**AROC Update**

**AROC out and about**

*AROC v3 Dataset training and v3.8 SNAPshot training*

AROC presented these training workshops at venues around Australia over the last 4 weeks or so. In all more than 400 people attended the workshops, and feedback received to date has been very positive. A special thank you to the Mater in Brisbane, Allamanda Private, Epworth, GWAHS, & HNEAHS for providing venues. And a very special thank you to those who travelled many miles to attend the workshops; the flying prize probably goes to Joanna from Royal Perth who came to our Melbourne workshop; the driving prize probably goes to the girls from Tamworth who came to our Newcastle workshop !!!

Don’t forget a copy of all the documents we showed you during the workshops are available on the AROC website:


Direct links to a copy of the training presentations are below:


Australasian Rehabilitation Nurses Association 17th National Rehabilitation Conference, Brisbane, 11-12 October 2007

AROC will be presenting a paper entitled ‘The State of Rehabilitation in Australia in 2006’ at this conference.

**Spinal Cord Audit—Reminder**

Reminder of deadline to send in responses

Facilities who submitted episodes coded as Impairment Code 4 Spinal Cord Injury in 2006 recently received a file listing those episodes and a covering letter addressed to their Director of Rehabilitation, asking them to confirm the impairment code for each episode coding of that episode, and clarify certain other aspects of each episode. We asked that responses be sent to AROC by the end of September 2007. A big thank you to all those facilities who have already returned the audit – can we ask that the remaining facilities submit their responses to us as soon as possible … thank you !!!

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FIM News

Workshops
AROC has been very busy over the last six months with lots of workshops being run. In all we have held 15 FIM User workshops, 3 Facility Trainer workshops and 5 AROC Hosted FIM Workshops. As you may know AROC holds a list of people interested in attending a workshop. If you are interested please let us know, otherwise the next AROC hosted workshops will not be held until March 2008. If you would like to register interest in attending one of these workshops please call Julie on 02 4221 5282 and we will add you to list.

FIM Credentialing Audit
As we mentioned when we notified all members of the availability of the latest FIM Credentialing Report, AROC has the Australian territory license for the FIM. The ability to officially use the FIM under this license requires a user to be trained in its use by a current credentialed FIM Facility Trainer or FIM Master Trainer, AND to maintain a current credentialing status. AROC will shortly be undertaking an audit of the credentialing status of FIM users to ensure we are meeting our obligations under this license.

WeeFIM
AROC is in the process of setting up a network of WeeFIM Master Trainers. We have identified several key individuals in NSW, Vic and Qld who are interested in becoming WeeFIM Master Trainers. These people are currently working with AROC on putting together the curriculum for a WeeFIM workshop. We have a number of people on our Inquiries List who are interested in attending a WeeFIM workshop - we expect to start to run WeeFIM workshops early next year. Please let us know if you are interested in attending a WeeFIM workshop and we will add you to the list and let you know when one is scheduled.

New AROC Staff Member
Janet Law has joined AROC in a part time capacity. Janet is an occupational therapist with a special interest in neurological rehabilitation. She also has research skills and comes to AROC via London, where she held a clinical position at Northwick Park Hospital and also worked with Professor Lynne Turner-Stokes at King’s College London University Hospital where she worked on the development and evaluation of outcome measures for severe complex neurological disability. Janet has gained FIM Master Trainer status and will join the AROC network of FIM Master Trainers and importantly, will take the running on the AROC Benchmarking Workshops. Please join me in welcoming Janet to AROC and to Australia!!!

AROC Hosted Facility Trainers Workshop

November 2007
If you are interested please register now by calling 02 4221 5282

AROC 2007 Financial Year Benchmarking Reports—download statistics
As you are all aware, the AROC Benchmarking Reports are no longer sent out via email, but are accessed via the AROC Online Services website. Notification of the availability of the 2007 FY Year Benchmarking Reports was sent out at the end of the first week in September. In the 3 weeks since then 104 facilities (more than 70% of members) have downloaded their report. Fantastic!!! This by far and away beats the previous period where even 6 months after the AROC 2006 Calendar Year Benchmarking Report was made available only 63% of facilities had downloaded it.
Suspensions of treatment – if # days 0, don't need to fill in occurrences

A point of clarification – if there are zero suspensions of rehabilitation treatment during an episode please indicate this when doing the data entry for that episode. However in this case you DO NOT then need to fill in the 'number of treatment suspension occurrences' data item.

Impairment Code 5 – Amputations of Limb

The date of acute admission that should be coded is the date of the amputation, rather than the date of the admission during which the amputation took place. It was pointed out that these patients may have been in hospital for some time prior to the amputation, and that collection of the date of the amputation rather than date of the admission would better reflect the time between the impairment and entry to rehabilitation.

Suspension of Rehabilitation Treatment - Definition and Rationale

Achievement of a patient’s rehabilitation goals may be dependent upon the consistency of treatment. Any requirement to suspend rehabilitation treatment may significantly impact upon treatment outcomes and the efficiency with which these can be achieved. Collection of this data item will provide facilities with information that they can use to help explain their outcomes to interested parties.

It is recognised that there may be a number of reasons for the suspension of a rehabilitation program

- a medical condition that prevents the patient participating in their rehabilitation program. For example, a flare up of asthma where the patient develops breathing problems and therefore cannot participate in their rehabilitation program for a period of time. During the period of suspension the patient may remain on the rehabilitation ward, or may need to be transferred to an acute ward for treatment.

- the requirement for a medical procedure (e.g. gastroscopy, renal dialysis) that prevents the patient participating in their rehabilitation program for a period of time. The patient may need to be transferred to another facility for this procedure.

- the requirement for the patient to attend a medical appointment that prevents the patient participating in their rehabilitation program for a period of time.

Please note that where a patient participates in their rehabilitation program in the morning and then has, for example, their renal dialysis in the afternoon, this IS NOT a suspension of treatment, because the patient has participated in their program on that day.

Please note that where a patient refuses to participate in their rehabilitation program for a period of time – this IS NOT considered a suspension of treatment.

The General Rule is that where a patient’s rehabilitation treatment is suspended for a period, and the patient then comes back onto the same program of rehabilitation (that is, a new program is not required to be developed) then the period of absence is counted as a suspension. It does not matter how long the period of suspension of treatment is, as long as the patient comes back onto the same program of rehabilitation.

Where a patient’s rehabilitation treatment is suspended for a period, but on their return to rehabilitation it is necessary to develop a new rehabilitation program for them (due to a change in the patient’s functional status, or to the objectives of the rehabilitation program) then the period of absence IS NOT counted as a suspension. Rather the patient should be discharged (from the date their rehabilitation treatment was suspended) and a new episode commenced (from the date they return to rehabilitation).
AROC v3 inpatient data set – suspension of treatment data items

Total number of treatment suspension days
Number of treatment suspension occurrences
Was treatment suspension unplanned?

Values must be entered for first data items, even if value is 0. This is the only way AROC can distinguish between no suspension days, and missing data. If the patient had more than one occurrence of suspension of treatment indicate whether the suspension was unplanned for the longest period of suspension

Example

Mrs Jones is admitted on Monday and commences treatment straight away. On Thursday her asthma flares up and she is unable to undertake her rehab program on Thursday and Friday. She starts again on Saturday. Next Wednesday her asthma flares up again and she does not have rehab treatment on Wednesday, but starts again on Thursday.

Mrs Jones has had a total of 3 treatment suspension days, 2 occurrences of treatment suspension, and the suspension was unplanned.

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

Question: When we upload our data to AROC Online Services we get the error messages "ERROR: Missing or invalid admission FIM item score(s)" and "ERROR: Missing or invalid discharge FIM item score(s)" BUT when we go into SNAPshot all the FIM scores are there. Why am I getting this error?

Answer: The error has occurred because of a discrepancy between the review date in the Rehab/GEM screen and the episode begin date. The review date of the first Rehab/GEM record is always defaulted to the episode begin date and should not be changed unless the episode begin date is also changed. You may have changed the episode begin date when making an update to this record and this has caused the discrepancy.

How do I fix this? Change the Review date of the first Rehab/GEM screen to be the same as the episode begin date, then rerun your AROC extract and submit your updated data to AROC Online Services.

Question: Our patients often use their fingers to eat. Can you tell me what the score should be for eating?

Answer: It must be known if eating with fingers is culturally appropriate for the subject. If the subject uses fingers independently, and it is culturally appropriate to use fingers for eating the type of food the subject is eating then the score is Independent - 7, as the subject is using "suitable utensils". If, however, the subject attempts to use fingers to eat food that is not usually eaten with the fingers in his/her culture then the score would correlate to the level of assistance the subject requires to eat the food with a "suitable utensil".

Question: What is the score for Dressing - lower body when a long skirt is put on independently but worn without underwear to assist with making toileting easier?

Answer: If a long skirt is worn without underwear, and it is not discernable to anyone else, then the clothing is deemed to be suitable to wear in public and the score would be based on how much assistance the subject required to put on the skirt. If it is noticeable that the subject is not wearing underwear then the score is Total assist - 1, as the clothing is not suitable to wear in public. If the client agrees to wear underwear, then the score should reflect the level of assistance required to put on the underwear (and other clothes).

Question: What is the score for Dressing - upper body if no bra is worn under a t-shirt that the patient puts on independently?

Answer: If a bra is not worn under clothing, and it is not discernable to anyone else, then the clothing is deemed to be suitable to wear in public and the score would be based on how much assistance the subject required to put on the t-shirt - in this case Independent - 7. If the clothes are very tight fitting and/or transparent and it is noticeable that the subject is not wearing a bra then the score is Total assist - 1 as the clothing is not suitable to wear in public. If the subject agrees to wear a bra but needs assistance to put on the bra, then the score should reflect the assistance required to put on the bra (and other clothes).
Data Submission Hint

When resubmitting your data after making corrections remember you need to re-extract (create a new extract of) your data then submit this new extract online. After all, if you resubmit the original extract that was submitted the first time around, you will get the same errors - even though you have just spent ages correcting them all.

REMEMBER: Your AROC extract is like a photo of your data. If you change your data the extract does not change, just like a photo does not change as time goes by. So for the extract to look like your updated data you need to create another extract.

Data collection periods and their submission months

<table>
<thead>
<tr>
<th>Episodes ending up to</th>
<th>Submission month</th>
<th>Dataset Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2007</td>
<td>end of October 2007</td>
<td>Version 3</td>
</tr>
<tr>
<td>December 2007</td>
<td>end of January 2008**</td>
<td>Version 3</td>
</tr>
<tr>
<td>March 2008</td>
<td>end of April 2008</td>
<td>Version 3</td>
</tr>
<tr>
<td>June 2008</td>
<td>end of July 2008**</td>
<td>Version 3</td>
</tr>
</tbody>
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** AROC reports to be generated for your facility based on this data - please resubmit after corrections

SNAPshot Short Cuts — Handy shortcut keys

In order to minimise the amount of time you use your ‘mouse’ in the data entry process SNAPshot has been designed with a number of keyboard shortcuts.

<table>
<thead>
<tr>
<th>Key</th>
<th>Action</th>
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<tbody>
<tr>
<td>Arrows</td>
<td>Move</td>
</tr>
<tr>
<td>Enter/Tab</td>
<td>Save field, move right or down</td>
</tr>
<tr>
<td>Shift + Tab</td>
<td>Save field, move left or up</td>
</tr>
<tr>
<td>Alt + down arrow</td>
<td>Display drop down list</td>
</tr>
<tr>
<td>Ctrl + A</td>
<td>Add a new record</td>
</tr>
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Would you like your centre featured? Contact Julie on 4221 5282

Data Matters needs some interesting and relevant pictures for us to include in our newsletters – if you have any we could use please let us know. Also, we would like to start including a short profile of an AROC member facility in each of our newsletters – if you are interested in being profiled, again please let us know … or if you have anything newsworthy that you would like to announce to the rehabilitation sector, let us know … staff movements, key achievements, etc.

DataMatters is the information newsletter, produced quarterly, from the Australasian Rehabilitation Outcomes Centre (AROC). AROC has been established by the Australasian Faculty of Rehabilitation Medicine of the Royal Australasian College of Physicians. AROC is a joint initiative of the Australasian rehabilitation sector including providers, funders, regulators and consumers. If you have any suggestions or feedback for this newsletter, please contact the editor at AROC (contact details below)

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