DataMatters

this issue

Important Notice for Data Submission

Please note, it has been mandated by the AROC Management Advisory Group that there will be **NO** extension of deadlines for AROC Data Submission, effective immediately.

What does this mean?

Data for the next reporting period (Financial Year 2013 - FY13) **MUST** be submitted to AROC by July 31st. A further two weeks will be allowed for corrections to be made to your data. The FY13 reporting data will be closed (i.e. no more data will be able to be included) at midnight 14 August with report production commencing 15 August.

Similarly, data for the reporting period following (Calendar Year 2013 - CY13) **MUST** be submitted by January 31st 2014. After allowing two weeks for corrections the CY13 data will close at midnight 14 February with report production commencing 15 February.

What should you do?

1. Ensure all staff at your facility involved in AROC data collection are aware of this change.
2. Ensure your data entry is kept up to date (we recommend submitting monthly).
3. Submit as much data as you have available, even if not complete, on July 31st and again on August 14th.

Calendar Year 2012 Benchmarking Reports

Your facility Pathway 3 Core Benchmark Report and your facility Outcome Target Report is now available under the AROC REPORTS button. For how to download your benchmark report please read section 3.2 "Downloading AROC Reports" in the **AOS: User Guide** (available from the AROC Homepage under **AROC ONLINE SERVICES**) or watch the training video **Download benchmark report** also available from the AROC Homepage under **AROC ONLINE SERVICES**.

AROC Out and About

AROC has been asked to present at a number of conferences during the course of this year. The conferences are listed below. We look forward to meeting up with any of our members that also attend these conferences.

AFRM Bi National Training Programme for Registrars—Frances Simmonds

NSW Physios in Amputee Rehab Port Kembla Hospital—Jacquelin Capell

21st Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine (AFRM 2013), being held from 17 - 20 September 2013 at the Sheraton on the Park, Sydney. Jacquelin Capell - AROC Intensity of Therapy Project & Frances Simmonds— AROC Update

Contact AROC

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           fim@uow.edu.au
Telephone 02 4221 4411
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Australasian Rehabilitation Outcomes Centre

Quarter	Data due:
April - June	31 July
July - Sept	31 October
Oct - Dec	31 January

Benchmarking Reports 2012

AROC Out and About

AROC Update   Frances Simmonds

By the time you read this all AROC members will have received notification that their Calendar Year 2012 Benchmarking Report and their Calendar Year 2012 Outcome Target Report is available for download. This is the first time that AROC has reported on data collected using the v4 dataset (implemented 1 July 2012). The need to evolve the AROC Benchmarking Reports to reflect the v4 dataset presented us with an opportunity to design and implement some structural changes as well as content changes.

Structurally we will now present three separate types of reports:
    the Core Report (available now)
    the Outcome Target Reports (available now)
    the Impairment Specific Reports (coming soon)

The *Core Report* includes the standard analysis of all impairments, presenting the facilities data and comparing that to the either all public or all private data (whichever is relevant to each facility) and the national data.

Reporting against the impairment specific outcome target has been removed from the Core Report and now becomes a stand alone report, the *Outcome Target Report*. The structure has changed dramatically to become a graphical representation of the spread of achievement of the outcome target across all facilities, and where in the continuum of achievement across all facilities the individual facility is situated (colour coded – green = achieved target; amber = came within 5% of target; red = did not achieve target).

Impairment Specific Reports are being generated for Stroke, Brain Injury, Spinal Cord Injury, Amputee, Orthopaedic Replacements, Orthopaedic Fractures and Reconditioning.

These will provide greater analysis at an impairment level, and include analysis of the impairment specific data items that are included in the v4 dataset. They will present each facility's data and compare that to the national data.

With all these new reports to be designed and generated the AROC team has been exceptionally busy over the last few months. In addition to all this reporting AROC continues to work to iron out issues with our new AROC Online System, especially the web based data entry system. Thank you to all those who have had issues and have been patient with us as we have worked to resolve these. We continue to work on adding extra functionality to the system – for example, we hope to be able to add an AN-SNAP class calculator shortly!

And just to make sure we are kept busy, with the imminent advent of ABF (Activity Based Funding) for sub-acute episodes, and the fact that the ABF funding model is based on the AN-SNAP classification, AROC has seen an increase in FIM training and credentialing activity, so Julie and her team have been flat out as well!

Once again, thank you to all AROC members for your continued support of AROC. We sincerely appreciate all the work you do in collecting the AROC data and getting it to us. We hope our new report format will help you interpret the benchmarking data we send you … and of course ultimately help you improve the quality of outcomes you achieve for your patients.

AOS Home Page

Check out "AROC News" on the AOS Home Page to keep up to date with things happening at AROC

Coding Clarifications

The **AROC Impairment Coding Guidelines** can be found on the AROC website along with other Version 4 dataset resources at: http://ahsri.uow.edu.au/aroc/v4resources/index.html

In response to feedback from AROC members about coding guidelines relating to post orthopaedic surgery the AROC Impairment Coding Guidelines have been revised to improve the clarity of meaning. This section now reads as follows:

8) Orthopaedic disorders

Post Orthopaedic Surgery

USE this group for orthopaedic surgery including the revision or repair of previous orthopaedic surgery.

DO NOT USE this group when orthopaedic surgery is part of acute fracture management. These should be classified to 8.111 – 8.19.

For patients who are admitted for **elective surgery for joint replacement or repair of previous orthopaedic surgery** the Clinical Data Items dates should be completed as follows:

- Date of injury/impairment = date of elective surgery
- Onset time = leave blank
- Date of relevant acute episode = only collect this date item if the current rehabilitation episode was preceded by an episode of acute care, in the previous three months which was relevant to the current rehabilitation episode. If there was no relevant acute episode, leave this field blank.

Data items FAQ and updates

Data items FAQ and updates
The following section provides information in response to questions AROC has received about data items for brain injury and PTA and orthopaedic surgery date items.

Please don't hesitate to contact AROC at aroc@uow.edu.au with any questions you have regarding data entry items.

Brain Injury and PTA

Q: Can you please clarify how to complete the adjunct data items regarding PTA for brain dysfunction, impairment 2.22 if a patient did not experience a period of PTA? When we leave "data emerged from PTA" blank and enter "No" for chronic amnesia, we receive a Red error.

A: A little background information may help explain why you are receiving a red error even though you are entering this patient's data accurately.

A brain injury benchmarking workshop highlighted the need to collect data on PTA for patients with AROC impairment 2.22.Their main questions were does the length of PTA affect clinical outcomes like length of stay and FIM change? The adjunct data items and data quality rules have thus been designed for those cases with impairment code 2.22 who have experienced a period of PTA and not the minority of cases whom have not.

The reason why you are receiving a red error, is because the data collection rules (to ensure the best data quality) are recognising that you have left the field "date emerged from PTA" blank, but this is accurate in the case you described.

For cases with impairment code 2.22 who have not experienced a period of PTA please continue entering the data as you are i.e. leave "date emerged from PTA" blank and enter "No" for chronic amnesic. You will still receive a RED error message, but be assured that this episode of care will still be saved to AOS and used in appropriate clinical analysis.

New Tool Recommends Rehabilitation for all

Assessment for Rehabilitation: Pathway and Decision-Making Tool

The Australian Stroke Coalition Rehabilitation Working Group (which includes an AROC representative) has developed a Rehabilitation and Assessment Decision-making tool for use in acute care. As we cannot predict with confidence at onset how much function can be recovered after stroke, it is best practice to arrange for expert assessment for rehabilitation for all stroke. The tool recommends all stroke survivors should be assessed for rehabilitation unless they meet any of four exceptions:

1. Return to pre-morbid function. Stroke survivor has made a full recovery in all aspects including physical, emotional, psychological and cognitive.
2. Palliation: Death is imminent; refer to the palliative care team
3. Coma and/or unresponsive, not simply drowsy: Determined by criteria for minimally responsive, i.e. responds to stimuli meaningfully as able.
4. Declined rehabilitation: Stroke survivor does not wish to participate in rehabilitation

The tool includes a pathway and template to assess stroke survivors' rehabilitation needs and determine where those needs will be best met. It is supported by a user manual available at http://australianstrokecoalition.com.au/site/media/ASC-Assessment-for-Rehabilitation-Manual-and-Decision-Making-Tool-final2.pdf

The goal for implementation is for every inpatient stroke unit to use the Assessment for Rehabilitation: Pathway and Decision-Making Tool.

How can you help ? If your rehabilitation unit accepts stroke patients we suggest that you start asking your referring acute facilities if they are using the tool, and if not please pass on the relevant information about the tool to them.

If you'd like further information about this please contact either Frances at AROC (aroc@uow.edu.au) or Susan Hillier, susan.hillier@unisa.edu.au

Items to be considered when using AOS data entry

Browser
Your browser is your 'vehicle' for navigating the internet. It must be up to date and all security and pop-up settings according to AROC recommendations
Internet Explorer 7 or later must be used.
All pop-up Blockers must be turned off and all scripting enabled in 'custom level security 'on the security tab

Internet speed
This is the connection between your facility and your Internet provider. AROC data entry can work on relatively low speeds (bandwidth), if there are no other issues described below.

Traffic
Other users within your facility share your internet connection and compete for bandwidth. It might be possible to prioritise connection from your data entry computer, depending on your infrastructure.

Infrastructure
The traffic at your facility may be routed through different firewalls and servers and even through other facilities' infrastructure, slowing it down. If you believe this may be an issue, it might be possible to bypass some of the bottlenecks with help from your IT department.

Online
Tutorials

Take a look at our online tutorials for the following on our website:-
Jacquelin Capell

Data Entry — Pathway 3

Data Entry — Pathway 4

Extract Data

Download benchmark report

Spinal Cord
Benchmarking

Upcoming
Benchmarking
2013

Important News

Amendment: AROC Core Report (Inpatient - pathway 3) January 2012 to December 2012—Page 23: Casemix-adjusted relative means

Please note that for some facilities the benchmark group interquartile ranges reported for mean FIM change or mean LOS contained errors. Please accept our apologies for the error. The correct information is provided in the table below. Please don't hesitate to contact us with any concerns you may have about your reports.

	Benchmark Group IQR			
	Australia		New Zealand	
Casemix adjustment*	Private	Public	<65	65+
Mean length of stay	-3.7 to 2.6	-2.1 to 2.6	-6.8 to 1.5	-2.7 to 4.4
Mean FIM change	-2.7 to 1.9	-2.3 to 1.5	-4.8 to -0.1	-2.2 to 2.5

*incomplete episodes are excluded from Casemix analysis

Spinal Cord Injury Benchmarking Workshop

A Spinal Cord Workshop was held on 8 April in Melbourne (following on from the original SCI workshop held in 2008). Representatives from most specialist SCI units in Australia and New Zealand attended the workshop.

Results of data analysis over the last 4 financial years were discussed and reviewed.

The workshop offered a great opportunity for networking, but it was agreed that until units begin to collect data in a systematic and comparable way, development of targets for SCI rehabilitation will not be a priority.

Please contact AROC if you would like further information about the outcomes of the workshop.

Upcoming Benchmarking Workshops

A Brain Injury workshop is to be held sometime in the second half of the year and in addition AROC will be running jurisdictional benchmarking workshops in liaison with the appropriate clinical networks in each state.

Workshops were conducted in South Australia and Western Australia in late May and New South Wales workshops are planned for the second half of the year.

Discussions with New Zealand, Queensland and Victoria are underway. These workshops will provide the opportunity for all providers of rehabilitation to come together and see how the outcomes (casemix adjusted of course) they achieve for their patients compares with the outcomes achieved by other facilities in their state.

Calendar Year Ambulatory Reports

In 2012 26 facilities submitted AROC ambulatory data. This included public and private facilities across NSW, Victoria, Queensland, South Australia and the ACT. Facility level reports comparing an individual facility with all facilities were able to be provided where sufficient impairment level data (15 or more episodes with valid data) was available.

AROC reminds readers that care should be taken when interpreting these reports as they represent a small proportion of all Australian ambulatory rehabilitation services and models of service delivery. Please note that as a direct result of changes to the AROC dataset implemented by facilities at different times commencing from 1 July 2012 some data during this reporting period was collected in Version 4.

As V4 data relating to carer status and services received was not able to be mapped back against the Version 1 item "Level of support" the analysis for this period used Version 1 data items. All future reports will present analysis using the Version 4 data items. The National Ambulatory Report and facility reports are available under the AROC REPORTS button.

For information on how to download your reports please read section 3.2 "Downloading AROC Reports" in the **AOS: User Guide** (available from the AROC Homepage under **AROC ONLINE SERVICES**) or watch the training video **Download benchmark report** also available from the AROC Homepage under **AROC ONLINE SERVICES**.

Please do no hesitate to contact Jacquelin Capell by email to jcapell@uow.edu.au or telephone (02) 4221 4687 with any enquiries regarding the collection and submission of AROC ambulatory data.

You can change your AROC details online

Are their any changes to your details?

Has your email address changed, your phone number perhaps?

Change your details online using your AOS username and password or your FIM ID. No need to talk to AROC, this saves you time and waiting. Details are updated immediately when you press save.

Calendar Year Ambulatory Reports

FIM Questions and Answers

Q: How do you score a patient who needs help to thread and fasten a belt in their trousers?

A: You need to include the threading (1 step) and fastening (1 step) of the belt in the total lower body dressing tasks. If the patient needs help with the belt only, the highest they can score for lower body dressing will be a 4- minimal assistance.

Q: How do you score a patient who needs help to fasten a belt on their dress?

A: The need for assistance to fasten a belt on a dress will be included in the FIM item, lower body dressing. If the belt is already threaded through the dress hooks, assess the need for assistance to fasten the buckle (1 step) If the patient needs assistance to thread the belt through the dress hooks, count the threading as an additional step.

Q: How do you score a patient who wears braces on their trousers?

A: When calculating the number of steps involved in the lower body dressing activity, include the braces. For the purposes of FIM, putting on braces can be broken down into 3 steps- There will be 3 steps for putting on braces- attachment of the braces to the trousers (1 step), over right shoulder (1 step) and over left shoulder (1 step).

New FIM System

The new FIM system was launched in May last year together with our online purchasing system. Answers to FAQ's including those shown below are available in the FIM™ System User Guide:

- Allocate or assigning exams purchased
- Email candidates with their exam
- Find exams I've already purchased
- Downloading a list of exams purchased
- Sit the online exam
- How to find my FIM™ ID
- Receiving a credentialing certificate
- Finding out who is credentialed at my facility
- Finding out when my credentials expire
- I'm a Facility Trainer how to I organise an in house FIM™ workshop
- What do I do to organise a Master Trainer to train at my facility

FIM™ System User Guide

Please direct all FIM™ and WeeFIM® enquires to fim@uow.edu.au. In your email please indicate which facility you are from, your name, your role, your email address and your phone number.

Important note to Facility Trainers

Remember to submit your FIM ID form before your workshop so that AROC can update our database with your participants. You will then be able to assign exams to your participants without delay.

For FIM related matter our preferred method of receipt of documents is by email to fim@uow.edu.au Only fax if you have no other option please.

How to purchase an exam and take the exam

Exams can now be purchased from our website - http://ahsri.uow.edu.au/aroc/index.html.

Go to the website under the heading AROC online services:-
Choose **LOG IN TO NEW FIM™ SYSTEM**
- Log in using your FIM ID on the right hand side of the web page
Choose Purchase keys and complete the pages as they come up

To take the exam the procedure is similar:-
Go to the AROC web page http://ahsri.uow.edu.au/aroc/index.html

Choose **LOG IN TO NEW FIM™ SYSTEM** or go directly to this link http://verdelho.ad.uow.edu.au/AOS/Account/LogOn?ReturnUrl=%2fAOS
And the AROC online services page will come up – log in using your 'FIM ID' on the right hand side of the web page

THE FIM Credentialing Exam/FIM Home page comes up.

On the Left of the page will be headings – click "take exam", this will take you to the opening page of the exam, select "start exam".

FIM Training Workshops

For information about FIM workshops visit please our website at the following link:- http://ahsri.uow.edu.au/aroc/upcomingworkshops/index.html

Dates for 2013 AROC hosted FIM workshops are posted at the above link. Registration forms for those workshops are available by clicking on the date.

FIM Facility Trainers—What you can do in the New FIM System

FIM Facility Trainers can now:

- Order, pay for and receive FIM exams for workshop participants
- Order and pay for FIM Manuals for workshop participants (manuals will still be sent via normal post)
- Assign exams to participants at their facility. Assignment of an exam will trigger an email to be sent to the assigned person with details of how to access the online exam.
- Manage the assignment, or re-assignment if necessary of all exams purchased
- Review the status of all exams purchased (assigned, not yet assigned, used, expired, etc)
- View the exam results of participants.

Note: *Facility Trainers whose credentialing has lapsed will only have FIM Clinician access.*

FIM Exam & WeeFIM Exam

If you are unsure of when you last did an exam please don't hesitate to contact AROC at fim@uow.edu.au

Emailing AROC or FIM ?

Please give us this information:
Your name
Your facility's name
Your role
Your email address
Your phone number (including your area code)
Your question