Once again AROC seemed to miss out on that nice quiet time during January, which we all like to use as catch up time. Again this year started with at speed. Firstly I’d like to welcome our new staff member … Jacqui Capell joined us early in the year, taking on the job of recruiting ambulatory services … more about Jacqui later in this newsletter. Also congratulations are in order to Tara and her husband … baby Jamison was born in mid January … again more later.

On the rehab sector front, we at AROC have been closely watching developments on the health reform front. The Council of Australian Governments (COAG) signed a Heads of Agreement on a revised national health reform strategy in early February. This was because the Commonwealth could not get the agreement of the liberal states (WA and Victoria, with NSW soon to join them) to commit to the previous agreement. COAG members committed to signing a full National Health Reform Agreement by 1 July 2011, with some of the details of that agreement to be sorted out in the lead up to that date.

Within this new agreement the Commonwealth has agreed to increase its contribution to “efficient growth funding for hospitals” to 45 per cent from 1 July 2014, increasing to 50% from 1 July 2017. This replaces the Commonwealth proposal to claw back 30% GST and use this to become the dominant hospital funder.

Under the new agreement the commitment to introduce Activity Based Funding (ABF) remains. For the sub-acute sector (which includes rehab) the implementation date is 1 July 2012, 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.

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 of v4 of the inpatient dataset
- A big push on recruiting ambulatory services to join the ambulatory benchmarking initiative
- Update of the #NOF outcome targets
- An upcoming follow up stroke benchmarking workshop (10 May, Sydney)

Frances Simmonds
Tara’s new addition....

Congratulations to Tara and her husband on the birth of their third boy, Jamison Jet on the 11/1/11.

Calendar Year Reports 2010

Just a reminder that your Calendar Year reports and the Impairment & AN-SNAP Benchmarks we publish each six months are delayed due to AROC’s Statistician — Tara Stevermuer— being on maternity leave.

As the planned changes to AROC’s systems are so close to being implemented it is impractical to train another Statistician to generate the reports using the old system. We apologise for the delay and hope to have them to you by the end of May.

In the meantime, the Financial year benchmarking reports are still currently available online and detail data for the period July-June 2010. Australia and New Zealand Impairment & AN-SNAP Benchmarks are available on our website: chsd.uow.edu.au/aroc at all times. This information is updated every six months using the previous twelve months data.

The benchmarks include national, public sector and private sector mean LOS, FIM change, FIM gain and are published by impairment group AND by AN-SNAP class.

*See more news on Tara’s new bundle on this page (2) above

Please note that your 2010 Calendar Year reports and Calendar year benchmarking data online for 2010 are delayed - We expect they will be available by End May
Introducing our new AROC team member—Jacquelin Capell

Jacqui joined the CHSD team as a Research Fellow on a part-time basis in February 2011. She holds tertiary qualifications in physiotherapy, adult education and research and has extensive experience in musculoskeletal and neurological rehabilitation in a range of metropolitan, regional and rural services.

Ambulatory news

Since the commencement of AROC in July 2002 national inpatient rehabilitation benchmarking has been well established across both the public and private sectors, with a large majority of facilities participating.

In 2011, one of AROC’s focuses is the expansion of the ambulatory dataset via recruitment of facilities providing rehabilitation services in the ambulatory (non-inpatient) care setting.

In addition to those facilities currently submitting AROC data, approximately 40 facilities in both the public and private sectors across Australia have been contacted since early February 2011.

There are a range of issues which are commonly raised by staff members charged with managing the ambulatory data. These include the variation in models of care and the tools used to collect outcomes data across Australia, and a degree of confusion about exactly makes up an episode of rehabilitation. A common misperception is that rehabilitation is the same as “outpatient services”. So, as a reminder, for the AROC data collection ambulatory rehabilitation is defined as:

• rehabilitation delivered in an ambulatory setting, either centre based or in the community
• episode starts with a multidisciplinary assessment
• program of care designed around functional goals, short and long term
• Program is time limited.

Ambulatory rehabilitation can be either a continuation of an inpatient episode of rehabilitation into an ambulatory setting, or a rehabilitation program provided solely in an ambulatory setting. The program of care is multidisciplinary, but the therapies do not necessarily need to be delivered concurrently.

Another point which has been frequently raised in discussion is the choice of outcome measure.

Facilities use a wide range of preferred tools, measuring different aspects of outcomes, e.g. quality of life, functional ability and therapy-specific measures.

The AROC ambulatory data collection uses the Australian Modified Lawton’s IADL Scale, which focuses on a person’s ability to interact and function independently in the community. More information about why this tool can be found by following the link:

http://chsd.uow.edu.au/aroc/ambulatory_dataset.html#lawton

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

(Wednesday – Friday) or at jcapell@uow.edu.au.
#NOF Outcome Targets have been finalised and published!

AROC recently hosted a follow-up #NOF benchmarking workshop, which aimed to evaluate the achievements of the #NOF targets over the past 2 years and review the targets to ensure they remain pertinent to current practice. This 1 day workshop was attended by representatives from 35 Australian facilities (19 public and 16 private) and 1 New Zealand facility.

In summary, it was agreed that the targets should be adjusted as follows:

- Broad time since surgery to rehabilitation targets were devolved by AN-SNAP class
- Discharge destination target were updated to reflect current data and practice
- All targets were adjusted to include completed episodes of care, in-line with AROC’s current reporting policy


The new, revised targets will be effective from April 2011 and achievement against these targets will be reported on in the upcoming 2010 AROC calendar year report.

If you have any queries or would like more details about benchmarking and the target review process, please contact AROC on AROC-enquiries@uow.edu.au

## Upcoming benchmarking workshops—Stroke

AROC will be hosting a follow-up Stroke benchmarking workshop on Tuesday 10 May 2011. The objective of the workshop will be to evaluate the achievements of stroke outcome targets over the past 3 years and to review the targets as deemed necessary.

This 1 day workshop will be held in Sydney. There is no cost to attend and morning tea and lunch will be provided. Participants are however responsible for funding their own travel, parking and accommodation. You are more than welcome to send 2-3 representatives from your facility (medical, nursing and/or allied health.) Please contact AROC on AROC-enquiries@uow.edu.au if you would like to attend.

### Reminder to collect AROC impairment specific adjunct modules

Adjunct modules are impairment specific mini datasets collected alongside the core AROC dataset. Their function is to provide outcome data that is more specific to the impairment in question (e.g. change in ASIA score in patients with spinal injury). There are currently 4 adjunct modules being collected and submitted to AROC. They include: Brain injury, spinal cord injury, reconditioning and amputation.

If you require more information or have any questions please contact AROC on AROC-enquiries@uow.edu.au or alternatively, copies of each of the modules can be downloaded using the following link: [http://chsd.uow.edu.au/aroc/adjunct_modules.html](http://chsd.uow.edu.au/aroc/adjunct_modules.html). Scroll down to Impairment Specific Adjunct Modules and click on the relevant impairment.

If your unit is a rehabilitation provider of any of the above impairments, we would like to encourage you to participate in the adjunct data collection process as we require a significant volume of episodes to achieve meaningful analysis.
Version 4 of the Dataset is on its way....

By now you might be aware a SCAC v4 inpatient dataset sub-committee has been established.

In preparation for a meeting of this committee, feedback was sought from all users of the current dataset.

This feedback was collated and with additional expert input from ACCTI (The Australian Centre for Clinical Terminology and Information).

The feedback formed the basis for discussions of the committee when they met for a day workshop in late October.

A further workshop was held on 11 February at which substantial further progress was made.

Once v4 is finalized (hopefully by mid year), implementation could take up to a further 12 months given the complexity of modifying all the IT systems that include the AROC dataset.

Given this, we are targeting a go live date of 1 July 2012.

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

NZ Update

There are now 25 NZ members, with 19 facilities expected to be submitting data this quarter. We welcome Nelson and Wairau hospital to AROC.

Frances and Monique visited NZ in March to attend the New Zealand Rehabilitation Association (NZRA) conference held in Auckland. We delivered the second NZ “State of the Nation” and received great feedback about how well the dataset is assisting clinicians in NZ. The conference was jam packed with interesting papers, and it was fantastic to be able to meet so many rehab contacts while we were there.

Monique delivered an education session “Improving clinical outcomes in rehabilitation – getting the most out of your data. AROC Benchmarking Tools for Improving Clinical Practice” as a face to face session at Rehab Plus in Auckland and also as a teleconference link. Representatives from the majority of AROC members attended one or the other session.

The feedback from this education session was very encouraging and shows that many NZ facilities are getting serious about integrating benchmarking data into their rehabilitation processes in order to improve their clinical practice.

During the trip many clinicians indicated they would welcome an opportunity to get together with other AROC members and discuss their data (this would be like an impairment specific benchmarking workshop but NZ facilities attending to discuss national benchmarking data).

This is a welcome surprise that AROC was ultimately aiming for—but didn’t think we would achieve so quickly. Monique will be sending out a formal expression of interest to attend the Inaugural NZ National Benchmarking Workshop soon.

We also met with ACC while in NZ, and they were encouraged by the interest that AROC members are showing in using the data. ACC’s commitment to national benchmarking was confirmed, and plans that are underway to move towards mandatory data collection were discussed.

For more information contact Monique Berger on mberger@uow.edu.au.
FIM Training update

With the move towards the introduction of Activity Based Funding in sub-acute, the AROC office has had a large volume of requests for FIM training.

Please note that all planned FIM user sessions and FIM Facility trainer sessions for 2011 are listed on the website: http://chsd.uow.edu.au/aroc/upcomingworkshops.html

Sessions planned for the next three months:
- NSW FIM user-19 Aug
- NSW Facility Trainer 27 May and 26 Aug
- QLD FIM user 21 June
- QLD FIM Facility Trainer 18 May and 23 Aug
- NZ FIM Facility Trainer 23 Sept

If you would like to attend a session you must complete an application form and send it to the AROC office.

AROC have found it necessary to cancel several sessions earlier this year due to insufficient formal registrations despite a high number of verbal requests.

Please note that unless we receive a critical number of applicants for each session within two weeks of the proposed date the session is cancelled.

Facility FIM Trainers—A reminder

FIM Facility Trainers are experienced FIM clinicians who have fulfilled the criteria in order to attend an Facility Training Workshop and been credentialled by AROC to train FIM in the facility that they work in, as the Title suggests.

It has come to the attention of AROC in the recent past that some trainers are training outside their own facility. Training within Health networks, or within Private groups of companies is not training in your own facility. If you believe you have a case for special consideration you may contact AROC.

Please note that if this occurs, AROC reserve the right to refuse exam keys to those trained by facility trainers.

The FIM + FAM

AROC has had the pleasure of working with Professor Lynne-Turner-Stokes in the recent past, and have been liaising about (amongst other things) about the use of the Functional Assessment Measure (FAM).

The FAM tool does not stand alone but adds 12 items to the 18 FIM items. The tool was adapted from the original Santa Clara Valley Medical Centre tool by clinicians in the UK and is now known there as the “UK FIM + FAM”. It is important to note that the FIM should first be scored as a stand alone tool and then the FAM items scored as an add-on.

The FAM is not a licensed tool like the FIM, but the FIM Master trainers and the AROC office have increasingly been asked questions about the FAM in the last year or so, particularly in TBI where the use of the FAM is most common.

This was an impetus for Professor Turner Stokes to work with all Master FIM trainers in Australia and NZ when she last visited and they are now working towards offering formal training in the FAM.

If your service is interested in FAM training please contact Julie on juliedc@uow.edu.au
AROC’s parent entity CHSD is evolving to become the Australasian Health Services Research Institute (AHSRI) and we are all on the move.....

The Centre for Health Science Development (CHSD) has grown substantially over the last 5 to 10 years, and has a number of Centres sitting within it, such as AROC, PCOC, ASOC, AHOC, etc. Given its evolution the CHSD Management Board decided it is timely that a new structure be created … thus the Australian Health Services Research Institute (AHSRI) has been born. Within this structure the current Centres still exist, and CHSD has evolved to become an additional Centre, one that undertakes project based health services research.

At the same time as our structure evolves, we are also finally moving to new premises. AHSRI will move to a newly completed building on the Innovations Campus of Wollongong University in mid May. For those that have been to our current accommodation you will understand that we are all very excited about this move. All contact numbers will remain the same.

AROC often hold MAG and SCAC meetings in our Sydney Business School campus which has recently moved as well. The new SBS is at the Gateway Building, 1 Macquarie Place Circular Quay Sydney. Please note that the address is in Macquarie PLACE not Street.