

Developing Targets for Outcomes for Treatment of Reconditioning

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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 purpose and aims are:

- Provide a national benchmarking system to improve clinical rehabilitation outcomes.
- 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 180 rehabilitation units in Australia
- 172 submitted data to AROC in the 2009 calendar year
- In 2009 data describing almost 64,000 episodes was submitted to AROC
- There are approximately 30-35 rehabilitation units in New Zealand
- Currently 23 units are members of AROC
- Since Jan 2009 data describing almost 2,250 NZ episodes have been submitted to AROC

Impairment Specific Outcome Targets

The logo for 'aroc' is located in the top right corner. It consists of the lowercase letters 'aroc' in a bold, italicized, sans-serif font, enclosed within a white oval shape with a dark red border.

- Benchmarking workshop & development of impairment specific outcome targets driven by desire to:
 - evolve benchmarking beyond comparison of actual to aspiration for an (evidence based) target
 - focus benchmarking at the impairment level
 - identify and collect impairment specific adjunct datasets ... which may include additional outcome measures especially relevant to a given impairment

Benchmarking Process

- Benchmarking Workshop for providers of Brain injury rehabilitation
- Development of draft targets
- Circulate to all rehab providers
- Circulate to broader stakeholders
- Finalise targets
- Publish targets
- Produce benchmarking reports
- Establish review process

Reconditioning Benchmarking Workshop

The logo for AROC (Association of Rehabilitation Organizations in Canada) is located in the top right corner. It consists of the word "aroc" in a bold, lowercase, sans-serif font, enclosed within a white oval shape.

- AIM:
 - develop set of draft outcome targets
 - if appropriate identify additional data items to be collected as part of an adjunct dataset
- Representatives from 30 facilities present
 - 14 Public, 16 Private
 - 11 facilities data included in analysis
- Proportion of episodes
 - 24% reconditioning following surgery
 - 20% reconditioning following medical illness
 - 31% cancer rehabilitation

Data Analysis

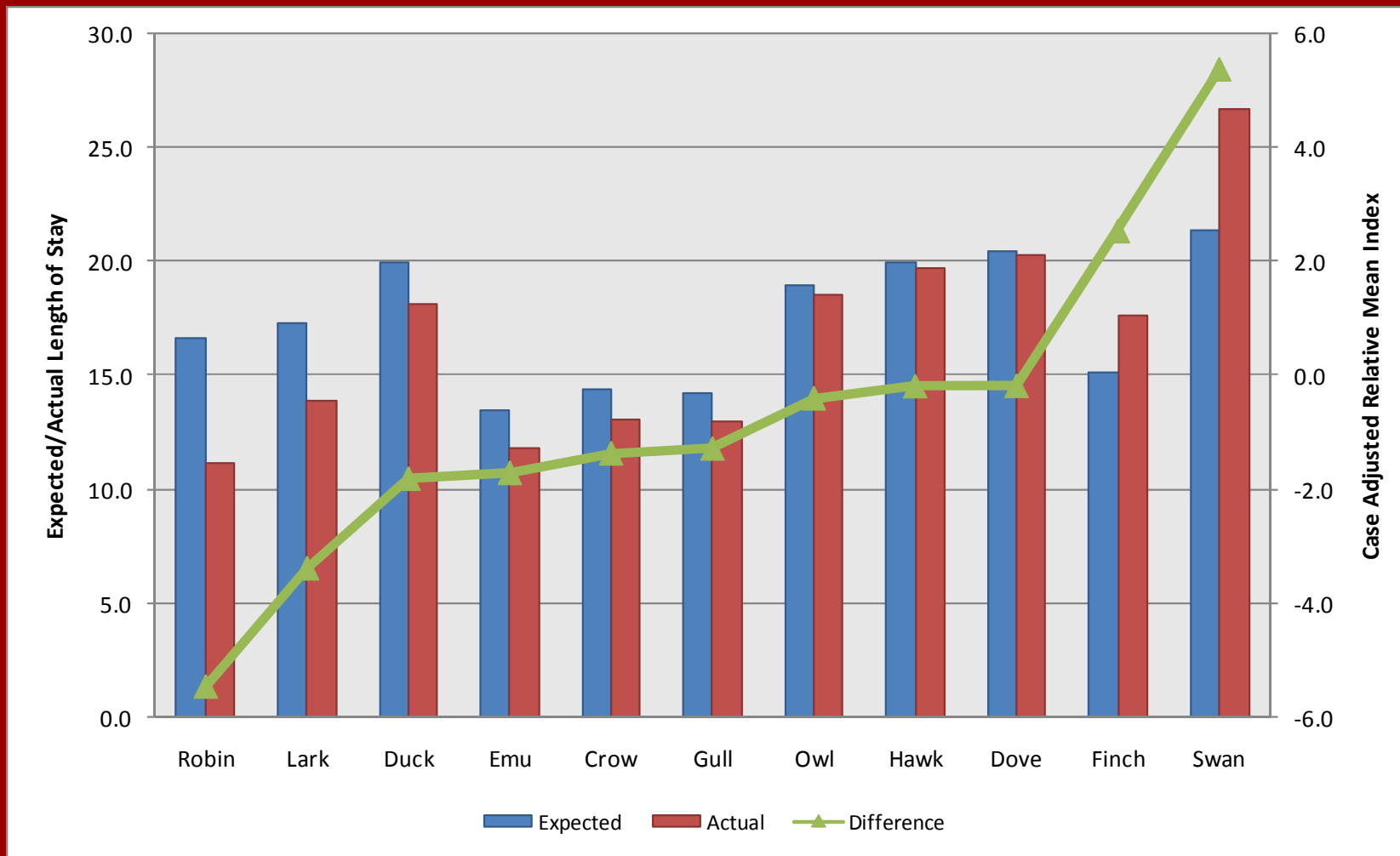
- 2008 reconditioning discharges
- Approx 20% (11,488) of 2008 episodes related to inpatient reconditioning rehabilitation
- Categorised by impairment category
 - 16.1 reconditioning following surgery
 - 16.2 reconditioning following medical illness
 - 16.3 cancer rehabilitation

Data Analysis

- AN-SNAP Classification
 - 2-242 Motor
 - 2-243 Motor
 - 2-244 Motor
 - 2-245 Motor
- National and sector level
- Facility level
 - Casemix adjusted relative mean index's (CARMI)
 - De-identified



Reconditioning ALOS CARMi



Workshop Activity

- Initial discussion focussed on trying to define different clinical cohorts within reconditioning bucket
 - Rehab type patients vs GEM type patients
 - Overlap between rehab type and GEM type
- Group decided additional data required to differentiate cohorts
- Development of adjunct dataset

Adjunct Dataset

- Medically stable – yes/no
- Can patient actively participate in therapy from day 1 – yes/no
- Length of preceding acute admission – days
- Two or more falls in previous 12 months – yes/no
- Complex wound management required – yes/no
- Unintentional weight loss >10% in preceding 12 months – yes/no
- Cognitive tool score
- Rockwood Frailty Scale

Rockwood Frailty Scale

The CSHA Clinical Frailty Scale



1 Very Fit – robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age



2 Well – without active disease, but less fit than people in category 1



3 Well, with treated comorbid disease – disease symptoms are well controlled compared with those in category 4



4 Apparently vulnerable – although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms



5 Mildly frail – with limited dependence on others for instrumental activities of daily living



6 Moderately frail – help is needed with both instrumental and non-instrumental activities of daily living



7 Severely frail – completely dependent on others for the activities of daily living

8 Terminally ill

Note: 1. Canadian Study on Health and Aging
2. K Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Outcome of Workshop

- General support for the development of outcome targets
 - Means of benchmarking
 - Tool to help facilities address resource and/or process issues
- Targets
 - Set at national median of 2008 data for cohort discharged to community
 - Set by impairment, by AN-SNAP class

Outcome Targets

Recon after medical illness



			Australia 2009 %
1	50% of all episodes achieve a LOS of ...		
	2-242	11 days or less	52.3
	2-243	14 days or less	43.5
	2-244	20 days or less	49.5
2	50% of all episodes achieve a FIM Change of ...		
	2-242	10 points or more	50.6
	2-243	19 points or more	52.1
	2-244	26 points or more	53.5
3	% episodes discharged to accommodation that allows for same or greater independence		
	2-242	84%	76.5
	2-243	86%	75.4
	2-244	79%	59.1

Outcome Targets

Reconditioning after surgery



			Australia 2009 %
1	50% of all episodes achieve a LOS of ...		
	2-242	13 days or less	54.2
	2-243	15 days or less	50.3
	2-244	20 days or less	49.4
	2-345	26 days or less	39.6
2	50% of all episodes achieve a FIM Change of ...		
	2-242	9 points or more	54.4
	2-243	16 points or more	55.7
	2-244	21 points or more	49.8
	2-245	13 points or more	59.2
3	% episodes discharged to accommodation that allows for same or greater independence		
	2-242	83%	74.3
	2-243	82%	69.2
	2-244	75%	54.2
	2-245	61%	40.1

Outcome Targets

Cancer rehabilitation



			Australia 2009 %
1	50% of all episodes achieve a LOS of ...		
	2-242	13 days or less	62.9
	2-243	14 days or less	43.3
	2-244	20 days or less	48.7
2	50% of all episodes achieve a FIM Change of ...		
	2-242	8 points or more	64.3
	2-243	19 points or more	52.9
	2-244	23 points or more	55.5
3	% episodes discharged to accommodation that allows for same or greater independence		
	2-242	88%	71.5
	2-243	84%	62.8
	2-244	70%	47.7

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