New look AROC reports

Thank you to everyone who responded to our latest AROC Report survey. We have taken on board all the feedback we have received, and have incorporated much of it in the re-design of the AROC Report.

The 2005/06 AROC report is presented very differently to what you have been used to. The most radical change to your report is that it is now formatted as presentation slides, with most of the text either removed or relocated to an appendix. We have also added some new graphs in which we have tried to present the story of your outcomes for your major impairment groups. We have also re-ordered the flow of information presented ... we now start with outcome analyses, then look at process analyses, then clinical indicator measures, then provide the detailed data, then the demographic analyses ... and as always close with the glossary. Because the AROC reports can only be as good as the data provided to us, towards the back of the report, for your information (and perhaps action), we have also included two tables analysing the quality and completeness of the data your facility provides to AROC.

As in previous reports, the benchmark group in these reports is private sector data only for private sector facilities and public sector data only for public sector facilities. National 2005/06 data are also included in most tables and figures for reference. However, only the relevant sector data (rather than the full national data) have been used in benchmarking calculations.

We hope that you find the new style of AROC reports an improvement and look forward to your feedback (positive and negative).

AROC out and about

Annual National Health Outcomes Conference (9-10 August 2006, Canberra)

This conference was attended by both AROC Manager, Frances Simmonds and Adene Patton and there was a lot of interest in the poster presentations, which covered AROC, FIM and the ‘Orthopaedic Impairments’. Further details about the orthopaedic poster appear on page 2 of this edition.

Australian Private Hospitals Association National Congress (9-10 October 2006, Gold Coast)

Frances Simmonds will be presenting at this important conference for the private hospital sector.

Review of Clinical Indicators

AROC is working with ACHS and the AFRM on a review of the Rehabilitation Medicine Clinical Indicators. After circulation of a discussion paper and the consideration of all feedback received by a sub committee of the AROC Scientific and Clinical Advisory Committee, a subsequent paper, outlining the proposed new Rehabilitation medicine Indicator set, has been circulated to all stakeholders in the rehabilitation sector. Final feedback is due shortly. Please contact us if you would like to know more about this.
Orthopaedic Review 8.9

As some of you would be aware, AROC is currently undertaking a review of the episodes coded as 8.9 Other Orthopaedic, with a view to potentially some new clinically relevant categories within the Orthopaedic Conditions group of impairments. At present the 8.9 code constitutes almost one third of all episodes coded under the Orthopaedic Conditions group. It is not good practice to have an Other category with so many episodes in it. So AROC has asked each facility to review the episodes they coded to 8.9 during 2005 and indicate which part of the body was being treated and whether the impairment was as a result of a replacement, fracture, or other. The response from facilities has been absolutely fantastic, with nearly half of all facilities submitting their response/answers within the first week. We really appreciate your promptness with our request. Not only is our review informing the possible creation of new impairment codes, but it also appears to have been a useful impairment coding audit for some facilities.

Thanks again to those who got back to us so quickly … and we look forward to receiving data from the remaining facilities shortly.

The State of Orthopaedic Rehabilitation in Australia, 2005

(part of the poster presentation given at AHOC August 2006, full poster available on the AROC website)

During 2005, data describing 19,455 orthopaedic rehabilitation episodes was received by AROC. The public sector accounted for 5,447 (28%) of these episodes whilst 14,008 took place in the private sector. Figure 1 describes activity over time by orthopaedic impairment group and Figure 2 describes the activity by AN-SNAP class. Of note:

- the majority of orthopaedic episodes in the public sector are fractures and predominantly fall into AN-SNAP class 224 (FIM Motor 58-73) or class 226 (FIM Motor 15-41).
- there has been a rapid growth in the private sector with respect to hip replacement, knee replacement and other orthopaedic impairment groups.
- There has been a rapid growth in the number of AN-SNAP class 224 (FIM Motor 58-73) episodes.

An understanding of outcomes in rehabilitation cannot be obtained by using a single measure. Rather it is the combination of a number of elements that tell the story. The type of graph presented as Figure 3 is an attempt to tell that story taking into account the combination of elements that needs to be considered.

The presentation as a whole presented outcomes achieved for patients who had undergone orthopaedic rehabilitation in 2005 in the public sector versus those in the private sector. As an example, for the orthopaedic impairment group Hip Fractures (Figure 3), patients are slightly older in the private sector compared with the public sector, have an almost two day shorter length of stay, come into the rehabilitation program with a slightly higher FIM score, and are discharged with a slightly higher FIM score, achieve a slightly smaller FIM Change, but achieve a very slightly higher FIM Efficiency, and are more frequently discharged to their usual accommodation. About 2 out of every 5 episodes was in the private sector.
New Chair for AROC Management Advisory Group

It is with pleasure that we can announce that Associate Professor Chris Poulos has accepted the nomination of the AFRM to take up the Chair of AROC’s Management Advisory Group. Chris, whose day job is as Director Rehabilitation, Aged and Extended Care, SESIAHS, is well known to AROC and CHSD, having been involved in many of our activities over the years. Dr Garry Pearce, who has chaired the MAG for the last 18 months, and contributed greatly to the progress of AROC over that time, has taken up a new role as President of AFRM. AROC is deeply grateful to Dr Pearce, and looks forward to working with him in his new role in the future.

Adene on Maternity Leave

Adene Patton, who many will have spoken to, is now away on maternity leave. We wish her and her new arrival all the best. Whilst she is away Carrie will be standing in AROC admin support. Please contact either Carrie or another member of the AROC team:

FIM News

WeeFIM Workshop

The inaugural WeeFIM workshop was held in Sydney on the 26th July. The day was a great success with paediatric staff from 8 different facilities being trained by UDSMR’s Pam Roberts. AROC is now the territorial licence holder for the WeeFIM and will facilitate the training and credentialling of clinicians in a similar way it does with the FIM tool.

Workshop Update

Since the last edition of DataMatters seven workshops have taken place resulting in approximately 90 people being trained as FIM clinicians or Facility Trainers. If your facility requires FIM training please contact Cheryl Blissett on 4221 4411.

Master Trainers Meeting

The 25th July saw FIM Master Trainers converge on Sydney for a face to face meeting. This was an extremely valuable exercise and provided the opportunity for trainers to talk about consistency in training and scoring as well as evaluating current arrangements and to discuss how to make things better. AROC looks forward to rolling out the changes discussed at the meeting throughout the rest of the year.

Warning – SNAPshot and Access database

Some of you are wanting to manipulate data in Access. This is OK, under the following conditions...
AROC on-line services application form

AROC Online Services (AOS) is a secure web-based system that will provide automated online data audit and submission, data extraction and reporting to members of AROC. The Phase 1 release will provide an immediate email acknowledgement and data audit when your facility’s data is submitted online. You will also be able to view or download all your AROC reports. The Phase 2 release will enable you to easily extract and download your facility’s data directly from the AROC database. You will also be able to ensure your facility’s contact details are up to date.

NOTE: AROC Member facilities will be issued with one username and password for use by all staff at that facility.

AROC Member details
Facility name: ________________________________________________________________
Ward name: _________________________________________________________________

Details of staff member applying for AOS login
Name: _________________________________________________________________
Position: _________________________________________________________________
Email: _________________________________________________________________
Phone: _________________________________________________________________
Fax: _________________________________________________________________

Authorisation for AOS login (to be completed by CEO, Hospital Director, Director of Rehab as appropriate)
As a member facility we agree to access AROC Online Services in accordance with procedures to be notified to us by AROC from time to time, for the sole purposes of:
- Uploading AROC data
- Accessing AROC Reports
- Accessing hospital-specific AROC data (Phase 2)
- Updating hospital-specific details (Phase 2)

We, the member facility, agree to safeguard access to AROC Online Services by limiting the number of employees who have access to AOS to those who have a reasonable requirement for access and for whom we have authorised this access. The facility agrees to ensure that no unauthorised persons have access to AROC Online Services.

We agree to immediately notify AROC if there has been any failure to observe these terms and conditions regarding AROC Online Services.

We agree to indemnify and to keep AROC indemnified in respect of any claim for damages or otherwise arising out of the failure by us, the member facility, to observe these terms and conditions regarding AROC Online Services.

Name: _________________________________________________________________
Position: _________________________________________________________________
Signature: _______________________________________________________________ Date: ___/____/______

To be completed by AROC staff
Date received: ___/___/______
Date processed: ___/___/______