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AROC and Benchmarking

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What is AROC ?

- AROC began as a joint initiative of the whole Australian rehabilitation sector (providers, payers, regulators and consumers) with support from key New Zealand providers
- Established 1 July 2002 as a not-for-profit Centre
- The Australasian Faculty of Rehabilitation Medicine (AFRM) is the auspice body 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 national benchmarking systems 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 data at a national level

AROC has 5 roles

1. A national data bureau that receives and manages data on rehabilitation services in Australia and New Zealand
2. The national benchmarking centre providing for rehabilitation services
3. The national certification centre for the Functional Independence Measures (FIM)
4. An education and training and research centre for the FIM and other rehabilitation outcome measures
5. A research and development centre that develops research and development proposals and seeks external funding for its research agenda

Value of AROC

- AROC dataset included in some states minimum dataset
- National Health & Hospitals Reform Commission
- Latest National Health Care Agreement (between C'wlth & States) includes:
 - funding specifically for build of increased sub-acute care capacity
 - mention of participation in AROC
 - KPIs including outcome measurement (FIM named)
- Australian Commission on Safety & Quality in Health Care – focus on clinical registries; AROC acknowledged as a leader
- Minimum Requirements for Private Rehabilitation include requirement for participation in national benchmarking (eg. AROC)
- Majority of health fund contracts with private rehab providers require participation in AROC

AROC Coverage

- There are approximately 165 rehabilitation units in Australia (95 public sector and 65 private sector units)
- 150 submitted data to AROC in the 2008 calendar year, (85 public sector units, 65 private sector units)
- In 2008 data describing more than 60,000 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

Benchmarking Reports

- 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)
 - the national data
 - industry developed impairment specific target outcomes
- AROC Benchmarking Reports distributed to facility members electronically twice yearly



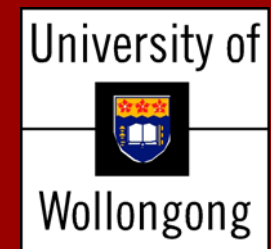
AROC Report

Anywhere Hospital

January 2008 – December 2008



**Australasian Faculty
of Rehabilitation
Medicine**



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

Process to Join AROC

- Membership form
- FIM training
- Data set training
- Establish data collection process
- Begin active collection of data
- Data collection tool set-up
- Data entry
- Data submission to AROC

AROC and FIM

- Developed by UDS^{MR} in 1987
- Task force, based in America, who developed a uniform data set for medical rehabilitation.
- Rates the type and amount of care a person with a disability needs to effectively perform basic ADLs

- AROC holds the licence for FIM in Australia
- FIM users need to be trained, and then credentialed, to use the tool
- AROC provides training workshops
- AROC is the national certification centre

FIM Training

- 3 levels of FIM credentialing
 - User
 - trained and credentialed to use the FIM to functionally assess patients
 - Facility Trainer
 - trained and credentialed to train other clinicians as FIM Users
 - train staff within their facility, as part of their job description, in their normal paid time (ie not as an independent contractor).
 - eligibility pre-requisites
 - Master Trainers
 - appointed by invitation
 - contracted to AROC to train as required for payment

FIM User Workshops

- The cost of running a training workshop is:
 - A standard weekday fee of \$1300 + GST (for members of AROC)
 - Travel and accommodation costs of the Master Trainer
 - A FIM manual for each participant (up to 20 at a time catered for). Cost \$25 + GST each
 - Exams are \$35 + GST and will be invoiced to your facility at the time of supply
 - Exams are done online with results emailed instantly (pass mark 80%) and credentialing certificate sent later. Credentialed status lasts for 2 years

Facility Trainer Eligibility Criteria

- Trained in FIM scoring by a master trainer (Facility Training Workshop covers this)
- Credentialing current and achieved 85+% in most recent exam
- Have 3 years + experience in using the tool
- Be prepared to actively participate in the workshop, including presenting part of the workshop to other participants
- Have expertise and/or relevant experience in training
- Supported by their employer to attend a Facility Trainer workshop and to undertake training
- Expected to undertake training on their return within a 3 month timeframe

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AROC v3 inpatient minimum dataset (v3MDS)

Resource: AROC Data Dictionary

http://chsd.uow.edu.au/aroc/aroc_dd/aroc_dd.html

Data Collection Form (proforma)

- Proforma data collection sheet to collect AROC dataset
- Provided as a tool to help facilities identify data items to be collected
- Able to be modified by individual facility to suit their specific needs
- http://chsd.uow.edu.au/aroc/documents/aroc_v3_data_collection_proforma.doc

ACHS Rehabilitation Clinical Indicators

The logo for AROC (Assessment and Reporting of Outcomes) is located in the top right corner. It consists of the word "aroc" in a lowercase, italicized, sans-serif font, enclosed within a white oval shape.

- AROC dataset now contains all data items necessary for the collection and calculation of the Rehab Med clinical indicators
- SNAPshot users have a report they can run that calculates the numerator and denominator of each indicator
- **Indicators**
 - Timely assessment of function on admission
 - Assessment of function prior to patient episode end
 - Timely establishment of a multi-disciplinary team rehabilitation plan
 - Discharge plan prior to patient separation
 - Functional gain achieved by rehabilitation program
 - Destination after discharge from a rehabilitation program

Impairment Specific Benchmarking Workshops

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- Aim - development and quality improvement of outcomes of specific impairments
- Provide a useful guide for services to evaluate their performance in relation to other service providers
- Workshops run to date: #NOF, Stroke, Brain Injury, Spinal Cord Injury, Reconditioning
- Next workshop – Amputee
- Outcome Targets Published for #NOF, Stroke, Brain Injury

Workshop Activities

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- Discussion focuses on the impact processes and resources had on achievement of outcomes. Issues discussed included:
 - Referrals - source, relationship, process
 - Admission criteria and policy
 - Pre and post #NOF assessments
 - Team working - goal setting meetings, case conference
 - Staffing - adequacy, specialist services, 24-hr medical cover
 - Intensity of therapy
 - Discharges - delays, limits on daily discharges, care awaiting facilities
 - FIM training and scoring

Outcome of Workshop

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- Even though resource and process issues will provide a challenge to some providers, there is general support for the establishment of Outcome Targets
 - means of benchmarking (for the improvement of outcomes)
 - tool to help facilities address any resource and/or process issues
- Targets
 - Pertain to patient functional outcome (ability)
 - QUALITY TARGETS and SHOULD NOT be linked to funding.
 - Outcomes in rehabilitation cannot be measured in isolation. It is the combination of outcomes that tells the story of the patient's rehabilitation journey.
- Targets will evolve, as they are reviewed against actual experience and clinical practice changes.

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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