

# Interpreting AROC reports for Stroke Rehabilitation Improvement

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## A brief guide - Feb 2015

### Introduction

The Stroke Rehabilitation Working Group has recommended that all DHBs collect AROC (Australasian Rehabilitation Outcomes Centre) data for stroke. This brief guide is to help stroke rehabilitation teams and managers understand and interpret the reports.

### 1. Benchmark Outcomes Target Report

Stroke is one of the four impairments reviewed in this report. This report enables rehabilitation facilities to compare their functional outcomes with others in their field and with quality targets. This healthy comparison between facilities allows for continuous reflection, evaluation and improvement of stroke rehabilitation provided. Targets are developed by rehabilitation clinicians for rehabilitation clinicians, informed by clinical guidelines and current best practice. They are endorsed by the industry.

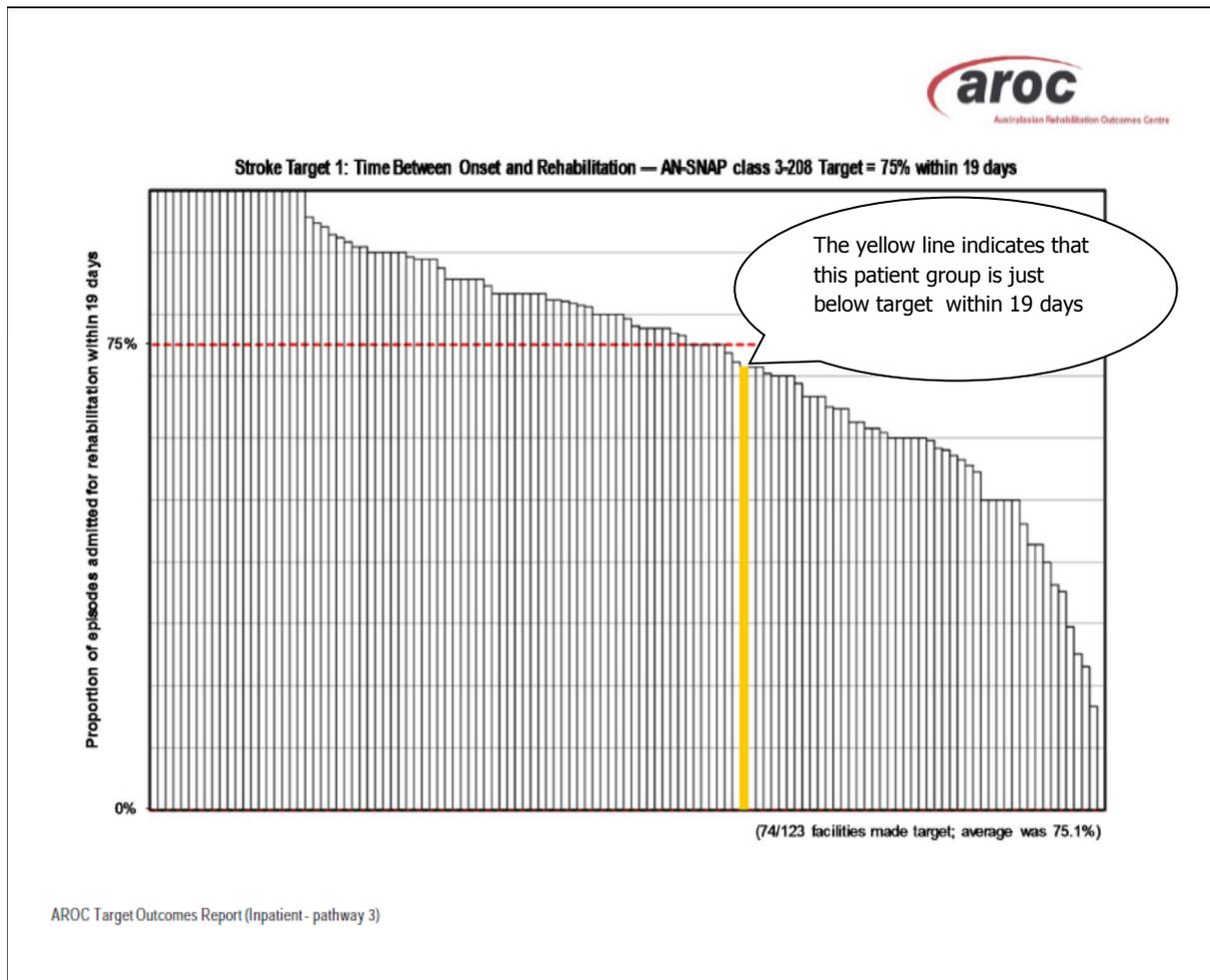
The outcomes target report graphically compares your facilities data to the AROC benchmark.

The targets are graphed with one graph per AN-SNAP class target. The red dotted horizontal line on the graph is the benchmark for that particular target. Each bar on each graph represents a facility, your facility is a coloured bar. If your bar is green your facility has achieved target; if your bar is orange your facility is within 5% of target; if your bar is red your facility has not achieved target (see 'How to interpret your graphs' page within the report for further info).

AN-SNAP = Australian National Sub-acute and non-acute patient classification.

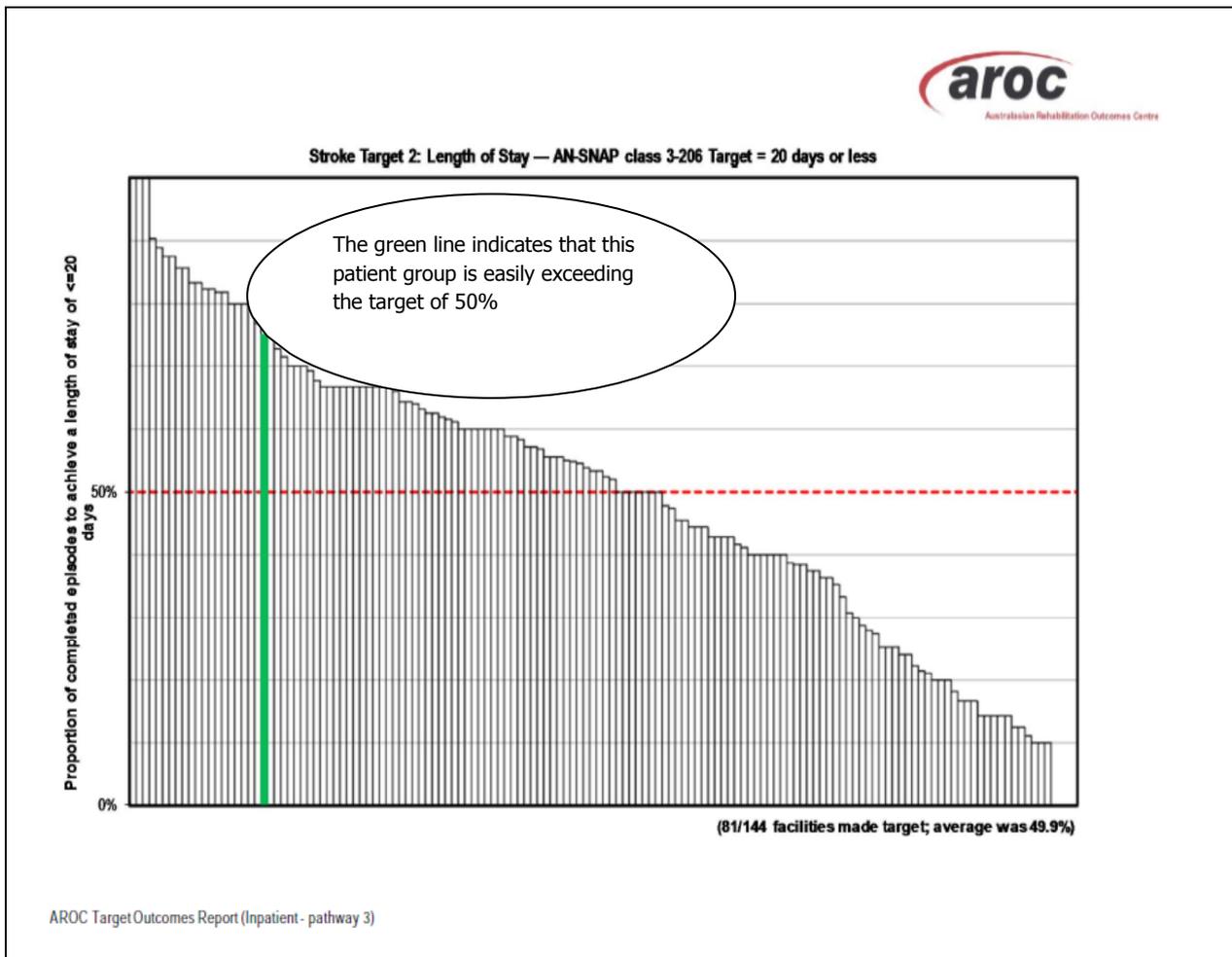
#### TARGET 1: TIME SINCE ONSET TO REHABILITATION

- These relate to AN-SNAP class and can support you to identify which patients groups (if any) are taking longer to get to in-patient rehabilitation.
- This deeper dive into your patients' time to rehabilitation can help to focus your team on which patients groups are impacting on your performance on the indicator for the 'proportion of patients transferred to rehabilitation within 10 days'.
- You can then make a plan as a team on how to address any underlying issues that you discover.
- Use this in conjunction with the more detailed information in the impairment specific report.



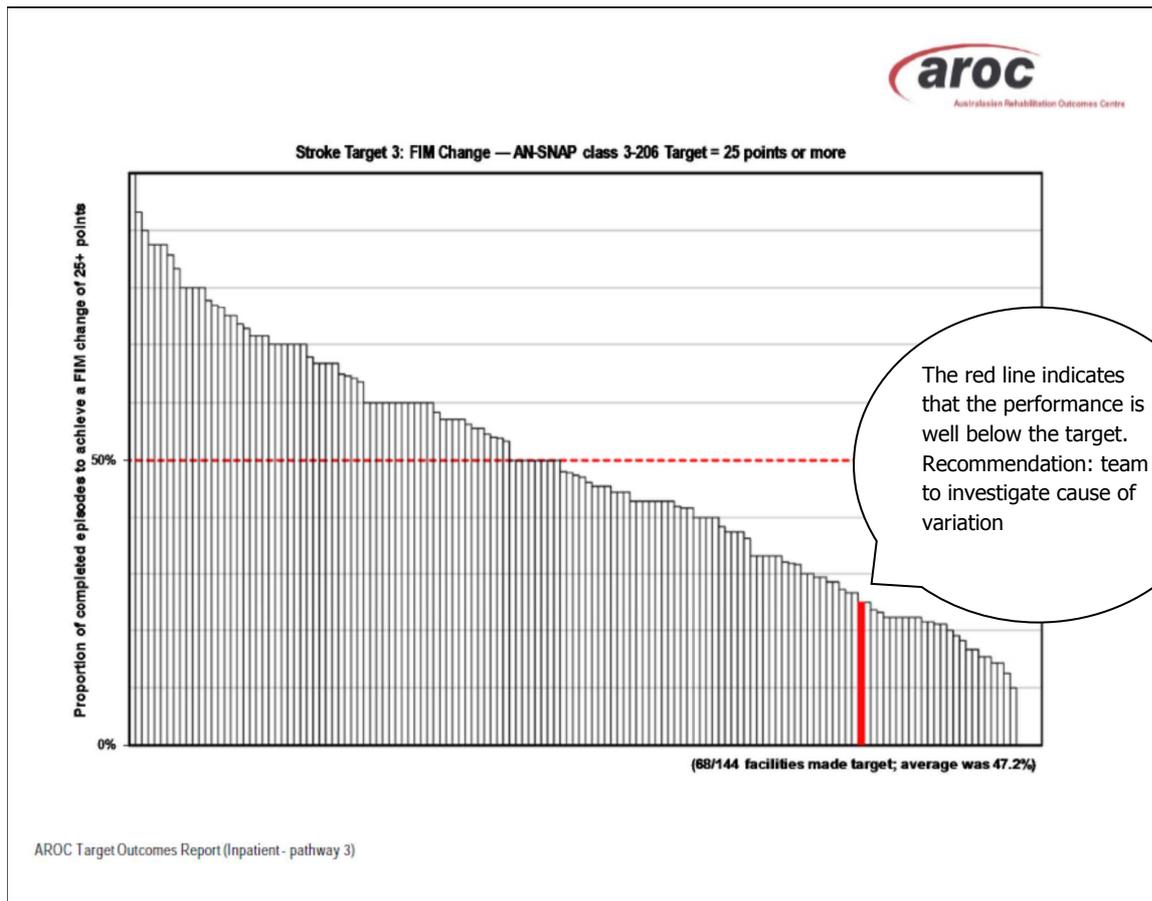
## TARGET 2: LENGTH OF INPATIENT HOSPITAL STAY

- This target again relates to AN-SNAP class.
- You may already receive information from your DHB around your average LOS for in-patient stroke rehabilitation.
- This report allows you to compare against benchmarks for different types of stroke and functional impairment (as measured by FIM) on admission.
- We all know that one size doesn't fit all! You may find you are performing well with length of stay with some patient groups and not so well with others.
- Use this information with the team to identify what is impacting on above benchmark LOS for any AS-SNAP classes.
- Is it intensity of rehabilitation, discharge planning processes or other reasons?
- Once identified, pick an issue to address with your team and review the impact of improvement when you get your next report.



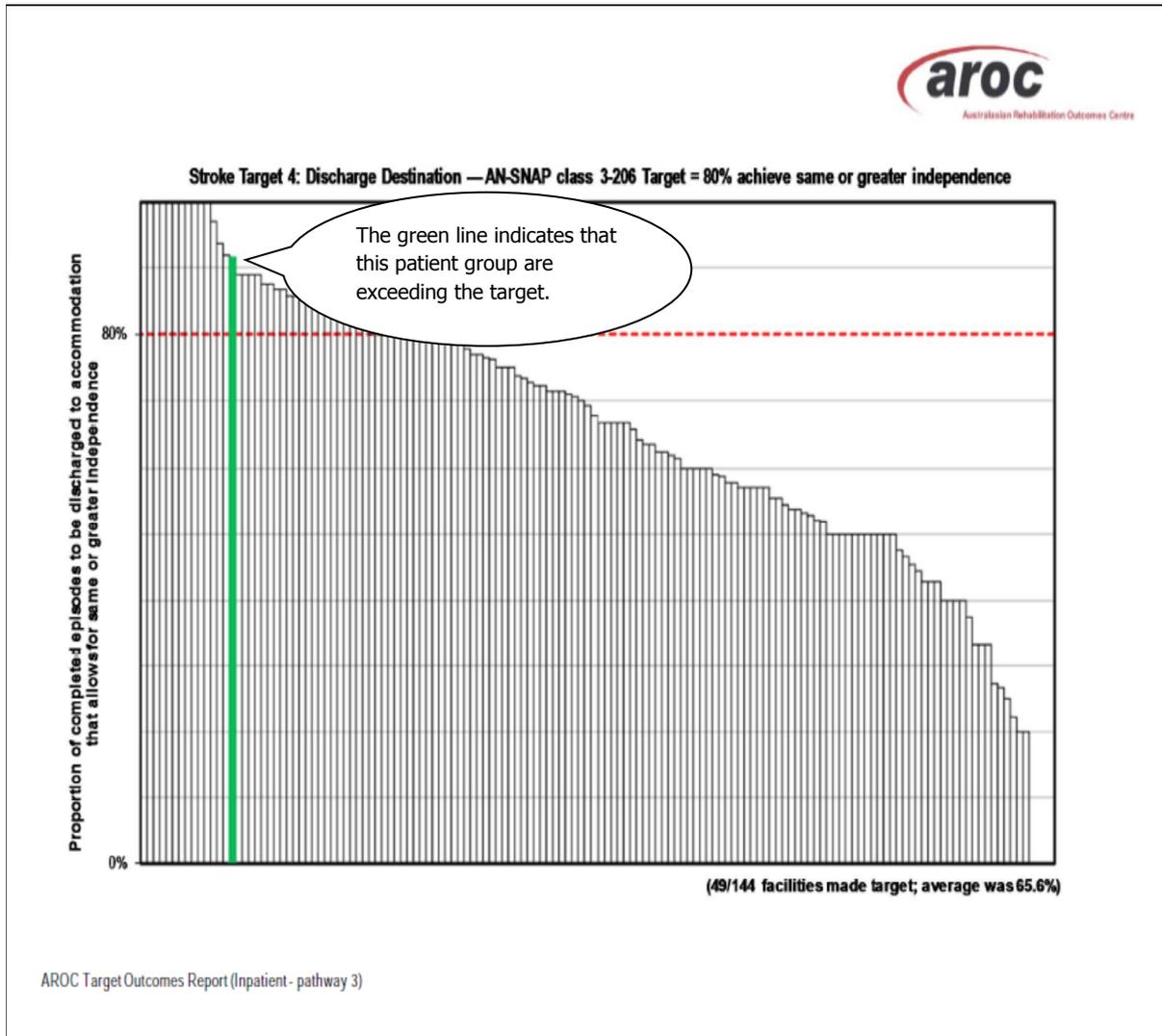
### TARGET 3: FUNCTIONAL GAIN ACHIEVED (AS MEASURED BY FIM CHANGE)

- These targets continue to relate to AN-SNAP class.
- This is some of the most useful information to review with your rehabilitation team.
- If patients are achieving the expected functional gains and you are meeting benchmarks that is a good sign that your rehabilitation processes are working.
- You should continue to work to further exceed these benchmarks for each class.
- If you are not achieving benchmarks in some or all of your AN-SNAP classes, this is a time to review with your team what your rehabilitation 'black box' consists of.
- Some things to consider are is intensity of rehabilitation sufficient?
- Are you spending too much time on assessment rather than interventions?
- Are you challenging your patients enough?
- Are your patients and families/whanau engaged in the rehabilitation process?
- Choose something with your team that has potential to enhance functional gain and develop an improvement initiative around this.



#### TARGET 4: DISCHARGE TO ACCOMMODATION WHICH ALLOWED FOR SAME OR GREATER INDEPENDENCE

- This final benchmark target again relates to individual AN-SNAP classes and is another marker of quality rehabilitation.
- It is impacted by the target above (functional gain) but is also affected by other factors including social factors.
- Discharge to residential care is classed as a lower level of independence unless they were originally admitted from residential care.
- If you not performing well on this target, it may be worthwhile first looking at if you are achieving benchmarks in target 3.
- If you are not achieving benchmarks in target 3, this is probably a good place to start to investigate what is happening.
- If you are achieving FIM benchmarked FIM gains, there are a number of things for you to consider such as do you have sufficient support and rehabilitation services in your community?
- Is your team skilful at facilitating patients to return home despite disability?
- Do you have more patients living alone before stroke or are they older at time of stroke?
- It may be useful to review the more detailed information in the impairment specific report to identify if your population is significantly different from the NZ 'average' such as requiring more carer support prior to admission.
- Again, once you have investigated, pick something as a team that you feel you can improve and develop a plan.

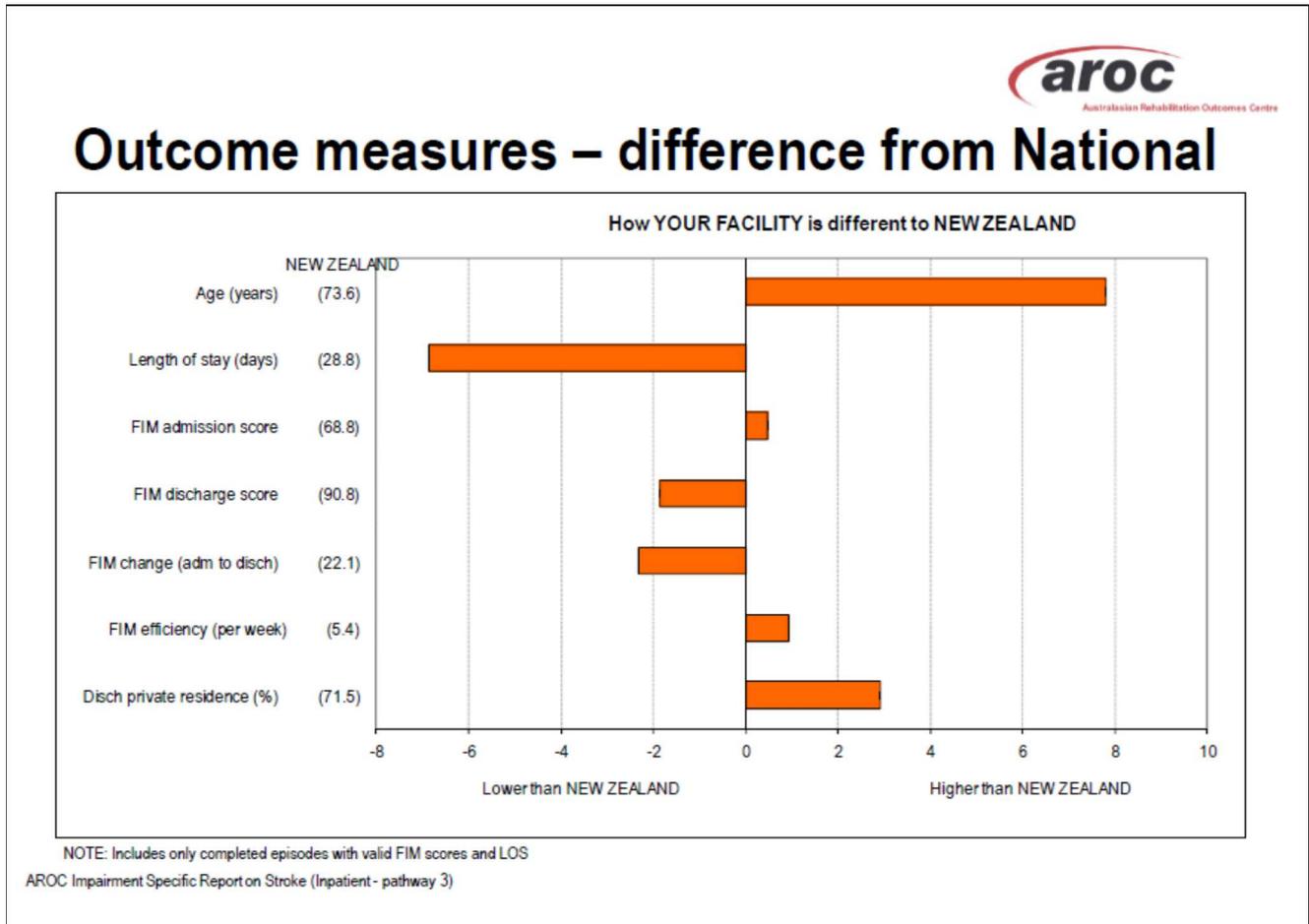


## 2. Impairment Specific Report

This report gives more detailed information for each aspect of the AROC data set. It allows you to compare your stroke population both by admission characteristics and discharge characteristics and outcomes with the rest of New Zealand. For example, you can see if your stroke rehabilitation population has more co-morbidities or has more carer support prior to the stroke episode. This allows you to review how you compare with the rest of NZ regarding community services put in place on discharge also.

With regard to time to transfer to rehabilitation, there is a deeper dive into the times from referral to assessment, assessment to clinical rehab ready and rehab ready to episode start. This allows you to further drill down any issues you have with regard to target 1. above and work out the focus for any system or process improvements. The same applies for any delays at time of episode end.

This report also allows you to see where you are affecting the most FIM change within the different areas of function. You can see your FIM change and LOS compared with NZ averages. It provides you with comparisons of your outcomes data over time e.g FIM change and LOS. Please note that this won't become available until you have submitted AROC data for at least calendar 2 years. You can use this to demonstrate improvement in both effectiveness (FIM change) and efficiency (LOS).



### 3. Core Report /Core Report Outcome Target

These reports are not specific to stroke but do provide some stroke specific information within. They do give you some information on your data quality and do provide some comparisons between stroke and other impairments. It gives you LOS, FIM change and discharge destination by impairment compared with NZ. It also gives you some information on timeliness FIM assessments and developing rehabilitation plans as well as some other process indicators.

**Anna McRae**

**National Stroke Network – Rehabilitation Working Group**

**Feb 2015**

For more information:

<http://ahsri.uow.edu.au/aroc>