AOS: User Guide

IMPORTANT NOTE

An error has been found in the Australian FY12 data and all reports are in the process of being re-generated. Your facility’s updated report will have “Revised” at the end of the file name.

Monique Berger

In September AROC upgraded the server to assist with data entry speed issues, thank you to everyone who emailed us to say they are now finding data entry much faster.

Should you have any issues with using the Data Entry System please check out the questions and answers on page 2 for some hints which may assist you.

If this doesn’t help you, please email AROC aroc@uow.edu.au and be sure to include your name, facility, contact number, details of your problem and a screen dump if possible.

AROC Update

For AROC, spring is bringing a slightly less hectic pace (just hectic, rather than frenetic). As you are all very aware, AROC implemented version 4 of the AROC dataset on 1 July this year AS WELL AS implementing our new web based data entry system soon after 1 July. As you would expect the lead up to these events was phenomenally hectic for us, as was the period immediately post implementation. And whilst there is still more functionality to come (extract data is available now, v4 upload will be available shortly), the reported bugs and issues with the new system, and questions re the new dataset, have started to slow as people become more familiar both with the new dataset and the new system.

A big thank you must go to all those members who enthusiastically provided us with valuable feedback on both the dataset and the system. We have fixed what we can, and where the suggestion for improvements is not able to be implemented right now, we have kept a register of all suggestions to feed into whenever the next version of the system or the dataset is contemplated. I have to say I don’t think we have recovered enough yet from this implementation to even begin to contemplate another.

AROC is really looking forward to the wider scope of analysis and reporting the v4 dataset will provide to us. The Calendar Year 2012 benchmarking reports will utilise the v4 data and we will be seeking input and feedback from members to help us refine this as we evolve our reporting.

Aside from datasets and IT systems, AROC has also had a couple of major projects on the go; the Intensity of Therapy project and the QIF (Quality Improvement Facilitator) project. Both are described elsewhere in this newsletter, suffice to say here that both represent first of their kinds in Australia, and we are very much looking forward to what analysis of the data shows us.

Externally to AROC, but still within the rehabilitation sector, the challenges arising from the implementation of various aspects of health reform such as activity based funding (ABF), is of key interest to AROC. Issues such as ambulatory rehab being paid for by clinic name rather than by episode; definitional issues around the boundaries between rehabilitation and other care types; the growth in members adding new models of rehabilitation to their services (in-reach, mobile rehab, etc); the tension between AROC as a quality initiative (the objective being better care and outcomes for patients) and ABF which is about funding; all require surveillance by AROC and commentary, input or feedback as appropriate.

We are aware that a number of services are apprehensive about the introduction of ABF, and find in our discussions with many sites that often the detail of implementation, and the impact, or possible lack of impact at a clinical service level, is not well understood. AROC is expecting to produce a short paper outlining our views on a number of contemporary relevant issues that we will disseminate widely. In addition, we are seeking feedback on the potential usefulness of AROC facilitating a national workshop on ABF, specifically for rehabilitation units. Our palliative care sister outcomes centre, PCOC, recently ran one for palliative care services that was very well received. Please do let us know if you feel this would be something you might be interested in attending/supporting.

Enough from me, except to say thank you to all services that provide data to AROC. We do appreciate all the hard work that goes into collecting the AROC data, and assure you that as well as providing key benchmarking information back to individual units, we work hard to promote rehabilitation and increase the understanding of rehabilitation and the key role it plays in the continuum of care, as well as increasing its visibility wherever we can.

QIF Project

As a part of the QIF project, AROC was able to offer 12 hospitals a whole day facilitation visit by an experienced clinician familiar with outcome data. During the facility visits the hospital sites were able to review their facility reports and discuss the data. Understanding the data, highlighting what parts of the data showed areas for improvement or change to improve clinical outcomes were a common focus during the visits.

In return the hospital sites were asked to formulate a quality plan based on the discussion during the visit and then act on that plan.

Continued communication has been available in order to implement change if required since the visit.

AROC will soon be moving into the next phase of the QIF project comparing data from pre visit to post visit. In order to do the analysis on the two 3-month periods as planned (Jan-March 2012 and July-Sept 2012) AROC is currently communicating with the hospital sites in order to receive data by 14 October 2012 to allow data clean up, and specific extract writing for analysis.

Please contact Monique Berger 0423 819 882 for more details.

Financial Year 2012 Benchmarking Reports

Your facility benchmark report is now available under the AROC REPORTS button. For how to download your benchmark report please read section 3.2 ‘Downloading AROC Reports’ in the AOS: User Guide (available from the AROC Homepage under AROC ONLINE SERVICES) or watch the training video Download benchmark report also available from the AROC Homepage under AROC ONLINE SERVICES.

Financial Year Benchmarking Reports 2012

We are aware that a number of services are apprehensive about the introduction of ABF, and find in our discussions with many sites that often the detail of implementation, and the impact, or possible lack of impact at a clinical service level, is not well understood. AROC is expecting to produce a short paper outlining our views on a number of contemporary relevant issues that we will disseminate widely. In addition, we are seeking feedback on the potential usefulness of AROC facilitating a national workshop on ABF, specifically for rehabilitation units. Our palliative care sister outcomes centre, PCOC, recently ran one for palliative care services that was very well received. Please do let us know if you feel this would be something you might be interested in attending/supporting.

Enough from me, except to say thank you to all services that provide data to AROC. We do appreciate all the hard work that goes into collecting the AROC data, and assure you that as well as providing key benchmarking information back to individual units, we work hard to promote rehabilitation and increase the understanding of rehabilitation and the key role it plays in the continuum of care, as well as increasing its visibility wherever we can.

Financial Year 2012 Benchmarking Reports

You can view your facility benchmark report online under the AOS: Online Services link. Your benchmark report is now available under the AROCC REPORTS button. For how to download your benchmark report please read section 3.2 ‘Downloading AROC Reports’ in the AOS: User Guide (available from the AROC Homepage under AROC ONLINE SERVICES) or watch the training video Download benchmark report also available from the AROC Homepage under AROC ONLINE SERVICES.

News Flash

Extract Data functionality is now available. This functionality is available through the Reports button from within the Data Entry Section of the system. A video tutorial describing how to access this functionality is available from the AROC website front page under the link Extract data. We suggest you take a moment to watch this short video before attempting to extract your data. Please note this functionality allows extract of v4 (not old v3) data only.

Important Note

AROC will soon be moving into the next phase of the QIF project comparing data from pre visit to post visit. In order to do the analysis on the two 3-month periods as planned (Jan-March 2012 and July-Sept 2012) AROC is currently communicating with the hospital sites in order to receive data by 14 October 2012 to allow data clean up, and specific extract writing for analysis.

Please contact Monique Berger 0423 819 882 for more details.

Download benchmark report also available from the AROC Homepage under AROC ONLINE SERVICES.
Q: What do we do for the Episode End data items (such as date clinically ready for discharge, delay in discharge or discharge plan) if an ambulatory patient starts a day rehabilitation program and does not finish e.g. they have moved away to be with their sick daughter?

A: Date clinically ready for discharge is only required to be collected if the mode of episode end = 1, discharged to final destination or 2=discharged to interim destination, otherwise collection is optional and you can leave it as not supplied. Enter “No” for “Was there a delay in discharge?” Will a discharge plan be available to patient prior to discharge? A discharge plan can also be a discharge letter, transfer letter, discharge summary that went to the GP etc. Enter “Yes” if such a document was available and enter “No” if not.

Q: I’m using AOS for data entry. I’ve managed to select a form, but cannot see the column on the far right that appears in the online tutorial? Can you please advise how I can access the code set options to complete data entry?

A: You are correct, once you have selected a pathway, a form should appear with three columns. You have the patient information on the left, data items in the middle and the code set options on the right. If you cannot read the content in each column, position your cursor over the blue vertical bars (dividing the page into three columns) and drag them to the left or right to widen or narrow each column until you can view all content displayed on this page.

Q: I’m unable to see the pop-up boxes you refer to in the online tutorial. I just get a message stating that pop-ups are not enabled? How do I enable pop-ups?

A: To ensure data entry works correctly, Scripting and Pop-ups must be enabled. To enable Scripting:

In Internet Explorer, click Tools and then Internet Options. Under the Advanced tab, scroll down to “Security” and make sure the following are enabled:

- `Enable scripts (ActiveX controls)`
- `Enable scripting`
- `Enable scripts adults` (if available)

Then save your settings.

Q: I keep receiving a Red error, R102- “Letters of name” is not 5 characters in length, which is a little odd as there are 5 characters in the letters of name that is generated.

A: This error sometimes occurs during the copying and pasting of the letters of name from the generate box into the text box. What happens is that an extra “space” or “carriage return” is copied and pasted into the text box, so the system thinks letter of name is now 6 characters in length. The best way to avoid this happening is to copy the letters of name by placing your cursor in the middle of the letters, double clicking to select the letters and then copy using your key board (Ctrl+C). Then close this window and paste (Ctrl+V) into the letters of name Text field.

Q: The code set for Mode of Episode End is different on the data collection form to that on AOS data entry page.

A: The data item, Mode of Episode End, has a different code set for in-patient and ambulatory rehabilitation care. If you are collecting data about an in-patient, use either pathway 3, 2 or 1 depending on the model of care your service provides. If you are collecting data about an ambulatory episode of care, complete either pathway 4, 5 or 6 depending on the model of care your service provides. Make sure that data collection form you are using matches the pathway you select in AOS.

Q: We sometimes have patients admitted and discharge after a day or two without undergoing any actual rehabilitation because it’s over the week-end. In some cases the patients self discharge or they are transferred back to an acute ward. Is it necessary to collect data for these patients?

A: It is not necessary to collect data on these patients.
Q: I’m unable to see the pop-up boxes you refer to in the online tutorial. I just get a message stating that pop-ups are not enabled? How do I enable pop-ups?

A: To ensure data entry works correctly, Scripting and Pop-ups must be enabled.

To enable Scripting:
In Internet Explorer, click Tools and then Internet Options.

Click Enable for all items under the Scripting heading and then click OK.

Click the Security Tab and then click Custom Level.

Q: Data entry into the web based system is very slow for us, so we tried using Google chrome as web browser to see if this would be quicker. We are able to log on, but when selecting data entry we just get a blank screen. Any ideas?

A: Data entry does not work in Google Chrome. The recommended web browser is Internet Explorer 7 or more to operate AOS online data entry on your computer. The speed of the online system is influenced by multiple factors; internet connection speeds (upload and download speeds), learning a new system and that V4 of the AROC dataset has more data items than V3 had.
Intensity of Therapy Project

AROC would like to extend a big thank you to all facilities who have participated in the Intensity of Therapy Project. We really appreciate the organisation and time involved in the collection and submission of the additional data required for this project.

As you may recall this DoHA funded study is looking at whether there is variation between the intensity of therapy received by inpatients in sub-acute care in Australia and if so, whether there is a correlation between therapy intensity and patient outcomes, such as length of stay and changes in function.

Anecdotally we know that there is a lot of interest in this area, but there is little evidence available specifically for the Australian rehabilitation setting. A review of the international literature supports the view that increased intensity of therapy may confer a range of benefits such as earlier functional gains and reduced length of hospital stay, depending on a range of factors such as the person’s impairment.

New FIM System

The new FIM system was launched in May this year together with our online purchasing system. Answers to FAQ’s including those shown below are available in the FIM™ System User Guide:

- Allocate or assigning exams purchased
- Email candidates with their exam
- Find exams I’ve already purchased
- Downloading a list of exams purchased
- Sit the online exam
- How to find my FIM™ ID
- Receiving a credentialing certificate
- Finding out who is credentialled at my facility
- Finding out when my credentials expire
- I’m a Facility Trainer how to I organise an in house FIM™ workshop
- What do I do to organise a Master Trainer to train at my facility

FIM™ System User Guide

Please direct all FIM™ and WeeFIM® enquiries to fim@uow.edu.au

How to purchase an exam


When you go to the website under the heading AROC online services:-

- Choose LOG IN TO NEW FIM™ SYSTEM
- Log in using your FIM ID on the right hand side of the page
- Choose Purchase keys and complete the page when it comes up

FIM Training Workshops

FIM Master trainers have been extremely busy this year with more than 105 workshops having taken place to date in sites all over Australia and New Zealand, and with another 10 scheduled to be completed before the end of the year. For further information about FIM workshops visit please our website at the following link:- http://ahsri.uow.edu.au/aroc/upcomingworkshops/index.html or contact Julie on 02 4221 5282.

Dates for 2013 AROC hosted FIM workshops will be released in late November.

FIM Facility Trainers—What you can do in the New FIM System

FIM Facility Trainers can now:

- Order, pay for and receive FIM exams for workshop participants
- Order and pay for FIM Manuals for workshop participants (manuals will still be sent via normal post)
- Assign exams to participants at their facility. Assignment of an exam will trigger an email to be sent to the assigned person with details of how to access the online exam.
- Manage the assignment, or re-assignment if necessary of all exams purchased
- Review the status of all exams purchased (assigned, not yet assigned, used, expired, etc)
- View the exam results of participants.

Note: Facility Trainers whose credentialing has lapsed will only have FIM Clinician access.