Hello and welcome to the first edition of DataMatters, the quarterly Australasian Rehabilitation Outcomes Centre information bulletin. DataMatters has been produced to provide information for hospital staff involved in the collection of data for submission to AROC. AROC has been established by the Australasian Faculty of Rehabilitation Medicine (AFRM) of the Royal Australasian College of Physicians (RACP). It is a joint initiative of the Australasian rehabilitation sector including providers, funders, regulators and consumers.

**Why AROC?**

The establishment of a centre such as AROC has been under discussion in the rehabilitation sector for many years. With the creation of AROC, the Australasian rehabilitation sector saw the establishment of:

1. a national ‘data bureau’ that receives and manages data on the performance of rehabilitation services in Australia,
2. a national ‘benchmarking centre’ for medical rehabilitation,
3. a national certification centre for the Functional Independence Measure (FIM) (an instrument designed to measure functional needs and outcomes),
4. an education and training centre for the FIM and other rehabilitation outcome measures, and
5. a research and development centre for medical rehabilitation.

Over the last few years, the AFRM has worked hard with other stakeholders in the medical rehabilitation industry to develop an outcomes centre. As part of the planning process, an AROC data set was developed. Analysis of this data set can be used to help with clinical planning and management, resulting in continual improvement to the rehabilitation services that we provide.

Rehabilitation units collect this data set and submit it to AROC on a regular basis. Using these submitted data, AROC creates a single database which can be used to provide information about the types of patients being treated and the services that are being provided. Reports will be produced to describe the care that is provided at an individual unit or across all units. Units will be able to monitor their performance by comparing their own results with national results. They will be able to assess the effects of new treatments or other innovations by comparing results over time.

As well as producing reports, AROC will be able to use the full database to answer research questions. For example, there is mounting evidence that the admission FIM score has a good predictive value for rehab outcome in a number of impairment groups. The AROC database will be a very valuable resource to pursue research questions such as this.
Where and Who is AROC?

AROC is physically located at the Centre for Health Service Development (CHSD) at the University of Wollongong. The staff of AROC and their respective roles within AROC are listed below. Contact details for AROC can be found at the end of this newsletter.

- Ben Marosszeky, Clinical Director
- Rob Gordon, Business Manager
- Janette Green, AROC Manager
- Karen Quinsey, FIM Manager
- Tara Hurst, Data Manager
- Dave Fildes, Marketing Co-ordinator
- Allison Aylward, FIM Resource Co-ordinator

Your Role within AROC

AROC is very fortunate to be able to commence operations with a valuable database that has been collected by private rehabilitation hospitals since 1 July 2000. We’ll be providing some reports based on those data and will welcome feedback from across the industry so that we can spend this first year refining the report content and format as well as the AROC data set.

Your role in AROC is a vital one. The data have to be of the highest quality for AROC to succeed in its data analysis and reporting functions. We will be relying on you to continue submitting data, ensuring that it has been entered as carefully and completely as possible. If you have any concerns about your data, about AROC, any comments on the reports from AROC or any problems with the AROC data set please feel free to contact us (phone, fax and email contact details at the end of the newsletter).

Data Bits

In this section of the bulletin we aim to highlight things to be wary of in your data collection. We hope that you will find this useful, and that the overall quality of the data from all rehabilitation units will benefit.

Of the data received so far the most important issues concern invalid dates. The data set contains a number of different dates - the begin and end dates of the patient’s episode, the patient’s date of birth, the date of onset of the impairment and the dates on which the admission and discharge FIM scores were collected.

We ask you to please:

- Ensure all dates are entered correctly. Be extra careful to enter the correct year and month - AROC found quite a few patients that mistakenly had dates of birth in the years 2000–2002.
- Enter the full year for date of birth (eg 1920 not just 20 as some computer packages will take 20 to be 2020 rather than 1920).

Each time AROC receives data from you, we check all dates to ensure that they are valid. We need to do this because incorrect dates can lead to incorrect calculation of age and length of stay. If we find any dates in your data that look suspicious we will let you know.

In the next issue of DataMatters we will look at the data fields that are not so well reported, but are required for the AROC data collection. In the interim, if you are a SNAPSHOT user and are not sure which fields are required for AROC, please email aroc@uow.edu.au and we will send you a paper.
summarising the AROC SNAPshot data definitions.

Did YOU know???

In this section we aim to bring to your attention issues relating to AROC. We hope that you will find this section informative, and that the overall quality of the data among all rehabilitation units will benefit. Please let us know if you have any suggestions for information that could appear in this section of the newsletter.

Did you know that:

♦ FIM scores are needed at both the start and end of an episode for rehabilitation (users of SNAPshot will know that an episode cannot be ended unless discharge FIM scores are given).

♦ The FIM should be completed within 72 hours after admission and again within 72 hours before discharge.

♦ If a patient dies, all discharge FIM items should be scored as a 1, giving a total FIM of 18. This will not affect your unit’s results. All discharge FIM scores of 18 are reviewed by AROC. If the reason the episode ended is because of the patient’s death, the episode is excluded from FIM change calculations.

♦ Assessment-only patients generally have a length of stay of 1 day (i.e. their episode start date is the same as their episode end date).

♦ Non assessment-only patients can have a maximum length of stay of 90 days. Where an episode is longer than 90 days, the episode should be ended and a new episode should be commenced (reason for ending the first episode is 90 day review, and reason for starting the second episode is also 90 day review).

FAQ

In this section we will include a selection of questions and answers that have been directed to AROC that may be helpful to you. Please contact us at aroc@uow.edu.au with any questions you may have about AROC and/or the data collection. We will endeavour to answer all your questions as quickly as possible, and may include your question in this section if we think that it will be helpful to others.

Q: We have a patient that had an interruption to his rehabilitation episode of care when he had to move to acute care. Now he is not going to return to the rehab program. How do we end the episode?

A: This does happen occasionally. As long as it is definite that the patient will NOT return to complete his rehab episode, the following steps should be taken:

1. Remove the interruption date and set interruption to NO

2. Enter the end FIM score for the patient*

3. Put the original interruption date as the end date for the episode

4. Give the appropriate reason for episode end, e.g. Change from SNAP to acute care - different ward

* For SNAPshot users, where it is not possible to obtain a discharge FIM score, enter 1 for all discharge FIM items (a total of 18) and in the comments section of the episode screen type
"FIM 18 used - interruption converted to end date". This will not affect your unit's results. All discharge FIM scores of 18 are reviewed by AROC. If you have entered a comment that indicates that the discharge FIM score is not a real score, the episode is excluded from FIM change calculations.

NOTE: Please ensure you only use a FIM score of 18 in this manner when it is not possible to get the actual discharge FIM score.

SNAPSHOT 3.5a

Please note that private rehabilitation hospitals using SNAPshot to collect AROC data should now be using SNAPshot version 3.5a. This version includes a revised HCP reporting function.

FIM Resources

You will also find attached to this email an order form for FIM training resources. Should you require any of these tools simply complete the form and return it to AROC at the address shown.

We're only a phone call away...

If you have any concerns about your data or about AROC or if you would like to comment on any aspect of the newsletter or the reports, we'd be happy to hear from you. Contact details are provided below.

AROC Contact Details

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