

## THE NEWSLETTER OF THE NATIONAL ALLIED HEALTH CASEMIX COMMITTEE

*Funded by the Commonwealth Department of Health and Aged Care*

### ■ Australian Therapy Outcome Measures Project

*Contributed by Jemma Skeat*

The Faculty of Health Sciences at La Trobe University in Melbourne is working with allied health professionals around Australia to develop a new tool to measure therapy outcomes: Australian Therapy Outcome Measures (AusTOMs). The project team at La Trobe includes Professor Stephen Duckett (Dean, Faculty of Health Sciences), Professor Alison Perry (School of Human Communication Sciences), Professor Meg Morris (Head, School of Physiotherapy) and Associate Professor Carolyn Unsworth (School of Occupational Therapy). The AusTOMs project has been funded by a grant from the Commonwealth Department of Health and Ageing, and aims to develop a measure of therapy outcomes for the allied health professions of Speech Pathology, Occupational Therapy and Physiotherapy.

The project team will be advised by a reference group, including members of the National Allied Health Casemix Committee, a Commonwealth Department of Health and Ageing representative, and representation from the Victorian Department of Human Services. This group will give feedback and advice to the research team on the development of the AusTOM scales. Meetings with the reference group are held every 6 months.

The AusTOM scales will be based on the Therapy Outcome Measures (TOMs), developed over the past 10 years in the United Kingdom by Professor Pam Enderby and colleagues, and shown to be both valid and reliable measures of outcomes for speech pathology, occupational therapy and physiotherapy. Similarly to the TOM scales, the AusTOM scales will describe the client's difficulties, taking into account the World Health Organisation's definition of disability, in the three domains of impairment, activity limitation, and participation restrictions, as well as a fourth domain – wellbeing.

Currently, the research team is focussing on the development of the scales, including appropriate terminology for the Australian context, and updating the concepts behind the scales to reflect the World Health Organization's new International Classification of Functioning, Disability and Health (ICF), which replaces the International Classification of Impairment, Disability and Handicap (ICIDH). The research team will develop 'core' scales, which will then be developed into more specific scales reflecting areas of clinical practice. This will be done using focus groups of clinicians in Victoria who are expert in a particular clinical field.

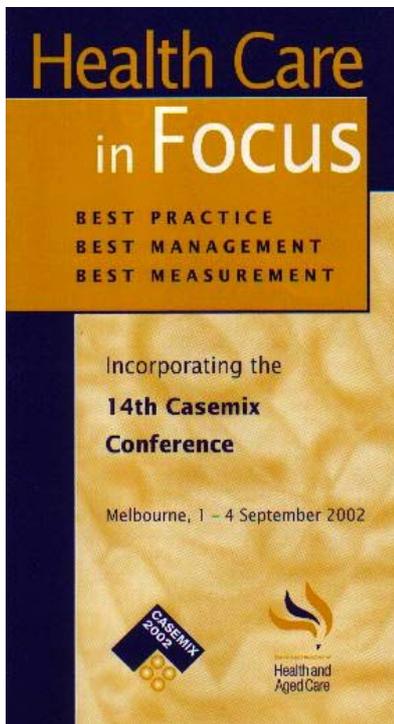
#### AusTOMs Organisational Flow Chart



# Healthcare in Focus

## *Three ways to get involved*

Make your mark at the 14<sup>th</sup> Casemix Conference to be held in Melbourne this year from September 1 to 4.



### **1. Attend the conference**

The program promises an interesting mix of “practice, management and measurement”. NAHCC will again be associated with the conference. This year we will host a workshop on Wednesday afternoon on the theme of data. We will address issues of data collection, standardisation, reporting and utilisation.

### **2. Convene a meeting**

*Want to catch up with colleagues at the Conference to discuss common interests?* NAHCC can assist you to set up a meeting during at the conference by facilitating communication and locating a venue (which may need to be “offsite” from the conference, depending on demand).

### **4. Run a satellite workshop**

*Why not run a workshop and share your expertise?* NAHCC invites requests from special interest groups, allied health professions, regional organisations for publicity and support to conduct workshops around the time of the conference.

For further information, contact Karin Illenberger at the NAHCC Secretariat  
telephone: (03) 9925 5916 or by email: [karin.illenberger@rmit.edu.au](mailto:karin.illenberger@rmit.edu.au)

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## **Australian Therapy Outcome Measures Project** *continued from page 1*

The project team will then seek to gain input from allied health clinicians nationally, with an Australia-wide survey. These clinicians will be asked whether they agree or want to make changes to the scales developed by Victorian clinicians. A modified-Delphi technique will be used to gain consensus, involving at least two survey mail-outs.

The project will then begin outcomes data collection to establish the validity and reliability of the AusTOM scales, using 12 sites recruited in Victoria. The project also aims to benchmark allied health outcomes across the sites recruited for the study.

The AusTOM project team will seek to keep the members of NAHCC updated as the project progresses.

*For more information, please contact:*  
**Professor Alison Perry, Principal Investigator**  
*at [A.Perry@latrobe.edu.au](mailto:A.Perry@latrobe.edu.au), or*  
**Jemma Skeat, Research Associate**  
*at [J.Skeat@latrobe.edu.au](mailto:J.Skeat@latrobe.edu.au)*  
**School of Human Communication Sciences**  
**La Trobe University, Bundoora, Australia.**

## ■ Know Your Health Data

NAHCC frequently receives requests for information on various data sets and data definitions. The Committee is currently developing an Allied Health Data Model that will help to position the various data items that are available. We plan to present this model at the Casemix Conference in September.

In the interim, we will be reviewing some of the key data elements in *Talking Casemix*. In this edition we describe the occasion of service (OOS). Many allied health professionals have argued that the OOS is given undue importance in activity reporting systems because it does not measure acuity (resource consumption/intensity).

### Occasions of Service

**Definition:** The number of occasions of examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment.

Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

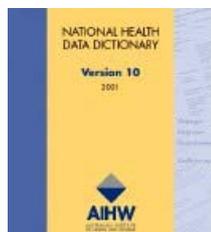
**Context:** Occasions of service are required as a measure of non-admitted patient service provision.

**Data domain:** Number of occasions of service.

**Collection methods:** The definition does not distinguish case complexity for non-admitted patients. For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average Diagnosis Related Group weighted separations are becoming available for acute admitted patients.

However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition. For admitted patients the concept of a separation is widely accepted.

Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.



From:  
*National Health Data Dictionary, version 10*  
*Data element definitions – Performance indicator*

Website:  
[www.aihw.gov.au/publications/hwi/nhdd10/index.html](http://www.aihw.gov.au/publications/hwi/nhdd10/index.html)

## ■ Profiling Lauren Andrew

*Australian Physiotherapy Association representative to NAHCC*

Lauren Andrew is the Australian Physiotherapy Association representative to the NAHCC. Viv Wulfsohn vacated this position in November 2001. The Australian Physiotherapy Association is pleased to continue its' support of the work done by NAHCC.

Lauren works as the Manager of Physiotherapy, Melbourne Health (Victoria), which includes the Royal Melbourne Hospital and Melbourne Extended Care and Rehabilitation Services. In this position, Lauren manages 60 EFT providing physiotherapy services across acute and sub-acute. In her work, Lauren is interested in evidence-based practice and developing measurement of acute allied health outputs.

Lauren graduated with a Bachelor of Applied Sciences (Physiotherapy) in 1987 from Lincoln Institute of Health Sciences (back in the old days) and began an itinerate lifestyle for the next 6 years, mostly overseas. Driven by fear that this lifestyle had done nothing for competent practice, Lauren enrolled in a Masters of Physiotherapy at the University of South Australia in 1992. By 1994, she had returned to Melbourne to work at Western Hospital. This led to her current position in management (but this story would take a few bottles of wine!). RMIT provided some training in management through the Graduate Diploma in Business.

A quote from Lauren, "I am delighted to be involved in the NAHCC committee including the executive and look forward to a healthy involvement with its activities".



# 5th National Allied Health Conference

19 -21 February 2003  
Stamford Grand Hotel, Adelaide

*Bringing it all Together  
Leadership, Learning, Practice*

We invite you to join us in Adelaide for the Biennial National Allied Health Conference. The conference will bring together the various professions involved in human health care services.

The theme of 'Leadership, Learning, and Practice' is aimed at developing the vision for Allied Health further, building on the work of the previous conferences, and searching for some resolutions for the future. The program will consist of plenary lectures, concurrent free paper sessions, workshops and breakfast forums.

On behalf of the Organising Committee, we look forward to welcoming you to Adelaide in February 2003. The conference will be held over two and half days (19-21 February).

*Debbie Law and Wendy Wake-Dyster  
Conference Co-Convenors*

#### Topics

- Leadership, policy, influence and power
- Creative partnerships
- National benchmarking
- Primary health care and inter-agency solutions
- Rural strategies
- Innovative practices Future directions
- Older clients, supervision and team work options
- The evidence based practice trail and learning
- Workforce issues

#### Who should be interested in attending?

*Those involved in...*

- Community health
- Private practices / specialist agencies
- Teaching and research
- Mental health
- Social and welfare services
- Acute care
- Management of allied health services
- Policy making and service planning

*... anyone who is interested in allied health issues.*

#### Conference Venue

The Conference will be held at the Stamford Grand Hotel, Adelaide. This is a 4.5 star hotel and conference venue situated on the beach at Glenelg, a popular seaside suburb of Adelaide. All rooms have panoramic views of the hills or ocean and many leisure activities including swimming, walking, bike riding, catamaraning and parasailing are available.

#### Social Program

Our social program will complement the program aspect of the conference to provide valuable networking opportunities. An inspirational event will take place at the closing luncheon on Friday to 'bring it all together'.

#### Registration of Interest

To register your interest in attending this Conference, please complete the following and return to the Conference Secretariat:

Allied Health 2003  
SAPMEA Conventions  
68 Greenhill Road, Wayville SA 5034  
Tel: +61 8 8274 6060 Fax: +61 8 8274 6000  
Email: [alliedhealth2003@sapmea.asn.au](mailto:alliedhealth2003@sapmea.asn.au)  
Web: [www.sapmea.asn.au/alliedhealth.htm](http://www.sapmea.asn.au/alliedhealth.htm)

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## 5<sup>th</sup> National Allied Health Conference – 2003

### REGISTRATION OF INTEREST

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_ Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

*I am interested in:*  Attending  Presenting a Paper or Poster  Sponsoring/Exhibiting

## Incorporation of an Allied Health Association

As you might imagine, recent events in the world such as insurance companies and airlines going bust, have made the planning of conferences a lot trickier! The Organising Committee for the 5<sup>th</sup> National Allied Health Conference to be held in Adelaide in 2003 found itself paying very specific attention to good risk management in its plans. Based on legal advice and after consultation with several Allied Health groups and previous conference convenors, the Organising Committee incorporated itself as a legal entity under the Associations Incorporation Act 1985, to ensure limited liability for its members. It is entitled the "National Allied Health Conference and Education Association".

The main advantage of this approach is that the provisions of the Act allow for the officers to be changed and the business of the next organising committee to be managed under the Association, once the affairs of the 5<sup>th</sup> National Allied Health Conference are fully discharged. This means that any state group, which subsequently takes on the convening role, may choose to adopt the protection of incorporation through this Association.

We hope that this body may represent a useful asset to Allied Health nationally, and will be seen as complimentary to the work of other Allied Health groups. The 5<sup>th</sup> National Allied Health Conference Organising Committee is most willing to provide all information and assistance in using the Association, and to bear the costs of the incorporation as our contribution to the continuing development of Allied Health nationally.

Debbie Law and Wendy Wake-Dyster (Co-convenors for the Conference) can be contacted on (08) 8204 4065 and (08) 8375 8604 respectively for further information about the incorporated body and a copy of the constitution.

We also would like to draw your attention to the web site ([www.sapmea.asn.au/alliedhealth.htm](http://www.sapmea.asn.au/alliedhealth.htm)) to access the information about the conference in February 2003 in Adelaide, as it becomes available.

*Debbie Law is a Co-convenor of the 5<sup>th</sup> National Allied Health Conference to be held in Adelaide in 2003.*

## Outcomes for Queensland

QCAHP is the Queensland Council of Allied Health Professions, and incorporates information management and casemix within its portfolios. QCAHP's motto is "United in Quality Care" and this year, we aim to improve our abilities to demonstrate that quality of allied health work by holding a one-day seminar entitled "Outcome Measures for the Allied Health Professions".

### *The objective of the seminar:*

- To provide participants with background information and experience in defining outcomes from their professional interventions which can be objectively evaluated in terms of costs/benefits for patients and providers.

### *Participants will gain:*

- Understanding of the need for outcome measures in the allied health professions.
- Information on current work in developing outcome measures.
- Hands on experience of developing a model/process to take away for clinical application in their own profession and setting.

The star-studded cast of presenters includes NAHCC's own David Stokes, providing a Commonwealth Government and NAHCC performance framework; Alison Perry (La Trobe University) of AusTOMs (Australian Therapy Outcome Measures) fame; Margaret Shapiro (University of Queensland) chasing the elusive butterfly of social work outcome measures; and our very own Margaret Tweedale, whose community allied health team has demonstrated excellent cost effective outcomes for a multitude of allied health clients.

*Date of Seminar:* 17 May 2002

*Venue:* Mater Hospital, Brisbane

*Cost:* \$75 (Discounted \$60)

*Enquiries:* Bevan Wiltshire

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E-mail: [wiltshire@optusnet.com.au](mailto:wiltshire@optusnet.com.au)

Or

Mary Haire Tel: 07 3350 8424

E-mail: [Mary\\_Haire@health.qld.gov.au](mailto:Mary_Haire@health.qld.gov.au)

Registrations will need to be received by 3 May 2001.

*Please join us if you can.*

# NSW ALLIED HEALTH CASEMIX GROUP



*The NSW Allied Health Casemix Committee is chaired by Dr Helen McCathie (Concord Hospital) and is represented on NAHCC by David Rhodes (Hunter Area Health Service).*

1. The Committee has representation from the following Allied Health Associations:
  - Audiological Society of Australia (NSW Branch)
  - Australian Association of Occupational Therapists (NSW Branch)
  - Australian Association of Social Workers (NSW Branch)
  - Australian Orthotic Prosthetic Association
  - Australian Physiotherapy Association (NSW Branch)
  - Australian Podiatry Association (NSW Branch)
  - Australian Psychological Society
  - Dietitians Association of Australia (NSW Branch)
  - Orthoptic Association of Australia (NSW Branch)
  - Society of Hospital Pharmacists of Australia
  - Speech Pathology Australia (NSW Branch)and representation from
  - The NSW Health Department
  - Area Directors of Allied Health (NSW)
2. The Committee exists to provide Allied Health input into Casemix development, education and implementation. To this end, the Committee has had input into the development of the various funding models in NSW (Episode Funding, ICU, Emergency, Cross-Border Budget Holding) and provided presenters to the NSW Clinical Consultative Forum (which has replaced the NSW Casemix Committee). Presentations have been on 'Allied Health Developments and Funding Mechanisms' and 'From Apples and Oranges to Granny Smiths and Delicious – Allied Health Benchmarking Experiences'.
3. The Committee:
  - Provides a forum for multidisciplinary discussion of casemix issues for Allied Health
  - Reviews policy and contributes to policy development related to Allied Health casemix issues
  - Provides advice to National and State casemix committees and advisory groups
  - Provides a link to other Allied Health associations (eg, NSW Allied Health Alliance, Allied Health Management Information System Consortium [AHMIS], National Allied Health Benchmarking Consortium)
  - Disseminates casemix information and undertakes education and projects to benefit Allied Health professions across the State
  - Provides and receives support and advice to and from the National Allied Health Casemix Committee
4. Meetings are held every second month.

Current activities include:

- Examination of NSW Hospital Cost Data Collection on allied health – DRGs by total AH cost, volume, number of separations, average AH cost per separation, % of total cost for DRG that is allied health. Analysis is also available by most larger hospitals
- Collaborating with the AHMIS Consortium on codeset review
- Monitoring reporting on ambulatory care services, including the recently introduced reporting of non-inpatient activity by Service Type
- Active participation in the National Allied Health Service Weights Project – over 12 hospitals will be involved.
- Contributing nominees for NAHCC on collaborative projects such as AusTOMs and the Community Based Codeset

The Committee is looking forward to contributing to and benefiting from the range of projects and products outlined by NAHCC late last year.

## TASMANIAN ALLIED HEALTH CASEMIX GROUP



*The Tasmanian Allied Health Casemix Group is represented on NAHCC by Fred Howard (Podiatry Manager – Royal Hobart Hospital).*

Unlike many of the other states and territories Tasmania does not have a formal committee structure to its casemix group. The group centres on the NAHCC representative who acts as the disseminator of information from the NAHCC and the respective allied health disciplines within Tasmania as well as other interested parties.

The NAHCC representative to date, has been based at the Royal Hobart Hospital with links to the other two major public hospitals via their respective Directors of Allied Health Services. The current representative has strong community links also via regular meetings with the State Coordinator Rehabilitation and Allied Health Services and the Community Allied Health Managers Group.

As per other states and territories, the focus of casemix in Tasmania has been largely on the acute care sector. The Royal Hobart Hospital has had the opportunity to take part in the IFI project and has been selected to be involved in the present NAHCC project on service weights. The Royal Hobart Hospital is also an active participant in the National Allied Health Benchmarking Consortium.

## NORTHERN TERRITORY ALLIED HEALTH CASEMIX GROUP



*The Northern Territory Allied Health Casemix Group is represented on NAHCC by Christine Hancock (Department of Health and Community Services)*

As I read the above heading for this update, I had to have a bit of a chuckle . . . it may be stretching the truth to say there is a “Northern Territory Allied Health Casemix Group”.

Despite regular updates provided by email on NAHCC activity, there is frequently limited response from Allied Health. Past efforts at establishing an Allied Health forum have met with varied levels of success . . . usually doomed to disappear when workloads increase.

However, the environment in which Allied Health in the NT is operating needs to be considered. Spread over vast distances, with many positions being filled by sole practitioners, the heavy clinical load is always the priority.

These issues impact not just on the ability to form a Casemix Group but on Allied Health to form a cohesive Territory-wide approach to the many other issues which impact on the effective and efficient delivery of services.

I would like to take this opportunity to urge all Allied Health Professionals in the NT reading this update to contact me – whether it is to berate me and say, “Hey, we **are** working on . . .” or whether it is to say, “Yes, we do need to develop a more cohesive approach **and I am willing to contribute**”.

Perhaps the Allied Health Forum will get a new lease of life!

### Contact details:

**Chris Hancock**  
**Project Officer, Strategic Workforce Services**  
**Tel: 08 8999 2551**  
**E-mail: [chris.hancock@nt.gov.au](mailto:chris.hancock@nt.gov.au)**

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Exercise & Sport Science	Phil Hamdorf	08 8222 1889	08 8222 1828	phamdorf@hampstead.rah.sa.gov.au
Hospital Pharmacy	Naomi Burgess	08 8222 4951	08 8222 5881	nburgess@mail.rah.sa.gov.au
HPCA	Lin Oke	03 9416 1021	03 9416 1421	hpca@ausot.com.au
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## NAHCC SECRETARIAT

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