Trends in patient outcomes

2009-2016

July 2017

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 July to December 2016:
- 113 services provided more than 25,000 episodes of care and 60,000 phases for 20,000 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

This outcome measure reports responsiveness of palliative care services to patient needs. Nationally services have improved on this measure, from 87% to 94% over the four-year period. Results in the community setting have increased from 78% in 2013 to 88% in 2016. Results in the inpatient setting have remained relatively consistent and above the 90% benchmark.
Nationally, only 49% of unstable phases lasted for three days or less in 2009 and this percentage has increased (improved) to around 88% in 2016. Currently the inpatient setting is at the benchmark level and is around 8 percentage points higher than the community setting (90% compared to 82%).
Outcome measure 3 – Change in pain

**Figure 4** Percentage of patients with absent or mild distress from pain at phase start, remaining absent or mild at phase end

Nationally the results have improved from 77% in 2009 to 87% in 2016. Currently the inpatient setting is around 7 percentage points higher than the community setting (90% compared to 83%).

**Figure 5** Percentage of patients with moderate or severe distress from pain at phase start, with absent or mild at phase end

Nationally the results have improved from 43% in 2009 to 57% in 2016. Currently the results in both the inpatient and community settings are approximately equal (57%).
Outcome measure 4 – Change in symptoms relative to the baseline national average

**Figure 6** SAS: Percentage of patient phases at or above the baseline national average – national results

Nationally, results for ‘bowel problems’ have improved most from 56% in 2009 to 77% in 2016. This represents a 39% improvement. Results for ‘breathing problems’ have improved by 29% over the eight-year period. The results for ‘pain’ remain lower than results for all other symptoms / problems.
In the inpatient setting, results for ‘breathing problems’ have been consistently higher than the results for ‘bowel problems’ up until the latter part of 2016 when the results become equal. The reverse trend can be seen in the community setting (i.e. the results for ‘bowel problems’ have been consistently higher than the results for ‘breathing problems’).
Nationally, results for ‘other symptoms’ have improved from 41% in 2009 to 70% in 2016. This represents a 72% improvement over the eight-year period. The results for ‘psychological / spiritual’ problems remain lower than the results for other symptoms / problems.
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’ have improved from 40% in 2009 to 74% in 2016. In the community setting, the results for ‘family / carer’ have improved from 40% in 2009 to 64% in 2016.
New Benchmarks
Change in distress from fatigue

Figure 12  Percentage of patients with absent or mild distress from fatigue at phase start, remaining absent or mild at phase end

Nationally the percentage of patients with absent or mild distress from fatigue at both phase start and end has improved from 75% to 82% over the two-year period. Currently the inpatient setting is around 16 percentage points higher than the community setting (88% compared to 72%).

Figure 13  Percentage of patients with moderate or severe distress from fatigue at phase start, with absent or mild at phase end

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 41% over the two-year period. Currently the inpatient setting is around 16 percentage points higher than the community setting (49% compared to 33%).
Change in distress from breathing problems

**Figure 14** Percentage of patients with absent or mild distress from breathing problems at phase start, remaining absent or mild at phase end

Nationally the percentage of patients with absent or mild distress from breathing problems at both phase start and end has remained constant over the two-year period at around 93%. This benchmark has consistently been met across both settings and currently the inpatient setting is around 3 percentage points higher than the community setting (95% compared to 92%).

**Figure 15** Percentage of patients with moderate or severe distress from breathing problems at phase start, with absent or mild at phase end

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 45% over the two-year period. Currently the inpatient setting is around 8 percentage points higher than the community setting (48% compared to 40%).
Change in family / carer problems

**Figure 16** Percentage of patients with absent or mild family / carer problems at phase start, remaining absent or mild at phase end

Nationally the percentage of patients with absent or mild family / carer problems at both phase start and end has slightly increased over the two-year period from 86% to 88%. Currently the inpatient setting is around 8 percentage points higher than the community setting (91% compared to 83%).

**Figure 17** Percentage of patients with moderate or severe family / carer problems at phase start, with absent or mild at phase end

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 49% over the two-year period. Results in the community setting have improved from 38% to 48% over this period although the results in the inpatient setting remain slightly higher (50% compared to 48%).