject database – [MeSH] URL www.ncbi.nlm.nih.gov/sites/entrez?db=mesh) and spinal cord lesion (eg Journal Spinal Cord Editors Page and published manuscripts from April 2007, onwards). The most common term used in the medical literature appears to be non-traumatic spinal cord injury.

Currently, there is no specific internationally agreed definition on exactly what conditions should be considered as NT-SCI. In many situations this would appear to be clear cut. In some situations, however, the correct classification is not always so evident. There is a potential, therefore for variation in classification of the aetiology of SCI. This can affect the quality of data collected for research and outcomes measurement.

There is currently an international working group that is progressing towards a uniform taxonomy for the classification of SCI, including consideration of how traumatic SCI and NT-SCI conditions should be defined and classified. It is estimated that this process will not be completed until the end of 2008, at the earliest. An audit of 2006 AROC data submissions that examined the coding and classification of SCI revealed a number on inconsistencies in the conditions that are described as SCI. For the purpose of trying to provide a degree of clarification regarding the classification of SCI, and to improve the accuracy of AROC data, the following interim recommendations are made regarding how patients admitted for rehabilitation should have their impairment classified for the purposes of AROC data collection.

1. It is recommended that the term spinal cord injury only be used to include lesions affecting the neural elements in the spinal canal, i.e. the spinal cord and cauda equina.

2. The following impairments are excluded from the AROC spinal cord injury classification:
   - multiple sclerosis
   - polyneuropathy
   - Guillain Barre syndrome
   - cerebral palsy
   - neuromuscular disorders including motor neuron disease
   - nerve root lesions

   All of these above diagnoses should be classified under “neurological conditions”

3. Traumatic spinal cord injury

   Spinal cord injury should be classified as traumatic if there is an external force or wound, typically resulting from violence or accident, that results in a spinal cord injury, as defined above. The most common causes in Australia are motor vehicle accidents, falls, collisions with another person or object, water related accidents and other sporting activities, gun shots and explosives and stabbing injuries.
Coding of Spinal Cord Cont’d

4. Non traumatic spinal cord injury

The most common causes of non traumatic spinal cord injury include the following: infection, tumours, inflammation (e.g. transverse myelitis or meningoencephalomyelitis), vascular (spontaneous cord haematoma or spinal cord infarction), degenerative myelopathy from spinal canal stenosis, with or without disc prolapse, with no obvious documented preceding trauma, endocrine and metabolic (B12 deficiency, Paget’s, ankylosing spondylitis), and a range of other less common conditions.

5. The “grey zone” regarding classification of aetiology of spinal cord injury

There are a number scenarios where the classification of aetiology not clear. For example:

- cord infarction that occurs in the setting of elective aortic aneurysm repair
- trauma with a vertebral fracture and no initial spinal cord injury that is operated on and due to surgical complications results in a spinal cord infarction.

It is suggested that until the international working party formulates specific guidelines, these scenarios should be classified as NT-SCI as the mechanism of damage, accepting that there is an external cause that contributes.

It is planned to revise these interim guidelines by March 2009.

References


AROC Pricing 2008

Please remember AROC has increased its charges to members for some items from 1 January 2008. Non members please contact AROC for pricing:

- FIM™ Workshops, facility based $1,300 + GST
- FIM™ Workshops, AROC hosted $160 + GST per participant
- SNAPshot training $1,100 +GST

FIM™ credentialing exam and FIM™ manual prices have not changed.