Welcome to the first edition of DataMatters for 2007. Once again a lot has been happening for AROC, much of which is described below. However a few important points deserve an additional mention:

**New Recruit** - a warm welcome to Julie de Clouet who has joined AROC as our new FIM Training & Resource Co-ordinator and Admin Assistant. More about Julie below and as many of you will speak to Julie over the coming months, please make her welcome.

**AROC Annual Report: the state of rehabilitation in Australia in 2005** – this is a milestone for AROC; it is the first of this type of publication, and appears in the April edition of Australian Health Review. More below.

**FIM Exam Online** – another milestone for AROC. The FIM Exam can now be done online, and we are actively encouraging people to take advantage of this. It has advantages both for AROC (less manual handling) and for examinees (who get their results immediately). See how to access this facility below.

As always, AROC is keen to hear from members. Please do give us a call or email us if you have any queries or have feedback for us on our activities.

Frances Simmonds
AROC Manager

**FIM Workshops**

<table>
<thead>
<tr>
<th>Upcoming Workshops FIM Workshops 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training to perform the Adult FIM Assessment</strong></td>
</tr>
<tr>
<td>* 4th April 2007—Melbourne</td>
</tr>
<tr>
<td>* 11th May 2007—Royal Ryde, Sydney (places still available)</td>
</tr>
<tr>
<td><strong>Training for Facility Trainers</strong></td>
</tr>
<tr>
<td>* 1st June 2007—Sydney</td>
</tr>
<tr>
<td>* 6th June 2007 Brisbane</td>
</tr>
<tr>
<td>* 18th June 2007 Melbourne</td>
</tr>
<tr>
<td><strong>Application forms available on the web.</strong></td>
</tr>
</tbody>
</table>

**FIM Exam Online**

The FIM Exam is now online. People wishing to become credentialed in the FIM tool are encouraged to sit the exam online, have it marked and receive their results **immediately**!! To gain access to this service please contact AROC on (02) 4221 4411 or email fim@uow.edu.au. For further information on how to access the online exam please visit


**AROC Online Reports**

Have you viewed your AROC report and FIM reports using AOS yet? Application forms available from link

AROC Report – Addition of Time Series Analysis

Yes, yet another change to the AROC Reports. AROC is proud to announce that the 2006 Calendar Year Reports contain some time series analysis. The AROC database now contains more than five years of data describing rehabilitation in Australia. It is therefore timely that the benchmarking reports that AROC provides include an element of time series data. The time series data will be provided, in calendar year reports only, this year looking at data from 2000 through to 2006. Take a minute, and go and have a look at what it shows for your facility!!

Another first is that the AROC 2006 Calendar Year Reports were distributed via access to AROC Online Services – that is, AROC data submitting members, apply to, and then receive from AROC a user name and password, via which they can log on to AROC Online Services (through the AROC website) and access not only their current Report, but all previous Reports as well!!

AROC out and about

New Zealand Rehabilitation Association’s Innovation in Rehabilitation Conference, (Rotorua, February 2007).

Benchmarking Outcomes in Rehabilitation – the AROC Story

A copy of this presentation is accessible through the AROC website: http://chsd.uow.edu.au/aroc/

Recruitment of New Zealand Rehabilitation Units

During March 2007, Frances undertook a roadshow to all the major New Zealand rehabilitation units, presenting AROC to them and encouraging them to join AROC. She received a very positive response with all units interested in joining AROC and keen to progress conversations on how they might do that. In addition Frances met with the major funders in New Zealand, the NZ Ministry of Health and the Accident Compensation Commission (ACC), both of whom were impressed with the information being collected in Australia and would like to see such a system implemented in New Zealand.

AROC Impairment Code Review

A sub-committee of the AROC SCAC has reviewed the AROC Impairment Codes, with the objective being the development of a revised version of the classification that reflects current clinical practice. The revised codes will be implemented on 1 July 2007, in line with version 3 of the AROC dataset, the revised SNAP classifications and the updated version of SNAPshot. The major changes to the codes include:

- the reclassification of orthopaedic impairment such that the first level splits the category into replacement/repair, or fracture/dislocation. The next level identifies the body part
- the addition of two further classes in the Pain category, headache (including migraine) and multi-site pain
- the renaming of the Debility category to Reconditioning/Restorative and the inclusion of three classes within this category, post surgical management, post medical management, and cancer rehabilitation
- The addition of two further classes under the Non Traumatic Brain category, sub-arachnoid haemorrhage, other non traumatic brain
- the addition of a specific ‘Lymphoedema’ category under the Other Disabling Impairments classification
- a number of ‘Other’ categories have been removed

As well as revising the impairment codes, the sub-committee developed a document which provides guidelines for coding impairments. This document contains details of diagnoses and conditions that should be coded into each impairment code. We hope it will help members to accurately code their episodes, thereby further increasing the integrity of the AROC database.

When available you will be able to access the new AROC Impairment Codes and the Guidelines document through the AROC website.

The Australasian Faculty of Rehabilitation Medicine

15th Annual Scientific Meeting (Sydney, 22-25 May, 2007), Implementing the Evidence

AROC has been invited to present to a plenary session of this conference. The title of the presentation will be “The AROC Annual Report: the state of rehabilitation in Australia in 2006”. During the conference AROC will also be presenting part of a workshop provided for AFRM Fellows and Trainees – Making AROC Work For You.
Data Quality Score  In the last edition of DataMatters we reported the range of AROC member data quality scores by state. We are pleased to announce that our focus on this issue has had an impact. As the table below shows, the data quality scores have improved.

Each of the items in the AROC data set is there for a reason, and missing data elements mean that the reporting AROC can do is not as complete as it could be. So please continue to be even more vigilant about collecting all appropriate data items for each episode!!

<table>
<thead>
<tr>
<th>State of facility</th>
<th>2006 Financial year reports</th>
<th>2006 Calendar year reports</th>
<th>Improvement in data quality score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (Range)</td>
<td>Mean (Range)</td>
<td>Mean change (% increase)</td>
</tr>
<tr>
<td>NSW</td>
<td>84.2 (47.9–99.3)</td>
<td>87.8 (56.0–99.9)</td>
<td>3.6 (4.30%)</td>
</tr>
<tr>
<td>Vic.</td>
<td>86.2 (69.6–99.5)</td>
<td>90.7 (74.7–99.9)</td>
<td>4.5 (5.20%)</td>
</tr>
<tr>
<td>Qld</td>
<td>90 (68.3–99.4)</td>
<td>92.8 (73.0–99.5)</td>
<td>2.8 (3.20%)</td>
</tr>
<tr>
<td>Other</td>
<td>87.4 (67.2–99.2)</td>
<td>92.7 (73.7–99.9)</td>
<td>5.3 (6.10%)</td>
</tr>
<tr>
<td>National</td>
<td>85.4 (47.9–99.5)</td>
<td>89.3 (56.0–99.9)</td>
<td>3.9 (4.60%)</td>
</tr>
</tbody>
</table>

New FIM Master Trainers

Wendy Maxwell is based at Rehab Plus in Auckland, New Zealand. She was originally trained in the FIM by a UDS Master Trainer almost 10 years ago, and has been using the FIM clinically ever since. Wendy is a nurse by training and works mostly on the neuro rehabilitation ward at Rehab Plus. She is also the Facility Trainer for Rehab Plus and has been training others in the use of the FIM for over 5 years. Wendy is looking forward to extending her training activities outside of Rehab Plus to other New Zealand sites.

Monique Berger (Grad. Dip. App. Sci, MN)

Monique has worked in rehabilitation nursing for 16 years, and is the president of the Australasian Rehabilitation Nurses’ Association. She is currently the Clinical Co-ordinator at Westmead Rehabilitation Centre, a new 60 bed private rehabilitation hospital at Merrylands. Monique has been using the FIM since its use in the AN-SNAP project, and is excited about joining the AROC master FIM training team, in addition to her part-time work and caring for her two and four year old children.
AROC Annual Report: the state of rehabilitation in Australia in 2005

The inaugural ‘State of the Rehabilitation Nation’ is in print!! It is in the April edition of Australian Health Review (www.aushealthreview.com.au), and also available through the AROC website:-


The paper comprehensively describes patients discharged from subacute inpatient rehabilitation programs provided by facilities that are members of AROC. AROC commenced operations on 1 July, 2002 with the prime objective being the collection of a standardised dataset against each and every rehabilitation episode of care. In 2005, AROC members submitted data describing more than 45,000 rehabilitation episodes, using the AROC Version 2 Clinical Data Set. The data set includes demographic, funding, episode, clinical, and outcome items. Outcome items include the admission and discharge Functional Independence Measure (FIM) scores. The data set also includes sufficient informa-

This paper describes the 2005 data by AROC impairment group and by AN-SNAP class. It also comments on the positive changes that have been achieved by the industry between 2000 and 2005. Length of stay is (mostly) decreasing; functional gain achieved during a programme is (mostly) increasing, and it’s being achieved more efficiently; and a greater percentage of patients are being discharged back to the community.

Collection of a standardised data set has enabled the provision of a national benchmarking system, which in turn has led to an improved understanding of factors that influence rehabilitation outcomes and costs, and therefore performance of the sector.

Figure 1 Changes over time in rehabilitation in Australia, 2000–2005

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Difference from 2000 data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disch to community (%)</td>
<td>84.8%</td>
</tr>
<tr>
<td>FIM efficiency (per week)</td>
<td>4.7</td>
</tr>
<tr>
<td>FIM change (adm to disch)</td>
<td>14.6</td>
</tr>
<tr>
<td>FIM discharge score</td>
<td>101.3</td>
</tr>
<tr>
<td>FIM admission score</td>
<td>86.7</td>
</tr>
<tr>
<td>Length of stay (days)</td>
<td>21.8</td>
</tr>
<tr>
<td>Age (years)</td>
<td>72.3</td>
</tr>
</tbody>
</table>

AROC SCAC

AROC is pleased to announce that Dr Robert Weller of Royal Talbot in Melbourne, and Dr Helen Mackie of Mt Wilga Private Hospital have both joined the AROC SCAC as additional AFRM representatives. Please join me in welcoming them to the committee and thanking them for committing time and energy to working with AROC.
AROC Inpatient Dataset – Version 3

The AROC inpatient dataset will be implemented for all discharges from 1 July 2007. For your information below are listed the key amendments that have been made:

- the removal of the few data items that related to non inpatient episodes
- the addition of a ward identifier item (for those facilities with more than one ward)
- the addition of a country of residence item
- the revision of the living arrangements item to become a ‘level of support received’ item
- the revision of the employment data item to comply with the NHDD definition
- the deletion of the occupation data item
- the addition of a item to identify if the episode was the result of trauma
- the revision of the time since onset item and addition of an item to collect the date of the relevant prior acute admission
- the renaming of the interruption days item to be suspension of treatment, and the addition of an item collecting the number of occurrences of suspension of treatment
- the addition of an item collecting complications affecting the rehabilitation episode
- the addition of an item collecting the date on which the rehabilitation plan for the patient is established
- the addition of an item collecting the date on which the discharge plan for the patient is established

The data set now includes all items necessary for the AROC dataset to be used to calculate the ACHS rehabilitation clinical indicators. Discussions with ACHS are in progress, with the objective being that an AROC Clinical Indicator extract can be developed which will satisfy the requirements for rehabilitation clinical indicator submission to ACHS.

When available you will be able to access the Version 3 AROC Inpatient Dataset from the AROC website.

WESTMEAD REHABILITATION CENTRE

Westmead Rehabilitation Centre is a purpose-built 60 bed rehabilitation hospital which opened in October 2005.

Our services include a variety of rehabilitation programs for both inpatients and day therapy patients. These programs include:

- Orthopaedic and Musculoskeletal Rehabilitation Program - following hip or knee surgery, spinal surgery, rheumatoid or osteoarthritis
- Neurological Rehabilitation Program—after a stroke, traumatic brain injury, spinal cord injury, Multiple Sclerosis, Parkinson’s disease and other neurological conditions
- Reconditioning Rehabilitation Program – suitable for those who have had serious illness or surgery including cardiac surgery or respiratory diseases
- Amputee Rehabilitation Program – following limb amputation surgery until the fitting of a prosthesis.

The multidisciplinary Westmead Rehabilitation team includes physicians, registrars, physiotherapists, occupational therapists, nurses, social workers, speech pathologist, dietician, clinical psychologist and discharge planner.

Would you like your centre featured? Contact Julie on 4221 5282
AROC Dataset/ FIM Q&A’s

Do I still need to create the AROC extract in SNAPshot to submit data online?

Yes, you need to create the AROC extract in Snapshot - do this in the usual way (this process creates a file in a folder on your computer), then go onto the internet, to the AROC website http://chsd.uow.edu.au/aroc and click on “Login to AOS”. Log into AOS as the next screen asks and then follow the instructions for uploading your data file across the web, to AROC.

How do I organise my staff to sit the FIM exam online?

In order to sit the exam you will need an exam key to enter the system. To receive individual exam keys for your staff please contact fim@uow.edu.au to inform us of how many staff you have to sit the exam and what facility you are from. An email will be sent to you complete with the exam keys and instructions for navigating through the system. If your staff member is going to an AROC run training workshop there is no need to order an exam key as they will be distributed at the workshop.

Where a patient has finished their rehabilitation programme, and it has been determined that they will be being discharged to a nursing home BUT they are awaiting nursing home placement, they are type changed to maintenance. What mode of episode end code and discharge destination code should be used?

In this circumstance the mode of episode end should be coded as (7) change of care type within subacute/non-acute care. Discharge destination should always be coded. A ‘not known’ code will be added to the next version of the dataset to facilitate complete coding. In the circumstance described above discharge destination should be coded as (3) nursing home, as this is the ultimate destination and it is known.

FIM EATING - John eats a modified diet. He needs assistance to open containers and packages of condiments. He has some difficulty drinking fluid due to oral weakness and receives a minimal amount of IV fluids that a nurse administers.

The patient needs a helper to open packages therefore score a 5 at best. Assistance with drinking is considered minimal hands on assistance therefore score a 4 based on his dependence with “drinking” (nurse administered tube feed). The trainers manual explanation of supplemental feeding states that a 4 is given if the patient eats at least 75% of meal by themselves but receives a small amount of supplemental feeds administered by a helper.

<table>
<thead>
<tr>
<th>Month episode ends</th>
<th>Data submission month</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2007</td>
<td>end of April 2007</td>
<td>No</td>
</tr>
<tr>
<td>June 2007</td>
<td>End of July 2007</td>
<td>Yes**</td>
</tr>
<tr>
<td>September 2007</td>
<td>End of October 2007</td>
<td>No</td>
</tr>
<tr>
<td>December 2007</td>
<td>End of January 2008</td>
<td>Yes*</td>
</tr>
</tbody>
</table>

*Financial year suite of AROC reports generated using this data
**Calendar year AROC reports generated using this data

A copy of this newsletter is available at: chsd.uow.edu.au/aroc