AROC News

Apologies for not publishing a mid year DataMatters this year - AROC has had a busy year so far, and somehow the June/July DataMatters just didn’t happen!!

So what has been happening for AROC during the last 6 months? Well Janet has had her second child. Carrington James arrived somewhat unexpectedly, six weeks early … and the day before Janet was due to facilitate the Stroke Benchmarking workshop!! Mother and baby were fine, but I was stressed as I had to step in at the last minute and be Janet at the Stroke Workshop. Janet is now on maternity leave, returning at the end of January.

On the work front, we at AROC have been continuing to closely watch developments on the health reform front. As you are all probably aware the National Health Reform was finally signed. Under the agreement the commitment to introduce Activity Based Funding (ABF) remains. For the sub-acute sector (which includes rehab) the implementation date was moved out a year to 1 July 2013, and for at least the first 18 months the classification system that will underpin the ABF funding model will be AN-SNAP … and of course the rehab AN-SNAP classes are based on FIM. What this has meant is that AROC is seeing an increased interest, from services and jurisdictions, in understanding AN-SNAP, and in ensuring all FIM training is current.

The establishment of the IHPA (Independent Hospital Pricing Authority) and the NHPA (National Health Performance Authority) are also being closely monitored by AROC. Legislation is required before these Authorities can be established, although an interim IHPA was established from 1 Sept 2011.


Moving closer to home, there are a number of projects that AROC is very involved with at present, the status of which are explained more fully later in this newsletter:

- Development and implementation of v4 of the AROC dataset (which will combine both the current inpatient and ambulatory datasets, and some of the impairment specific adjunct data items.
- The build of the new AROC Online Services IT system (AOS).
- A big push on recruiting private ambulatory services to join the ambulatory benchmarking initiative.
- Update of the Stroke outcome targets.
- Update of AROC in New Zealand.

With Christmas just around the corner AROC wishes you a Merry Christmas!

INSIDE THIS ISSUE:

- Chinese News 2
- Benchmark Reports 3
- Ambulatory News 4
- V4 Dataset 4
- New AOS 4
- New Zealand Update 5
- FIM News 5
- Data Submission 7
In China, each year over one million people fall victim to workplace and road-related injuries such as brain injuries, spinal cord injuries, amputations, which require rehabilitation. In addition, 83 million people live with other permanent life-impacting disability requiring ongoing rehabilitation services. But the facilities and experts that care for this vast quantity of people struggle to cope.

The recent earthquakes in Sichuan in 2008, and Qinghai in 2010, left more than 7,000 and 3,500 people respectively with injuries resulting in varying degrees of impairment which require rehabilitation and treatment. These recent disasters have thrust the importance of rehabilitation services as a public policy issue into both the public and political limelight.

Even the China Rehabilitation Research Centre (CRRC) admits that their country’s rehabilitation services significantly lags behind the level of services delivered in countries like Australia, where advanced technology, models and skills are brought to bear.

Frances Simmonds, together with Professor Kathy Eagar, Director of the Australian Health Services Research Institute (AHSRI) at the University of Wollongong, hosted the professional development study tour of China’s leading rehab experts in late August and September.

During this program 19 Chinese senior rehabilitation clinicians and managers undertook a 3 week professional development study tour of the Australian rehabilitation sector. The delegation undertook training in the Australian rehab system, benchmarking and casemix (at AHSRI), visited a number of Australian rehabilitation centres in Sydney, Melbourne & Brisbane, participated in the AFRM conference in Brisbane, and had exposure to multiple Australian Rehabilitation health professionals during their visit. They also had contact with AFRM and government (Commonwealth and some state) at a policy level.

Presenters at ASHRI included Prof Kathy Eagar, A/Prof Rob Gordon, A/Prof Chris Poulos, Prof Ian Cameron, Prof Andrew Cole, as well as Frances and Monique from AROC. Sites visited included:

- Sutherland Hospital, hosted by Dr Phillip Conroy
- Kareena Private Hospital, hosted by Dr Phillip Conroy
- St Vincent’s Sacred Heart Rehab Unit, hosted by A/Prof Steven Faux and Dr Clive Sun
- Royal Ryde Rehabilitation Centre, hosted by Prof Ian Cameron and Mr Jim Towers
- Westmead Brain Injury Unit, hosted by Dr Joe Gurka and A/Prof Ben Marosszeky
- St Georges Kew, hosted by Dr Penny Smith and Ms Jacqui Bilo
- Royal Melbourne’s Royal Park campus, hosted by Prof Fary Khan
- Royal Talbot Rehabilitation Centre, hosted by Dr Rob Weller and Prof Doug Brown
- Epworth Rehabilitation, hosted by Prof John Olver
- Princess Alexandra Hospital, hosted by Dr Tim Gerahty
- Mater Misericordiae Rehabilitation Unit, hosted by Dr John O’Donnell
- Westmead Brain Injury Unit, hosted by Dr Joe Gurka and A/Prof Ben Marosszeky
- St Georges Kew, hosted by Dr Penny Smith and Ms Jacqui Bilo
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The group also visited the Australian Government Department of Health & Ageing in Canberra, the Victorian Department of Health and the Queensland Department of Health.

At the AFRM conference, the leader of the delegation Professor Li, provided a keynote speech on the Challenges of Rehabilitation in China. A senior rehabilitation physician and neurologist Prof Zhang provided a breakfast workshop which discussed a similar topic in more detail.

The Chinese Fellows provided formal feedback in the AusAID required “Activity Completion Report”. The feedback overall was very positive, with the Fellows indicating that the program was very successful, and that
they had learnt a lot, both at a technical and system organisation and management level. They were also very appreciative of the opportunity to meet with senior rehabilitation clinicians and managers from the wide range of public and private rehabilitation units that they visited, as well as government officials from both the Commonwealth Department of Health as well as several state departments of health.

Some of the specific comments Fellows made regarding their key (conceptual and practical) learnings include:

- the patient centeredness of rehab in Australia – several Fellows indicated they would be adjusting their rehab programs and the environment of their rehab wards to be more patient centred.
- the need to explain the concept of rehab to the patients and encourage patients to undertake tasks independently with the objective of independent living at the end of the program (currently Chinese culture is that ‘family’ will care for you).
- the concept of transitional living units, and their use to ease a patient back into independent living in the community.
- the importance to good outcomes of rehab availability across the continuum and especially out into the community setting.
- colour coding on the floors of facilities to guide people to different sectors of the hospital.
- corridor corner mirrors used to allow people to see who is coming around a blind corner.
- the less formal clothing of clinicians – more friendly, supports better relationship between clinician and patient than the white coats or formal uniforms worn in China.
- red ‘sticky’ socks for patients prone to falling.

As mentioned above the delegates gave strong indications that they found the health system in Australia very person centred and they would most definitely take home the parts of the system that they think would contribute to making the health service more personal for their patients.

In particular the phrase used by the Australian Rehabilitation Alliance that was quoted during the sessions was repeated in the feedback “Acute care saves lives ... rehabilitation makes the saved life worth living” and the delegates indicated they saw this as a useful phrase to promote the importance of rehabilitation in China.

The role of nursing and the allied health disciplines in providing rehab, and how the medical staff work together with the whole rehabilitation team was also noted as something that they will explore further in their practice.

The group hopes to incorporate AROC evaluation and benchmarking techniques into their practice, and AROC has undertaken to work with CRRC to determine how this might be undertaken.

Frances Simmonds and Robert Gordon were invited, as representatives of AROC, to visit the China Rehabilitation Research Centre in Beijing in late October, and presented to the 6th Beijing International Forum on Rehabilitation (presentation entitled "A National Model for Measuring and Benchmarking Rehabilitation Outcomes: the Australian Story"). In addition this visit provided an opportunity for AROC to further emphasize the importance of China incorporating AROC evaluation and benchmarking techniques into their rehabilitation practice going forward.

AROC would like to thank all those who participated in the study tour for making the visit of the Chinese delegation such a success. We at AROC very much appreciated the time and energy everyone put into showcasing rehabilitation in Australia. As those who took part will remember the Fellows were very fond of taking photographs. AROC is attempting to get access to some of these photos so we can put together a pictorial reminder of their visit.

Benchmark Facility Reports: Calendar Year 2010 and Financial Year 2011

My apologies your Calendar Year reports and the Impairment & AN-SNAP Benchmarks for the 2010 calendar year were delayed due to my being on maternity leave. Since being back on board I have now completed both your calendar year 2010 and financial year 2011 benchmark reports.

Thank you for getting your data into us in such a timely manner. We hope you have had time to look at your facility’s report. Remember, please don't hesitate to contact us if you have any questions about your report.

Australia and New Zealand Impairment & AN-SNAP Benchmarks for the same time periods are also available on our website under the sub-heading AROC Annual Report and Benchmarks. Mean LOS, mean FIM change and FIM gain are presented for national, public sector and private sector in Australia and for national, under 65 and 65+ in New Zealand.
AROC Ambulatory News

Over 2011 AROC has continued to focus on expanding the ambulatory dataset by recruiting new facilities who provide rehabilitation services in the ambulatory (non-inpatient) care setting and ongoing liaison with facilities who already submit data.

A big thank you to all facilities who collected and submitted data. We really appreciate your time and effort! There was a substantial increase in the volume of data collected over 2010, compared with 2009. The Ambulatory National Report (January – December 2010) is now available and provides a range of demographic and episode level data on approximately 4,000 episodes of rehabilitation. As a reminder, in this context an episode refers to the program of ambulatory rehabilitation, and is defined by the initial and final service contact. The report can be found on the AROC website by following the link in the notice board to:
‘AROC Ambulatory National Report 2010’

AROC is pleased to announce that facility specific ambulatory benchmarking reports have been able to be produced for the first time, as a result of the increased volume of data available for 2010. The ambulatory benchmarking reports provide a comparison between data for the individual facility’s largest impairment groups and data for all facilities, where sufficient data (15 or more episodes with valid data) is available.

Just a reminder that further information about the ambulatory data collection and the full set of documents, including the ambulatory data set, data dictionary, impairment coding guidelines and, Australian Modified Lawton’s IADL scale can be downloaded from the AROC website, at:

If you are interested in participating in the AROC ambulatory benchmarking initiative or would like to discuss any aspects of the data collection, please contact Jacquelin Capell at AROC on (02) 4221 4687

Version 4 of the Dataset is on its way…

We are targeting a go live date of 1 July 2012!

By now you might be aware the AROC Scientific Clinical Advisory Committee has a Version 4 dataset sub-committee. The V4 dataset has been based on feedback sought from all users of the current V3 dataset.

AROC has been in touch with all IT vendors that include the AROC dataset in their system to ensure that we can have the new data set available for everyone come 1 July 2012. AROC will also be conducting training in the new dataset as well as providing resources for use with the new data set in early 2012 ahead of its go live date – stay tuned for more info…

If you have any questions about Version 4 of the dataset, you can contact Frances at francess@uow.edu.au.

The new AOS is also on its way…

AROC’s new IT system is getting closer to completion. The new AOS (AROC Online Services) will not only enable you to upload data and download reports (for both inpatient AND ambulatory data collections), like you do now, but will also enable online data entry (replacing SNAPshot) and online datacube querying of your data.

What’s more, there will no longer be “facility” logins shared by many – instead, those needing to access AOS will have their own personal login. For those working at more than one facility you will be able to use AOS for all facilities you are associated with within your one personal login! What’s more – you get to choose the password!!
New Zealand Update

AROC have visited NZ twice since the last data Matters update - once in June and once in October. The June visit was to work closely with a service to understand their data. Monique also attended Dunedin Hospital in order to assist the Older Persons Service to commence data collection. While in the south Monique also conducted a FIM and FIM Facility Training session. During the October visit the 2010/2011 Financial Year data was reported, and Monique visited the beautiful Tauranga who will now commence collecting and submitting data this month as a result of the visit. Monique also attended a Spinal workshop and assisted in presenting some data.

AROC warmly welcome Waitemata Hospital and Oamaru Hospital who have become members recently. There has been a renewed interest in AROC membership from 9 hospitals who have not yet joined AROC; this is directly related to ACC moving to require compulsory AROC membership in their latest NAR contract variation. Monique has been communicating with hospitals to work towards an implementation plan to satisfy the deadline of March 2012. This will involve working on the ground with these new hospitals and Monique aims to cluster new North and South Island members together when she visits to assist in planning, education and preparation to collect and submit data.

FIM Online Exam

It is mandatory to resit the FIM online exam to recredential every two years.

If your staff are due to recredential they will need an exam key to gain access to the exam, this can be obtained by emailing your request for the required number of keys to fim@uow.edu.au Keys are usually supplied the same day or within a couple of working days.

FIM and WeeFIM Exam collaboration

We have recently experienced an increase in the numbers of FIM and WeeFIM candidates collaborating on examinations. Candidates are advised by Facility Trainers at training sessions that the exam is open book, but that collaboration is not permitted. An examination is a test of the knowledge of the individual, not the knowledge of a collective of individuals.

AROC is committed to maintaining the highest standards in regards to credentialing. FIM/WeeFIM forms the basis of the AROC national benchmarking initiative and thus facilitating the highest standards of FIM assessment plays an important role in AROC’s ability to ensure the quality of the AROC data collected by members. Collaboration potentially jeopardises this position.

AROC has checks and balances in place that quickly recognise collaboration. The remedy in situations of collaboration is the setting aside of suspect examination results and the requirement for candidates to sit a paper based examination. From AROC’s perspective, the preparation of this paperwork, and from the perspective of Facilities, having to supervise and return this information, is time consuming and onerous. This cost in time and resources has, in the past, been carried by both AROC and facilities at no additional cost to facilities or individuals. However this will change from 1 December 2011.

From 1 December, should we discover that candidates have collaborated, it is our intention to charge a fee of $40 plus GST to the candidate (with a recommendation that they be required to pay this personally) in order for them to sit a paper exam.

We would appreciate it if you would make this known to all relevant staff throughout your facility.
FIM Training Update

AROC has conducted 72 FIM and WeeFIM workshops and 4 FAM workshops so far this year, with a further 10 FIM workshops to be conducted before the end of the year.

Thank you to our hard working Master Trainers who have gone above and beyond this year to deliver these training sessions, with a special mention to Monique Berger and Wendy Maxwell who travelled the many miles to train our friends in Western Australia.

We extend a warm welcome to our new FIM users in Western Australia, if you need assistance please don’t hesitate to contact us.

FIM Workshops

AROC hosted workshops for this year are coming to a close and we are currently planning for next year. The proposed dates for next year are shown below and once confirmed will be placed on our website at the following link:- http://ahsri.uow.edu.au/aroc/upcomingworkshops/index.html

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<thead>
<tr>
<th>State</th>
<th>Open FIM Workshop</th>
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<td>5 November 2012</td>
<td>12 November 2012</td>
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<td>WA</td>
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Please note these are proposed dates and are yet to be confirmed.
Data Submission

The table below indicates the data collection periods and data submission timelines associated with the AROC Inpatient dataset and the AROC Ambulatory dataset. Please note that we are fast approaching another data submission deadline…

- Inpatient discharges up to the end December are due to be submitted to AROC via AROC Online Services (AOS) by the end of January 2012.

- Ambulatory discharges up to the end December are due to be submitted to AROC via email (aroc@uow.edu.au) by the end of January 2012.

<table>
<thead>
<tr>
<th>Episodes Ending</th>
<th>Submission Month</th>
<th>Inpatient Dataset</th>
<th>Ambulatory dataset</th>
<th>Adjunct Data Modules</th>
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<tr>
<td>December 2011</td>
<td>31st January 2012**</td>
<td>Version 3</td>
<td>Version 1</td>
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<td>December 2012</td>
<td>31st January 2013**</td>
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** AROC benchmark reports to be generated for your facility based on this data - please ensure your resubmit your data after making corrections

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AROC FIM Training Manager & Admin Support: Julie de Clouet, Glenice Maxwell

AROC will be **CLOSED**
24th December 2011 ‘til
9th January 2012

MERRY CHRISTMAS AND HAPPY NEW YEAR!
EVERYONE