A national approach towards the routine assessment of palliative care outcomes and quality
Overview

- Summary of background and progress
- Data assessment tools
- Potential for services to measure palliative care outcomes and quality
What is PCOC?

- National voluntary network that will assist:
  - to improve practice
  - meet the *Standards for providing Quality Palliative Care for all Australians*
  - comply with ACHS accreditation standards as a by-product of participation
A collaboration between four centres

*Funded by the Australian Government*

- Centre for Health Service Development (CHSD), UoW
  - Professor Kathy Eagar
- Western Australian Centre for Cancer and Palliative Care (WACCPC) CUT
  - Professor Linda Kristjanson
- Institute of Health & Biomedical Innovation (IHBI), QUT
  - Professor Patsy Yates
- Department of Palliative and Supportive Services (DPSS) FUSA
  - Professor David Currow
Staff

The four Chief Investigators are supported by:

- National Manager
- Training Manager
- Data and IT manager
- Statisticians
- Zone coordinators
- Administrative support
How does PCOC work?

- Services volunteer to be involved:
  - Initial discussion at service level
  - Registration process
  - Systems developed for data collection and extraction
  - Staff training and education
  - Data are sent to CHSD for analysis
  - Report sent back to service
  - Services can use data for quality activities
  - Services can then have input into further data items
  - Benchmarking partners identified
  - Benchmarking relationships established
Contact with Palliative Care Services

- In each state, Zone Coordinators are progressively meeting services to collect PCOC data
- Version 1 data collection began in April 2006 with a small number of services
- Disparity of practices, different models of care and resources available and variation in IT use and availability presenting real challenges to PCOC
- Despite this, first report published February 2007
Data to be collected by PCOC

○ Level 1 Patient - Demographic

○ Level 2 Episode

○ Level 3 Phase – Clinical (the level at which outcomes are measured)
The program logic for PCOC data

Information to be collected at different levels
Palliative care service

Patient 1 and carer/s

Patient 2 and carer/s

Patient etc and carer/s

whose care consists of one or more Episodes of Care

Episode of care 1

Episode of care 2

Episode of care etc
Episode of care 2

during which the patient has one or more stages of illness

Phase of care 1

Phase of care 2

Phase of care etc

EPISODE TYPES
Community
Inpatient

PHASE TYPES
1 - Stable
2 - Unstable
3 - Deteriorating
4 - Terminal
5 - Bereaved
The level at which outcomes are measured.
Data Collection- Level 1

- **Patient:**
  - Person/client identifier
  - Date of Birth
  - Sex
  - Site Identifier
  - Postcode
  - Indigenous Status
  - Main language spoken at home
  - Country of birth
Data Collection- Level 2

- Episode - Inpatient or Community
  - Referral date
  - Referral Source
  - Mode of Episode start (how)
  - Date of 1st assessment (phone/visit contact)
  - Episode start date (1st episode start date)
  - Proposed model of care at start and end
  - Location/setting
  - Consultation
  - Diagnosis malignant or non malignant
  - Accommodation at start and end
  - Level of support at start and end
  - Separation status
  - Place of death
Level 3 clinical / phase level

- based on assessment tools that give us evidence of the type of clinical care needs within the episode
- Date phase began and end
- Reason for phase end
Data collection - level 3 clinical / phase level

These tools include:
- Phase (AN-SNAP)
- RUG (Resource Utilisation Groups)
- Karnofsky Performance Measure
- Problem Severity Score
- Symptom Assessment Scale
Data collection- level 3 clinical / phase level

What this level of data collection tells us:

- Functioning, performance and prognosis (RUG, Karnofsky)
- Reason for Admission (phase)
- Symptoms and their severity (PSS, SAS)
Example of graph in report

**Deteriorating Phase**

- **All services**
- **Anywhere PCS**

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<th>Percentage of phases</th>
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Potential Outcomes

- Demonstrate both ‘service’ and ‘patient/carer’ level outcomes across settings

- Allow services to measure continuous improvement in the quality and effectiveness of their service

- Provide opportunities for research and evaluation

- Provide benchmarking opportunities with other “like” services eg round table workshops