

WHICH PATHWAY AND DATA COLLECTION FORM SHOULD OUR SERVICE BE USING?

V4 of the AROC Dataset comprises a “bank” of data items. The “bank” holds data items pertaining to in-patient and ambulatory episodes of rehabilitation care.

The V4 AROC dataset groups episodes of rehabilitation care into 6 pathways (models of care); 3 in-patient (admitted) and 3 ambulatory (non-admitted). The pathway (model of care) your service provides will determine which set of data items within the data “bank” you are required to collect and submit to AROC.

Pathways 3, 2 and 1 include the data items pertinent to in-patient rehabilitation and pathways 4, 5 and 6 collect data items relevant to ambulatory care.

Pathways 1 (inpatient) and 6 (ambulatory) require collection of a mini dataset only.

In-patient pathways

- **Pathway 3: Inpatient Direct Care**

Inpatient direct rehabilitation care is when rehabilitation is delivered in an inpatient setting, with the patient accommodated overnight in the hospital and included in the bed occupancy reporting at midnight. The inpatient is under the care of the rehabilitation physician who holds the medical governance/ bed card.

Example: the rehabilitation physician or rehabilitation team is the primary rehabilitation provider for a stroke patient receiving rehabilitation on the inpatient stroke rehabilitation unit.

- **Pathway 2: In-reach Rehabilitation Care**

In-reach rehabilitation care is when the inpatient is under the care of an acute physician who holds the medical governance/bed card and the rehabilitation physician or team “reaches into” the acute setting to begin the process of rehabilitation in addition to the acute care the inpatient is already receiving (but the rehabilitation physician does not hold the bed card.)

Example: a patient is in ICU under the care of the neurosurgeon and the rehabilitation team “reaches in” to provide the inpatient with rehabilitation care.

- **Pathway 1: Consultation Liaison (patient seen once only)**

Consultation liaison is when the inpatient is under the care of one physician who holds the medical governance/bed card and another physician or team provide a one-off consultation service for the inpatient.

Example: a “second opinion”, advice on a particular problem, a case review, a one-off assessment or therapy session. Consultation liaison applies to inpatient (admitted) episodes only. Joint care in other settings is classified as shared care.

Ambulatory pathways

- **Pathway 4: Ambulatory Direct Rehabilitation Care**

Rehabilitation is delivered in an ambulatory setting, either as an out-patient, at a community facility or in the home. The ambulatory patient is under the care of the rehabilitation physician or rehabilitation team in the ambulatory setting.

Example: a patient is receiving therapy in their home from the community based rehabilitation team twice weekly.

- **Pathway 5: Ambulatory Shared Care**

Shared care is when one subacute service works with another clinical service in a formal shared care arrangement that includes joint care planning and the exchange of relevant clinical information. In shared care both parties may have ongoing involvement with the ambulatory patient throughout the episode of care and both have direct contact with the patient.

Shared care applies to ambulatory (non-admitted) patients only.

Example: a cancer patient is receiving home based rehabilitation as well as input and support from the palliative care team. The rehabilitation team and palliative care team are working together in a shared care arrangement to meet the patient’s needs.

- **Pathway 6: Ambulatory Shared Care; one off assessment**

Shared Care; one off assessment is when an ambulatory patient is under the care of one rehabilitation physician or team and another physician or team provide a one-off service for the patient.

Example: a patient with an amputation is attending outpatient appointments at the hospital to address prosthetic fitting and gait retraining and another service provider is asked to provide advice on a particular problem or a “second opinion”.

To ensure you collect the relevant data items for your service, AROC has developed different data collection form for each pathway. Please check that you are using the correct form before you commence data collection for your patient group.

To help you decide which pathway to use, answer the questions in the table below.

| | | Path | Path 2 | Path | Path 4 | Path | Path 6 |
|-------------------------------------|---|------------------------|-----------------------|------------------------------|-------------------------------|-------------------------------|--|
| Path Determination questions | | Consult Liaison | In-Reach rehab | Inpatient direct care | Ambulatory direct care | Ambulatory shared care | Ambulatory Shared care 1 off assess |
| Q | Is the person receiving rehab care ? | Yes | Yes | Yes | Yes | Yes | Yes |
| Q | Is the person an overnight admitted inpatient | Yes | Yes | Yes | No | No | No |
| Q | Is the medical governance with the rehab doc OR are you the primary provider of care? | No | No | Yes | Yes | Yes | No |
| Q | Will you see this patient more than one? | No | Yes | Yes | Yes | Yes | No |
| Q | Are you the only sub-acute service provider providing care? | | | | Yes | No | No |

If you have any queries, please contact AROC at aroc@uow.edu.au or (02) 4221 5282.