AROC Outcome Targets Report
Inpatient – Pathway 3
Anywhere Hospital

July 2012 – June 2013

Australasian Faculty of Rehabilitation Medicine
University of Wollongong
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AROC impairment specific benchmarking process

Since 2005 AROC has hosted benchmarking workshops, each of which has focused on one specific impairment. The ultimate objective of the workshop is the development of outcome targets specific to the impairment in question. A representative group of providers of rehabilitation for that impairment are invited to attend the workshop, covering both Australian public and private sectors in as many states and territories as possible, and New Zealand.

As part of the workshop invitees are provided with some detail regarding best practice outcomes relevant to the impairment under study (from an expert speaker and review of literature), and substantive analysis of AROC data relating to that impairment. During the workshop de-identified facility outcome data is presented and compared. Workshop participants are invited to discuss the issues (resource availability/processes etc) that affect the outcomes they achieve, and then to suggest relevant draft outcome targets.

Post workshop the draft targets, if created, are subjected to a sector wide review and feedback process prior to being finalised. Once finalised AROC publishes them on their website and includes the targets in their 6 monthly benchmarking process.

The process of benchmarking enables rehabilitation facilities to compare their functional outcomes against others in their field, and in this instance with targets. This healthy comparison between facilities allows for continuous reflection, evaluation and improvement of rehabilitation provided. Targets are developed by rehabilitation clinicians for rehabilitation clinicians, informed by clinical guidelines and current best practice. They are endorsed by the industry and enable benchmarking between facilities.

NOTE: the goal of benchmark workshops is to develop quality targets and these should not be linked to funding.
Introducing the Outcome Targets Report

This is the second AROC Outcome Targets Report which graphically compares your facility’s data to the AROC Benchmark (as set by AROC members). For each impairment that has had outcome targets established we provide background information on the development of the impairment specific target and graphically present the results for all facilities with sufficient data on this impairment.

To date, outcome targets have been set for four impairments: fractured neck of femur, stroke, brain dysfunction and reconditioning. For each impairment targets are set by AN-SNAP class.

The Outcome Targets Report is structured as a series of chapters, one per impairment. Each chapter begins with a background to the development of the impairment specific outcome target. Following this are the targets themselves, with each individual target followed by de-identified facility level graphs, one graph per AN-SNAP class per target. The red dotted horizontal line on the graph is the benchmark for that particular target. Each bar on each graph represents a facility, your facility is the coloured bar. If your bar is green your facility has achieved target; if your bar is orange your facility is within 5% of target; if your bar is red your facility has not achieved the target.

Some facilities only have a small number of episodes for a given impairment. Your facility will only receive the chapters for which you have a minimum of 20 completed episodes within the impairment (minimum of 15 episodes for brain dysfunction). Further, a minimum of 5 episodes within the AN-SNAP class of an impairment is required for your facility to appear on the graph for that target of that impairment.

NOTE: This report should be considered in conjunction with relevant Impairment Specific Reports and the Benchmark Core Report for your facility.
Data used in this report

- Data included in this report are episodes ending during the financial year 2013 (1 July 2012 to 30 June 2013 inclusive)

- Data in this report was collected using both version 3 (V3) and version 4 (V4) AROC data sets. All data collected using the V3 data set has been mapped to the V4 data set. This report is based on the V4 data set - Pathway 3 (inpatient direct care)

- All data are presented by AN-SNAP class (Appendix 3) within the impairment group (Appendix 2) the targets are set for

- Appendix 1 (glossary) contains definitions of concepts referred to in this report. An understanding of these will help with interpretation of the data

- Unit of counting is by episode, not by patient
How to interpret your graphs

1. Impairment the graph is about
2. Target the graph is about
3. AN-SNAP class the graph is about
4. Target details for this AN-SNAP class for this impairment
5. Target value shown on graph
6. Line indicating target level
7. One bar per facility
8. Your facility will be highlighted if you had at least 5 episodes for this AN-SNAP class within this impairment:
   a) green indicates the target was achieved at your facility
   b) orange indicates your facility is within 5% of achieving the target
   c) red indicates your facility did not achieve the target
   d) if your facility achieved 0% for this target no bar will appear
9. Summary of how many facilities achieved target and the average across all facilities
Fractured neck of femur
Background to target development

The first AROC Benchmarking Workshop run was on fractured neck of femur (#NOF) in April 2005. A follow-up workshop took place in October 2007 and the targets for outcomes of treatment of fractured neck of femur were developed at that workshop and were published in June 2008. AROC later held another follow-up #NOF Benchmarking Workshop in November 2010. The targets for outcomes of treatment of fractured neck of femur were reviewed and adjusted at this workshop and the revised targets published in March 2011.

The #NOF outcome targets developed address four key aspects of rehabilitation:
- Target 1 - Time since surgery to rehabilitation
- Target 2 - Length of inpatient hospital stay
- Target 3 - Functional gain achieved (as measured by FIM change)
- Target 4 - Discharge to accommodation, which allowed for same or greater independence
Episodes used to determine targets

Data was analysed in relation to the outcome targets at two time points, end of calendar year 2006 and financial year 2009/2010.

Data used to determine the targets comprised all episodes with AROC impairment codes:

- 8.111 (fracture of hip, unilateral)
- 8.112 (fracture of hip, bilateral)

Levels of functioning are categorised by V3 AN-SNAP classes:

- 3-227 Orthopaedic Conditions, Fractures, Motor 58-91
- 3-228 Orthopaedic Conditions, Fractures, Motor 48-57
- 3-229 Orthopaedic Conditions, Fractures, Motor 14-47, Cognitive 19-35
- 3-230 Orthopaedic Conditions, Fractures, Motor 14-47, Cognitive 5-18

Changes to AROC analysis between original target development in 2008 and revision in 2011:

- Removal of 90 days rule (episodes with a LOS greater than 90 days are no longer excluded from the dataset)
- Analysis is now based on “completed” episodes of care (refer to Appendix 1 for definition)
Summary of fractured neck of femur

Snapshot of target outcomes at your facility:

<table>
<thead>
<tr>
<th>AN-SNAP class</th>
<th>Episodes</th>
<th>Target status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3227</td>
<td>0</td>
<td>- - - -</td>
</tr>
<tr>
<td>3228</td>
<td>0</td>
<td>- - - -</td>
</tr>
<tr>
<td>3229</td>
<td>0</td>
<td>- - - -</td>
</tr>
<tr>
<td>3230</td>
<td>0</td>
<td>- - - -</td>
</tr>
<tr>
<td><strong>All episodes</strong></td>
<td><strong>0</strong></td>
<td>- - - -</td>
</tr>
</tbody>
</table>

- ✓ Achieved target
- ❌ Within 5% of target
- ✗ Did not achieve target
- ● Not reported (0-4 episodes)

NOTE: 117 of 244 (48.0%) facilities reporting NOF had fewer than 20 episodes.
Target 1: Time since surgery to rehabilitation

<table>
<thead>
<tr>
<th>2011 time since surgery to rehabilitation outcome targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of #NOF episodes to be admitted for rehabilitation within 7 days post surgery:</td>
</tr>
<tr>
<td>• AN-SNAP class 3-227  80%</td>
</tr>
<tr>
<td>• AN-SNAP class 3-228  80%</td>
</tr>
<tr>
<td>• AN-SNAP class 3-229  70%</td>
</tr>
<tr>
<td>• AN-SNAP class 3-230  60%</td>
</tr>
</tbody>
</table>

Data excluded from this analysis: nil

**NOTE:** At the time this target was developed, neither Australia or New Zealand had strong data upon which to develop a target, therefore the target was based on international literature and guidelines that rehabilitation should be started early to promote mobility and function (refer to the Scottish Intercollegiate Guidelines Network [http://www.sign.ac.uk/guidelines/fulltext/56/section9.html](http://www.sign.ac.uk/guidelines/fulltext/56/section9.html)). As a result this target was initially developed as “80% of all #NOF episodes will be admitted for rehabilitation within 7 days post surgery”.

At the time of creation of these targets AROC did not receive data from its members regarding date of surgery. As in interim measure, AROC used “date of onset” as a proxy to complete analysis. During target development participants advised that there is about a 3 day time lag between date of onset (date of relevant acute admission) and date of surgery, which needs to be considered when reporting performance against the current target.

Date of surgery is now being collected routinely in the version 4 AROC dataset, which commenced in July 2012. This target will be reviewed when sufficient V4 data exists.
#NOF Target 1: Time Since Surgery to Rehabilitation — AN-SNAP class 3-227 Target = 80% within 7 days post surgery

(24/130 facilities made target; average was 57.3%)
#NOF Target 1: Time Since Surgery to Rehabilitation — AN-SNAP class 3-228

Target = 80% within 7 days post surgery

(26/115 facilities made target; average was 57.3%)
#NOF Target 1: Time Since Surgery to Rehabilitation — AN-SNAP class 3-229 Target = 70% within 7 days post surgery

(41/120 facilities made target; average was 55.7%)
#NOF Target 1: Time Since Surgery to Rehabilitation — AN-SNAP class 3-230 Target = 60% within 7 days post surgery

(27/49 facilities made target; average was 59.1%)
Target 2: Length of stay

2011 length of stay outcome targets

Half all #NOF episodes to achieve a length of stay of:
- AN-SNAP class 3-227 14 days or less
- AN-SNAP class 3-228 18 days or less
- AN-SNAP class 3-229 23 days or less
- AN-SNAP class 3-230 21 days or less

Data excluded from this analysis:
- Invalid LOS (error in dates giving negative or > 500 days LOS)
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: Original outcome targets published in 2008 were set at slight stretch (40th percentile of actual 2006 data). In other words 40% of all episodes were already achieving this length of stay, whilst 60% were not.

Upon review of 2006 data for completed episodes only, it was decided to adjust the targets in-line with the statistical changes. The targets remain at the 40th percentile of 2006 data. However they now reflect completed episodes only (in-line with AROC reporting).
#NOF Target 2: Length of Stay — AN-SNAP class 3-227 Target = 14 days or less

(80/144 facilities made target; average was 49.9%)
#NOF Target 2: Length of Stay — AN-SNAP class 3-228 Target = 18 days or less

(67/128 facilities made target; average was 48.7%)
#NOF Target 2: Length of Stay — AN-SNAP class 3-229 Target = 23 days or less

(59/127 facilities made target; average was 45.2%)
#NOF Target 2: Length of Stay — AN-SNAP class 3-230 Target = 21 days or less

(23/53 facilities made target; average was 45.6%)
Target 3: FIM change

2011 functional gain outcome targets

Half all #NOF episodes to achieve a FIM change score of:

- AN-SNAP class 3-227 17 points or more
- AN-SNAP class 3-228 25 points or more
- AN-SNAP class 3-229 31 points or more
- AN-SNAP class 3-230 23 points or more

Data excluded from this analysis:

- Invalid FIM score (1 or more items not answered or null)
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: Original outcome targets published in 2008 were set at slight stretch (60th percentile of actual 2006 data). In other words 40% of all episodes were already achieving this length of stay, whilst 60% were not.

Upon review of 2006 data for completed episodes only, it was decided to adjust the targets in-line with the statistical changes. The targets remain at the 60th percentile of 2006 data. However they now reflect completed episodes only (in-line with AROC reporting).
#NOF Target 3: FIM Change — AN-SNAP class 3-227 Target = 17 points or more

(48/144 facilities made target; average was 40.9%)
#NOF Target 3: FIM Change — AN-SNAP class 3-228 Target = 25 points or more

(67/128 facilities made target; average was 48.7%)
#NOF Target 3: FIM Change — AN-SNAP class 3-229 Target = 31 points or more

(63/127 facilities made target; average was 44.8%)
#NOF Target 3: FIM Change — AN-SNAP class 3-230 Target = 23 points or more

(19/53 facilities made target; average was 40.9%)
Target 4: Discharge destination

2011 discharge destination outcome targets

Proportion of completed #NOF episodes to be discharged to pre-impairment form of accommodation or one which allows for greater independence:

- AN-SNAP class 3-227  90%
- AN-SNAP class 3-228  80%
- AN-SNAP class 3-229  75%
- AN-SNAP class 3-230  70%

Data excluded from this analysis:
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: Original outcome targets published in 2008 were set just above 2006 proportion. It was agreed to adjust the 2011 targets to be just above the 2009/2010 proportion for completed episodes as this data was more accurate and reliable than 2006 data.
#NOF Target 4: Discharge Destination — AN-SNAP class 3-227 Target = 90% achieve same or greater independence

(65/144 facilities made target; average was 80.4%)
#NOF Target 4: Discharge Destination — AN-SNAP class 3-228 Target = 80% achieve same or greater independence

(62/128 facilities made target; average was 74.0%)
#NOF Target 4: Discharge Destination — AN-SNAP class 3-229 Target = 75% achieve same or greater independence

(50/127 facilities made target; average was 65.3%)
# NOF Target 4: Discharge Destination — AN-SNAP class 3-230 Target = 70% achieve same or greater independence

(17/53 facilities made target; average was 53.8%)
Stroke
Background to target development

The first AROC stroke benchmarking workshop took place in February 2008 and the targets for outcomes of treatment of stroke developed at that workshop were published in June 2008. AROC later held a follow-up stroke benchmarking workshop in May 2011. The objective of the follow-up workshop was to evaluate the achievements of stroke outcome targets over the past 3 years and review the targets as deemed necessary. The reviewed targets for outcomes of treatment of stroke as adjusted at this workshop were published in August 2011.

The Stroke outcome targets developed address four key aspects of rehabilitation:

- Target 1 - Time since onset to rehabilitation
- Target 2 - Length of inpatient hospital stay
- Target 3 - Functional gain achieved (as measured by FIM change)
- Target 4 - Discharge to accommodation which allowed for same or greater independence
Episodes used to determine targets

Data was analysed at two time points, financial years 2006/2007 and 2009/2010. For the 2011 workshop the 2006/2007 data was re-analysed to include ‘completed episodes’ only, enabling direct comparison to the 2009/2010 data.

Data used to determine the stroke targets comprised all episodes with AROC impairment codes:

• 1.11 - Haemorrhagic, left body involvement
• 1.12 - Haemorrhagic, right body involvement
• 1.13 - Haemorrhagic, bilateral body involvement
• 1.14 - Haemorrhagic, no Paresis and
• 1.19 - Haemorrhagic, other stroke
• 1.21 - Ischaemic, left body involvement
• 1.22 - Ischaemic, right body involvement
• 1.23 - Ischaemic, bilateral body involvement
• 1.24 - Ischaemic, no Paresis and
• 1.29 - Ischaemic, other stroke

Levels of functioning are categorised by V3 AN-SNAP classes:

• 3-204 Stroke, Motor 63-91, Cognitive 20-35
• 3-205 Stroke, Motor 63-91, Cognitive 5-19
• 3-206 Stroke, Motor 47-62, Cognitive 16-35
• 3-207 Stroke, Motor 47-62, Cognitive 5-15
• 3-208 Stroke, Motor 14-46, Age>=75
• 3-209 Stroke, Motor 14-46, Age <=74
Summary of stroke

Distribution of completed episodes across facilities treating stroke

Snapshot of target outcomes at your facility:

<table>
<thead>
<tr>
<th>AN-SNAP class</th>
<th>Episodes</th>
<th>Target status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3204</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3205</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3206</td>
<td>0</td>
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<tr>
<td>3207</td>
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</tr>
<tr>
<td>3208</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3209</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>All episodes</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

- ✓ Achieved target
- ✗ Within 5% of target
- ❌ Did not achieve target
- — Not reported (0-4 episodes)

NOTE: 93 of 227 (41.0%) facilities reporting stroke had fewer than 20 episodes.
## Target 1: Time between onset and rehabilitation

### 2011 time between onset and rehabilitation outcome targets

Half (50%) of all stroke episodes to be admitted for rehabilitation post onset within:

- AN-SNAP class 3-204: 9 days
- AN-SNAP class 3-205: 9 days
- AN-SNAP class 3-206: 10 days
- AN-SNAP class 3-207: 14 days
- AN-SNAP class 3-208: 13 days
- AN-SNAP class 3-209: 16 days

75% of stroke episodes to be admitted for rehabilitation post onset within:

- AN-SNAP class 3-204: 19 days
- AN-SNAP class 3-205: 19 days
- AN-SNAP class 3-206: 19 days
- AN-SNAP class 3-207: 19 days
- AN-SNAP class 3-208: 19 days
- AN-SNAP class 3-209: 19 days

Data excluded from this analysis: nil
Target 1: Time between onset and rehabilitation
continued

NOTE: Development of the 2008 target was guided by best practice and clinical judgment. A
dual target was set based on the 25th and 75th percentile of current data at that time.

The targets were set as identical for each AN-SNAP class; a target of 7 days between onset and
rehabilitation for 50% of episodes and 19 days for 75% of episodes.

The 2011 follow-up workshop participants agreed that the data gave confirmation that the
targets set in 2008 were ‘aspirational’. Very few facilities had been able to meet the targets.

The 2011 workshop adjusted the 50% targets to reflect the data current at that time. However
they retained the 75% target.

In setting the 50% targets it was found the mean number of days varied across AN-SNAP
classes. As a result, the 50% targets were adjusted to reflect a target by AN-SNAP class.
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-204 Target = 50% within 9 days

(75/130 facilities made target; average was 52.6%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-204 Target = 75% within 19 days

(77/130 facilities made target; average was 73.3%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-205 Target = 50% within 9 days

Proportion of episodes admitted for rehabilitation within 9 days

(5/17 facilities made target; average was 37.1%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-205 Target = 75% within 19 days

75% of episodes were admitted for rehabilitation within 19 days.

(10/17 facilities made target; average was 72.0%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-206 Target = 50% within 10 days

(70/120 facilities made target; average was 51.2%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-206 Target = 75% within 19 days

(59/120 facilities made target; average was 69.6%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-207 Target = 50% within 14 days

(4/6 facilities made target; average was 68.8%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-207 Target = 75% within 19 days

(4/6 facilities made target; average was 75.4%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-208 Target = 50% within 13 days

(65/103 facilities made target; average was 55.8%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-208 Target = 75% within 19 days

(48/103 facilities made target; average was 68.8%)

ARCC Target Outcomes Report (Inpatient - pathway 3) — Anywhere Hospital from June 2013 to June 2013
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-209 Target = 50% within 16 days

(51/84 facilities made target; average was 54.1%)
Stroke Target 1: Time Between Onset and Rehabilitation — AN-SNAP class 3-209 Target = 75% within 19 days

(23/84 facilities made target; average was 57.9%)
**Target 2: Length of stay**

### 2011 length of stay outcome targets

Half all stroke episodes to achieve a length of stay of:

- AN-SNAP class 3-204 14 days or less
- AN-SNAP class 3-205 21 days or less
- AN-SNAP class 3-206 20 days or less
- AN-SNAP class 3-207 26 days or less
- AN-SNAP class 3-208 29 days or less
- AN-SNAP class 3-209 38 days or less

Data **excluded** from this analysis:
- Invalid LOS (error in dates giving negative or > 500 days LOS)
- Incomplete episodes (refer to Appendix 1 for definition)

**NOTE:** Targets were set at the median of 2009/2010 data. The median was chosen as statistically speaking it allows for a long tail. This means that a subset of patients can have a significantly longer length of stay, which is often required clinically, without risk of negatively impacting on the length of stay report for that unit.
Stroke Target 2: Length of Stay — AN-SNAP class 3-204 Target = 14 days or less

(100/143 facilities made target; average was 58.8%)
Stroke Target 2: Length of Stay — AN-SNAP class 3-205 Target = 21 days or less

(15/19 facilities made target; average was 55.9%)
Stroke Target 2: Length of Stay — AN-SNAP class 3-206 Target = 20 days or less

(69/131 facilities made target; average was 48.3%)
Stroke Target 2: Length of Stay — AN-SNAP class 3-207 Target = 26 days or less

(3/6 facilities made target; average was 51.2%)
Stroke Target 2: Length of Stay — AN-SNAP class 3-208 Target = 29 days or less

Proportion of completed episodes to achieve a length of stay of ≤29 days

(41/113 facilities made target; average was 42.2%)
Stroke Target 2: Length of Stay — AN-SNAP class 3-209 Target = 38 days or less

(31/91 facilities made target; average was 43.0%)
Target 3: FIM change

2011 functional gain outcome targets
Half all stroke episodes to achieve a FIM change score of:

- AN-SNAP class 3-204 14 points or more
- AN-SNAP class 3-205 18 points or more
- AN-SNAP class 3-206 25 points or more
- AN-SNAP class 3-207 29 points or more
- AN-SNAP class 3-208 28 points or more
- AN-SNAP class 3-209 39 points or more

Data excluded from this analysis:
- Invalid FIM score (1 or more items not answered or null)
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: It was agreed at the 2008 workshop that the target around functional gain would be a slight stretch target set by AN-SNAP class at the 60th percentile of 2008 data. In other words, 40% of all stroke episodes would be already achieving this level of FIM change, whilst the other 60% are not.

At the follow-up workshop in 2011 targets were adjusted to the median of the 2009/2010 data. Where the 2009/2010 data indicated a target lower than that previously set the 2008 target was retained.
Stroke Target 3: FIM Change — AN-SNAP class 3-204 Target = 14 points or more

(56/143 facilities made target; average was 43.5%)
Stroke Target 3: FIM Change — AN-SNAP class 3-205 Target = 18 points or more

(15/19 facilities made target; average was 52.3%)
Stroke Target 3: FIM Change — AN-SNAP class 3-206 Target = 25 points or more

(67/131 facilities made target; average was 49.0%)
Stroke Target 3: FIM Change — AN-SNAP class 3-207 Target = 29 points or more

(2/6 facilities made target; average was 50.9%)
Stroke Target 3: FIM Change — AN-SNAP class 3-208 Target = 28 points or more

(54/113 facilities made target; average was 47.0%)
Stroke Target 3: FIM Change — AN-SNAP class 3-209 Target = 39 points or more

(41/90 facilities made target; average was 50.3%)
Target 4: Discharge destination

### 2011 discharge destination outcome targets

Proportion of completed stroke episodes to be discharged to pre-impairment form of accommodation or one which allows for greater independence:

- **AN-SNAP class 3-204** 82%
- **AN-SNAP class 3-205** 77%
- **AN-SNAP class 3-206** 80%
- **AN-SNAP class 3-207** 75%
- **AN-SNAP class 3-208** 61%
- **AN-SNAP class 3-209** 78%

Data **excluded** from this analysis:

- Incomplete episodes (refer to Appendix 1 for definition)

**NOTE:** Results of data analysis at the original workshop showed large differences between the public and private sectors. Participants from public hospitals voiced realistic concerns that it would be difficult for the public sector to raise their discharge proportions to meet that of the private sector. For these reasons the target was set at the current public proportion by AN-SNAP class.

In the 2011 follow-up workshop analysis using 2009/2010 data showed that all AN-SNAP class targets were being met. As a result targets for all classes were increased.
Stroke Target 4: Discharge Destination — AN-SNAP class 3-204 Target = 82% achieve same or greater independence

(72/143 facilities made target; average was 79.4%)
Stroke Target 4: Discharge Destination — AN-SNAP class 3-205 Target = 77% achieve same or greater independence

(7/19 facilities made target; average was 64.9%)
Stroke Target 4: Discharge Destination — AN-SNAP class 3-206 Target = 80% achieve same or greater independence

(62/131 facilities made target; average was 74.0%)
Stroke Target 4: Discharge Destination — AN-SNAP class 3-207 Target = 75% achieve same or greater independence

(1/6 facilities made target; average was 49.1%)
Stroke Target 4: Discharge Destination — AN-SNAP class 3-208 Target = 61% achieve same or greater independence

(30/113 facilities made target; average was 47.2%)
Stroke Target 4: Discharge Destination — AN-SNAP class 3-209 Target = 78% achieve same or greater independence

(23/91 facilities made target; average was 54.9%)
Brain dysfunction
Background to target development

The first AROC brain injury benchmarking workshop took place in September 2008. Targets developed at this workshop for outcomes of treatment of brain injury were published in July 2009.

Brain injury targets were set by trauma categories, that is, traumatic brain injury (TBI) and non-traumatic brain injury (NTBI). At the workshop TBI were considered an homogenous group so targets were set for open and closed injury combined. Subarachnoid haemorrhage, anoxic brain damage and other non-traumatic brain dysfunctions were not considered an homogenous group and it was agreed at the workshop that targets needed to be developed at an impairment level for NTBI. At present, subarachnoid haemorrhage is the only impairment with sufficient data to develop robust targets.

For each trauma category brain injury outcome targets developed address four key aspects of rehabilitation:

• Target 1 - Time since onset to rehabilitation
• Target 2 - Length of inpatient hospital stay
• Target 3 - Functional gain achieved (as measured by FIM change)
• Target 4 - Discharge to accommodation, which allowed for same or greater independence
Episodes used to determine targets

Data was analysed using calendar year 2007 whole episodes.

Data used to determine the TBI targets comprised all episodes with AROC impairment codes:

• 2.21 (open injury)
• 2.22 (closed injury)

Data used to determine the NTBI target for subarachnoid haemorrhage (SAH) comprised all episodes with an AROC impairment code:

• 2.11 (subarachnoid haemorrhage)

Levels of functioning are categorised by V3 AN-SNAP classes:

• 3-210 - Brain Dysfunction, motor 56-91, cognitive 32-35
• 3-211 - Brain Dysfunction, motor 56-91, cognitive 24-31
• 3-212 - Brain Dysfunction, motor 56-91, cognitive 20-23
• 3-213 - Brain Dysfunction, motor 56-91, cognitive 5-19
• 3-214 - Brain Dysfunction, motor 24-55
• 3-215 - Brain Dysfunction, motor 14-23
Summary of traumatic brain injury (TBI)

Distribution of completed episodes across facilities treating traumatic brain injury

Snapshot of target outcomes at your facility:

<table>
<thead>
<tr>
<th>AN-SNAP class</th>
<th>Episodes</th>
<th>Target status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>1A 1B 2 3 4</td>
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</tr>
<tr>
<td>All episodes</td>
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<td>— — — —</td>
</tr>
</tbody>
</table>

*Not figures provided for AN-SNAP class due to insufficient episodes

NOTE: 138 of 153 (90.2%) facilities reporting traumatic brain injury had fewer than 15 episodes.
Target 1: Time between onset and rehabilitation

2009 time between onset and rehabilitation outcome targets
Traumatic Brain Injury:
• 25% of TBI episodes to start rehabilitation within 7 days of injury
• 50% of TBI episodes to start rehabilitation within 17 days of injury

Data excluded from this analysis: nil

NOTE: Best practice, clinical judgment and the current data guided the development of these targets. Targets were set at a slightly higher level than the current data and independent of AN-SNAP classes.
TBI Target 1: Time Between Onset and Rehabilitation — Target = 25% within 7 days

(11/52 facilities made target; average was 15.2%)
TBI Target 1: Time Between Onset and Rehabilitation — Target = 50% within 17 days

(23/52 facilities made target; average was 44.6%)
Target 2: Length of stay

2009 length of stay outcome targets

Half of all TBI episodes to achieve a length of stay of:

- AN-SNAP class 3-210  12 days or less
- AN-SNAP class 3-211  16 days or less
- AN-SNAP class 3-212  22 days or less
- AN-SNAP class 3-213  26 days or less
- AN-SNAP class 3-214  35 days or less
- AN-SNAP class 3-215  53 days or less

Data excluded from this analysis:

- Invalid LOS (error in dates giving negative or > 500 days LOS)
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: Targets were set at the 2008 median (50% mark) allowing for a long tail. This means that a subset of patients can have a significantly longer length of stay, which is often required clinically, without negatively impacting the LOS report for that unit.
TBI Target 2: Length of Stay — AN-SNAP class 3-210 Target = 12 days or less

(4/6 facilities made target; average was 50.4%)
TBI Target 2: Length of Stay — AN-SNAP class 3-211 Target = 16 days or less

(13/16 facilities made target; average was 63.6%)
TBI Target 2: Length of Stay — AN-SNAP class 3-212 Target = 22 days or less

(5/8 facilities made target; average was 55.2%)
TBI Target 2: Length of Stay — AN-SNAP class 3-213 Target = 26 days or less

(4/7 facilities made target; average was 50.9%)
TBI Target 2: Length of Stay — AN-SNAP class 3-214 Target = 35 days or less

(11/16 facilities made target; average was 57.4%)
Target 3: FIM change

2009 functional gain outcome targets

Half of all TBI episodes to achieve a FIM change of:

- AN-SNAP class 3-210 10 points or more
- AN-SNAP class 3-211 11 points or more
- AN-SNAP class 3-212 17 points or more
- AN-SNAP class 3-213 22 points or more
- AN-SNAP class 3-214 37 points or more
- AN-SNAP class 3-215 27 points or more

Data excluded from this analysis:

- Invalid FIM score (1 or more items not answered or null)
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: Targets were set at the 2008 median (50% mark) allowing for a long tail. This means that a subset of patients can have a significantly lower FIM change score, which can occur clinically, without risk of negatively impacting the FIM change report for that unit.
TBI Target 3: FIM Change — AN-SNAP class 3-210 Target = 10 points or more

(3/6 facilities made target; average was 49.2%)
TBI Target 3: FIM Change — AN-SNAP class 3-211 Target = 11 points or more

(11/16 facilities made target; average was 63.6%)
TBI Target 3: FIM Change — AN-SNAP class 3-212 Target = 17 points or more

(4/8 facilities made target; average was 48.1%)
TBI Target 3: FIM Change — AN-SNAP class 3-213 Target = 22 points or more

(5/7 facilities made target; average was 57.7%)
TBI Target 3: FIM Change — AN-SNAP class 3-214 Target = 37 points or more

(13/16 facilities made target; average was 72.1%)
Target 4: Discharge destination

2009 discharge destination outcome targets

Proportion of brain injury completed episodes discharged to the community that will be discharged to a private residence:

• TBI 80%

Data excluded from this analysis:

• Incomplete episodes (refer to Appendix 1 for definition)

NOTE: Feedback from the workshop regarding discharge destination targets was mixed. It has been suggested that the target should reflect discharge to the most appropriate setting for their remaining disability, which is not necessarily the patient’s home. This is a valid suggestion, however the current AROC dataset does not have a field for recording “appropriateness of discharge destination”.

It was determined that this target should be set just above the proportion of the cohort discharged to the community, i.e. excluding episodes that remained in the hospital setting, and independent of AN-SNAP classes.
TBI Target 4: Discharge Destination — Target = 80% achieve same or greater independence

(41/52 facilities made target; average was 86.0%)
Summary of subarachnoid haemorrhage (SAH)

Distribution of completed episodes across facilities treating subarachnoid haemorrhage

<table>
<thead>
<tr>
<th>AN-SNAP class</th>
<th>Episodes</th>
<th>Target status</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3215</td>
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<td></td>
</tr>
<tr>
<td>All episodes</td>
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<td></td>
</tr>
</tbody>
</table>

Snapshot of target outcomes at your facility:

- Achieved target
- Within 5% of target
- Did not achieve target
- Not reported (0-4 episodes)

NOTE: 148 of 150 (98.7%) facilities reporting subarachnoid haemorrhage had fewer than 15 episodes.
Target 1: Time between onset and rehabilitation

2009 time between onset and rehabilitation outcome targets
Subarachnoid haemorrhage:

- 25% of SAH episodes to start rehabilitation within 8 days of injury
- 50% of SAH episodes to start rehabilitation within 19 days of injury

Data excluded from this analysis: nil

NOTE: Best practice, clinical judgment and the current data guided the development of these targets. Targets were set at a slightly higher level than the current data and independent of AN-SNAP classes.
Target 2: Length of stay

<table>
<thead>
<tr>
<th>2009 length of stay outcome targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half of all SAH episodes to achieve a length of stay of:</td>
</tr>
<tr>
<td>• AN-SNAP class 3-210 10 days or less</td>
</tr>
<tr>
<td>• AN-SNAP class 3-211 20 days or less</td>
</tr>
<tr>
<td>• AN-SNAP class 3-212 22 days or less</td>
</tr>
<tr>
<td>• AN-SNAP class 3-213 35 days or less</td>
</tr>
<tr>
<td>• AN-SNAP class 3-214 28 days or less</td>
</tr>
<tr>
<td>• AN-SNAP class 3-215 32 days or less</td>
</tr>
</tbody>
</table>

Data **excluded** from this analysis:

• Invalid LOS (error in dates giving negative or > 500 days LOS)
• Incomplete episodes (refer to Appendix 1 for definition)

**NOTE:** Targets were set at the 2008 median (50% mark) allowing for a long tail. This means that a subset of patients can have a significantly longer length of stay, which is often required clinically, without negatively impacting the LOS report for that unit.
Target 3: FIM change

2009 functional gain outcome targets
Half of all SAH episodes to achieve a FIM change of:

- AN-SNAP class 3-210 12 points or more
- AN-SNAP class 3-211 16 points or more
- AN-SNAP class 3-212 26 points or more
- AN-SNAP class 3-213 35 points or more
- AN-SNAP class 3-214 47 points or more
- AN-SNAP class 3-215 19 points or more

Data excluded from this analysis:
- Invalid FIM score (1 or more items not answered or null)
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: Targets were set at the 2008 median (50% mark) allowing for a long tail. This means that a subset of patients can have a significantly lower FIM change score, which can occur clinically, without risk of negatively impacting the FIM change report for that unit.
Target 4: Discharge destination

2009 discharge destination outcome targets

Proportion of brain injury completed episodes discharged to the community that will be discharged to a private residence:

- SAH 90%

Data excluded from this analysis:

- Incomplete episodes (refer to Appendix 1 for definition)

**NOTE:** Feedback from the workshop regarding discharge destination targets was mixed. It has been suggested that the target should reflect discharge to the most appropriate setting for their remaining disability, which is not necessarily the patient’s home. This is a valid suggestion, however the current AROC dataset does not have a field for recording “appropriateness of discharge destination”.

It was determined that this target should be set just above the proportion of the cohort discharged to the community, i.e. excluding episodes that remained in the hospital setting, and independent of AN-SNAP classes.
Reconditioning
Background to target development

The first AROC reconditioning benchmarking workshop took place in July 2009. Targets developed at this workshop for outcomes of treatment of reconditioning were published in November 2009.

Reconditioning impairments are not a homogenous group and it was agreed at the workshop that targets needed to be developed at an impairment level.

The reconditioning outcome targets developed address three key aspects of rehabilitation:

• Target 1 - Length of inpatient hospital stay
• Target 2 - Functional gain achieved (as measured by FIM change)
• Target 3 - Discharge to accommodation, which allowed for same or greater independence
Episodes used to determine targets

Data was analysed using calendar year 2008 data.

Episodes used to determine the targets comprised all episodes with AROC impairment codes:

• 16.1 (reconditioning post surgery)
• 16.2 (reconditioning post medical illness)
• 16.3 (reconditioning post cancer)

Levels of functioning are categorised by V3 AN-SNAP classes:

• 3-242  - Other Impairments, Motor 67-91
• 3-243  - Other Impairments, Motor 53-66
• 3-244  - Other Impairments, Motor 25-52
• 3-245  - Other Impairments, Motor 14-24
Summary of reconditioning post surgery

Distribution of completed episodes across facilities treating reconditioning post surgery

Snapshot of target outcomes at your facility:

<table>
<thead>
<tr>
<th>AN-SNAP class</th>
<th>Episodes</th>
<th>Target status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3242</td>
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<td>3245</td>
<td>0</td>
<td>- - -</td>
</tr>
<tr>
<td>All episodes</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

- ✓ Achieved target
- ✗ Did not achieve target
- ✘ Within 5% of target
- — Not reported (0-4 episodes)

NOTE: 154 of 241 (63.9%) facilities reporting reconditioning following surgery had fewer than 20 episodes.
Target 1: Length of stay

2009 reconditioning length of stay outcome targets
Half of all reconditioning post surgery episodes to achieve a length of stay of:

• AN-SNAP class 3-242 11 days or less
• AN-SNAP class 3-243 14 days or less
• AN-SNAP class 3-244 20 days or less
• AN-SNAP class 3-245 no target set due to insufficient episodes

Data excluded from this analysis:

• Invalid LOS (error in dates giving negative or > 500 days LOS)
• Incomplete episodes (refer to Appendix 1 for definition)

NOTE: This target was set at the median of current data for the cohort discharged to the community. Statistically speaking setting the target as the median allows for a long tail. This means that a subset of patients can have a significantly longer LOS, which is often required clinically, without negatively impacting on the LOS report for that unit.
Reconditioning post surgery Target 1: Length of Stay — AN-SNAP class 3-242 Target = 11 days or less

(67/110 facilities made target; average was 52.0%)
Reconditioning post surgery Target 1: Length of Stay — AN-SNAP class 3-243 Target = 14 days or less

(75/123 facilities made target; average was 54.1%)
Reconditioning post surgery Target 1: Length of Stay — AN-SNAP class 3-244 Target = 20 days or less

(58/94 facilities made target; average was 53.1%)
Target 2: FIM change

2009 reconditioning functional gain outcome targets
Half of all reconditioning post surgery episodes to achieve a FIM change of:
AN-SNAP class 3-242  10 points or more
AN-SNAP class 3-243  19 points or more
AN-SNAP class 3-244  26 points or more
AN-SNAP class 3-245  no target set due to insufficient episodes

Data excluded from this analysis:
• Invalid FIM score (1 or more items not answered or null)
• Incomplete episodes (refer to Appendix 1 for definition)

NOTE: This target was set at the median of 2008 data for the cohort discharged to the community. Statistically speaking setting the target as the median allows for a long tail. This means that a subset of patients can have significantly less FIM change, without negatively impacting on the FIM change report for that unit.
Reconditioning post surgery Target 2: FIM Change — AN-SNAP class 3-242 Target = 10 points or more

(55/110 facilities made target; average was 50.0%)
Reconditioning post surgery Target 2: FIM Change — AN-SNAP class 3-243 Target = 19 points or more

(75/123 facilities made target; average was 51.3%)
Reconditioning post surgery Target 2: FIM Change — AN-SNAP class 3-244 Target = 26 points or more

(49/94 facilities made target; average was 51.2%)
Target 3: Discharge destination

2009 reconditioning discharge destination outcome targets
Proportion of reconditioning post surgery episodes discharged to accommodation that allows for same or greater independence:

- AN-SNAP class 3-242 84%
- AN-SNAP class 3-243 86%
- AN-SNAP class 3-244 79%
- AN-SNAP class 3-245 no target set due to insufficient episodes

Data excluded from this analysis:
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: This target is set at the 2008 proportion of episodes discharged to accommodation that allows for same or greater independence.
Reconditioning post surgery Target 3: Discharge Destination — AN-SNAP class 3-242 Target = 84%
achieve same or greater independence

(77/110 facilities made target; average was 87.0%)
Reconditioning post surgery Target 3: Discharge Destination — AN-SNAP class 3-243 Target = 86% achieve same or greater independence

(56/123 facilities made target; average was 80.9%)
Reconditioning post surgery Target 3: Discharge Destination — AN-SNAP class 3-244 Target = 79% achieve same or greater independence

(47/94 facilities made target; average was 74.7%)
Summary of reconditioning post medical illness

Distribution of completed episodes across facilities treating reconditioning post medical illness

Snapshot of target outcomes at your facility:

<table>
<thead>
<tr>
<th>AN-SNAP class</th>
<th>Episodes</th>
<th>Target status</th>
</tr>
</thead>
<tbody>
<tr>
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<td>— — —</td>
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<td>3245</td>
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<td>— — —</td>
</tr>
<tr>
<td>All episodes</td>
<td>0</td>
<td>— — —</td>
</tr>
</tbody>
</table>

NOTE: 86 of 246 (35.0%) facilities reporting reconditioning follow after medical illness had fewer than 20 episodes.
### Target 1: Length of stay

#### 2009 reconditioning length of stay outcome targets

Half of all reconditioning post medical illness episodes to achieve a length of stay of:

- **AN-SNAP class 3-242**: 13 days or less
- **AN-SNAP class 3-243**: 15 days or less
- **AN-SNAP class 3-244**: 20 days or less
- **AN-SNAP class 3-245**: 26 days or less

Data **excluded** from this analysis:

- Invalid LOS (error in dates giving negative or > 500 days LOS)
- Incomplete episodes (refer to Appendix 1 for definition)

**NOTE:** This target was set at the median of current data for the cohort discharged to the community. Statistically speaking setting the target as the median allows for a long tail. This means that a subset of patients can have a significantly longer LOS, which is often required clinically, without negatively impacting on the LOS report for that unit.
Reconditioning post medical illness Target 1: Length of Stay — AN-SNAP class 3-242 Target = 13 days or less

(83/144 facilities made target; average was 57.2%)
Reconditioning post medical illness Target 1: Length of Stay — AN-SNAP class 3-243 Target = 15 days or less

(105/186 facilities made target; average was 53.0%)
Reconditioning post medical illness Target 1: Length of Stay — AN-SNAP class 3-244 Target = 20 days or less

(104/171 facilities made target; average was 53.7%)
Reconditioning post medical illness Target 1: Length of Stay — AN-SNAP class 3-245 Target = 26 days or less

(17/28 facilities made target; average was 55.6%)
Target 2: FIM change

2009 reconditioning functional gain outcome targets

Half of all reconditioning post medical illness episodes to achieve a FIM change of:

AN-SNAP class 3-242  9 points or more
AN-SNAP class 3-243  16 points or more
AN-SNAP class 3-244  21 points or more
AN-SNAP class 3-245  13 points or more

Data excluded from this analysis:

• Invalid FIM score (1 or more items not answered or null)
• Incomplete episodes (refer to Appendix 1 for definition)

NOTE: This target was set at the median of 2008 data for the cohort discharged to the community. Statistically speaking setting the target as the median allows for a long tail. This means that a subset of patients can have significantly less FIM change, without negatively impacting on the FIM change report for that unit.
Reconditioning post medical illness Target 2: FIM Change — AN-SNAP class 3-242 Target = 9 points or more

(79/144 facilities made target; average was 52.1%)
Reconditioning post medical illness Target 2: FIM Change — AN-SNAP class 3-243 Target = 16 points or more

(111/186 facilities made target; average was 53.4%)
Reconditioning post medical illness Target 2: FIM Change — AN-SNAP class 3-244 Target = 21 points or more

(89/171 facilities made target; average was 49.6%)
Reconditioning post medical illness Target 2: FIM Change — AN-SNAP class 3-245 Target = 13 points or more

Proportion of completed episodes to achieve a FIM change of 13+ points

(11/28 facilities made target; average was 48.7%)
Target 3: Discharge destination

2009 reconditioning discharge destination outcome targets
Proportion of reconditioning post medical illness episodes discharged to accommodation that allows for same or greater independence:

- AN-SNAP class 3-242 83%
- AN-SNAP class 3-243 82%
- AN-SNAP class 3-244 75%
- AN-SNAP class 3-245 61%

Data excluded from this analysis:
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: This target is set at the 2008 proportion of episodes discharged to accommodation that allows for same or greater independence.
Reconditioning post medical illness Target 3: Discharge Destination — AN-SNAP class 3-242 Target = 83% achieve same or greater independence

(93/144 facilities made target; average was 83.6%)
Reconditioning post medical illness Target 3: Discharge Destination — AN-SNAP class 3-243 Target = 82% achieve same or greater independence

(91/186 facilities made target; average was 79.5%)
Reconditioning post medical illness Target 3: Discharge Destination — AN-SNAP class 3-244 Target = 75% achieve same or greater independence

(82/171 facilities made target; average was 72.5%)
Reconditioning post medical illness Target 3: Discharge Destination — AN-SNAP class 3-245 Target = 61% achieve same or greater independence

(8/28 facilities made target; average was 49.4%)
Summary of reconditioning post cancer

Distribution of completed episodes across facilities treating reconditioning post cancer

Snapshot of target outcomes at your facility:

<table>
<thead>
<tr>
<th>AN-SNAP class</th>
<th>Episodes</th>
<th>Target status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3242</td>
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<td>-</td>
</tr>
<tr>
<td>All episodes</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

- ✔ Achieved target
- ❌ Within 5% of target
- × Did not achieve target
- - Not reported (0-4 episodes)

Note: 154 of 160 (96.3%) facilities reporting reconditioning following cancer had fewer than 20 episodes.
Target 1: Length of stay

2009 reconditioning length of stay outcome targets

Half of all reconditioning post cancer episodes to achieve a length of stay of:

• AN-SNAP class 3-242 13 days or less
• AN-SNAP class 3-243 14 days or less
• AN-SNAP class 3-244 20 days or less
• AN-SNAP class 3-245 no target set due to insufficient episodes

Data excluded from this analysis:

• Invalid LOS (error in dates giving negative or > 500 days LOS)
• Incomplete episodes (refer to Appendix 1 for definition)

NOTE: This target was set at the median of current data for the cohort discharged to the community. Statistically speaking setting the target as the median allows for a long tail. This means that a subset of patients can have a significantly longer LOS, which is often required clinically, without negatively impacting on the LOS report for that unit.
Reconditioning post cancer Target 1: Length of Stay — AN-SNAP class 3-242 Target = 13 days or less

(7/10 facilities made target; average was 49.5%)
Reconditioning post cancer Target 1: Length of Stay — AN-SNAP class 3-243 Target = 14 days or less

(7/11 facilities made target; average was 61.3%)
Target 2: FIM change

2009 reconditioning functional gain outcome targets
Half of all reconditioning post cancer episodes to achieve a FIM change of:
AN-SNAP class 3-242  8 points or more
AN-SNAP class 3-243  19 points or more
AN-SNAP class 3-244  23 points or more
AN-SNAP class 3-245  no target set due to insufficient episodes

Data excluded from this analysis:
- Invalid FIM score (1 or more items not answered or null)
- Incomplete episodes (refer to Appendix 1 for definition)

NOTE: This target was set at the median of 2008 data for the cohort discharged to the community. Statistically speaking setting the target as the median allows for a long tail. This means that a subset of patients can have significantly less FIM change, without negatively impacting on the FIM change report for that unit.
Reconditioning post cancer Target 2: FIM Change — AN-SNAP class 3-242 Target = 8 points or more

(6/10 facilities made target; average was 54.5%)
Reconditioning post cancer Target 2: FIM Change — AN-SNAP class 3-243 Target = 19 points or more

(6/11 facilities made target; average was 52.7%)
Reconditioning post cancer Target 2: FIM Change — AN-SNAP class 3-244 Target = 23 points or more

(4/8 facilities made target; average was 49.2%)
**Target 3: Discharge destination**

<table>
<thead>
<tr>
<th>AN-SNAP class 3-242</th>
<th>88%</th>
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</thead>
<tbody>
<tr>
<td>AN-SNAP class 3-243</td>
<td>84%</td>
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<tr>
<td>AN-SNAP class 3-244</td>
<td>77%</td>
</tr>
<tr>
<td>AN-SNAP class 3-245</td>
<td>no target set due to insufficient episodes</td>
</tr>
</tbody>
</table>

Data **excluded** from this analysis:

- Incomplete episodes (refer to Appendix 1 for definition)

**NOTE:** This target is set at the 2008 proportion of episodes discharged to accommodation that allows for same or greater independence.
Reconditioning post cancer Target 3: Discharge Destination — AN-SNAP class 3-242 Target = 88% achieve same or greater independence

(7/10 facilities made target; average was 91.0%)
Reconditioning post cancer Target 3: Discharge Destination — AN-SNAP class 3-243 Target = 84% achieve same or greater independence

(4/11 facilities made target; average was 80.4%)
Reconditioning post cancer Target 3: Discharge Destination — AN-SNAP class 3-244 Target = 77% achieve same or greater independence

(4/8 facilities made target; average was 74.3%)
Appendix 1: Glossary

**AN-SNAP**

The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP) is a casemix classification for sub-acute and non-acute care provided in a variety of treatment settings. Version 3, introduced in January 2012, is used in these reports; refer to Appendix 3 for the full list of classes.

**Change in FIM score**

The change in functional status from the beginning to the end of the episode is measured by the change in FIM score. This is calculated as the FIM score at the end of the episode minus the FIM score at the start of the episode. In some instances the change in total FIM score (the sum of items 1 to 18) is calculated. In other cases either the change in FIM motor score (the sum of items 1 to 13) or the change in FIM cognition score (the sum of items 14 to 18) is calculated.

A higher FIM score corresponds to higher level of function while a lower FIM score represents less functional independence. This means that a positive value for the change in FIM score indicates functional improvement of the client during the episode. A negative value for the change in FIM score indicates a decline in functional independence during the episode.

**Complete/incomplete episode**

An episode is considered “complete” for the purpose of calculating outcome statistics in this report if (A) the mode of episode end was either 1 (discharged to usual accommodation) or 2 (discharged to interim accommodation) AND total FIM score at episode end was greater than 18, or (B) the mode of episode end was 7 (change of care type within sub-acute/non-acute care) AND length of stay greater than 6 days.
Glossary ... continued

**FIM**
The Functional Independence Measure (FIM) is used as a tool to assess the functional independence of patients at episode start and end. Details of the specific FIM instrument used in these reports can be found in “UDSmr Adult FIM Workshop – Participant Manual, Version 5.1 (Australia). Buffalo, NY 14214: State University of New York at Buffalo; 2008.”

**Length of stay**
The length of stay of an episode is the number of days on which care has been provided. It is calculated as the end date minus the start date, minus the number of leave days during the episode.

**Version 4 data set**
Version 4 (V4) of the AROC dataset was introduced on 1 July 2012. V4 is designed as a bank of data items, combinations of which are used to describe 6 possible pathways of care (see the AROC website for more information about the different pathways).
This report utilises only Pathway 3 data (inpatient direct care).
Appendix 2: AROC impairment codes

STROKE

**Haemorrhagic**
1.11 Left body involvement
1.12 Right body involvement
1.13 Bilateral involvement
1.14 No paresis
1.19 Other Stroke

**Ischaemic**
1.21 Left body involvement (right brain)
1.22 Right body involvement (left brain)
1.23 Bilateral involvement
1.24 No paresis
1.29 Other stroke

BRAIN DYSFUNCTION

**Non-traumatic**
2.11 Sub-arachnoid haemorrhage
2.12 Anoxic brain damage
2.13 Other non-traumatic brain dysfunction

**Traumatic**
2.21 Open injury
2.22 Closed injury

NEUROLOGICAL CONDITIONS

3.1 Multiple Sclerosis
3.2 Parkinsonism
3.3 Polynuropathy
3.4 Guillian-Barré
3.5 Cerebral palsy
3.8 Neuromuscular disorders
3.9 Other neurological conditions

SPINAL CORD DYSFUNCTION

**Non traumatic spinal cord dysfunction**
4.111 Paraplegia, incomplete
4.112 Paraplegia, complete
4.1211 Quadriplegia, incomplete C1-4
4.1212 Quadriplegia, incomplete C5-8
4.1221 Quadriplegia, complete C1-4
4.1222 Quadriplegia, complete C5-8
4.13 Other non-traumatic spinal cord dysfunction

**Traumatic spinal cord dysfunction**
4.211 Paraplegia, incomplete
4.212 Paraplegia, complete
4.2211 Quadriplegia, incomplete C1-4
4.2212 Quadriplegia, incomplete C5-8
4.2221 Quadriplegia, complete C1-4
4.2222 Quadriplegia, complete C5-8
4.23 Other traumatic spinal cord dysfunction

AMPUTATION OF LIMB

**Resulting from trauma**
5.21 Single upper above elbow
5.22 Single upper below elbow
5.23 Single lower above knee (includes through knee)
5.24 Single lower below knee
5.25 Double lower above knee (includes through knee)
5.26 Double lower above/below knee
5.27 Double lower below knee
5.28 Partial foot (single or double)
5.29 Other amputation from trauma

**Not resulting from trauma**
5.11 Single upper above elbow
5.12 Single upper below elbow
5.13 Single lower above knee (includes through knee)
5.14 Single lower below knee
5.15 Double lower above knee (includes through knee)
5.16 Double lower above/below knee
5.17 Double lower below knee
5.18 Partial foot (single or double)
5.19 Other amputation not from trauma

ARTHRITIS

6.1 Rheumatoid arthritis
6.2 Osteoarthritis
6.9 Other arthritis

PAIN SYNDROMES

7.1 Neck pain
7.2 Back Pain
7.3 Extremity pain
7.4 Headache (includes migraine)
7.5 Multi-site pain
7.9 Other pain (includes abdo/chest wall)
ORTHOPAEDIC CONDITIONS

Fractures (includes dislocation)

8.111 Fracture of hip, unilateral (incl. #NOF)
8.112 Fracture of hip, bilateral (incl. #NOF)
8.12 Fracture of shaft of femur
8.13 Fracture of pelvis
8.141 Fracture of knee
8.142 Fracture of lower leg, ankle, foot
8.15 Fracture of upper limb
8.16 Fracture of spine
8.17 Fracture of multiple sites
8.19 Other orthopaedic fracture

Post Orthopaedic Surgery

8.211 Unilateral hip replacement
8.212 Bilateral hip replacement
8.221 Unilateral knee replacement
8.222 Bilateral knee replacement
8.231 Knee and hip replacement, same side
8.232 Knee and hip replacement, diff sides
8.24 Shoulder replacement
8.25 Post spinal surgery
8.26 Other orthopaedic surgery

Soft tissue injury

8.3 Soft tissue injury

CARDIAC

9.1 Following recent onset of new cardiac impairment
9.2 Chronic cardiac insufficiency
9.3 Heart and heart/lung transplant

PULMONARY

10.1 Chronic obstructive pulmonary disease
10.2 Lung transplant
10.9 Other pulmonary

BURNS

11 Burns

CONGENITAL DEFORMITIES

12.1 Spina bifida
12.9 Other congenital deformity

OTHER DISABLING IMPAIRMENTS

13.1 Lymphoedema
13.3 Conversion disorder
13.9 Other disabling impairments that cannot be classified into a specific group

MAJOR MULTIPLE TRAUMA

14.1 Brain + spinal cord injury
14.2 Brain + multiple fracture/amputation
14.3 Spinal cord + multi fracture/amputation
14.9 Other multiple trauma

DEVELOPMENTAL DISABILITIES

15.1 Developmental disabilities (excludes cerebral palsy)

RE-CONDITIONING/RESTORATIVE

16.1 Re-conditioning following surgery
16.2 Reconditioning following medical illness
16.3 Cancer rehabilitation
## Appendix 3: AN-SNAP V3 overnight rehabilitation classes

<table>
<thead>
<tr>
<th>Class</th>
<th>Description of AN-SNAP class</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-201</td>
<td>Rehabilitation, admit for assessment only</td>
</tr>
<tr>
<td>3-202</td>
<td>Brain, Neurological, Spinal &amp; Major Multiple Trauma, FIM 13</td>
</tr>
<tr>
<td>3-203</td>
<td>All other impairments, FIM 13</td>
</tr>
<tr>
<td>3-204</td>
<td>Stroke, FIM motor 63-91, FIM cognition 20-35</td>
</tr>
<tr>
<td>3-205</td>
<td>Stroke, FIM motor 63-91, FIM cognition 5-19</td>
</tr>
<tr>
<td>3-206</td>
<td>Stroke, FIM motor 47-62, FIM cognition 16-35</td>
</tr>
<tr>
<td>3-207</td>
<td>Stroke, FIM motor 47-62, FIM cognition 5-15</td>
</tr>
<tr>
<td>3-208</td>
<td>Stroke, FIM motor 14-46, age&gt;=75</td>
</tr>
<tr>
<td>3-209</td>
<td>Stroke, FIM motor 14-46, age&lt;75</td>
</tr>
<tr>
<td>3-210</td>
<td>Brain Dysfunction, FIM motor 56-91, FIM cognition 32-35</td>
</tr>
<tr>
<td>3-211</td>
<td>Brain Dysfunction, FIM motor 56-91, FIM cognition 24-31</td>
</tr>
<tr>
<td>3-212</td>
<td>Brain Dysfunction, FIM motor 56-91, FIM cognition 20-23</td>
</tr>
<tr>
<td>3-213</td>
<td>Brain Dysfunction, FIM motor 56-91, FIM cognition 5-19</td>
</tr>
<tr>
<td>3-214</td>
<td>Brain Dysfunction, FIM motor 24-55</td>
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<tr>
<td>3-215</td>
<td>Brain Dysfunction, FIM motor 14-23</td>
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<tr>
<td>3-216</td>
<td>Neurological, FIM motor 63-91</td>
</tr>
<tr>
<td>3-217</td>
<td>Neurological, FIM motor 49-62</td>
</tr>
<tr>
<td>3-218</td>
<td>Neurological, FIM motor 18-48</td>
</tr>
<tr>
<td>3-219</td>
<td>Neurological, FIM motor 14-17</td>
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<tr>
<td>3-220</td>
<td>Spinal Cord Dysfunction, FIM motor 81-91</td>
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<tr>
<td>3-221</td>
<td>Spinal Cord Dysfunction, FIM motor 47-80</td>
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<tr>
<td>3-222</td>
<td>Spinal Cord Dysfunction, FIM motor 14-46, age&gt;=33</td>
</tr>
<tr>
<td>3-223</td>
<td>Spinal Cord Dysfunction, FIM motor 14-46, age&lt;33</td>
</tr>
</tbody>
</table>

**NOTE:** AN-SNAP classes for inpatient rehabilitation have not changed between V2 and V3.
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  AROC has made every effort to ensure that the data used in these reports are accurate. Data submitted to AROC are checked for anomalies and facilities are asked to re-submit data prior to the production of AROC reports. We have provided general guidelines on the interpretation of the information reported but would advise readers to use their professional judgement in considering all information contained in this report.

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