INITIAL ANALYSIS OF NEWLY ADDED DATA ITEMS. DO THEY PROVIDE INSIGHTS OF VALUE?

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What is AROC?

• The national rehabilitation medicine clinical registry for Australia and New Zealand

• AROC began as a joint initiative of the whole Australian rehabilitation sector (providers, payers, regulators and consumers) with support from key New Zealand providers

• Established 1 July 2002 as a not-for-profit Centre

• The Australasian Faculty of Rehabilitation Medicine (AFRM) is the auspice body

• The Australian Health Services Research Institute (AHSRI) at the University of Wollongong is the data manager and responsible for AROC’s day to day operations
AROC Reporting

- Annual reports summarising national data
  - Australia
  - New Zealand

- Benchmarking reports
  - Core Report (six monthly)
  - Outcome Target Report (six monthly)
  - Impairment Specific Reports (annually)
    - Stroke
    - #NOF
    - Ortho replacements
    - Reconditioning
    - Brain Injury
    - Amputee
    - Spinal Cord Injury
AROC Core Report
Inpatient – Pathway 3
Anywhere Private Hospital
January 2012 – December 2012

AROC Impairment Specific Report
Inpatient – Pathway 3
STROKE
Sunshine Hospital
January 2012 – December 2012

AROC Outcome Targets Report
Inpatient – Pathway 3
Anywhere Hospital
January 2012 – December 2012
V4 dataset structure

• V4 AROC dataset introduced 1 July 2012
• Bank of data items describes 6 possible clinical pathways
  • 3 inpatient
  • 3 ambulatory
• Chosen pathway determines which data items need to be completed
• Each pathway requires the collection of the statistical linkage key
Pathways – Inpatient rehabilitation

- **Pathway 3 – Inpatient direct care**
  Standard inpatient rehabilitation care. ‘Bed card’/medical governance is with the rehabilitation physician

- **Pathway 2 – In-reach rehabilitation care**
  Rehabilitation and acute team provide care at the same time. ‘Bed card’/medical governance is with acute team
  e.g. Patient in ICU under of Neuro surgeon and rehabilitation team has started providing (big R) rehabilitation

- **Pathway 1 – Consult liaison; one off assessment**
  Consultative care (see patient only once)
  e.g. Provision of a ‘second opinion’, advice on a particular problem, case review, one-off assessment or therapy session
Pathways – Ambulatory rehabilitation

• **Pathway 4 – Ambulatory direct care**
  Standard ambulatory rehabilitation care

• **Pathway 5 – Ambulatory shared care**
  Shared care arrangement between a number of providers (rehab, non rehab & other sub acute services)
  e.g. Cancer patient is receiving home based therapy from community rehabilitation team as well as palliative care services

• **Pathway 6 – Ambulatory shared care; one off assessment**
  Consultative care (see patient only once)
  e.g. Provision of a ‘second opinion’, advice on a particular problem, case review, one-off assessment or therapy session
Pathway 2
In-reach rehabilitation - casemix

- Re-conditioning: 50%
- Orthopaedic: 20%
- Brain/Neuro: 15%
- Other: 15%
Pathway 2 - In-reach rehabilitation

Preliminary analysis

• Overall the average length of stay was 7.9 days, improving 8.1 FIM points from a start of 75.1

• Reconditioning episodes
  – average start FIM 75.5 (compared to 87.6 in pathway 3)
  – 70% discharged directly to community, half of those to a private residence

• Orthopaedic fracture episodes
  – average start FIM 74.4 (compared to 82.5 in pathway 3)
  – 50% discharged directly to community, a third of those to a private residence
Pathway 2
In-reach rehabilitation

- Early days
- Growing number of facilities utilising this model of care
- Initial results look promising
- Next steps for AROC
  - Link pathway 2 and 3 episodes
  - Compare outcomes of people who had both pathway 2 and 3 with those who went directly to inpatient rehab
v4 – new data items

• to understand timeliness and processes related to access to rehabilitation …
  – Date of injury
  – Date of acute admission
  – Date of referral to rehabilitation
  – Date of assessment of suitability for rehab
  – Date clinically ready for admission to rehab
  – Date of actual admission

• … as well as the processes including potential barriers to discharge
  – Date clinically ready for discharge
  – Actual date of discharge
Time since injury to episode start

<table>
<thead>
<tr>
<th>Condition</th>
<th>Days from injury to acute admission</th>
<th>Days from acute admission to episode start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>0.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Ortho - fractures</td>
<td>0.5</td>
<td>12.3</td>
</tr>
<tr>
<td>Re-conditioning</td>
<td>0.6</td>
<td>14.9</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>0.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Stroke</td>
<td>0.3</td>
<td>10.6</td>
</tr>
<tr>
<td>Ortho - fractures</td>
<td>0.7</td>
<td>12.8</td>
</tr>
<tr>
<td>Re-conditioning</td>
<td>1.2</td>
<td>15.0</td>
</tr>
<tr>
<td>NEW ZEALAND</td>
<td>0.7</td>
<td>13.5</td>
</tr>
</tbody>
</table>
Time sequence – referral to episode start
Proportion Episodes with Delay in Admission

Number of delays in episode start

- Stroke
- Ortho - fractures
- Re-conditioning
- AUSTRALIA
- Stroke
- Ortho - fractures
- Re-conditioning
- NEW ZEALAND

Proportion with delay

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0 1 2 3 4
Reasons for Delay in Admission
Proportion Episodes with Delay in Discharge
Time sequence – delay in episode end

![Bar chart showing average number of days delay in discharge for different conditions.

- Stroke: 1.5
- Ortho-fractures: 0.7
- Re-conditioning: 1.0
- AUSTRALIA: 0.5
- NEW ZEALAND: 0.9]
Reasons for Delay in Discharge

![Bar chart showing reasons for delay in discharge, with categories such as patient-related issues, service issues, external support issues, equipment issues, and behavioral issues. The chart compares data from Australia and New Zealand.]
Outcomes by timeliness of access

AUSTRALIA

NEW ZEALAND
Insights of Value?

• Yes?
“Yes, but mine is an educated guess; yours is just a guess guess.
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