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**The AROC rehabilitation
benchmarking journey – from
inpatient to ambulatory**

**Leading the Way In Continuing Care
Conference
21 November 2008**

Frances Simmonds, AROC Manager

What is AROC ?

- AROC began as a joint initiative of the whole Australian rehabilitation sector (providers, payers, regulators and consumers)
- Established 1 July 2002 as a not-for-profit Centre
- The Australasian Faculty of Rehabilitation Medicine (AFRM) is the auspice body and data custodian
- The Centre for Health Service Development (CHSD) at the University of Wollongong is the data manager and responsible for AROC's day to day operations

Purpose and Aims of AROC

The basic purpose and aims of AROC were established as, and continue to be:

- To provide a national benchmarking system to improve clinical rehabilitation outcomes.
- To produce information on the efficacy of interventions through the systematic collection of outcomes information in both the inpatient and ambulatory settings.
- To provide annual reports that summarise the Australasian data.

AROC Coverage

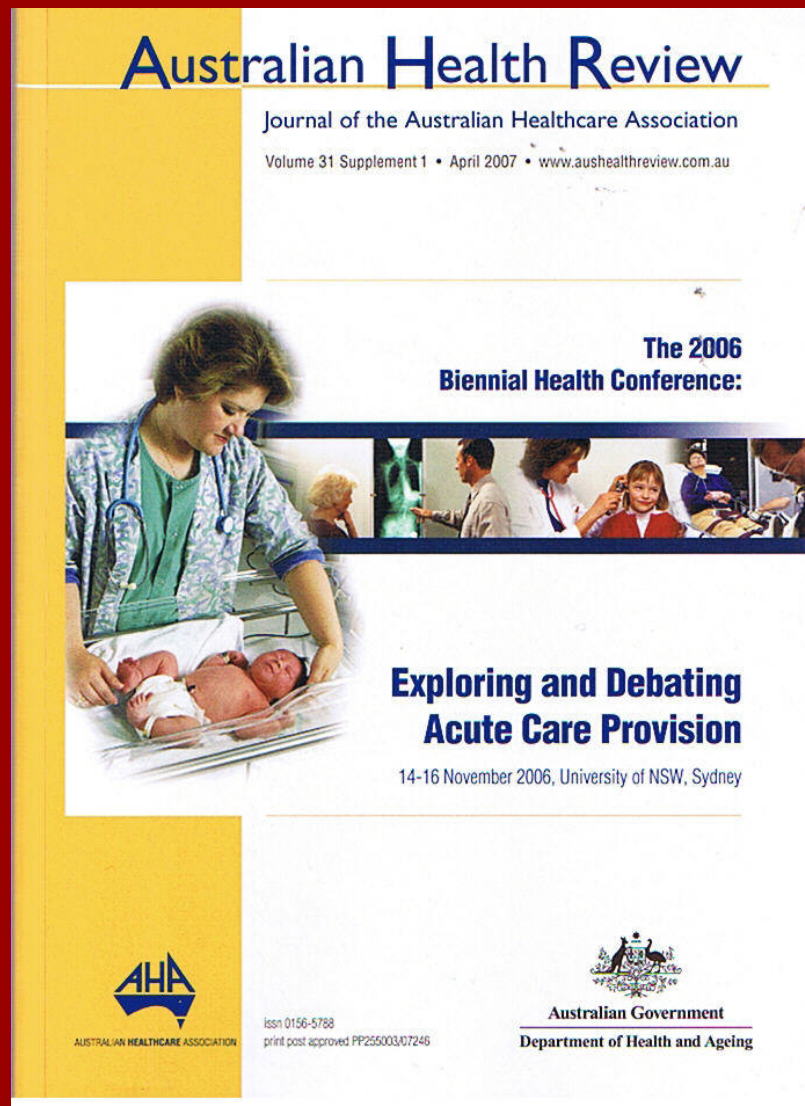
- There are approximately 160 rehabilitation units in Australia, 90 public sector and 70 private sector units
- 142 submitted data to AROC in the 2007 calendar year (78 public sector units, 64 private sector units)
- In 2007 data describing more than 53,000 episodes was submitted to AROC.
- AROC is funded by contributions from all stakeholders, facilities, health funds, DVA, health departments (state and commonwealth), some general insurers, and AFRM

Dissemination of Information

- AROC provides analysis of each individual member facilities data for that member, and also compares that data to analysis of the overall sector (public or private), and to the national data.
 - AROC Benchmarking Reports distributed electronically twice yearly
 - Health Funds also receive Benchmarking Reports
- Last year AROC published, in a national publication, the inaugural comprehensive AROC Annual report, describing the 2005 data
- In February this year, the second AROC Annual Report was published, describing the 2006 data

AROC “State of the Nation” inaugural publication

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**Australian Health Review
April 2007:
31 Suppl 1:S31-S53**

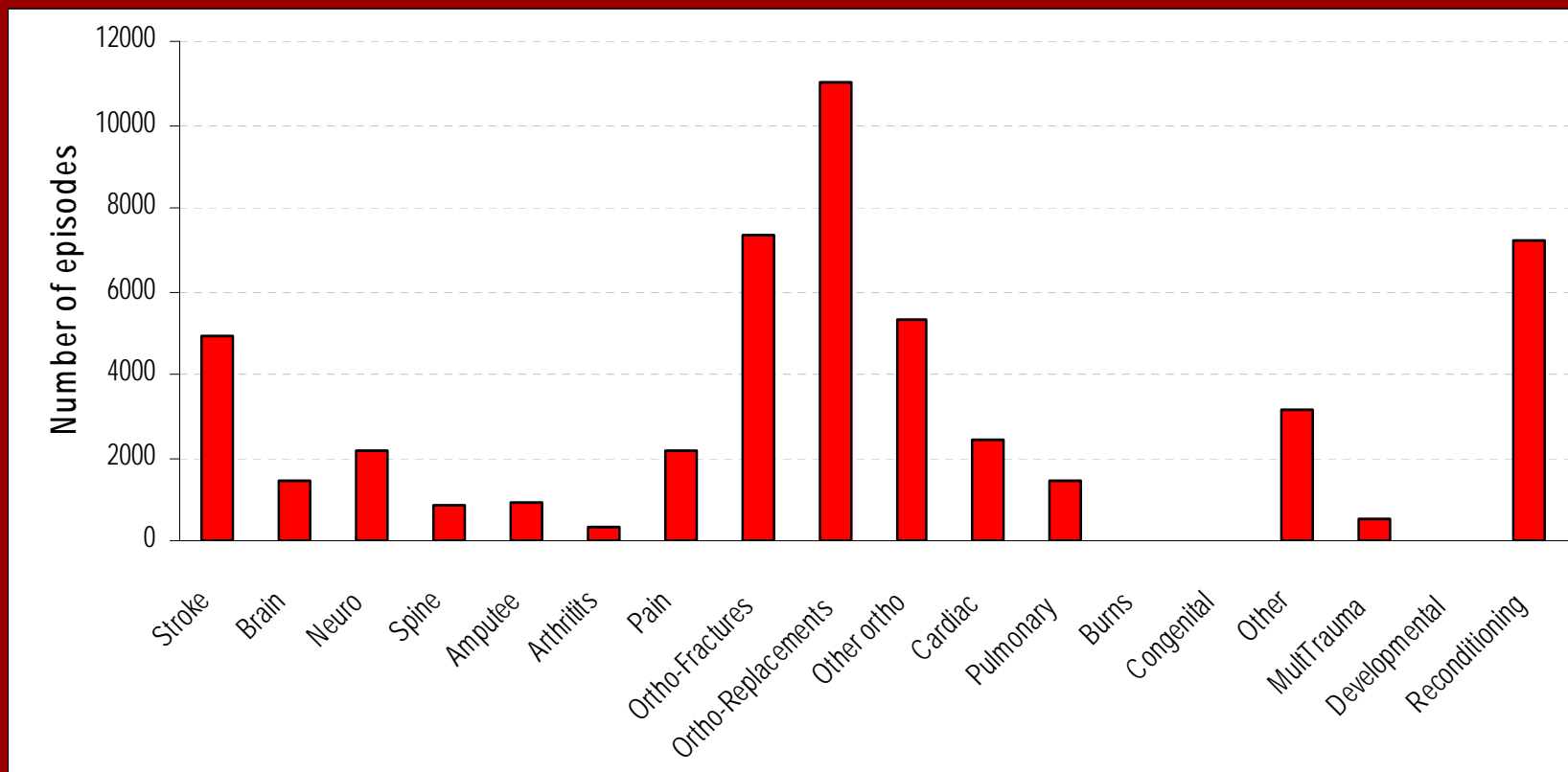
2006 Data published in
Australian Health Review
Feb 2008: 32(1):85-110

AROC as sector advocate

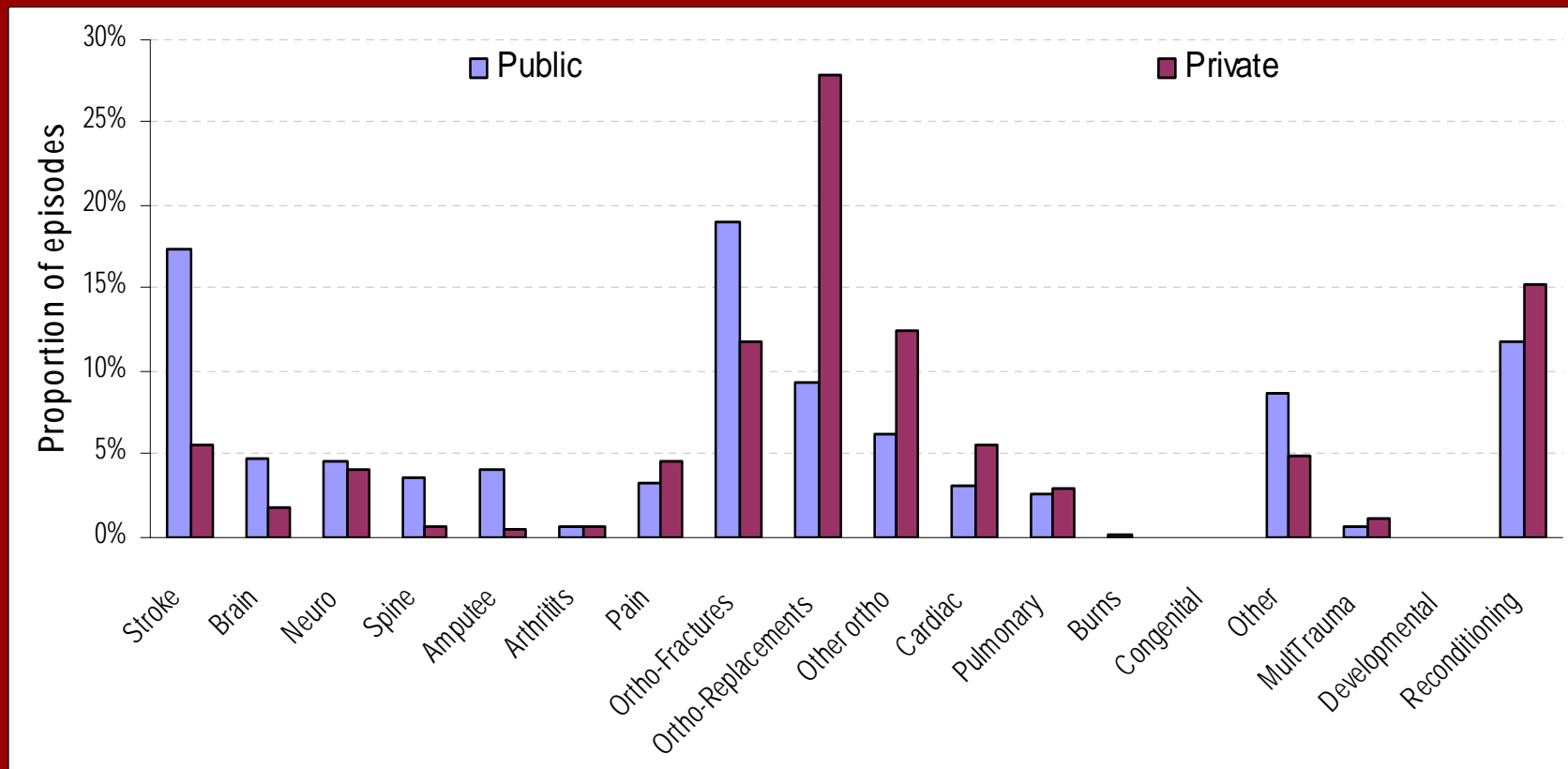
- AROC well positioned to promote the importance of rehabilitation in the continuum of care
- Well provided rehabilitation is the 'glue' that sticks together acute care and community services
- Well provided rehabilitation results in people with greater functional ability and more independence and thus:
 - lowers the incidence of readmission back to acute care
 - minimises the requirement (and cost) of community services required

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Episodes by impairment group, 2007



Proportion of episodes by impairment group, by sector, 2007

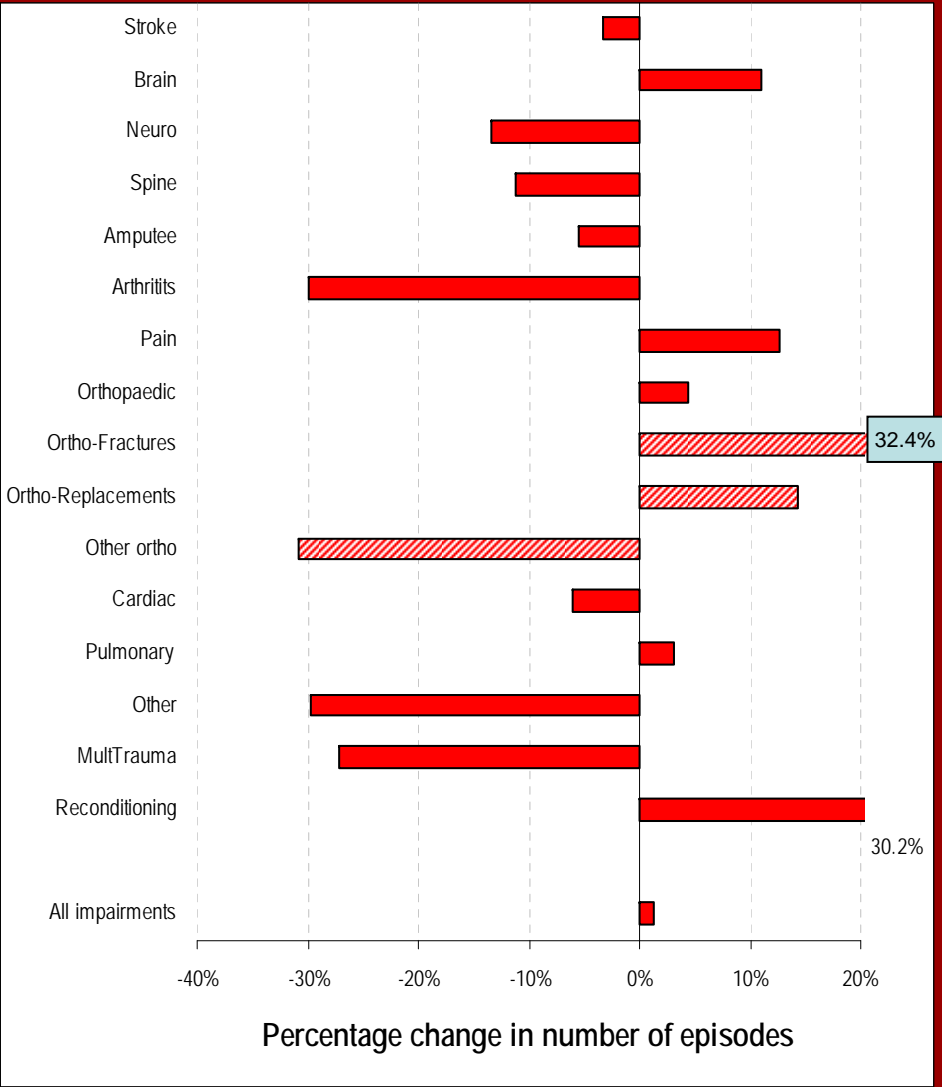


Victorian episodes by impairment group, 2007

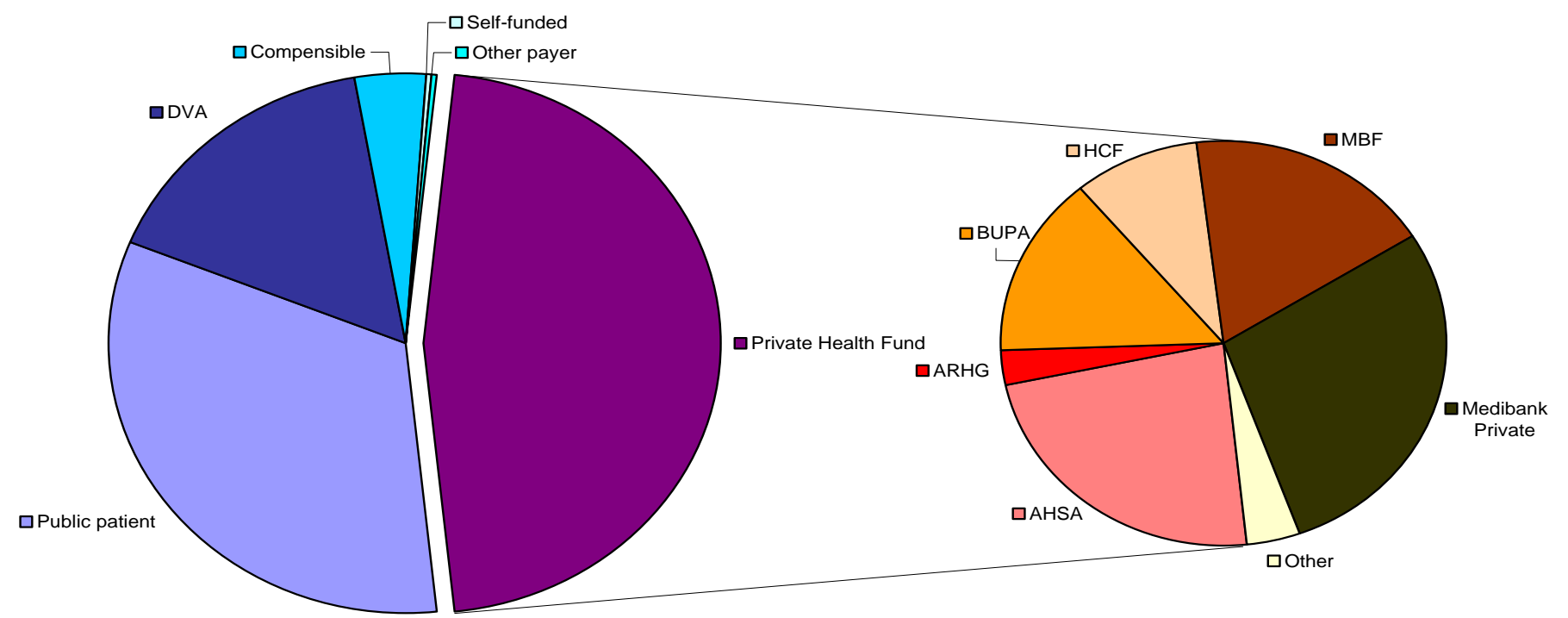


% Change from 2006 to 2007 in number of episodes by impairment

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Funding Source



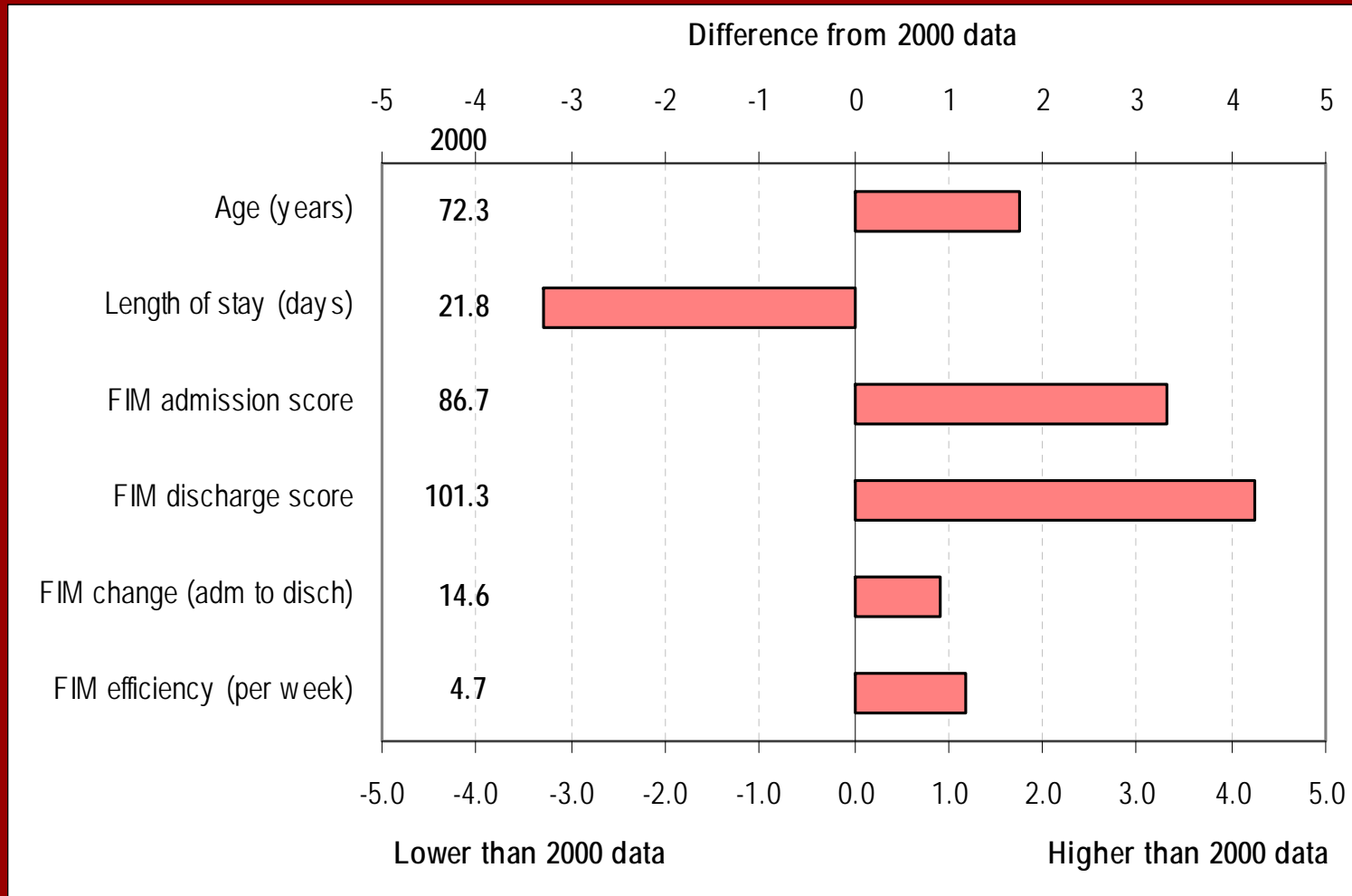
Outcomes in Rehabilitation

- Outcomes in rehabilitation cannot be measured by any single measure. It is the combination of elements that tell the story
 - Admission FIM
 - FIM change
 - LOS
 - Discharge destination
 - Age and co-morbidities also add context.
- Rehabilitation episodes are categorised by the AROC impairment code
- Episodes can also be categorised by AN-SNAP class, the sub-acute sector's version of casemix

Overall Rehabilitation Outcomes

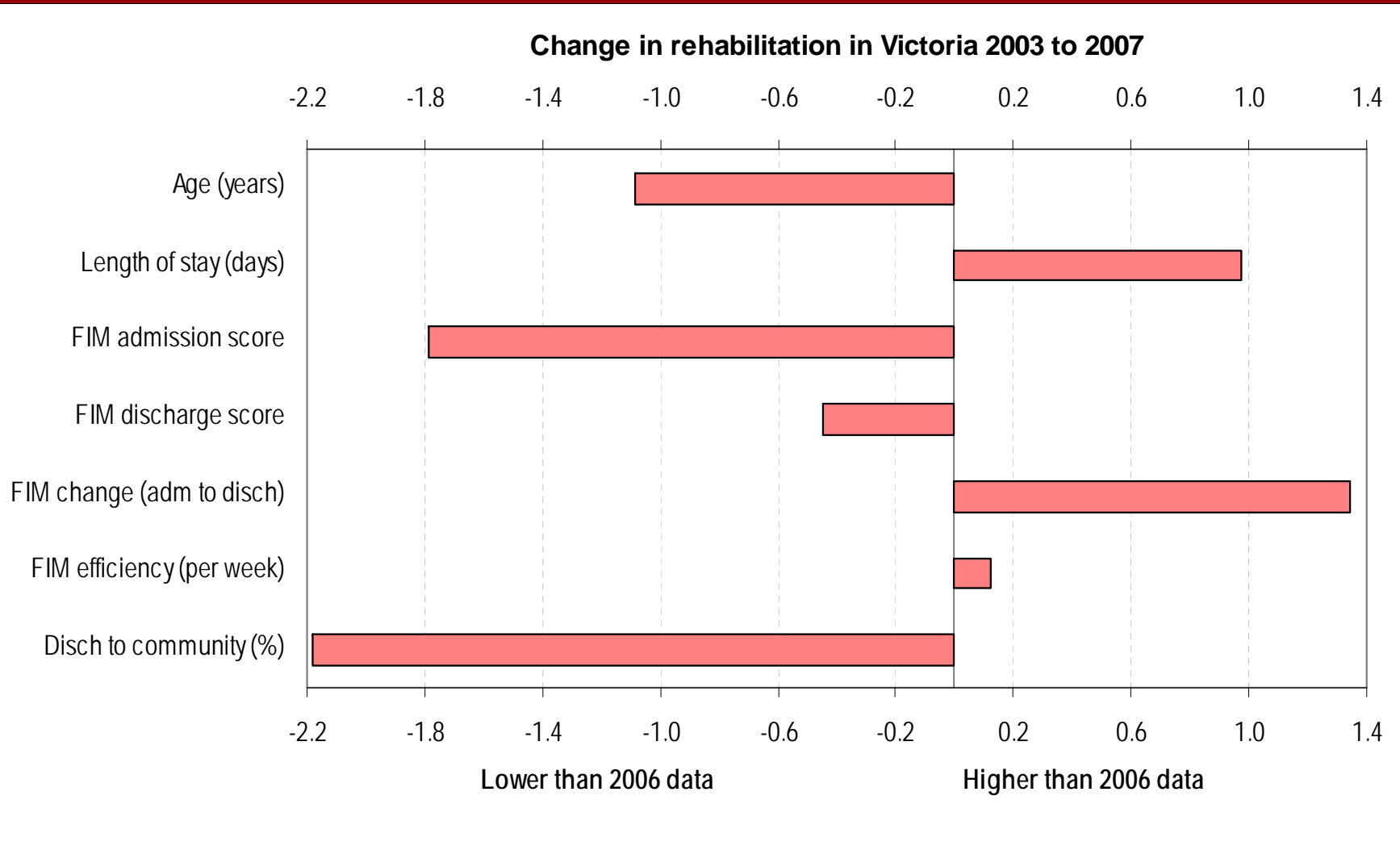
Summary - change in measures 2000-2007

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Victorian change in outcome measures 2003-2007

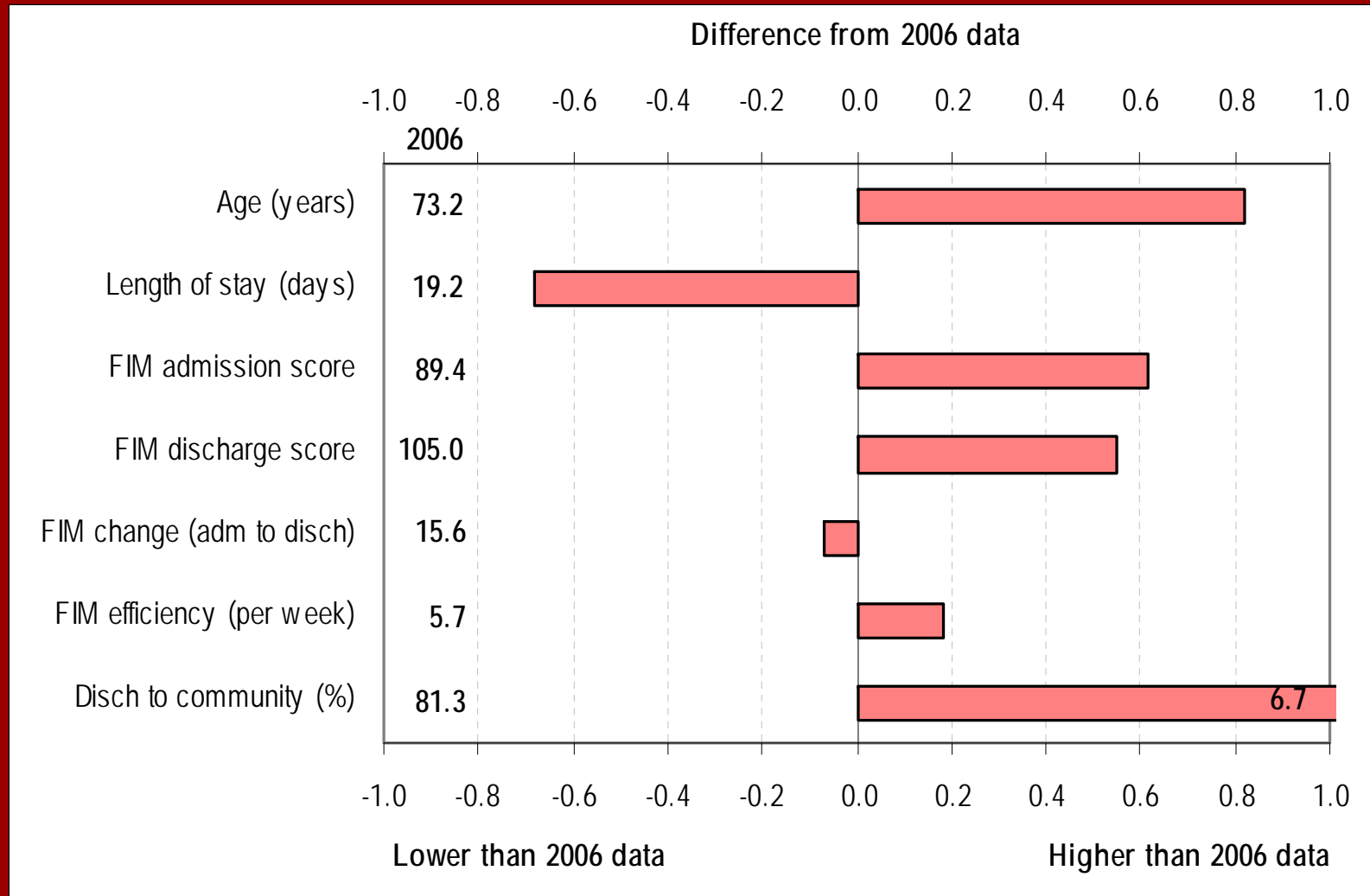
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Overall Rehabilitation Outcomes

Summary - change in measures 2006-2007

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Key Findings 2007

- Growth in volume of rehabilitation episodes appears to have slowed ...
- ... however, large increase in volume of reconditioning patients
- Rehabilitation becoming even more efficient and achieving better outcomes
 - Average age of patients still increasing
 - LOS still decreasing
 - FIM efficiency still increasing
 - Proportion of patients discharged to community still increasing
- State of Nation 2007 hopefully published early next year

Why Ambulatory Benchmarking?

- Growth of provision of rehabilitation in ambulatory settings – innovative models of care
- Important that benchmarking initiatives mirror service provision – thus AROC extension to ambulatory
- Payer/funder focus has shifted to include ambulatory rehabilitation services
- Benchmarking within ambulatory setting will allow services to monitor comparative effectiveness of their model of ambulatory care against other models

Definition of Ambulatory Rehabilitation

- Starts with a multi-disciplinary assessment
- A multi-disciplinary program but not all therapies may be delivered concurrently
- Includes goal setting and review
- The program of care is time limited
- Is delivered in an ambulatory setting, either centre or community based
- Ambulatory rehabilitation may occur as:
 - The continuation of an inpatient episode of rehabilitation
 - A rehabilitation program provided solely in an ambulatory setting

Development of the dataset

Pilot DVA study

- A draft data set was developed, piloted and refined during 2007/08 with the involvement of stakeholders through representation in the AROC SCAC
- The ambulatory dataset (Version 1) is based on the AROC inpatient dataset, modified to include items that relate specifically to evaluating the efficacy of ambulatory rehabilitation programs
- A modified version of the dataset was used as part of a research project commissioned by the DVA, this included prospective collection of the dataset against episodes of ambulatory rehabilitation in six participant private hospitals

Extension of AROC Data Collection to Ambulatory Sector

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- Ambulatory dataset now finalised
 - Including lessons learnt from pilot
- Australian modified Lawton's included as major outcome tool for benchmarking purposes
- Challenge will be that processes within the ambulatory setting are less structured than those of the inpatient setting
- Recruitment begun

Ambulatory Data Collection

- Recruitment within current AROC members, seeking commitment to begin ambulatory data collection
- *45 facilities committed to date*
- Broader recruitment as second phase
- Provision of dataset and functional outcome tool training
 - Training commenced in major centres around Australia
- First benchmarking information available after six months data collection

Australian Modified Lawton's

- AFRM endorsed Ambulatory benchmarking tool
- Demonstrated validity and reliability in measurement of 'participation in life' outcomes
- *Green J, Eagar K, Owen A, Gordon R and Quinsey K (2006). Towards a Measure of Function for Home and Community Care Services in Australia: Part II – Evaluation of the Screening Tool and Assessment Instruments. Australian Journal of Primary Health 12(1), 82-90*

Australian Modified Lawton's

- 8 items
 - Telephone
 - Shopping
 - Food preparation
 - Housekeeping
 - Laundry
 - Mode of transportation
 - Medication
 - Finances
- Scored 1-4 or 1-3, rating what client is currently capable of doing
- Total score out of 30

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Ambulatory

- Watch this space

AROC Projects

- Impairment specific benchmarking workshops
 - #NOF
 - Stroke
 - Brain Injury
 - Spinal Cord Injury
- New Zealand
- Pilot site for ACSQH Clinical Registry project

The logo for the Australasian Rehabilitation Outcomes Centre (AROC) is located in the top right corner. It consists of the lowercase letters "aroc" in a black, italicized serif font, enclosed within a white oval with a thin black border.

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