

AROC v4 Inpatient Dataset Suspension of Rehabilitation Treatment - Definition and Rationale

Achievement of a patient's rehabilitation goals may be dependent upon the consistency of treatment. Any requirement to suspend rehabilitation treatment may significantly impact upon treatment outcomes and the efficiency with which these can be achieved. Collection of this data item will provide facilities with information that they can use to help explain their outcomes to interested parties.

It is recognised that there may be a number of reasons for the suspension of a rehabilitation program:

- a medical condition that **prevents the patient participating in their rehabilitation program**. For example, a flare up of asthma where the patient develops breathing problems and therefore cannot participate in their rehabilitation program for a period of time. During the period of suspension the patient may remain on the rehabilitation ward, or may need to be transferred to an acute ward for treatment.
- the requirement for a medical procedure (eg. gastroscopy, renal dialysis) **that prevents the patient participating in their rehabilitation program** for a period of time. The patient may need to be transferred to another facility for this procedure.
- the requirement for the patient to attend a medical appointment **that prevents the patient participating in their rehabilitation program** for a period of time.

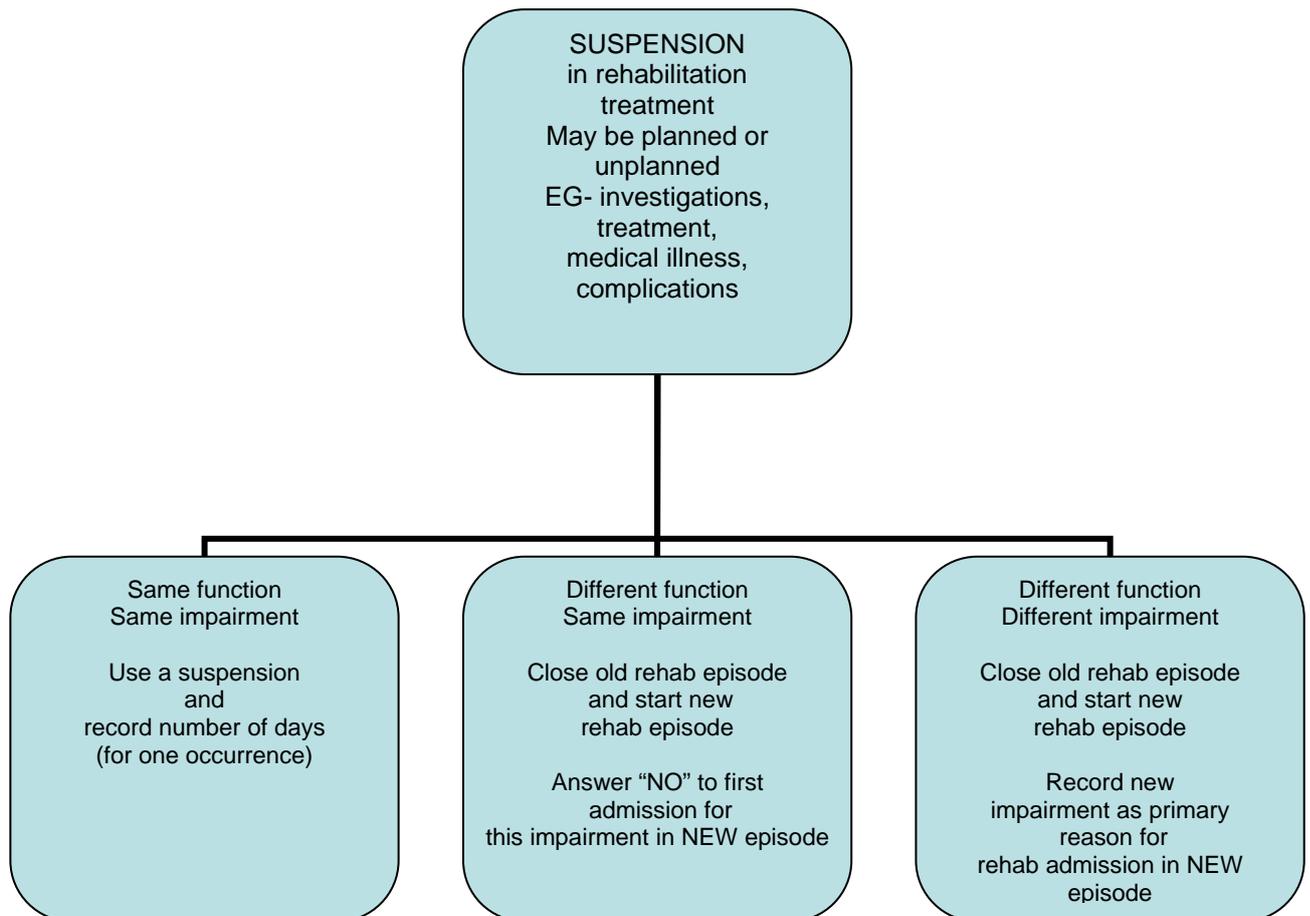
Please note that where a patient participates in their rehabilitation program in the morning and then has, for example, their renal dialysis in the afternoon, this **IS NOT** a suspension of treatment, because the patient has participated in their program on that day.

Please note that where a patient refuses to participate in their rehabilitation program for a period of time – this **IS NOT** considered a suspension of treatment.

The General Rule is that where a patient's rehabilitation treatment is suspended for a period, and the patient then comes back onto the **same program of rehabilitation** (that is, a new program is not required to be developed) then the period of absence is counted as a suspension. **It does not matter how long** the period of suspension of treatment is, as long as the patient comes back onto the same program of rehabilitation.

Where a patient's rehabilitation treatment is suspended for a period, but on their return to rehabilitation it is **necessary to develop a new rehabilitation program** for them (due to a change in the patient's functional status, or to the objectives of the rehabilitation program) then the period of absence **IS NOT** counted as a suspension. Rather the patient should be discharged (from the date their rehabilitation treatment was suspended) and a new episode commenced (from the date they return to rehabilitation).

Suspensions flow chart



AROC v4 inpatient data set – suspension of treatment data items

1. Total number of treatment suspension days
2. Number of treatment suspension occurrences

Values must be entered for each data item, even if value is 0. This is the only way AROC can distinguish between no suspension days, and missing data

Example

Mrs Jones is admitted on Monday and commences treatment straight away. On Thursday her asthma flares up and she is unable to undertake her rehab program on Thursday and Friday. She starts again on Saturday. Next Wednesday her asthma flares up again and she does not have rehab treatment on Wednesday, but starts again on Thursday.

Mrs Jones has had a total of 3 treatment suspension days, and 2 occurrences.