Focussing on cancer rehabilitation in Australia. AROC data 2007-2008

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Abstract
The Australasian Rehabilitation Outcomes Centre (AROC) has been collecting a national rehabilitation data set in Australia since 2002 for the purposes of national benchmarking to improve outcomes in both the public and the private sectors. During 2007 a review of the FIMTM Impairment Codes - Aus included the renaming of the old code 16 "Debility" to "Reconditioning/Restorative". Three classes within this impairment were introduced - reconditioning post surgical management, reconditioning post medical management and cancer rehabilitation (for patients who have become deconditioned as a result of their cancer or treatment for cancer). A category for cancer rehabilitation was included to reflect the changing clinical landscape; increasing numbers of patients are surviving for longer periods post cancer diagnosis and treatment. The aim of rehabilitation for these patients is no different from other comprehensive multi-disciplinary rehabilitation programs for chronic conditions. The cancer program aims to limit the effects of the cancer whilst improving functional outcomes according to patient goals. However, an increased focus on psychological support, improvement in quality of life and a timely return to the highest level of accommodation possible may be evident in the program. This paper will describe the first 18 months of Cancer Rehabilitation data collected from 86 rehabilitation services across Australia. Preliminary data covering the time period 1 July 2007 to 31 December 2008 suggests that cancer rehabilitation accounts for 1% of all impairments in Australia, with the 648 episodes split relatively evenly between males (314) and females (334). Average age of males is 73.5 and 75.4 for females with an overall average of 74.5. The average length of stay for males is 17.2 and females 15.5, with a total average of 16.3 days. The average FIM admission score is 90.5 and 93.2 for males and females respectively, with a total average admission FIM score of 91.9. FIM change score was almost identical for both sexes with an average of 11.9. 73.7% of all patients in the cancer rehabilitation impairment group were discharged back to their usual accommodation, 89.9% of which comprised of a private residence (including retirement village), 4.9% low level residential care, 2.5% high level residential care. Other discharge destinations of note include 14.7% transferred to another hospital, interim accommodation 4.28%, 1.8% Died, and 2.7% changed to acute care. The presentation will also provide data comparing rehabilitation outcomes for cancer patients with outcomes achieved for patients classified to the other two categories of Reconditioning. Whilst this data is preliminary, it starts to provide a picture of rehabilitation services provided for people with cancer. The use of benchmarking data within a cancer rehabilitation service can help to guide quality outcomes in services.

Keywords
data, 2007, 2008, focussing, cancer, rehabilitation, australia, aroc

Publication Details
The (Version 1) AROC Ambulatory Clinical Dataset, developed, piloted and refined during 2007/08, is based on the AROC inpatient dataset, modified to include items that relate specifically to evaluating the efficacy of ambulatory rehabilitation programs. It includes an outcome measurement tool, the Australian Modified Lawton’s IADL Scale, chosen to reflect the goal orientation of ambulatory rehabilitation, the ability to interact and function in the community independently. The Australian Modified Lawton’s represents a sensitive measure of outcomes of ambulatory rehabilitation as it relates to instrumental tasks, such as a patient’s ability to do their own shopping, cleaning, cooking, managing their finances, skills that demonstrate their independence in the wider context.

Phase 1 participants have collaborated in refining the processes for data collection, analysis and reporting through a series of workshops held during the latter part of 2008. Following on from the workshops, participant facilities began manual data collection, the go live date being January 1, 2009.

This paper will present some initial ambulatory rehabilitation data, collected from the 45 facilities during the period January – June 2009.

FOCUSSING ON CANCER REHABILITATION IN AUSTRALIA. AROC DATA 2007 – 2008

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A category for cancer rehabilitation was included to reflect the changing clinical landscape; increasing numbers of patients are surviving for longer periods post cancer diagnosis and treatment. The aim of rehabilitation for these patients is no different from other comprehensive multi-disciplinary rehabilitation programs for chronic conditions. The cancer program aims to limit the effects of the cancer whilst improving functional outcomes according to patient goals. However, an increased focus on psychological support, improvement in quality of life and a timely return to the highest level of accommodation possible may be evident in the program.

This paper will describe the first 18 months of Cancer Rehabilitation data collected from 86 rehabilitation services across Australia.

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RETURN-TO-WORK AND THE NEW ZEALAND SMALL BUSINESS EMPLOYER

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Background: Facilitating the return of an employee to work following an injury or illness can be a complex process. Whilst internationally attention focused on the return-to-work (RTW) process in large organisations is increasing, there continues to be little understanding of this phenomenon in small businesses.

Aims: To explore the New Zealand small business employers’ perspectives of the important factors in RTW of an employee following an injury or illness.

Study Design: Grounded theory guided the approach to the research from design through to data synthesis and interpretation. Data was gathered from in-depth interviews conducted with small business employers from the retail, manufacturing and tourism industries in New Zealand.