Banksia Palliative Care Service

PCOC Initiative Departmental Action Plan

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Linda Espie
Manager Client Support Services
(In absentia)
Introducing Banksia

- Northeast Metro region of Melbourne
- Areas of Whittlesea, Nillumbik & Banyule
- Population 370,000
- Established 25 years
- Services 27 staff (14 EFT) + volunteers
- 550+ clients for year 13/14
Banksia within Australia

- Western Australia
- Northern Territory
- Queensland
- New South Wales
- South Australia
- Tasmania

North East Metro
Melbourne, VIC
Staff professional development day held 25 Sept 2014

Overview of themes discussed:

- 40 day length of stay (national avg 43)
- 1.6 phases (national avg 2)
- Underutilisation of Terminal and Unstable
- Bowel management identified as area for improvement
Key Areas for Improvement

- **Phase changing** currently 1.6 phases
  - 2 phases is the national average. Our aim is 3

- **Unstable use** where acute escalation occurs
  - Suicide risk/ vulnerable client or carer/ admission to hospital
  - Remain Unstable with daily review (until all care in place & working)

- **Terminal phase and associated scores**
  - Psychological/ Spiritual/ Family Care and Pain assessment

- **Bowel, nausea and fatigue management**
  - SAS scores mismatch PSS or Phase
Improvements to date

• Management of moderate and severe pain

• Have also improved 2 other areas for outcome measure 4
  • 7/8 benchmarks met for report 17
  • Previously 5/8 benchmarks as per report 16

• Met benchmark Family/Carer (first time in 2 years)

• Met benchmark Psychological/Spiritual (first time in 2 years)
Challenges for improvement

- Interpretation of language – ensure use of PCOC definitions
  - Deteriorating (staff use slowly deteriorating)
  - Terminal (staff use pre terminal)

- Seeing PCOC assessment from client’s view

- Capturing complexity
  - Use of SAS to reflect client distress past 24 hrs

- Use of PSS linked to the Care Plan
  - Review post intervention or when client declines
# Managers Action Plan

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Actions</th>
<th>by whom (date)</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 1.  | Policy & Protocol     | • Managers to review PCOC Assessment protocol  
• All staff reminded to refer to PCOC Assessment protocol at each PCOC phase or score review to ensure common understanding and definitions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Managers by 30 Sept               | Complete |
| 2.  | Staff Training        | • Professional development session for both teams – with overview of report 17 highlighting key areas of further improvement to include: o Increase use of changing phases and “Unstable” and “Terminal” use and need to update care plan regularly  
• Review bowel management care plan  
• Repeat sessions for any staff unable to attend professional development day  
• Best Practice Meeting for all staff to include PCOC update and Managers action plan presentation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PCOC rep 25 Sept  
Educator 14 & 30 Oct  
Managers 21 Oct | Complete |
| 3.  | Managers Training     | • Phone conference with PCOC 10/10 to discuss draft action plan for ongoing focus  
• PCOC meeting on site held 14/10 with all Executive Team including presentation of Managers plan with further case discussions and opportunities identified for improvement over next 12 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PCOC & Managers 13 & 14 Oct       | Complete |
| 4.  | Operational Plan      | 4.1 Use of Champions  
• PCOC “Champions” identified (Educator, Intake Nurse, and Grade 4 CRNs) to assist others with clinical scenario debate and use of PCOC  
• New flow chart drafted to assist staff to change PCOC phases  
• Flag any Care Plan or notes entry for use of “PSS Other” to clarify symptom to assist with auditing i.e. bowels or breathing  
• Where Mild, Moderate or Severe is used by clinician - clearly write in bankpal i.e. notes entry after visit what the “other” relates to  
• All staff  
4.2 ITM forum for weekly review  
• Use existing weekly ITM as forum for staff to consider PCOC and Care Plans together  
• Continue use of ‘Clients seen in last 8 days’ report with copies  
• Refer to PCOC protocol to assist client debate  
• Review “journey of client” to be tracked i.e. view and review the 5 areas of assessment  
  i.e. - SAS - PSS - RUG - K Score - PCOC – Care Plan  
• Discuss options with how to follow up PCOC and Care Planning action items with staff during and after an ITM in prep for the following week  
• Agree communication process to follow up with staff actions during and post ITM (see below for communication plan of process)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25 Sept  
All staff  
During ITM 2 Oct 16 Oct | In progress  
Complete |
## Audits and next stage plan

### 4.3 Audits and work plan
- **4.3.1. Bowels management plan**
  - Outcome measure 4 is Bowel problems
  - Review client for continence referral for RDNS
  - Develop bowel management protocol
- **4.3.2. Nausea**
- **4.3.3. Fatigue**

Managers to establish audit plan and time frame Nov

<table>
<thead>
<tr>
<th>Action Plan Update</th>
<th>Draft Action Plan post PCOC meeting with Executive Team</th>
<th>Managers to update Action Plan for Executive Team 7 Nov (V 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 7 November</td>
<td>Complete</td>
<td>Complete</td>
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</table>
ASESSMENT = 5 AREAS

A comprehensive view...

• SAS - as related to
• PSS - as related to
• RUG - as related to
• Karnofsky score - as related to
• PCOC Phase

Over all - care plan to reflect assessment
How do we use the client report?

A comprehensive view of the 5 assessment areas during the ITM:

- SAS  - as related to
- PSS  - as related to
- RUG  - as related to
- Karnofsky score - as related to
- PCOC Phase
- And the over all Care plan to reflect all
Extract of daily PCOC report

<table>
<thead>
<tr>
<th>UR #</th>
<th>Client Name</th>
<th>Admit Date</th>
<th>Current PCOC Phase</th>
<th>Phase Start Date</th>
<th>PSS Pain</th>
<th>PSS Other</th>
<th>PSS Psych</th>
<th>PSS Family</th>
<th>SAS Insomnia</th>
<th>SAS Appetite</th>
<th>SAS Nausea</th>
<th>SAS Bowel</th>
<th>SAS Breathing</th>
<th>SAS Fatigue</th>
<th>SAS Pain</th>
<th>Next Appointment</th>
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<tbody>
<tr>
<td>1</td>
<td>SK</td>
<td>6 Oct</td>
<td>Terminal</td>
<td>06 Nov</td>
<td>Absent</td>
<td>Mild</td>
<td>Mild</td>
<td>Mod</td>
<td>0</td>
<td>2</td>
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<td>3</td>
<td>2</td>
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<tr>
<td>2</td>
<td>MK</td>
<td>31 Oct</td>
<td>Unstable</td>
<td>06 Nov</td>
<td>Mild</td>
<td>Mod</td>
<td>Mild</td>
<td>Mild</td>
<td>0</td>
<td>7</td>
<td>7</td>
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</tr>
<tr>
<td>3</td>
<td>GH</td>
<td>17 Oct</td>
<td>Stable</td>
<td>17 Oct</td>
<td>Mild</td>
<td>Mild</td>
<td>Mild</td>
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<td>0</td>
<td>2</td>
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<td>2</td>
<td>2</td>
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</tbody>
</table>

The client journey starts with the SAS
Questions  Comments  Reflections

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