



palliative care
outcomes collaboration

Trends in patient outcomes 2009-2016

October 2016

PCOC is a national palliative care project funded by the
Australian Government Department of Health

About this report

This report provides a national summary of the key patient outcomes resulting from the Palliative Care Outcomes Collaboration (PCOC) data collection between 2009 and 2016.

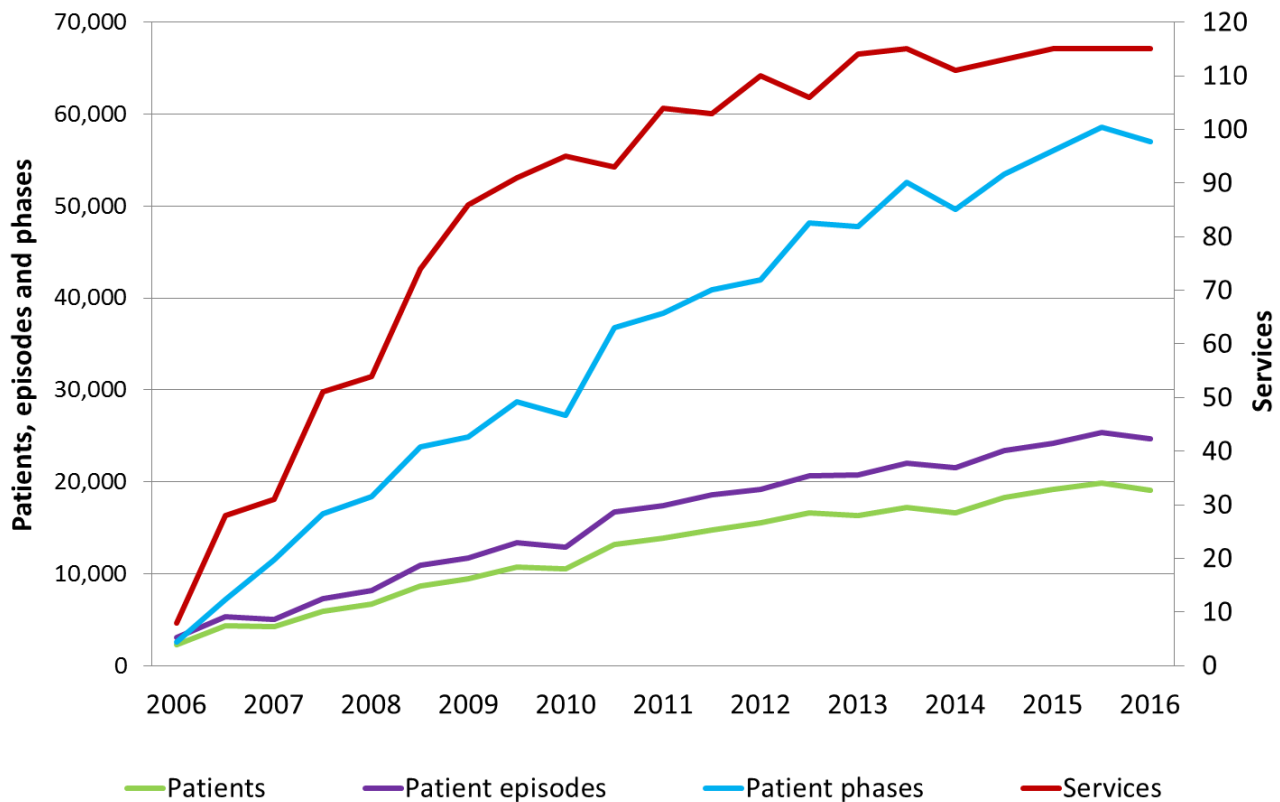
Four patient outcome measures have been included in this report:

- Time from date ready for care to episode start
- Time in unstable phase
- Change in symptoms and problems (this includes six new benchmarks relating to fatigue, breathing problems and family / carer problems)
- Change in symptoms relative to the baseline national average

More information about PCOC and more detail about each measure can be found in the PCOC National and State reports available at www.pcoc.org.au

Participation in PCOC

Figure 1 *Growth over time*



When PCOC began in 2006:

- 8 services provided 3,000 episodes of care and 2,500 phases for 2,200 patients

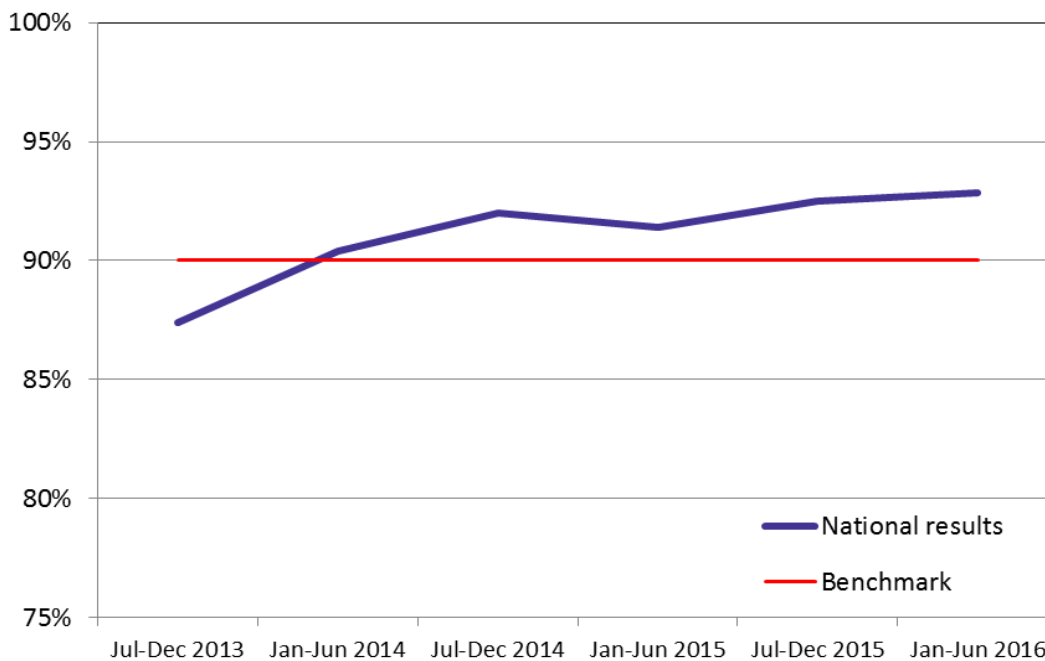
In January to June 2016:

- 115 services provided approximately 25,000 episodes of care and 57,000 phases for 19,000 patients

National results over time

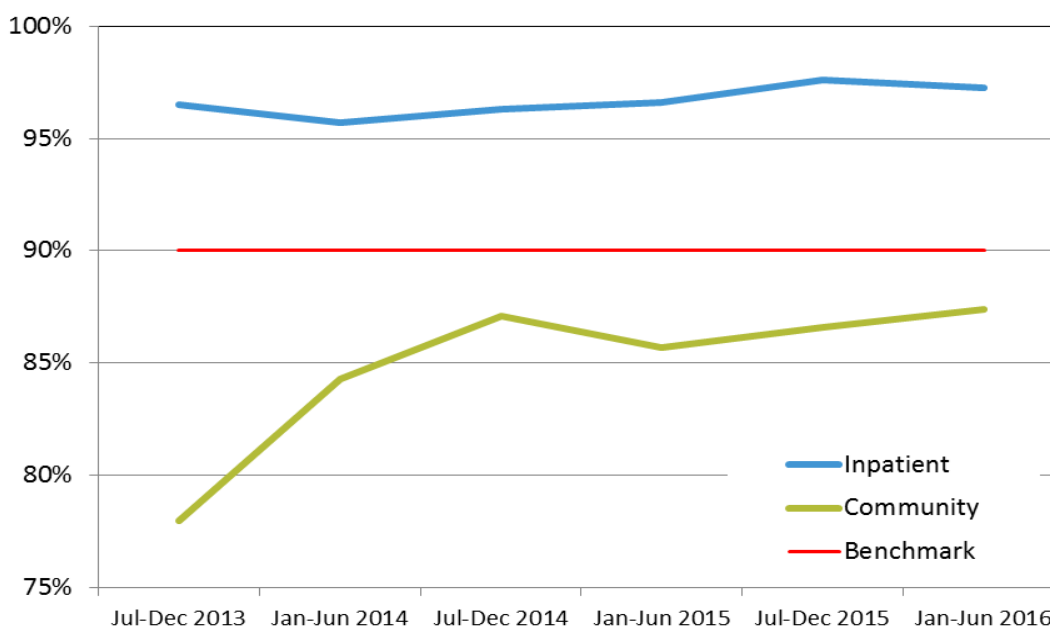
Outcome measure 1 – Time from date ready for care to episode start

Figure 2 *Percentage of patients with care commencing on the day of, or the day after date ready for care – national results*



This outcome measure reports responsiveness of palliative care services to patient needs. Nationally services have improved on this measure, from 87% to 93% over the three-year period.

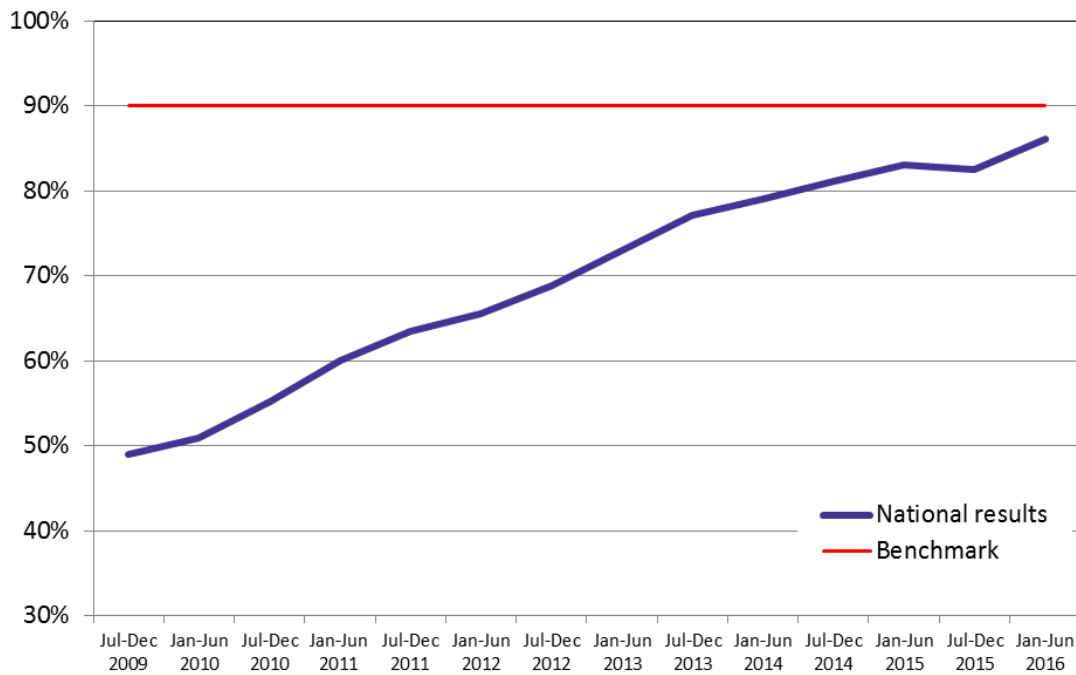
Figure 3 *Percentage of patients with care commencing on the day of, or the day after date ready for care – results by setting of care*



Results in the community setting have increased from 78% in 2013 to 87% in 2016.

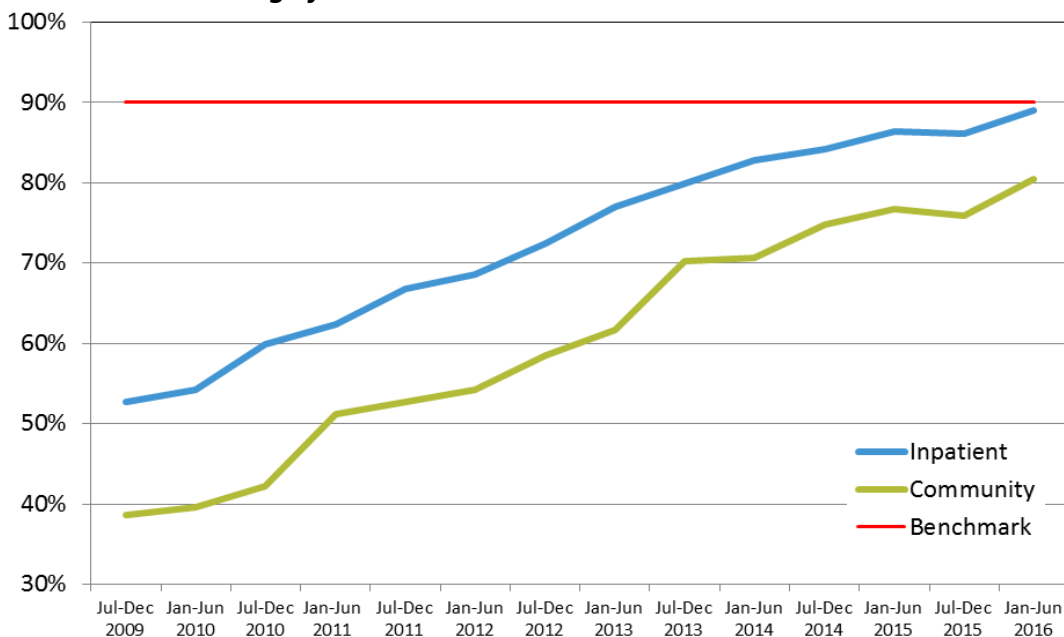
Outcome measure 2 – Time a patient spends in the unstable phase

Figure 4 Percentage of patients in the unstable phase for three days or less – national results



Only 49% of unstable phases lasted for three days or less in 2009 and this percentage has increased (improved) to around 86% in 2016.

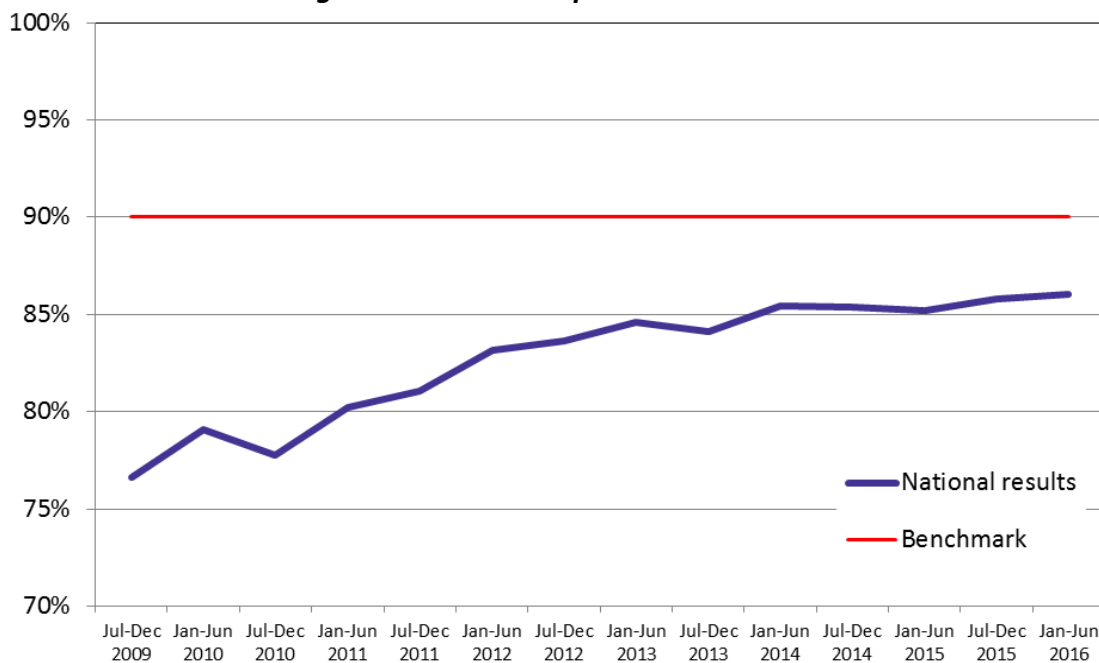
Figure 5 Percentage of patients in the unstable phase for three days or less – results by setting of care



Currently the inpatient setting is around 8 percentage points higher than the community setting (89% compared to 81%).

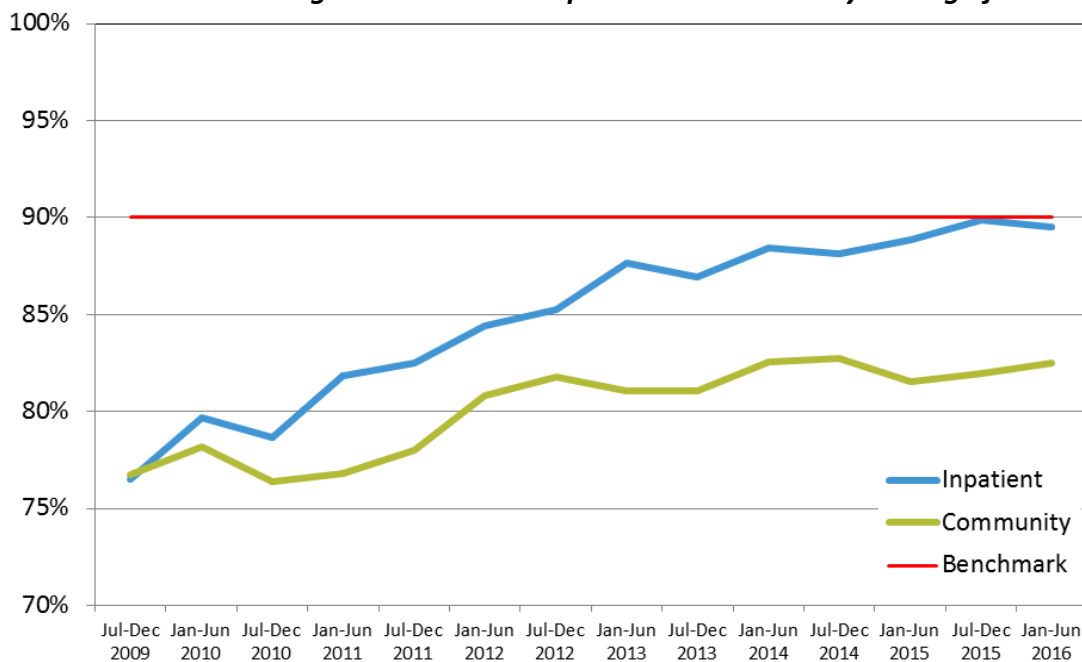
Outcome measure 3 – Change in pain

Figure 6 *Percentage of patients with absent or mild distress from pain at phase start, remaining absent or mild at phase end – national results*



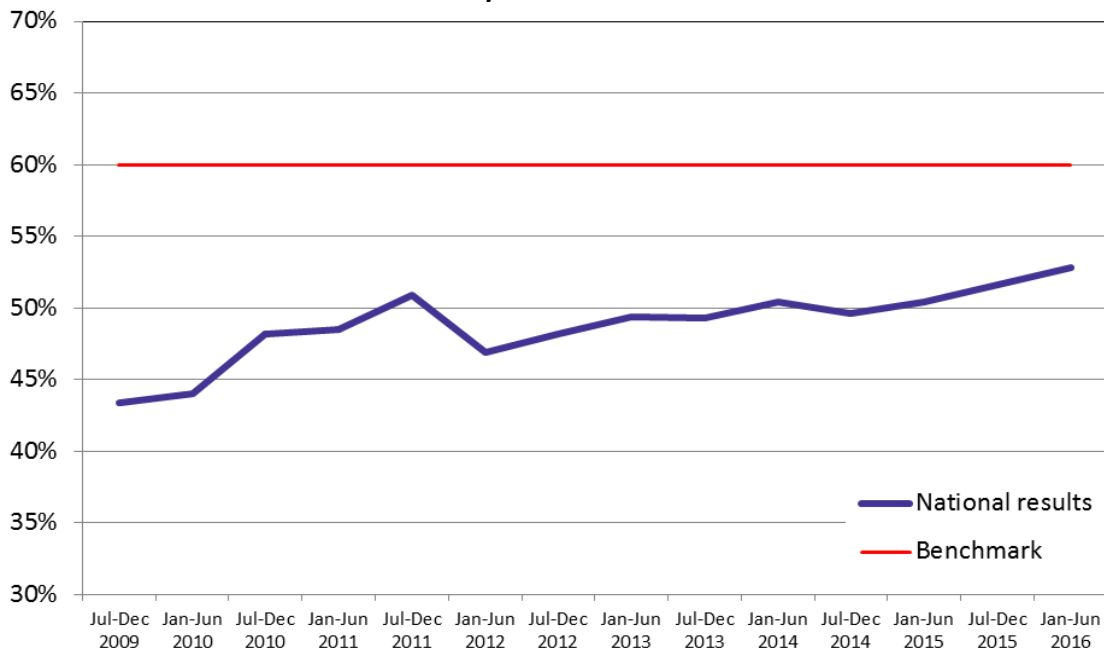
Nationally the percentage of patients with absent or mild distress from pain at both phase start and end has improved from 81% in 2009 to 86% in 2016.

Figure 7 *Percentage of patients with absent or mild distress from pain at phase start, remaining absent or mild at phase end – results by setting of care*



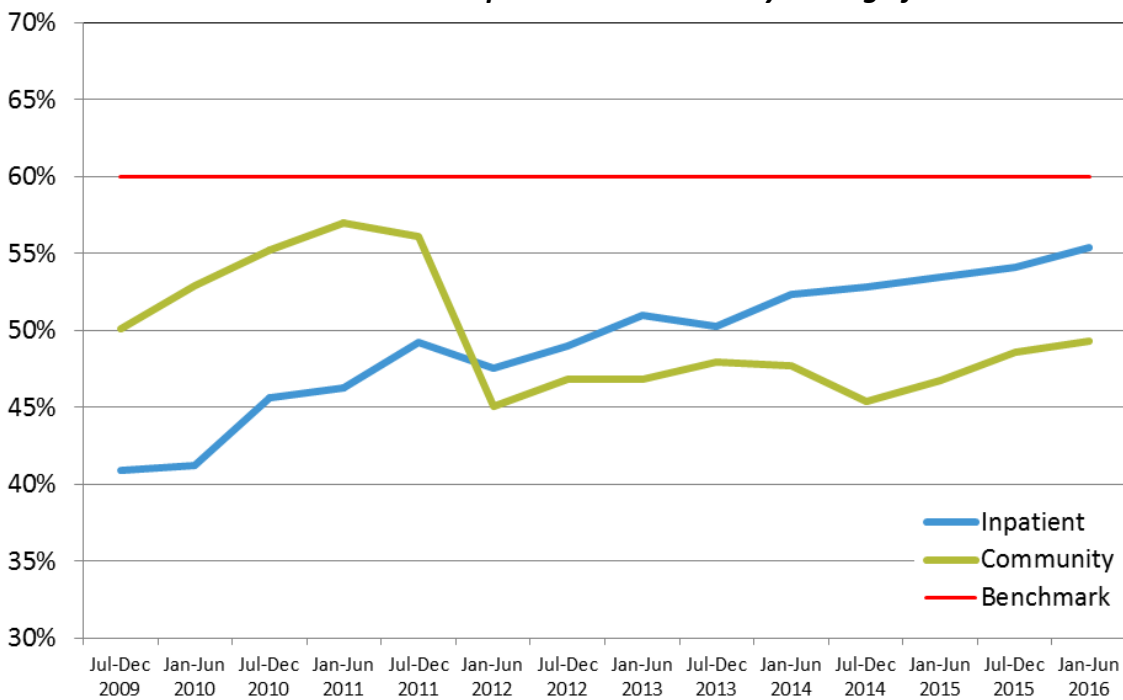
Currently the inpatient setting is around 8 percentage points higher than the community setting (90% compared to 82%).

Figure 8 *Percentage of patients with moderate or severe distress from pain at phase start, with absent or mild at phase end – national results*



Nationally the percentage of patients with moderate or severe distress from pain at the start of the phase decreasing to absent or mild at the end of the phase has improved from 41% in 2009 to 53% in 2016.

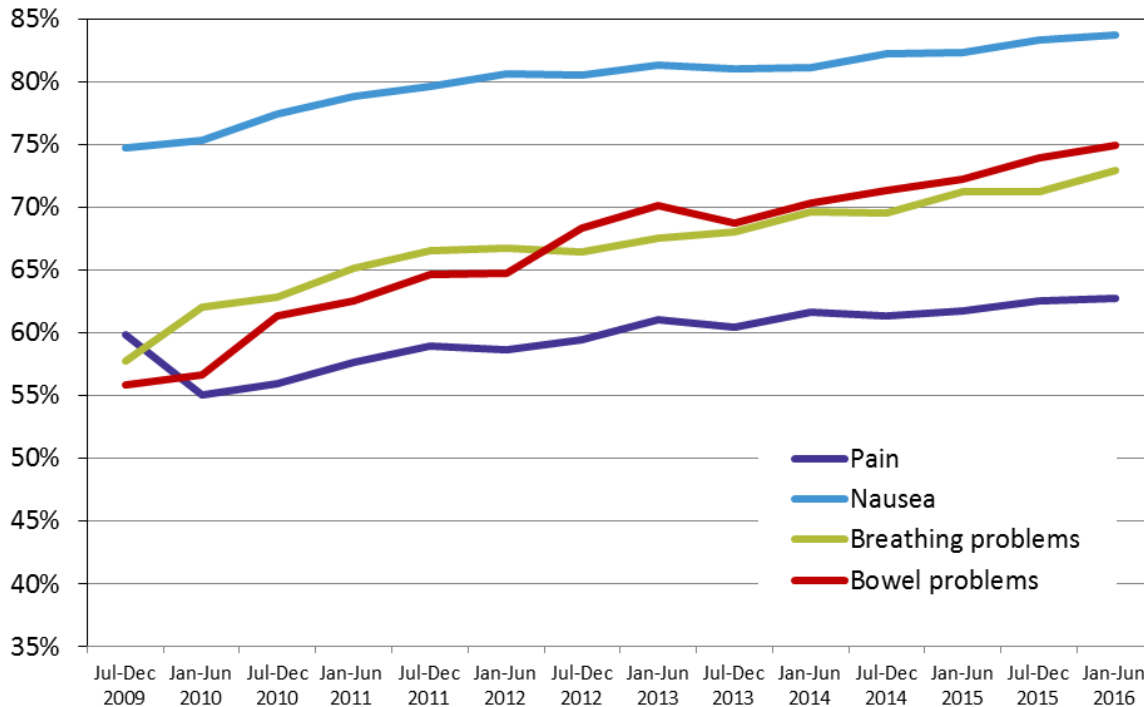
Figure 9 *Percentage of patients with moderate or severe distress from pain at phase start, with absent or mild at phase end – results by setting of care*



Currently the inpatient setting is around 6 percentage points higher than the community setting (55% compared to 49%).

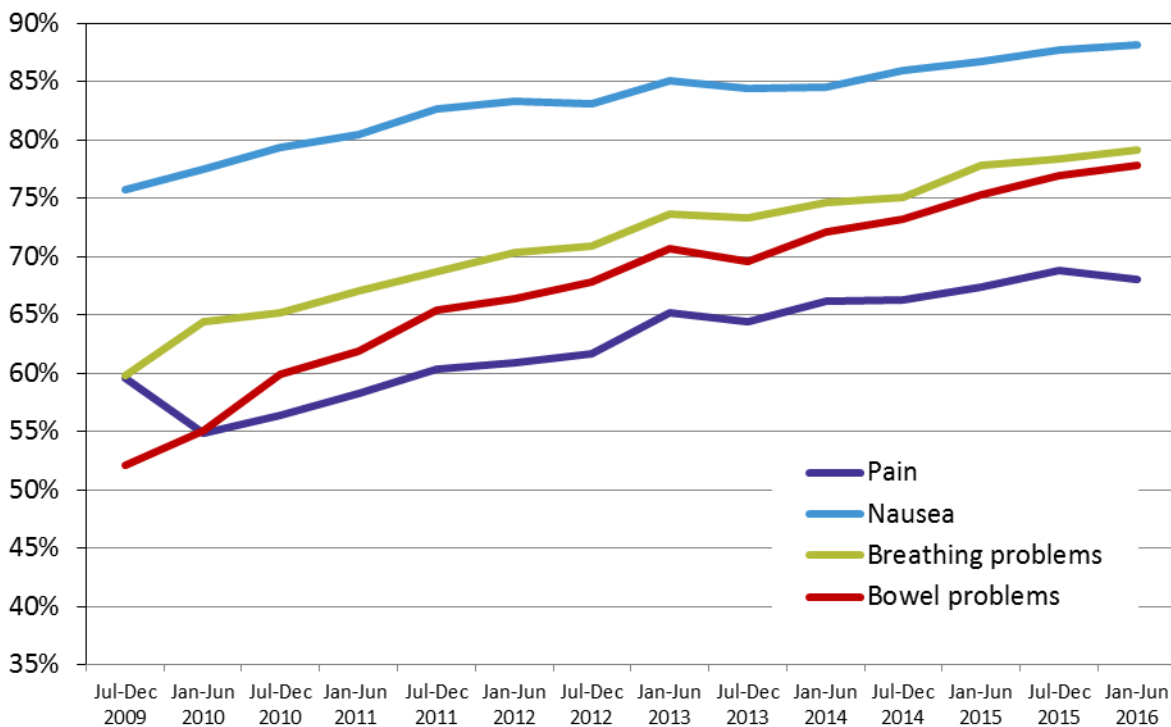
Outcome measure 4 – Change in symptoms relative to the baseline national average

Figure 10 SAS: Percentage of patient phases at or above the baseline national average – national results



Nationally, results for ‘bowel problems’ have improved from 56% in 2009 to 75% in 2016. The results for ‘pain’ remain lower than results for all other symptoms / problems.

Figure 11 SAS: Percentage of patient phases at or above the baseline national average – inpatient results



In the inpatient setting, results for ‘breathing problems’ have been consistently higher than the results for ‘bowel problems’. The reverse trend can be seen in the community setting (i.e. the results for ‘bowel problems’ has been consistently higher than the results for ‘breathing problems’).

Figure 12 SAS: Percentage of patient phases at or above the baseline national average – community results

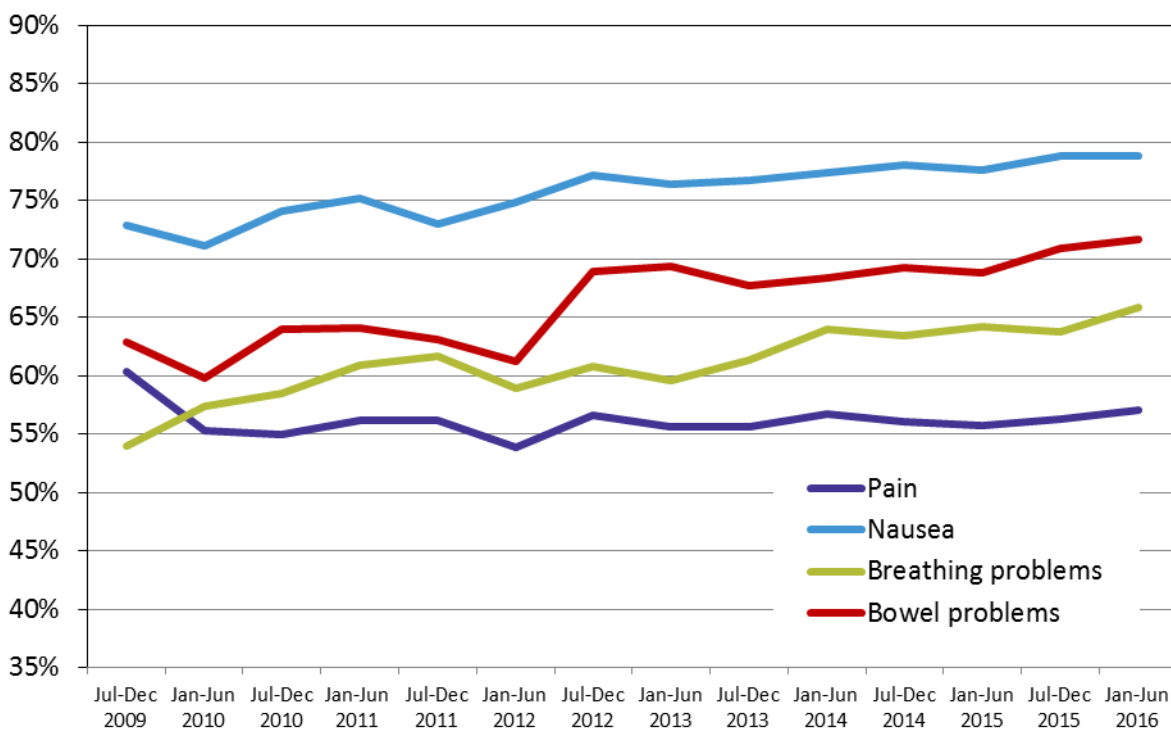
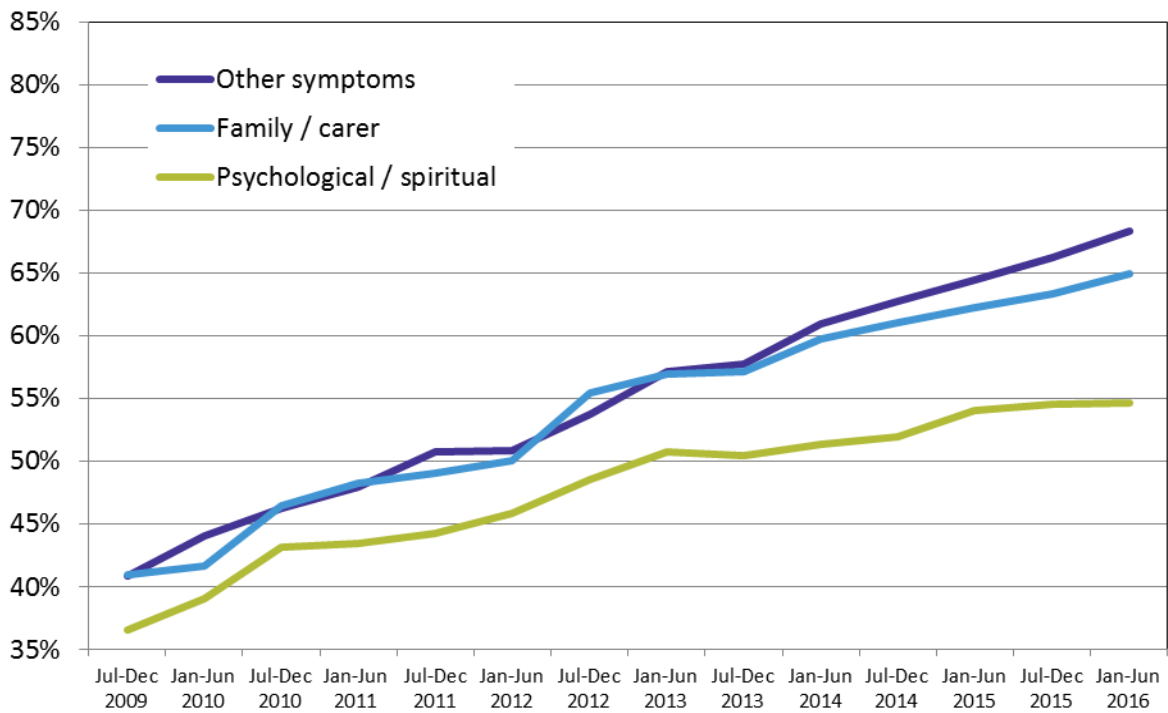
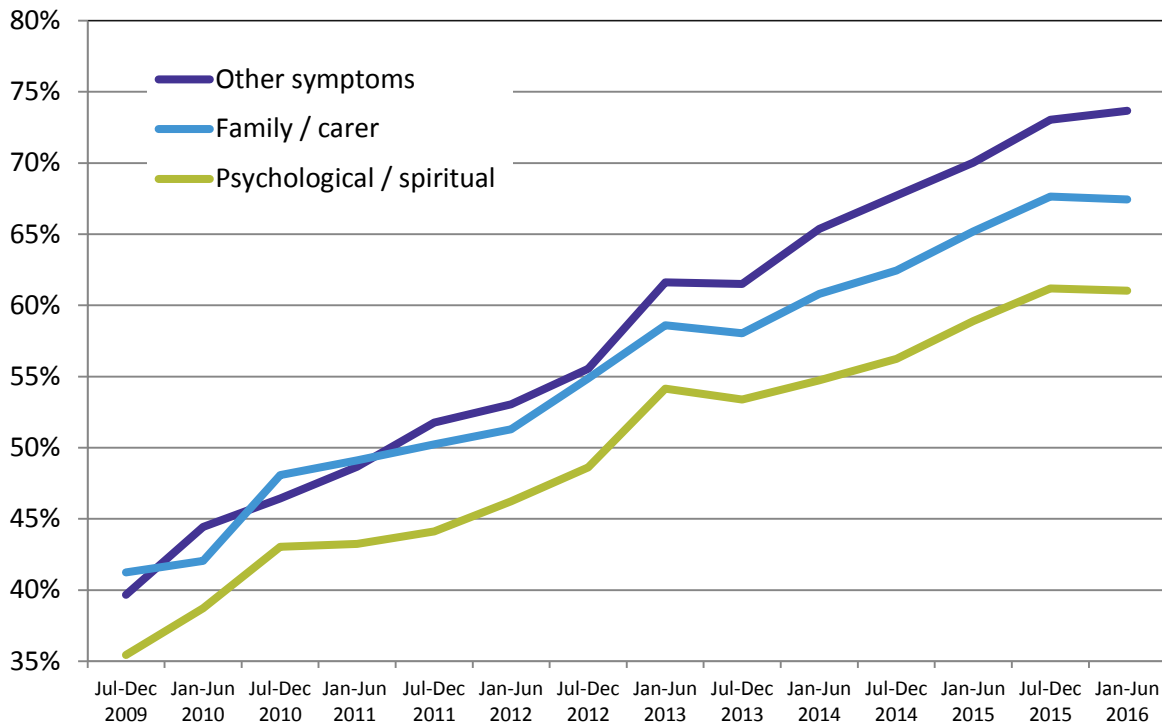


Figure 13 PCPSS: Percentage of patient phases at or above the baseline national average – national results



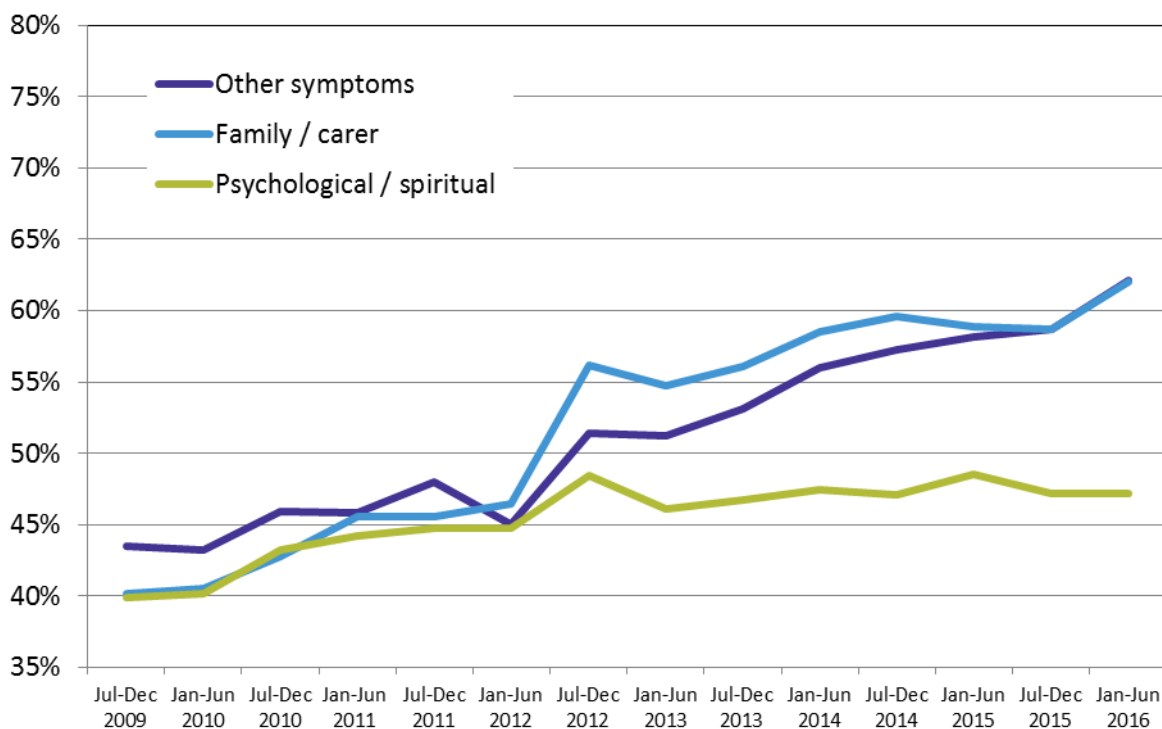
Nationally, results for ‘other symptoms’ have improved from 41% in 2009 to 68% in 2016. The results for ‘psychological / spiritual’ problems remain lower than the results for other symptoms / problems.

Figure 14 PCPSS: Percentage of patient phases at or above the baseline national average – inpatient results



The results in the inpatient setting remain consistently higher than the results in the community setting. In the inpatient setting, the results for ‘other symptoms’ has improved from 40% in 2009 to 74% in 2016. In the community setting, the results for ‘family / carer’ has improved from 40% in 2009 to 54% in 2016.

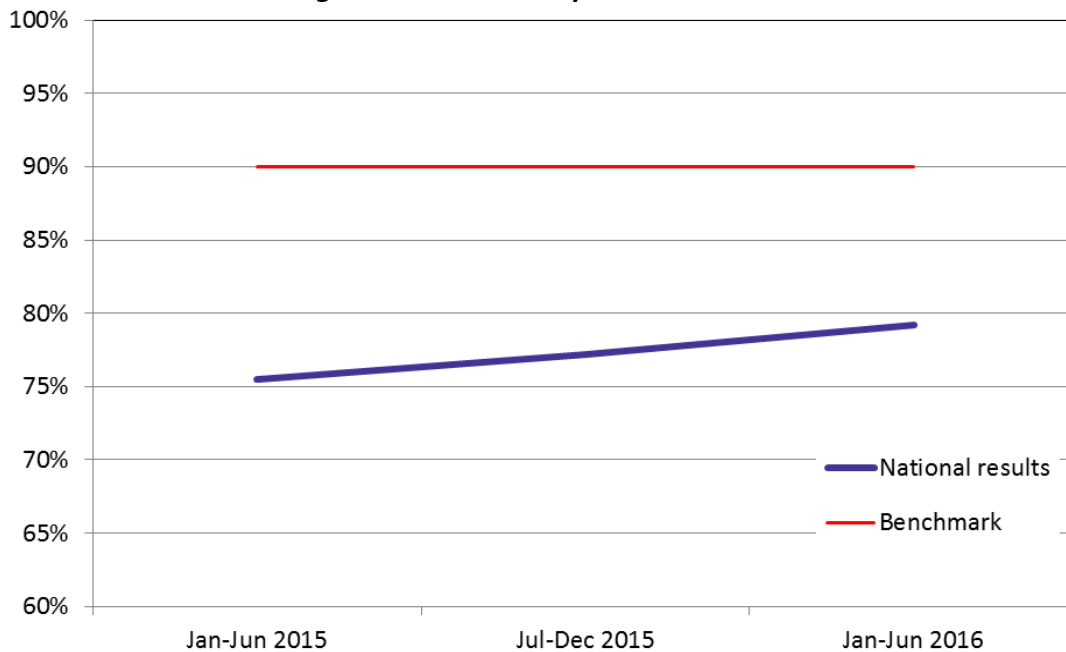
Figure 15 PCPSS: Percentage of patient phases at or above the baseline national average – inpatient results



New Benchmarks

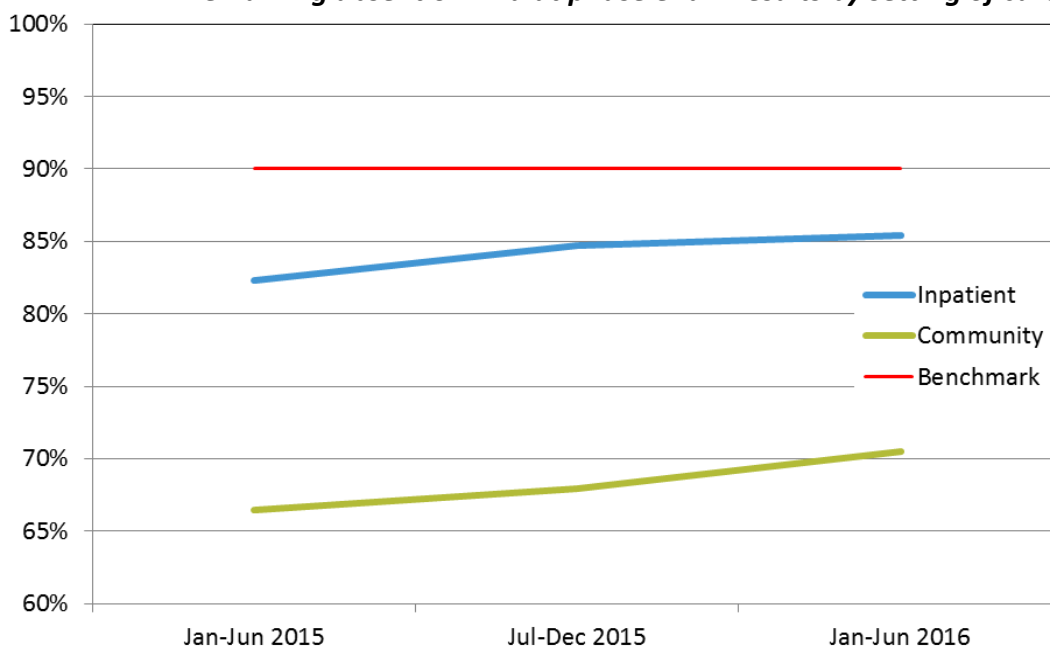
Change in distress from fatigue

Figure 16 *Percentage of patients with absent or mild distress from fatigue at phase start, remaining absent or mild at phase end – national results*



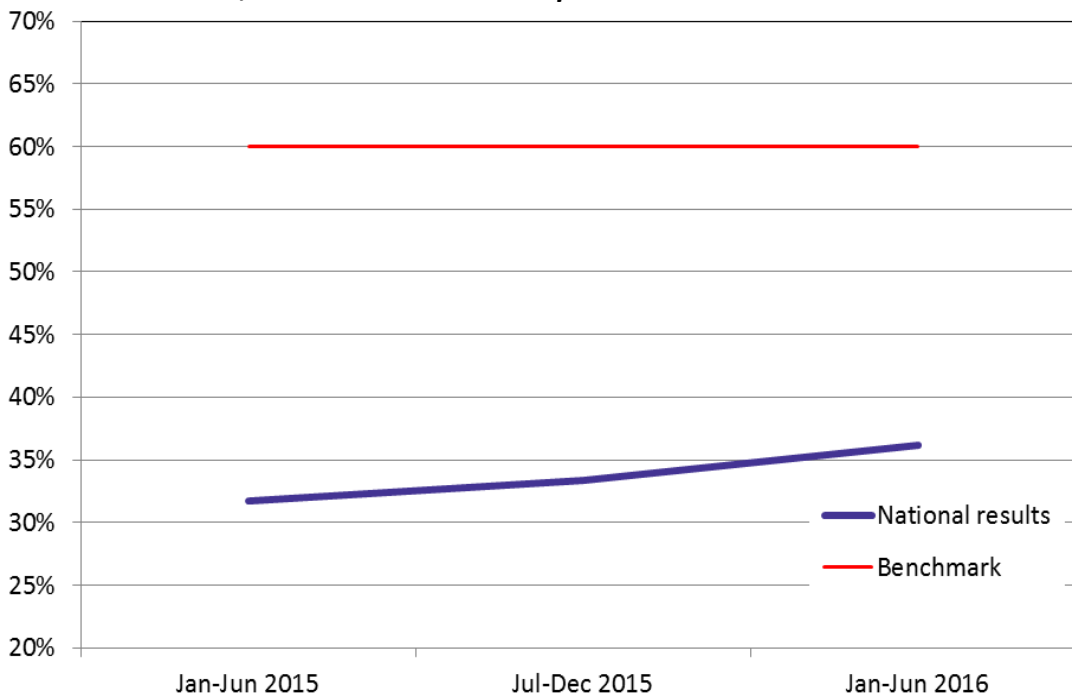
Nationally the percentage of patients with absent or mild distress from fatigue at both phase start and end has improved from 75% to 79% over the 18-month period.

Figure 17 *Percentage of patients with absent or mild distress from fatigue at phase start, remaining absent or mild at phase end – results by setting of care*



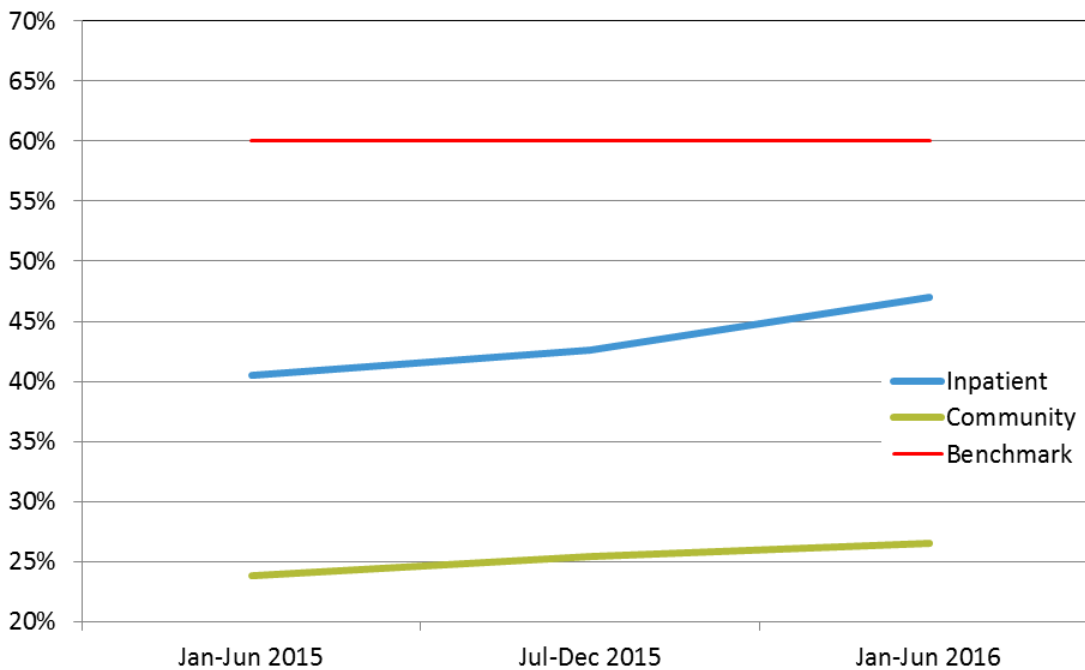
Currently the inpatient setting is around 14 percentage points higher than the community setting (85% compared to 71%).

Figure 18 *Percentage of patients with moderate or severe distress from fatigue at phase start, with absent or mild at phase end – national results*



Nationally the percentage of patients with moderate or severe distress from fatigue at the start of the phase decreasing to absent or mild at the end of the phase has improved from 32% to 36% over the 18-month period.

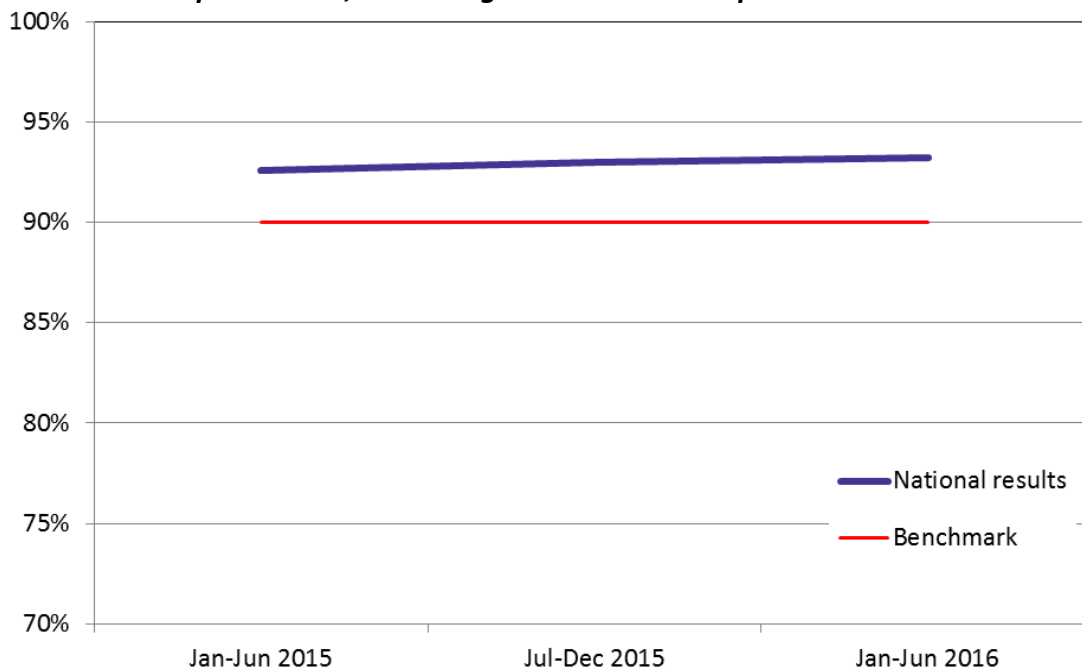
Figure 19 *Percentage of patients with moderate or severe distress from fatigue at phase start, with absent or mild at phase end – results by setting of care*



Currently the inpatient setting is around 20 percentage points higher than the community setting (47% compared to 27%).

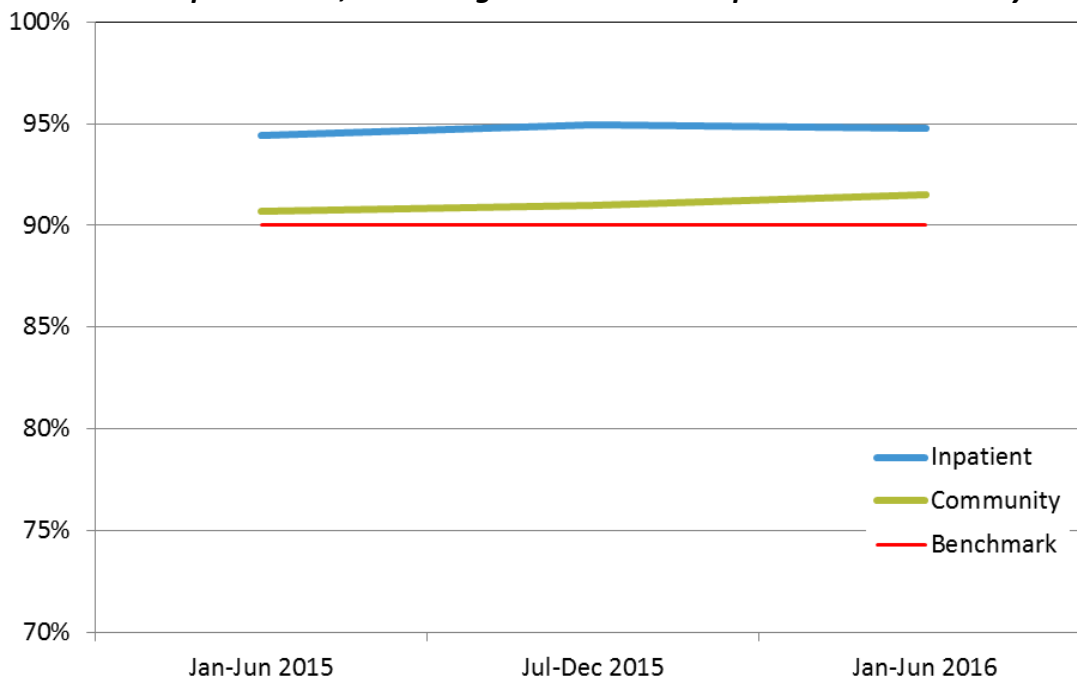
Change in distress from breathing problems

Figure 20 *Percentage of patients with absent or mild distress from breathing problems at phase start, remaining absent or mild at phase end – national results*



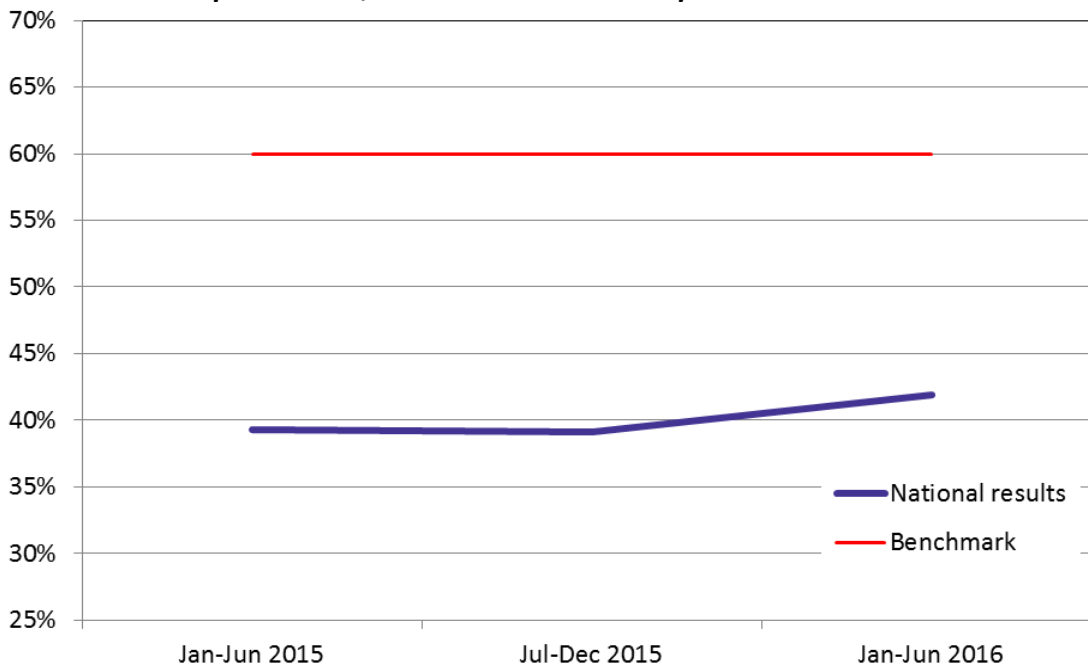
Nationally the percentage of patients with absent or mild distress from breathing problems at both phase start and end has remained constant over the 18-month period at around 93%.

Figure 21 *Percentage of patients with absent or mild distress from breathing problems at phase start, remaining absent or mild at phase end – results by setting of care*



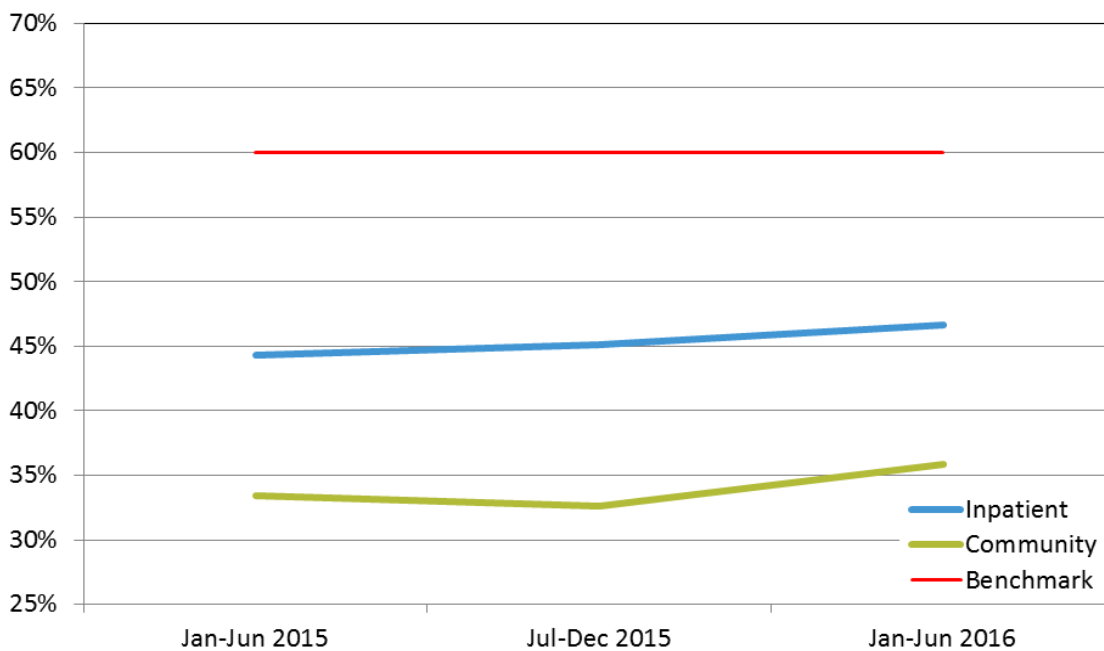
This benchmark has been met across both settings throughout the 18-month period and currently the inpatient setting is around 4 percentage points higher than the community setting (95% compared to 91%).

Figure 22 *Percentage of patients with moderate or severe distress from breathing problems at phase start, with absent or mild at phase end – national results*



Nationally the percentage of patients with moderate or severe distress from breathing problems at the start of the phase decreasing to absent or mild at the end of the phase has improved from 39% to 42% over the 18-month period.

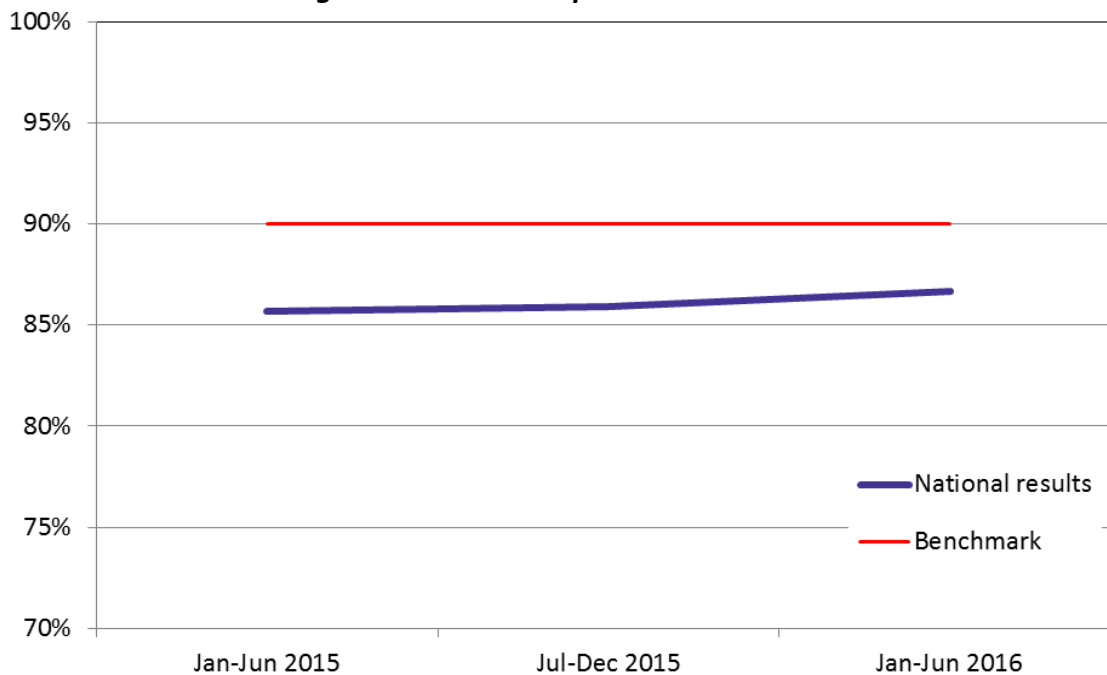
Figure 23 *Percentage of patients with moderate or severe distress from breathing problems at phase start, with absent or mild at phase end – results by setting of care*



Currently the inpatient setting is around 11 percentage points higher than the community setting (47% compared to 36%).

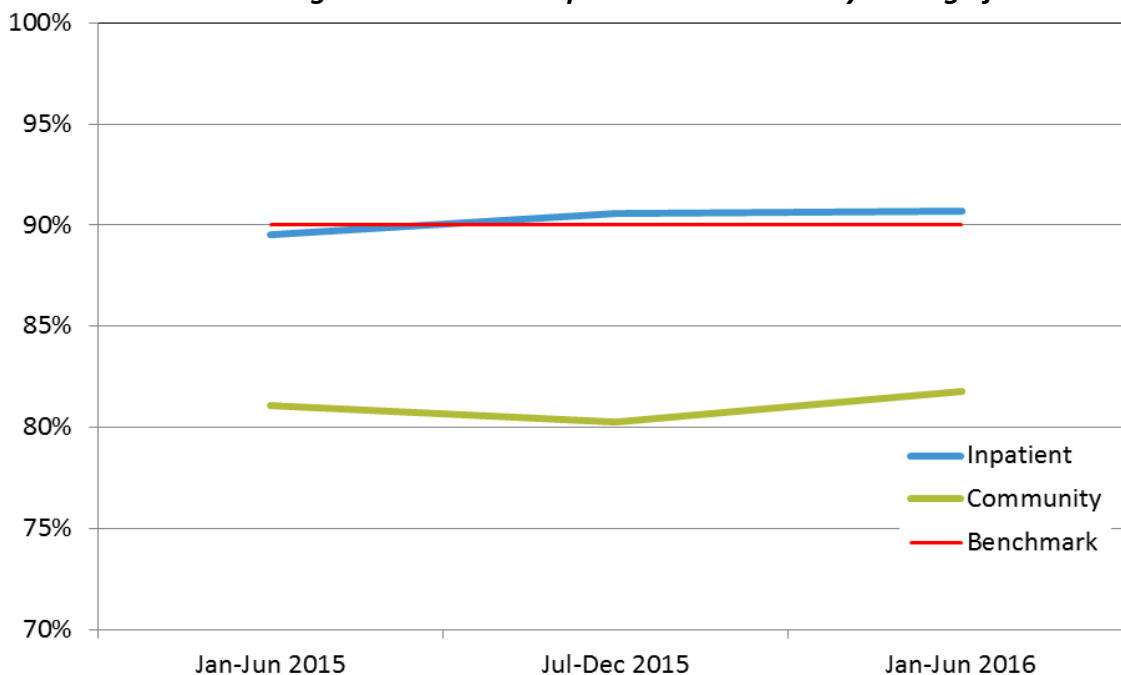
Change in family / carer problems

Figure 24 *Percentage of patients with absent or mild family / carer problems at phase start, remaining absent or mild at phase end – national results*



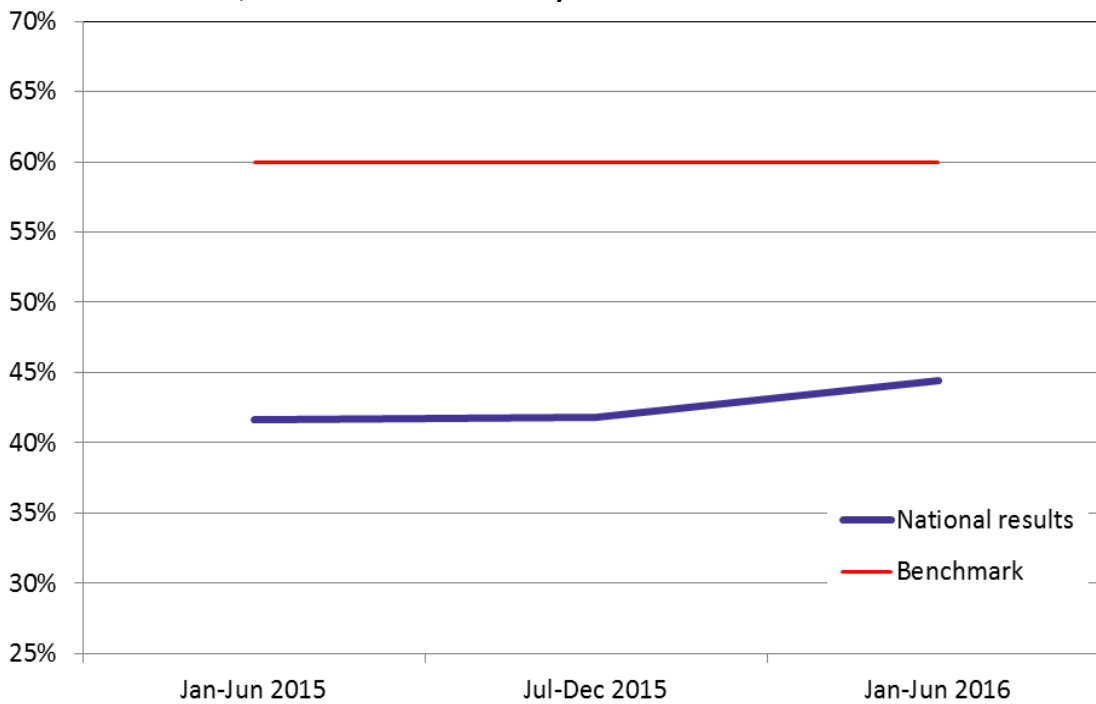
Nationally the percentage of patients with absent or mild family / carer problems at both phase start and end has slightly increased over the 18-month period from 86% to 87%.

Figure 25 *Percentage of patients with absent or mild family / carer problems at phase start, remaining absent or mild at phase end – results by setting of care*



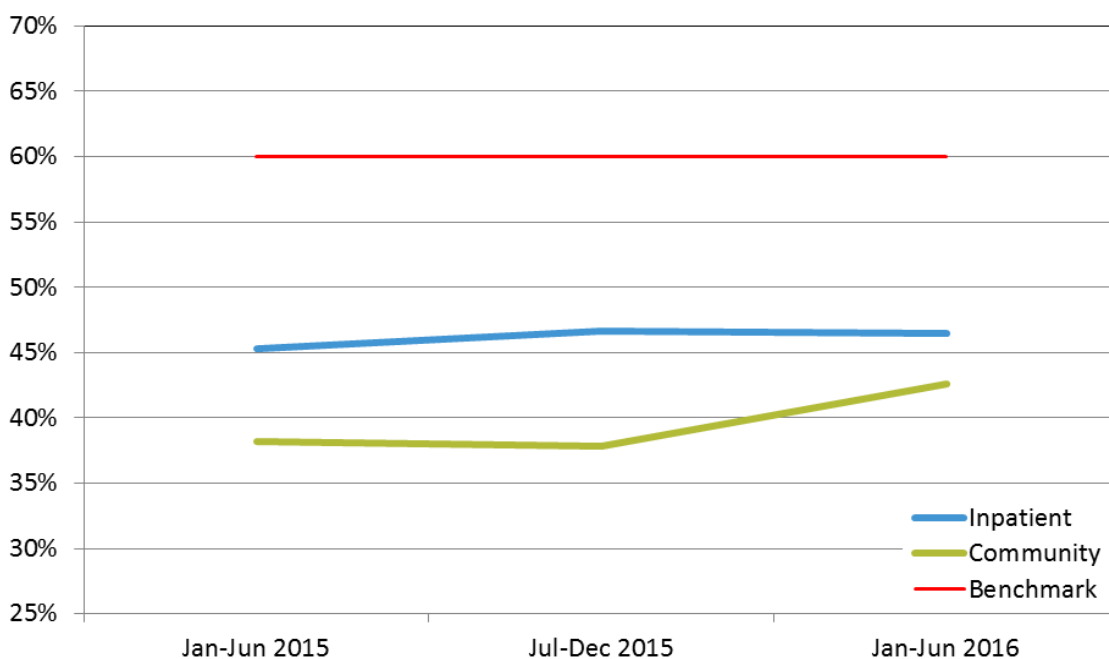
Currently the inpatient setting is around 9 percentage points higher than the community setting (91% compared to 82%).

Figure 26 *Percentage of patients with moderate or severe family / carer problems at phase start, with absent or mild at phase end – national results*



Nationally the percentage of patients with moderate or severe family / carer problems at the start of the phase decreasing to absent or mild at the end of the phase has improved from 42% to 44% over the 18-month period.

Figure 27 *Percentage of patients with moderate or severe family / carer problems at phase start, with absent or mild at phase end – results by setting of care*



Results in the community setting have improved from 38% to 43% over the 18-month period although the results in the inpatient setting remain higher (46% compared to 43%).