Using AROC Data to Compare Outcomes for Older People in Public and Private Rehabilitation Units

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"Yes, but mine is an educated guess; yours is just a guess guess."
AROC

- Australasian Rehabilitation Outcomes Centre
- National rehabilitation clinical registry
  - Australian and New Zealand
- Established and manages national benchmarking system whose objective is to improve clinical rehabilitation outcomes for patients
- Promotes the importance of rehabilitation in the continuum of care
- Almost 100% coverage inpatient rehab units (232 units in Aus, 40 in NZ)
- AROC receives data describing more than 100,000 episodes of rehab per year
AROC Outputs

• Routine periodic benchmarking reports
• Annual AROC Report: the state of the rehabilitation nation
• National LOS and FIM Change benchmarks
• Facilitate development of impairment specific outcome targets (workshops)
• Jurisdictional benchmarking workshops/quality forums
• Data/data analysis access available for bona fide research
• Process support/help desk (resources, verbal advice)
• Training – dataset, FIM, process
AROC data

• Cohort for this study defined as older people, 70 years +

• In 2013 AROC received data for 70,893 episodes for Australian older people
  ... 69% of all episodes

• 61% all Australian episodes for older people are provided in private hospitals
Impairment profile 2009-2013
by age groups
Data profile for this study

- Data period 2009-2013 Australian episodes
- 70 years +
- 4 specific impairments

<table>
<thead>
<tr>
<th></th>
<th>2013, 70 years+</th>
<th>Public</th>
<th>Private</th>
<th>Total</th>
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<td>Stroke</td>
<td>3,679</td>
<td>1,587</td>
<td>5,266</td>
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<tr>
<td>Reconditioning</td>
<td>8,363</td>
<td>11,982</td>
<td>20,345</td>
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<td>Hip Fracture</td>
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<td>Hip Arthroplasty</td>
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<td>4,765</td>
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<td>16,527</td>
<td>20,740</td>
<td>37,267</td>
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Episode Volume 2009-2013 by sector

- Stroke
- Reconditioning
- Hip fracture
- Hip arthroplasty
AN-SNAP profile 2009-2013
by sector

Stroke

Reconditioning

Hip fracture

Hip arthroplasty
Age profile 2009-2013
by sector

Stroke

Reconditioning

Hip fracture

Hip arthroplasty
ALOS by AN-SNAP class by sector 2013

**Stroke**

**Reconditioning**

**Hip fracture**

**Hip arthroplasty**
Average FIM Change by AN-SNAP class by sector, 2013

**Stroke**

- **AN-SNAP class**
  - 3-204 Priv=571 Pub=803
  - 3-205 Priv=16 Pub=111
  - 3-206 Priv=493 Pub=828
  - 3-207 Priv=28 Pub=105
  - 3-208 Priv=182 Pub=1,305
  - 3-209 Priv=50 Pub=307

**Reconditioning**

- **AN-SNAP class**
  - 3-242 Priv=4,080 Pub=1,581
  - 3-243 Priv=5,030 Pub=2,739
  - 3-244 Priv=2,580 Pub=3,448
  - 3-245 Priv=225 Pub=494

**Hip fracture**

- **AN-SNAP class**
  - 3-227 Priv=910 Pub=759
  - 3-228 Priv=680 Pub=828
  - 3-229 Priv=644 Pub=1,231
  - 3-230 Priv=146 Pub=434

**Hip arthroplasty**

- **AN-SNAP class**
  - 3-231 Priv=1,023 Pub=101
  - 3-232 Priv=3,310 Pub=744
  - 3-233 Priv=810 Pub=311
FIM Efficiency by AN-SNAP class by sector, 2013

Stroke

Weekly FIM gain AN - SNAP class
Private
Public

Reconditioning

Weekly FIM gain AN - SNAP class
Private
Public

Hip fracture

Weekly FIM gain AN - SNAP class
Private
Public

Hip arthroplasty

Weekly FIM gain AN - SNAP class
Private
Public
Proportion discharged home by AN-SNAP class, by sector, 2013

- **Stroke**
- **Reconditioning**
- **Hip fracture**
- **Hip arthroplasty**
Casemix adjusted LOS by facility, 2013

Length of stay
Casemix adjusted FIM Change by facility, 2013
Key Messages

• Both public and private sectors provide care for the full range of AN-SNAP classes within each impairment
• Public sector admits a higher proportion of people with more complex needs
• Reviewing outcomes by sector is useful, but only tells part of the story
• Variation in outcomes at facility level is a key issue
"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."
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