Patient outcomes in Palliative Care

South Australia
July – December 2017

March 2018

PCOC is a national palliative care project funded by the Australian Government Department of Health
www.pcoc.org.au
What is PCOC?

The Palliative Care Outcomes Collaboration (PCOC) is a national program that utilises standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care. Participation in PCOC is voluntary and can assist palliative care service providers to improve practice. This is achieved via the PCOC patient outcome improvement framework which is designed to:

- provide clinicians with the tools to systematically assess individual patient experiences using validated clinical assessment tools,
- define a common clinical language to streamline communication between palliative care providers,
- facilitate the routine collection of national palliative care data to drive quality improvement through reporting and benchmarking,
- provide service-to-service benchmarking reports and opportunities to discuss sector results at benchmarking workshops, and
- support research using the PCOC longitudinal database.

The assessment framework incorporates five validated clinical assessment tools:

- Palliative Care Phase
- Palliative Care Problem Severity Score (PCPS)
- Symptom Assessment Scale (SAS)
- Australia-modified Karnofsky Performance Status (AKPS) scale and

If you would like more information or have any queries about this report please contact the PCOC national office at pcoc@uow.edu.au or on (02) 4221 4411.
Contents

Introduction ........................................................................................................................................................................... 1

1 Benchmark summary for SA Services ................................................................................................................................. 3

2 Patient outcomes in more detail ............................................................................................................................................ 4
  2.1 Timeliness of care ............................................................................................................................................................... 4
  2.2 Responding to urgent needs .................................................................................................................................................. 6
  2.3 Pain ......................................................................................................................................................................................... 8
  2.4 Fatigue ..................................................................................................................................................................................... 11
  2.5 Breathing problems ............................................................................................................................................................. 13
  2.6 Family / carer problems ...................................................................................................................................................... 15
  2.7 Casemix adjusted outcomes ............................................................................................................................................... 17

3 Patient characteristics .............................................................................................................................................................. 21

4 Episodes of care ......................................................................................................................................................................... 25

5 Profile of palliative care phases ............................................................................................................................................. 31

6 Symptoms and problems ........................................................................................................................................................... 37

7 Functional status and level of dependence ................................................................................................................................ 41

Appendices .................................................................................................................................................................................. 44
  A Summary of data included in this report .............................................................................................................................. 44
  B Data item completion .............................................................................................................................................................. 46
  C Profile of symptoms and problems ..................................................................................................................................... 48
  D Data scoping method .............................................................................................................................................................. 50
  E Interpreting benchmark profile graphs .................................................................................................................................. 51
  F Palliative Care Phase definitions .......................................................................................................................................... 52

Acknowledgements ..................................................................................................................................................................... 53
Patient Outcomes in Palliative Care: Results for South Australia, July - December 2017, detailed report

Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>List of SA Services included in this report</td>
<td>2</td>
</tr>
<tr>
<td>Table 2</td>
<td>Summary of outcome measures by setting</td>
<td>3</td>
</tr>
<tr>
<td>Table 3</td>
<td>Time from date ready for care to episode start by setting</td>
<td>4</td>
</tr>
<tr>
<td>Table 4</td>
<td>Time in unstable phase by setting</td>
<td>6</td>
</tr>
<tr>
<td>Table 5</td>
<td>Summary of outcome measure 3 – change in pain</td>
<td>8</td>
</tr>
<tr>
<td>Table 6</td>
<td>Summary of outcome measure 3 – distress from fatigue</td>
<td>11</td>
</tr>
<tr>
<td>Table 7</td>
<td>Summary of outcome measure 3 – distress from breathing problems</td>
<td>13</td>
</tr>
<tr>
<td>Table 8</td>
<td>Summary of outcome measure 3 – family / carer problems</td>
<td>15</td>
</tr>
<tr>
<td>Table 9</td>
<td>Casemix adjusted outcomes – hospital / hospice setting</td>
<td>17</td>
</tr>
<tr>
<td>Table 10</td>
<td>Casemix adjusted outcomes – community setting</td>
<td>18</td>
</tr>
<tr>
<td>Table 11</td>
<td>Indigenous status</td>
<td>21</td>
</tr>
<tr>
<td>Table 12</td>
<td>Place of death</td>
<td>21</td>
</tr>
<tr>
<td>Table 13</td>
<td>Country of birth</td>
<td>22</td>
</tr>
<tr>
<td>Table 14</td>
<td>Preferred language</td>
<td>22</td>
</tr>
<tr>
<td>Table 15</td>
<td>Principal reason for palliative care - malignant diagnoses</td>
<td>23</td>
</tr>
<tr>
<td>Table 16</td>
<td>Principal reason for palliative care - non-malignant diagnoses</td>
<td>24</td>
</tr>
<tr>
<td>Table 17</td>
<td>Patient’s age by sex</td>
<td>25</td>
</tr>
<tr>
<td>Table 18</td>
<td>Source of referral</td>
<td>26</td>
</tr>
<tr>
<td>Table 19</td>
<td>Length of episode (in days) summary by setting</td>
<td>27</td>
</tr>
<tr>
<td>Table 20</td>
<td>Length of episode by setting</td>
<td>27</td>
</tr>
<tr>
<td>Table 21</td>
<td>How hospital / hospice episodes start</td>
<td>28</td>
</tr>
<tr>
<td>Table 22</td>
<td>How hospital / hospice episodes end</td>
<td>28</td>
</tr>
<tr>
<td>Table 23</td>
<td>How community episodes start</td>
<td>29</td>
</tr>
<tr>
<td>Table 24</td>
<td>How community episodes end</td>
<td>29</td>
</tr>
<tr>
<td>Table 25</td>
<td>How episodes start and end for SA Services</td>
<td>30</td>
</tr>
<tr>
<td>Table 26</td>
<td>How episodes start and end for all hospital / hospice services</td>
<td>30</td>
</tr>
<tr>
<td>Table 27</td>
<td>Number of phases by phase type and setting</td>
<td>31</td>
</tr>
<tr>
<td>Table 28</td>
<td>Average phase length (in days) by phase type and setting</td>
<td>31</td>
</tr>
<tr>
<td>Table 29</td>
<td>First phase of episode by setting</td>
<td>32</td>
</tr>
<tr>
<td>Table 30</td>
<td>How stable phases end by setting</td>
<td>33</td>
</tr>
<tr>
<td>Table 31</td>
<td>How unstable phases end by setting</td>
<td>34</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Table 32</td>
<td>How deteriorating phases end by setting</td>
<td>35</td>
</tr>
<tr>
<td>Table 33</td>
<td>How terminal phases end by setting</td>
<td>36</td>
</tr>
<tr>
<td>Table 34</td>
<td>PCPSS at beginning of phase by phase type – hospital / hospice setting</td>
<td>37</td>
</tr>
<tr>
<td>Table 35</td>
<td>PCPSS at beginning of phase by phase type – community setting</td>
<td>38</td>
</tr>
<tr>
<td>Table 36</td>
<td>Symptom distress at the beginning of a phase by phase type – hospital / hospice setting</td>
<td>39</td>
</tr>
<tr>
<td>Table 37</td>
<td>Symptom distress at the beginning of a phase by phase type – community setting</td>
<td>40</td>
</tr>
<tr>
<td>Table 38</td>
<td>Australia-modified Karnofsky Performance Status (AKPS) at phase start by setting</td>
<td>41</td>
</tr>
<tr>
<td>Table 39</td>
<td>Summary of patients, episodes and phases by setting</td>
<td>44</td>
</tr>
<tr>
<td>Table 40</td>
<td>Number of completed episodes and phases by month and setting</td>
<td>45</td>
</tr>
<tr>
<td>Table 41</td>
<td>Number of patients, episodes and phases by setting and reporting period</td>
<td>45</td>
</tr>
<tr>
<td>Table 42</td>
<td>Item completion</td>
<td>46</td>
</tr>
<tr>
<td>Table 43</td>
<td>Item completion by setting (per cent complete) - episode level</td>
<td>46</td>
</tr>
<tr>
<td>Table 44</td>
<td>Item completion by setting (per cent complete) - phase level</td>
<td>47</td>
</tr>
</tbody>
</table>
Figures

Figure 1  Time from date ready for care to episode start, South Australian services compared to all services (BM1) ................................................................. 5
Figure 2  Time in unstable phase, South Australian services compared to all services (BM2) ................................................................................................. 7
Figure 3  Clinician rated change in pain, South Australian services compared to all services (PCPSS, BM3.1 and 3.2) ........................................................... 9
Figure 4  Patient rated change in pain, South Australian services compared to all services (SAS, BM3.3 and 3.4) ................................................................. 10
Figure 5  Patient rated change in fatigue, South Australian services compared to all services (SAS, BM3.5 and 3.6) ......................................................... 12
Figure 6  Patient rated change in breathing problems, South Australian services compared to all services (SAS, BM3.7 and 3.8) ........................................ 14
Figure 7  Clinician rated change in family / carer problems, South Australian services compared to all services (PCPSS, BM3.9 and 3.10) .................. 16
Figure 8  Trends in casemix adjusted outcomes - Palliative Care Problem Severity Score ..................................................................................................... 19
Figure 9  Trends in casemix adjusted outcomes - Symptom Assessment Scale (SAS) ................................................................................................. 20
Figure 10 Stable phase progression .......................................................................................................................... 33
Figure 11 Unstable phase progression .................................................................................................................... 34
Figure 12 Deteriorating phase progression ........................................................................................................... 35
Figure 13 Terminal phase progression .................................................................................................................. 36
Figure 14 Total RUG-ADL at beginning of phase by phase type – hospital / hospice setting .......................................................... 42
Figure 15 Total RUG-ADL at beginning of phase by phase type – community setting .................................................. 43
Figure 16 Profile of symptoms and problems by phase type for SA Services – hospital / hospice setting ................. 48
Figure 17 Profile of symptoms and problems by phase type for SA Services – community setting ........................... 49
Figure 18 Diagram of the PCOC data scoping method ........................................................................................ 50
Introduction

The Australian palliative care sector is a world leader in using routine clinical assessment information to guide patient centred care and measure patient and family outcomes. Providers of palliative care using the routine Palliative Care Outcomes Collaboration (PCOC) assessment framework, contributing patient data toward national outcome measurement and benchmarking, are commended for their commitment to excellence in delivering evidence-based, patient-centred care. PCOC acknowledges the dedication and willingness of clinicians to improve the care of patients, their families and caregivers. The information collected is not just data - it represents the real-life outcomes of over 40,000 Australians who die an expected death every year.

While the focus of this report is on the most recent information relating to July to December 2017, results over the last three years are also presented to highlight achievements and improvement in outcomes. The most recent Australian information corresponds to 21,801 patients, having 27,866 episodes of care and 64,786 palliative care phases from 119 services who provide palliative care in hospital / hospice or in the person’s home.

The South Australian figures in this report are based on information submitted the services listed in Table 1 on the following page. A full list of the services included in the national figures can be found at www.pcoc.org.au.

Interpretation hint:

Some tables throughout this report may be incomplete. This is because some items may not be applicable to South Australian services or it may be due to data quality issues. Please use the following key when interpreting the tables:

- The item is not applicable.
- The item was unavailable.
- The item was suppressed due to insufficient data as there was less than 10 observations.
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<thead>
<tr>
<th>Service name</th>
<th>Setting of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calvary Health Care Adelaide Mary Potter Hospice</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Central Adelaide Palliative Service</td>
<td>Inpatient and community</td>
</tr>
<tr>
<td>Country Health SA</td>
<td>Inpatient and community</td>
</tr>
<tr>
<td>Northern Adelaide Palliative Service</td>
<td>Inpatient and community</td>
</tr>
<tr>
<td>Southern Adelaide Palliative Services</td>
<td>Inpatient and community</td>
</tr>
</tbody>
</table>
**1 Benchmark summary for SA Services**

### Table 2 Summary of outcome measures by setting

<table>
<thead>
<tr>
<th>Description</th>
<th>Benchmark</th>
<th>Hospital / hospice BM Met?</th>
<th>Community BM Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timely admission to service</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care commences the day of, or the day after the person is ready for care (BM1)</td>
<td>90%</td>
<td>95.4 Yes</td>
<td>93.1 Yes</td>
</tr>
<tr>
<td><strong>Responsiveness to urgent needs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients unstable for three days or less (BM2)</td>
<td>90%</td>
<td>93.4 Yes</td>
<td>82.7 No</td>
</tr>
<tr>
<td><strong>Change in symptoms and problems</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pain (clinician rated)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent or mild pain, remaining absent or mild (PCPSS, BM3.1)</td>
<td>90%</td>
<td>87.4 No</td>
<td>81.5 No</td>
</tr>
<tr>
<td>Moderate or severe, becoming absent or mild (PCPSS, BM3.2)</td>
<td>60%</td>
<td>68.9 Yes</td>
<td>52.3 No</td>
</tr>
<tr>
<td><strong>Pain (patient rated)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent or mild distress, remaining absent or mild (SAS, BM3.3)</td>
<td>90%</td>
<td>83.3 No</td>
<td>81.2 No</td>
</tr>
<tr>
<td>Moderate or severe distress, becoming absent or mild (SAS, BM3.4)</td>
<td>60%</td>
<td>61.6 Yes</td>
<td>49.1 No</td>
</tr>
<tr>
<td><strong>Fatigue (patient rated)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent or mild distress from fatigue, remaining absent or mild (SAS, BM3.5)</td>
<td>90%</td>
<td>82.7 No</td>
<td>77.6 No</td>
</tr>
<tr>
<td>Moderate or severe distress from fatigue, becoming absent or mild (SAS, BM3.6)</td>
<td>60%</td>
<td>53.1 No</td>
<td>31.3 No</td>
</tr>
<tr>
<td><strong>Breathing problems (patient rated)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent or mild distress, remaining absent or mild (SAS, BM3.7)</td>
<td>90%</td>
<td>92.8 Yes</td>
<td>90.0 Yes</td>
</tr>
<tr>
<td>Moderate or severe, becoming absent or mild (SAS, BM3.8)</td>
<td>60%</td>
<td>57.3 No</td>
<td>35.1 No</td>
</tr>
<tr>
<td><strong>Family / carer problems (clinician rated)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent or mild problems, remaining absent or mild (PCPSS, BM3.9)</td>
<td>90%</td>
<td>87.0 No</td>
<td>72.4 No</td>
</tr>
<tr>
<td>Moderate or severe problems, becoming absent or mild (PCPSS, BM3.10)</td>
<td>60%</td>
<td>54.2 No</td>
<td>41.0 No</td>
</tr>
<tr>
<td><strong>Casemix adjusted outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinician rated (PCPSS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain (BM4.1)</td>
<td>0.0</td>
<td>0.00 Yes</td>
<td>-0.15 No</td>
</tr>
<tr>
<td>Other symptoms (BM4.2)</td>
<td>0.0</td>
<td>0.16 Yes</td>
<td>-0.14 No</td>
</tr>
<tr>
<td>Family / carer problems (BM4.3)</td>
<td>0.0</td>
<td>0.06 Yes</td>
<td>-0.15 No</td>
</tr>
<tr>
<td>Psychological / spiritual problems (BM4.4)</td>
<td>0.0</td>
<td>0.14 Yes</td>
<td>-0.11 No</td>
</tr>
<tr>
<td>Patient rated (SAS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain (BM4.5)</td>
<td>0.0</td>
<td>-0.01 No</td>
<td>-0.29 No</td>
</tr>
<tr>
<td>Nausea (BM4.6)</td>
<td>0.0</td>
<td>0.16 Yes</td>
<td>-0.15 No</td>
</tr>
<tr>
<td>Breathing problems (BM4.7)</td>
<td>0.0</td>
<td>0.22 Yes</td>
<td>-0.09 No</td>
</tr>
<tr>
<td>Bowel problems (BM4.8)</td>
<td>0.0</td>
<td>0.14 Yes</td>
<td>-0.13 No</td>
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</table>
2 Patient outcomes in more detail

2.1 Timeliness of care

Time from date ready for care to episode start reports responsiveness of palliative care services to patient needs. This benchmark was set following feedback and subsequent consultation with PCOC participants. Service providers acknowledge that, whilst there is wide variation in the delivery of palliative care across the country, access to palliative care should be measured based on patient need rather than service availability. As a result, services operating five days a week (Monday to Friday) are not distinguished from services operating seven days a week (All services are being benchmarked together).

**Benchmark 1:** This measure relates to the time taken for an episode to commence following the date the patient is available and ready to receive palliative care. To meet the benchmark for this measure, at least 90% of patients must have their episode commence on the day of, or the day following, date ready for care.

**Table 3** Time from date ready for care to episode start by setting

<table>
<thead>
<tr>
<th>Time (in days)</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td>Same day</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>673</td>
<td>91.3</td>
<td></td>
</tr>
<tr>
<td>Following day</td>
<td>30</td>
<td>4.1</td>
</tr>
<tr>
<td>2-7</td>
<td>31</td>
<td>4.2</td>
</tr>
<tr>
<td>8-14</td>
<td>3</td>
<td>0.4</td>
</tr>
<tr>
<td>15+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Average</td>
<td>1.1</td>
<td>-</td>
</tr>
<tr>
<td>Median</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Only episodes that started in this reporting period have been included in the table. Episodes where date ready for care was not recorded are excluded from the table. In addition, all records where time from date ready for care to episode start was greater than 90 days were considered to be atypical and were assumed to equal 90 days for the purpose of calculating the average and median time.

**Interpretation hint:**
Outcome measure 1 only includes episodes that have commenced in the reporting period. As a result, the number of episodes included in the calculation of this benchmark may not match the number of episodes in Appendix A. For more information on data scoping methods, see Appendix C.
Figure 1  Time from date ready for care to episode start, South Australian services compared to all services (BM1)

Timely admission to service
90% of patients care starts the day of or the day after the date ready for care

Services ordered from highest to lowest score
a. National benchmark profile for BM1

Hospital / hospice
Community

Key:
- National service profile
- Benchmark
- Hospital / hospice
- Community
- National results

Note: Only services with 10 or more valid assessments are included in the above graphs.
2.2 Responding to urgent needs

The unstable phase type, by nature of its definition, alerts clinical staff to the need for urgent changes to the patient’s plan of care or that emergency intervention is required. Those patients assessed to be in the unstable phase require intense review for a short period of time.

An unstable phase is triggered if:

- a patient experiences a new, unanticipated problem, and / or
- a patient experiences a rapid increase in the severity of an existing problem, and / or
- a patient’s family / carers experience a sudden change in circumstances that adversely impacts the patient’s care.

The patient moves out of the unstable phase in one of two ways:

- A new plan of care has been put in place, has been reviewed and does not require any additional changes. This does not necessarily mean that the symptom / crisis has been fully resolved. However, the clinical team will have a clear diagnosis and a plan for the patient’s care. In this situation, the patient will move to either the stable or deteriorating phase.
- The patient is likely to die within a matter of days. In this situation, the patient will be moved into the terminal phase.

**Benchmark 2:** This benchmark relates to the time that a patient spends in the unstable phase. To meet this benchmark, at least 90% of unstable phases must last for three days or less.

### Table 4 Time in unstable phase by setting

<table>
<thead>
<tr>
<th>Time in unstable phase</th>
<th>Hospital / hospice</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
<td>Community</td>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Same day</td>
<td>23</td>
<td>9.4</td>
<td>360</td>
<td>5.2</td>
<td>77</td>
<td>25.6</td>
</tr>
<tr>
<td>1 day</td>
<td>127</td>
<td>52.0</td>
<td>3,628</td>
<td>52.4</td>
<td>106</td>
<td>35.2</td>
</tr>
<tr>
<td>2 days</td>
<td>56</td>
<td>23.0</td>
<td>1,589</td>
<td>23.0</td>
<td>42</td>
<td>14.0</td>
</tr>
<tr>
<td>3 days</td>
<td>22</td>
<td>9.0</td>
<td>662</td>
<td>9.6</td>
<td>24</td>
<td>8.0</td>
</tr>
<tr>
<td>4 – 5 days</td>
<td>6</td>
<td>2.5</td>
<td>433</td>
<td>6.3</td>
<td>15</td>
<td>5.0</td>
</tr>
<tr>
<td>6 – 7 days</td>
<td>3</td>
<td>1.2</td>
<td>141</td>
<td>2.0</td>
<td>7</td>
<td>2.3</td>
</tr>
<tr>
<td>8 – 14 days</td>
<td>4</td>
<td>1.6</td>
<td>76</td>
<td>1.1</td>
<td>15</td>
<td>5.0</td>
</tr>
<tr>
<td>More than 14 days</td>
<td>3</td>
<td>1.2</td>
<td>29</td>
<td>0.4</td>
<td>15</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>244</td>
<td>100.0</td>
<td>6,918</td>
<td>100.0</td>
<td>301</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Figure 2  Time in unstable phase, South Australian services compared to all services (BM2)

Responsiveness to urgent needs
90% of unstable phases 3 days or less

Services ordered from highest to lowest score

a. National benchmark profile for BM2

Key: National service profile  Benchmark  Hospital / hospice  Community  National results

Note: Only services with 10 or more valid assessments are included in the above graphs.
2.3 Pain

The Palliative Care Problem Severity Score (PCPSS) and Symptom Assessment Scale (SAS) provide two different perspectives of pain. The PCPSS is clinician rated and measures the severity of pain as a clinical problem while the SAS is patient rated and measures distress caused by pain. There are two benchmarks related to each tool: one relating to patients with an absent or mild score, and the other relating to patients with a moderate or severe score.

Benchmark 3.1: This benchmark relates to patients who have absent or mild pain at the start of their phase of palliative care, as rated via the PCPSS clinical tool. To meet this benchmark, 90% of these phases must end with the patient still experiencing only absent or mild pain.

Benchmark 3.2: This benchmark relates to patients who have moderate or severe pain at the start of their phase of palliative care, as rated via the PCPSS clinical tool. To meet this benchmark, 60% of these phases must end with the patient’s pain reduced to being absent or mild.

Benchmark 3.3: This benchmark relates to patients who have absent or mild distress from pain at the start of their phase of palliative care, as rated via the SAS clinical tool. To meet this benchmark, 90% of these phases must end with the patient still experiencing only absent or mild distress from pain.

Benchmark 3.4: This benchmark relates to patients who have moderate or severe distress from pain at the start of their phase of palliative care, as rated via the SAS clinical tool. To meet this benchmark, 60% of these phases must end with the patient’s distress from pain reduced to absent or mild.

<table>
<thead>
<tr>
<th>Table 5</th>
<th>Summary of outcome measure 3 – change in pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benchmarks: change in pain</strong></td>
<td><strong>Hospital / hospice</strong></td>
</tr>
<tr>
<td></td>
<td>SA Services</td>
</tr>
<tr>
<td>Benchmark 3.1: PCPSS (severity)</td>
<td>772</td>
</tr>
<tr>
<td>Benchmark 3.2: PCPSS (severity)</td>
<td>190</td>
</tr>
<tr>
<td>Benchmark 3.3: SAS (distress)</td>
<td>684</td>
</tr>
<tr>
<td>Benchmark 3.4: SAS (distress)</td>
<td>263</td>
</tr>
</tbody>
</table>

*NOTE: Phase records must have valid start and end scores for the PCPSS and / or SAS clinical assessment tools to be included in the benchmarks.*

*Total number of phases included in this benchmark.*
Clinician rated change in pain, South Australian services compared to all services (PCPSS, BM3.1 and 3.2)

Management of pain
90% with absent or mild pain, remaining absent or mild

Management of pain
60% with moderate or severe pain, becoming absent or mild

Key:
- National service profile
- Benchmark
- Hospital / hospice
- Community
- National results

Note: Only services with 10 or more valid assessments are included in the above graphs.
Figure 4  Patient rated change in pain, South Australian services compared to all services (SAS, BM3.3 and 3.4)

Management of pain
90% with absent or mild pain, remaining absent or mild

Services ordered from highest to lowest score
a. National benchmark profile for BM3.3

Management of pain
60% with moderate or severe pain, becoming absent or mild

Services ordered from highest to lowest score
b. over time profile for BM3.3
c. National benchmark profile for BM3.4
d. over time profile for BM3.4

Key:
- National service profile
- Benchmark
- Hospital / hospice
- Community
- National results

Note: Only services with 10 or more valid assessments are included in the above graphs.
2.4 Fatigue

Fatigue is the most common symptom reported to PCOC via the SAS tool. In 2015, PCOC introduced this outcome measure to routine reporting. The change in distress from fatigue is measured from the start of a phase to the end of the same phase. There are two benchmarks associated with this outcome measure: one relating to patients with an absent or mild score, and the other relating to patients with a moderate or severe score. Phase records must have valid start and end scores for it to be included in the benchmarks.

**Benchmark 3.5:** This benchmark relates to patients who have absent or mild distress from fatigue at the start of their phase of palliative care. To meet this benchmark, 90% of these phases must end with the patient still experiencing only absent or mild distress from fatigue.

**Benchmark 3.6:** This benchmark relates to patients who have moderate or severe distress from fatigue at the start of their phase of palliative care. To meet this benchmark, 60% of these phases must end with the patient’s distress from fatigue reduced to absent or mild.

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Summary of outcome measure 3 – distress from fatigue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Hospital / hospice</strong></td>
</tr>
<tr>
<td>Fatigue</td>
<td><strong>Hospital / hospice</strong></td>
</tr>
<tr>
<td></td>
<td>SA Services</td>
</tr>
<tr>
<td></td>
<td>N*</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>absent or mild fatigue, remaining absent or mild (BM3.5)</td>
<td>611 82.7</td>
</tr>
<tr>
<td>moderate or severe fatigue, becoming absent or mild (BM3.6)</td>
<td>337 53.1</td>
</tr>
</tbody>
</table>

* Total number of phases included in this benchmark.
Figure 5  Patient rated change in fatigue, South Australian services compared to all services (SAS, BM3.5 and 3.6)

Management of fatigue
90% with absent or mild fatigue, remaining absent or mild

Services ordered from highest to lowest score

a. National benchmark profile for BM3.5

Management of fatigue
60% with moderate or severe fatigue, becoming absent or mild

Services ordered from highest to lowest score

c. National benchmark profile for BM3.6

Key: National service profile  Benchmark  Hospital / hospice  Community  National results

Note: Only services with 10 or more valid assessments are included in the above graphs.
2.5 Breathing problems

Breathing problems is a common symptom reported by patients in palliative care. In 2015, PCOC introduced this outcome measure to routine reporting. The change in distress from breathing problems is measured from the start of a phase to the end of the same phase. There are two benchmarks associated with this outcome measure: one relating to patients with an absent or mild score, and the other relating to patients with a moderate or severe score. Phase records must have valid start and end scores for it to be included in the benchmarks.

**Benchmark 3.7:** This benchmark relates to patients who have absent or mild distress from breathing problems at the start of their phase of palliative care. To meet this benchmark, 90% of these phases must end with the patient still experiencing only absent or mild distress from breathing problems.

**Benchmark 3.8:** This benchmark relates to patients who have moderate or severe distress from breathing problems at the start of their phase of palliative care. To meet this benchmark, 60% of these phases must end with the patient’s distress from breathing problems reduced to absent or mild.

<table>
<thead>
<tr>
<th>Table 7</th>
<th>Summary of outcome measure 3 – distress from breathing problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing problems</td>
<td>Hospital / hospice</td>
</tr>
<tr>
<td></td>
<td>SA Services</td>
</tr>
<tr>
<td></td>
<td>N*</td>
</tr>
<tr>
<td>absent or mild, remaining absent or mild (BM3.7)</td>
<td>821</td>
</tr>
<tr>
<td>moderate or severe, becoming absent or mild (BM3.8)</td>
<td>124</td>
</tr>
</tbody>
</table>

* Total number of phases included in this benchmark
Figure 6  
Patient rated change in breathing problems, South Australian services compared to all services (SAS, BM3.7 and 3.8)

Management of breathing problems
90% with absent or mild breathing problems, remaining absent or mild

Services ordered from highest to lowest score
a. National benchmark profile for BM3.7

Management of breathing problems
60% with moderate or severe breathing problems, becoming absent or mild

Services ordered from highest to lowest score
b. Over time profile for BM3.7

c. National benchmark profile for BM3.8

d. Over time profile for BM3.8

Key:
National service profile  Benchmark  Hospital / hospice  Community  National results

Note: Only services with 10 or more valid assessments are included in the above graphs.
2.6 Family / carer problems

Palliative care is a holistic discipline which considers the needs of the patients and their family and carers. The PCPSS family / carer domain measures problems associated with a patient’s condition or palliative care needs. In 2015, PCOC introduced this outcome measure to routine reporting. The change in family / carer problems is measured from the start of a phase to the end of the same phase. There are two benchmarks associated with this outcome measure: one relating to patients with an absent or mild score, and the other relating to patients with a moderate or severe score. Phase records must have valid start and end scores for it to be included in the benchmarks.

**Benchmark 3.9:** This benchmark relates to patients who have absent or mild family / carer problems at the start of their phase of palliative care. To meet this benchmark, 90% of these phases must end with the patient still experiencing only absent or mild family / carer problems.

**Benchmark 3.10:** This benchmark relates to patients who have moderate or severe family / carer problems at the start of their phase of palliative care. To meet this benchmark, 60% of these phases must end with the patient’s family / carer problems reduced to absent or mild.

<table>
<thead>
<tr>
<th>Table 8</th>
<th>Summary of outcome measure 3 – family / carer problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family / carer problems</td>
<td>Hospital / hospice</td>
</tr>
<tr>
<td></td>
<td>SA Services</td>
</tr>
<tr>
<td></td>
<td>N*</td>
</tr>
<tr>
<td>absent or mild family / carer problems, remaining absent or mild (BM3.9)</td>
<td>802</td>
</tr>
<tr>
<td>moderate or severe family / carer problems, becoming absent or mild (BM3.10)</td>
<td>153</td>
</tr>
</tbody>
</table>

*Total number of phases included in this benchmark.
Figure 7  Clinician rated change in family / carer problems, South Australian services compared to all services (PCPSS, BM3.9 and 3.10)

Management of family / carer problems
90% with absent or mild family / carer problems, remaining absent or mild

Services ordered from highest to lowest score

a. National benchmark profile for BM3.9

Management of family / carer problems
60% with moderate or severe family / carer problems, becoming absent or mild

Services ordered from highest to lowest score

c. National benchmark profile for BM3.10

d. over time profile for BM3.10

Key: National service profile  Benchmark Hospital / hospice  Community National results

Note: Only services with 10 or more valid assessments are included in the above graphs.
2.7 Casemix adjusted outcomes

Outcome measure 4 includes a suite of eight casemix adjusted scores used to compare the change in symptoms for similar patients. Patients in the same phase who started with the same level of symptom have their change in symptom compared to the reference period (January to June 2014).

Table 9 Casemix adjusted outcomes – hospital / hospice setting

<table>
<thead>
<tr>
<th>Clinical tool</th>
<th>Symptom / problem</th>
<th>SA Services</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Casemix adjusted</td>
<td>Phases</td>
<td>Phases</td>
</tr>
<tr>
<td></td>
<td>score</td>
<td>phases</td>
<td>phases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>included</td>
<td>at or above</td>
</tr>
<tr>
<td>PCPSS (severity)</td>
<td>Pain</td>
<td>0.00</td>
<td>962</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>0.16</td>
<td>944</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>0.06</td>
<td>955</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>0.14</td>
<td>964</td>
</tr>
<tr>
<td>SAS (distress)</td>
<td>Pain</td>
<td>-0.01</td>
<td>947</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>0.16</td>
<td>948</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>0.22</td>
<td>945</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>0.14</td>
<td>945</td>
</tr>
</tbody>
</table>

The Casemix adjusted scores are calculated relative to a baseline reference period. A Casemix adjusted score:

- greater than 0 means that on average your patient’s outcomes were better than for similar patients in the reference period
- less than 0 means that on average, your patients’ outcomes were worse than to similar patients in the reference period
- equal to 0 means that on average, your patients’ outcomes were about the same as similar patients in the reference period
### Table 10  
Casemix adjusted outcomes – community setting

<table>
<thead>
<tr>
<th>Clinical tool</th>
<th>Symptom /problem</th>
<th>Casemix adjusted score</th>
<th>SA Services</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phases included (N)</td>
<td>Phases at or above baseline (N)</td>
</tr>
<tr>
<td>PCPSS</td>
<td>Pain</td>
<td>-0.15</td>
<td>1,199</td>
<td>613</td>
</tr>
<tr>
<td>(severity)</td>
<td>Other symptoms</td>
<td>-0.14</td>
<td>1,193</td>
<td>661</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>-0.15</td>
<td>1,138</td>
<td>631</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>-0.11</td>
<td>1,197</td>
<td>598</td>
</tr>
<tr>
<td>SAS</td>
<td>Pain</td>
<td>-0.29</td>
<td>1,164</td>
<td>688</td>
</tr>
<tr>
<td>(distress)</td>
<td>Nausea</td>
<td>-0.15</td>
<td>1,160</td>
<td>909</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>-0.09</td>
<td>1,161</td>
<td>775</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>-0.13</td>
<td>1,155</td>
<td>752</td>
</tr>
</tbody>
</table>
Figure 8  Trends in casemix adjusted outcomes - Palliative Care Problem Severity Score

- Hospital / hospice setting
  - All Services
  - SA Services

- Community setting
  - All Services
  - SA Services

Note: Only services with 10 or more valid assessments are included in the above graphs.
Figure 9  Trends in casemix adjusted outcomes - Symptom Assessment Scale (SAS)

Casemix Adj. Score  Hospital / hospice setting

<table>
<thead>
<tr>
<th>Date</th>
<th>Casemix Adj. Score</th>
<th>All Services</th>
<th>SA Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Jun 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Dec 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Dec 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Dec 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Casemix Adj. Score  Community setting

<table>
<thead>
<tr>
<th>Date</th>
<th>Casemix Adj. Score</th>
<th>All Services</th>
<th>SA Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Jun 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Dec 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Dec 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Dec 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Only services with 10 or more valid assessments are included in the above graphs.
3 Patient characteristics

PCOC defines a patient as a person for whom a palliative care service accepts responsibility for assessment and / or treatment as evidenced by the existence of a medical record. Family and carers are included in this definition if interventions relating to them are recorded in the patient medical record.

Table 11 shows the Indigenous status for the patients in South Australian services and nationally.

<table>
<thead>
<tr>
<th>Indigenous status</th>
<th>SA Services</th>
<th></th>
<th>All services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Aboriginal but not Torres Strait Islander origin</td>
<td>17</td>
<td>1.0</td>
<td>257</td>
<td>1.2</td>
</tr>
<tr>
<td>Torres Strait Islander but not Aboriginal origin</td>
<td>0</td>
<td>0.0</td>
<td>12</td>
<td>0.1</td>
</tr>
<tr>
<td>Both Aboriginal and Torres Strait Islander origin</td>
<td>0</td>
<td>0.0</td>
<td>22</td>
<td>0.1</td>
</tr>
<tr>
<td>Neither Aboriginal nor Torres Strait Islander origin</td>
<td>1,624</td>
<td>92.6</td>
<td>21,030</td>
<td>96.5</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>112</td>
<td>6.4</td>
<td>480</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>1,753</td>
<td>100.0</td>
<td>21,801</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 12 shows the breakdown of deaths for the patients in South Australian services and nationally for the reporting period. All inpatient deaths are reported in the hospital / hospice category while the community deaths are reported in the private residence and residential aged care facility categories.

<table>
<thead>
<tr>
<th>Place of death</th>
<th>SA Services</th>
<th></th>
<th>All services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Private residence</td>
<td>209</td>
<td>27.9</td>
<td>2,125</td>
<td>19.7</td>
</tr>
<tr>
<td>Residential aged care facility</td>
<td>79</td>
<td>10.5</td>
<td>659</td>
<td>6.1</td>
</tr>
<tr>
<td>Hospital / hospice</td>
<td>450</td>
<td>60.1</td>
<td>7,978</td>
<td>73.8</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>11</td>
<td>1.5</td>
<td>46</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>749</td>
<td>100.0</td>
<td>10,808</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### Table 13 Country of birth

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>SA Services</th>
<th></th>
<th>All services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Australia</td>
<td>1,057</td>
<td>60.3</td>
<td>13,436</td>
<td>61.6</td>
</tr>
<tr>
<td>England</td>
<td>179</td>
<td>10.2</td>
<td>1,530</td>
<td>7.0</td>
</tr>
<tr>
<td>New Zealand</td>
<td>16</td>
<td>0.9</td>
<td>402</td>
<td>1.8</td>
</tr>
<tr>
<td>China</td>
<td>6</td>
<td>0.3</td>
<td>255</td>
<td>1.2</td>
</tr>
<tr>
<td>India</td>
<td>8</td>
<td>0.5</td>
<td>173</td>
<td>0.8</td>
</tr>
<tr>
<td>Italy</td>
<td>72</td>
<td>4.1</td>
<td>890</td>
<td>4.1</td>
</tr>
<tr>
<td>Vietnam</td>
<td>6</td>
<td>0.3</td>
<td>192</td>
<td>0.9</td>
</tr>
<tr>
<td>Philippines</td>
<td>7</td>
<td>0.4</td>
<td>98</td>
<td>0.4</td>
</tr>
<tr>
<td>South Africa</td>
<td>2</td>
<td>0.1</td>
<td>119</td>
<td>0.5</td>
</tr>
<tr>
<td>Scotland</td>
<td>33</td>
<td>1.9</td>
<td>281</td>
<td>1.3</td>
</tr>
<tr>
<td>Malaysia</td>
<td>4</td>
<td>0.2</td>
<td>118</td>
<td>0.5</td>
</tr>
<tr>
<td>Germany</td>
<td>24</td>
<td>1.4</td>
<td>226</td>
<td>1.0</td>
</tr>
<tr>
<td>Greece</td>
<td>33</td>
<td>1.9</td>
<td>516</td>
<td>2.4</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2</td>
<td>0.1</td>
<td>60</td>
<td>0.3</td>
</tr>
<tr>
<td>United States of America</td>
<td>3</td>
<td>0.2</td>
<td>64</td>
<td>0.3</td>
</tr>
<tr>
<td>All other countries</td>
<td>167</td>
<td>9.5</td>
<td>2,947</td>
<td>13.5</td>
</tr>
<tr>
<td>Not stated</td>
<td>134</td>
<td>7.6</td>
<td>494</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,753</td>
<td>100.0</td>
<td>21,801</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The tables on this page show the country of birth and the preferred language respectively for the patients in South Australian services and nationally. To allow for comparison with the broader Australian community the list of country of birth in Table 13 is in descending order of the most frequent country of birth according to the 2011 Census (e.g. India was the fifth most common country of birth in the 2011 Census). The same approach has been taken with Table 14 (e.g. Italian was the fifth most frequently spoken language in the 2011 census). All other countries and languages have been grouped together to form the categories ‘All other countries’ and ‘All other languages’ respectively.

### Table 14 Preferred language

<table>
<thead>
<tr>
<th>Language</th>
<th>SA Services</th>
<th></th>
<th>All services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>English</td>
<td>1,609</td>
<td>91.8</td>
<td>19,497</td>
<td>89.4</td>
</tr>
<tr>
<td>Chinese(a)</td>
<td>3</td>
<td>0.2</td>
<td>246</td>
<td>1.1</td>
</tr>
<tr>
<td>Hindi(b)</td>
<td>3</td>
<td>0.2</td>
<td>36</td>
<td>0.2</td>
</tr>
<tr>
<td>Arabic(c)</td>
<td>3</td>
<td>0.2</td>
<td>132</td>
<td>0.6</td>
</tr>
<tr>
<td>Italian</td>
<td>25</td>
<td>1.4</td>
<td>439</td>
<td>2.0</td>
</tr>
<tr>
<td>Vietnamese(d)</td>
<td>7</td>
<td>0.4</td>
<td>98</td>
<td>0.4</td>
</tr>
<tr>
<td>Greek</td>
<td>16</td>
<td>0.9</td>
<td>327</td>
<td>1.5</td>
</tr>
<tr>
<td>Filipino / Indonesian(e)</td>
<td>0</td>
<td>0.0</td>
<td>24</td>
<td>0.1</td>
</tr>
<tr>
<td>Macedonian / Croatian(f)</td>
<td>8</td>
<td>0.5</td>
<td>164</td>
<td>0.8</td>
</tr>
<tr>
<td>Spanish(g)</td>
<td>2</td>
<td>0.1</td>
<td>59</td>
<td>0.3</td>
</tr>
<tr>
<td>Tamil / Malayalam(h)</td>
<td>0</td>
<td>0.0</td>
<td>5</td>
<td>0.0</td>
</tr>
<tr>
<td>German(i)</td>
<td>1</td>
<td>0.1</td>
<td>29</td>
<td>0.1</td>
</tr>
<tr>
<td>Korean</td>
<td>0</td>
<td>0.0</td>
<td>17</td>
<td>0.1</td>
</tr>
<tr>
<td>Samoan / Tongan(j)</td>
<td>0</td>
<td>0.0</td>
<td>18</td>
<td>0.1</td>
</tr>
<tr>
<td>African languages</td>
<td>0</td>
<td>0.0</td>
<td>12</td>
<td>0.1</td>
</tr>
<tr>
<td>All other languages</td>
<td>15</td>
<td>0.9</td>
<td>459</td>
<td>2.1</td>
</tr>
<tr>
<td>Not stated</td>
<td>61</td>
<td>3.5</td>
<td>239</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,753</td>
<td>100.0</td>
<td>21,801</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Also includes
(a) Cantonese, Hakka, Mandarin, Wu and Min Nan
(b) Bengali, Gujarati, Konkani, Marathi, Nepali, Punjabi, Sindhi, Sinhalese, Urdu, Assamese, Dhivehi, Kashmiri, Oriya, and Fijian Hindustani
(c) Hebrew, Assyrian Neo-Aramaic, Chaldean Neo-Aramaic, and Mandaeans (Mandaic)
(d) Khmer and Mon
(e) Bisaya, Cebuano, Ilokano, Malay, Tetum, Timorese, Tagalog, Acehnese, Balinese, Bikol, Iban, Ilonggo, Javanese, and Pampangan
(f) Bosnian, Bulgarian, Croatian, and Slovene
(g) Catalan and Portuguese
(h) Kannada, Telugu, and Tulu
(i) Letzeburgish and Yiddish
(j) Fijian, Gilbertese, Maori, Nauruan, Niue, Rotuman, Tokelauan, Tuvaluan, and Yapese
Table 15 and Table 16 present a breakdown of malignant and non-malignant diagnosis for the patients in South Australian services and at the national level. Diagnosis is the principal life limiting illness responsible for the patient requiring palliative care.

Diagnosis was not stated for 10 (0.6%) patients in South Australian services and was not stated for 81 (0.4%) patients nationally.

Table 15 Principal reason for palliative care - malignant diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>SA Services N</th>
<th>% of malignant diagnoses</th>
<th>% of all diagnoses</th>
<th>All services N</th>
<th>% of malignant diagnoses</th>
<th>% of all diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone and soft tissue</td>
<td>19</td>
<td>1.3</td>
<td>1.1</td>
<td>231</td>
<td>1.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Breast</td>
<td>113</td>
<td>7.8</td>
<td>6.4</td>
<td>1,250</td>
<td>7.7</td>
<td>5.7</td>
</tr>
<tr>
<td>CNS</td>
<td>26</td>
<td>1.8</td>
<td>1.5</td>
<td>375</td>
<td>2.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Colorectal</td>
<td>164</td>
<td>11.3</td>
<td>9.4</td>
<td>1,808</td>
<td>11.2</td>
<td>8.3</td>
</tr>
<tr>
<td>Other GIT</td>
<td>148</td>
<td>10.2</td>
<td>8.4</td>
<td>1,500</td>
<td>9.3</td>
<td>6.9</td>
</tr>
<tr>
<td>Haematological</td>
<td>90</td>
<td>6.2</td>
<td>5.1</td>
<td>1,063</td>
<td>6.6</td>
<td>4.9</td>
</tr>
<tr>
<td>Head and neck</td>
<td>75</td>
<td>5.2</td>
<td>4.3</td>
<td>831</td>
<td>5.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Lung</td>
<td>312</td>
<td>21.6</td>
<td>17.8</td>
<td>3,403</td>
<td>21.1</td>
<td>15.6</td>
</tr>
<tr>
<td>Pancreas</td>
<td>103</td>
<td>7.1</td>
<td>5.9</td>
<td>1,210</td>
<td>7.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Prostate</td>
<td>124</td>
<td>8.6</td>
<td>7.1</td>
<td>1,131</td>
<td>7.0</td>
<td>5.2</td>
</tr>
<tr>
<td>Other urological</td>
<td>77</td>
<td>5.3</td>
<td>4.4</td>
<td>737</td>
<td>4.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Gynaecological</td>
<td>71</td>
<td>4.9</td>
<td>4.1</td>
<td>804</td>
<td>5.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Skin</td>
<td>41</td>
<td>2.8</td>
<td>2.3</td>
<td>522</td>
<td>3.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Unknown primary</td>
<td>27</td>
<td>1.9</td>
<td>1.5</td>
<td>411</td>
<td>2.5</td>
<td>1.9</td>
</tr>
<tr>
<td>Other primary malignancy</td>
<td>47</td>
<td>3.3</td>
<td>2.7</td>
<td>641</td>
<td>4.0</td>
<td>2.9</td>
</tr>
<tr>
<td>Malignant – nfd</td>
<td>8</td>
<td>0.6</td>
<td>0.5</td>
<td>239</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td>All malignant diagnoses</td>
<td>1,445</td>
<td>100.0</td>
<td>82.4</td>
<td>16,156</td>
<td>100.0</td>
<td>74.1</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>SA Services</td>
<td>All services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>% non-malignant</td>
<td>% all diagnoses</td>
<td>N</td>
<td>% non-malignant</td>
<td>% all diagnoses</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>60</td>
<td>20.1</td>
<td>3.4</td>
<td>938</td>
<td>16.9</td>
<td>4.3</td>
</tr>
<tr>
<td>HIV / AIDS</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
<td>7</td>
<td>0.1</td>
<td>0.0</td>
</tr>
<tr>
<td>End stage kidney disease</td>
<td>23</td>
<td>7.7</td>
<td>1.3</td>
<td>523</td>
<td>9.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Stroke</td>
<td>2</td>
<td>0.7</td>
<td>0.1</td>
<td>299</td>
<td>5.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Motor neurone disease</td>
<td>29</td>
<td>9.7</td>
<td>1.7</td>
<td>230</td>
<td>4.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Alzheimer’s dementia</td>
<td>11</td>
<td>3.7</td>
<td>0.6</td>
<td>210</td>
<td>3.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Other dementia</td>
<td>13</td>
<td>4.4</td>
<td>0.7</td>
<td>352</td>
<td>6.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Other neurological disease</td>
<td>16</td>
<td>5.4</td>
<td>0.9</td>
<td>308</td>
<td>5.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Respiratory failure</td>
<td>62</td>
<td>20.8</td>
<td>3.5</td>
<td>1,015</td>
<td>18.2</td>
<td>4.7</td>
</tr>
<tr>
<td>End stage liver disease</td>
<td>15</td>
<td>5.0</td>
<td>0.9</td>
<td>249</td>
<td>4.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Diabetes &amp; its complications</td>
<td>1</td>
<td>0.3</td>
<td>0.1</td>
<td>31</td>
<td>0.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Sepsis</td>
<td>2</td>
<td>0.7</td>
<td>0.1</td>
<td>251</td>
<td>4.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Multiple organ failure</td>
<td>5</td>
<td>1.7</td>
<td>0.3</td>
<td>148</td>
<td>2.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Other non-malignancy</td>
<td>46</td>
<td>15.4</td>
<td>2.6</td>
<td>837</td>
<td>15.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Non-malignant – nfd</td>
<td>13</td>
<td>4.4</td>
<td>0.7</td>
<td>166</td>
<td>3.0</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>All non-malignant</strong></td>
<td>298</td>
<td>100.0</td>
<td>17.0</td>
<td>5,564</td>
<td>100.0</td>
<td>25.5</td>
</tr>
</tbody>
</table>
4 Episodes of care

An episode of care is a period of contact between a patient and a palliative care service that is provided by one palliative care service and occurs in one setting – for the purposes of this report, either as an hospital / hospice or community patient.

An episode of palliative care starts on the date when the comprehensive palliative care assessment is undertaken and documented using the five clinical assessment tools.

An episode of palliative care ends when:

- the patient is formally separated from the current setting of care (e.g. from community to hospital / hospice) or
- the patient dies or
- the principal clinical intent of the care changes and the patient is no longer receiving palliative care.

Table 17 below presents the number and percentage of episodes by age group and sex for the patients seen by South Australian services and at the national level. Age has been calculated as at the beginning of each episode.

<table>
<thead>
<tr>
<th>Age group</th>
<th>SA Services</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>&lt; 15</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>15 - 24</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>25 - 34</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>35 - 44</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>45 - 54</td>
<td>78</td>
<td>6</td>
</tr>
<tr>
<td>55 - 64</td>
<td>224</td>
<td>16.8</td>
</tr>
<tr>
<td>65 - 74</td>
<td>389</td>
<td>29.1</td>
</tr>
<tr>
<td>75 - 84</td>
<td>388</td>
<td>29.1</td>
</tr>
<tr>
<td>85 +</td>
<td>233</td>
<td>17.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1,335</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Records where sex was not stated or inadequately described are excluded from the table.
Referral source refers to the facility or organisation from which the patient was referred for each episode of care. Table 18 presents referral source by setting.

<table>
<thead>
<tr>
<th>Referral source</th>
<th>Hospital / hospice</th>
<th></th>
<th>Community</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Public hospital</td>
<td>409</td>
<td>53.4</td>
<td>8,568</td>
<td>58.9</td>
</tr>
<tr>
<td>Private hospital</td>
<td>76</td>
<td>9.9</td>
<td>1,392</td>
<td>9.6</td>
</tr>
<tr>
<td>Outpatient clinic</td>
<td>3</td>
<td>0.4</td>
<td>86</td>
<td>0.6</td>
</tr>
<tr>
<td>General medical practitioner</td>
<td>9</td>
<td>1.2</td>
<td>321</td>
<td>2.2</td>
</tr>
<tr>
<td>Specialist medical practitioner</td>
<td>5</td>
<td>0.7</td>
<td>646</td>
<td>4.4</td>
</tr>
<tr>
<td>Community-based palliative care agency</td>
<td>241</td>
<td>31.5</td>
<td>2,979</td>
<td>20.5</td>
</tr>
<tr>
<td>Community-based service</td>
<td>7</td>
<td>0.9</td>
<td>47</td>
<td>0.3</td>
</tr>
<tr>
<td>Residential aged care facility</td>
<td>2</td>
<td>0.3</td>
<td>66</td>
<td>0.5</td>
</tr>
<tr>
<td>Self, carer(s), family or friends</td>
<td>10</td>
<td>1.3</td>
<td>137</td>
<td>0.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.1</td>
<td>243</td>
<td>1.7</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>3</td>
<td>0.4</td>
<td>64</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>766</td>
<td>100.0</td>
<td>14,549</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 19 gives a summary of the length of episode for patients in South Australian services and nationally. Table 20 details the length of episode by setting. The length of episode is calculated as the number of days between the episode start date and the episode end date. Bereavement phases are excluded from the calculation and episodes that remain open at the end of the reporting period (and hence do not have an episode end date) are also excluded.

Table 19  
Length of episode (in days) summary by setting  
<table>
<thead>
<tr>
<th>Length of episode</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td>Average length of episode</td>
<td>12.3</td>
<td>9.9</td>
</tr>
<tr>
<td>Median length of episode</td>
<td>7.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Note: Records where length of episode was greater than 180 days were considered to be atypical and are excluded from the average calculations. Only episodes ending during the reporting period are included.

Table 20  
Length of episode by setting  
<table>
<thead>
<tr>
<th>Length of Episode (days)</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td>Same day</td>
<td>27 3.7</td>
<td>888 6.2</td>
</tr>
<tr>
<td>1-2</td>
<td>119 16.5</td>
<td>3,040 21.3</td>
</tr>
<tr>
<td>3-4</td>
<td>113 15.7</td>
<td>2,195 15.4</td>
</tr>
<tr>
<td>5-7</td>
<td>136 18.8</td>
<td>2,344 16.4</td>
</tr>
<tr>
<td>8-14</td>
<td>145 20.1</td>
<td>2,828 19.8</td>
</tr>
<tr>
<td>15-21</td>
<td>76 10.5</td>
<td>1,291 9.0</td>
</tr>
<tr>
<td>22-30</td>
<td>46 6.4</td>
<td>827 5.8</td>
</tr>
<tr>
<td>31-60</td>
<td>39 5.4</td>
<td>701 4.9</td>
</tr>
<tr>
<td>61-90</td>
<td>10 1.4</td>
<td>112 0.8</td>
</tr>
<tr>
<td>90+</td>
<td>11 1.5</td>
<td>52 0.4</td>
</tr>
<tr>
<td>Total</td>
<td>722 100.0</td>
<td>14,278 100.0</td>
</tr>
</tbody>
</table>

Note: Only episodes that end during the reporting period are included.
### Table 21  How hospital / hospice episodes start

<table>
<thead>
<tr>
<th>Episode start mode</th>
<th>SA Services N</th>
<th>SA Services %</th>
<th>All services N</th>
<th>All services %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted from community(^1)</td>
<td>442</td>
<td>57.7</td>
<td>8,443</td>
<td>58.0</td>
</tr>
<tr>
<td>Admitted from another hospital</td>
<td>173</td>
<td>22.6</td>
<td>3,341</td>
<td>23.0</td>
</tr>
<tr>
<td>Admitted from acute care in another ward</td>
<td>142</td>
<td>18.5</td>
<td>2,434</td>
<td>16.7</td>
</tr>
<tr>
<td>Change from acute care to palliative care – same ward</td>
<td>5</td>
<td>0.7</td>
<td>178</td>
<td>1.2</td>
</tr>
<tr>
<td>Other(^2)</td>
<td>4</td>
<td>0.5</td>
<td>119</td>
<td>0.8</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>0</td>
<td>0.0</td>
<td>34</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>766</td>
<td>100.0</td>
<td>14,549</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\(^1\) includes: admitted from usual accommodation, admitted from other than usual accommodation.

\(^2\) includes: change of sub-acute/non-acute care type and other categories.

### Table 22  How hospital / hospice episodes end

<table>
<thead>
<tr>
<th>Episode end mode</th>
<th>SA Services N</th>
<th>SA Services %</th>
<th>All services N</th>
<th>All services %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged to community(^1)</td>
<td>228</td>
<td>31.6</td>
<td>4,801</td>
<td>33.6</td>
</tr>
<tr>
<td>Discharged to another hospital</td>
<td>13</td>
<td>1.8</td>
<td>775</td>
<td>5.4</td>
</tr>
<tr>
<td>Death</td>
<td>450</td>
<td>62.3</td>
<td>7,978</td>
<td>55.9</td>
</tr>
<tr>
<td>Change from palliative care to acute care(^2)</td>
<td>2</td>
<td>0.3</td>
<td>120</td>
<td>0.8</td>
</tr>
<tr>
<td>Change in sub-acute care type</td>
<td>4</td>
<td>0.6</td>
<td>190</td>
<td>1.3</td>
</tr>
<tr>
<td>End of consultative episode – inpatient episode ongoing</td>
<td>22</td>
<td>3.0</td>
<td>343</td>
<td>2.4</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.3</td>
<td>60</td>
<td>0.4</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>1</td>
<td>0.1</td>
<td>11</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>722</td>
<td>100.0</td>
<td>14,278</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Only episodes ending during the reporting period are included.

\(^1\) includes: discharged to usual accommodation, discharged to other than usual accommodation.

\(^2\) includes: change from palliative care to acute care – different ward, change from palliative care to acute care – same ward.
### Table 23  How community episodes start

<table>
<thead>
<tr>
<th>Episode start mode</th>
<th>SA Services</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Admitted from inpatient palliative care</td>
<td>191</td>
<td>12.0</td>
</tr>
<tr>
<td>Other</td>
<td>1,359</td>
<td>85.6</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>38</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,588</td>
<td>100.0</td>
</tr>
</tbody>
</table>

1 includes: patient was not transferred from being an overnight patient.

### Table 24  How community episodes end

<table>
<thead>
<tr>
<th>Episode end mode</th>
<th>SA Services</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Admitted for inpatient palliative care</td>
<td>267</td>
<td>19.5</td>
</tr>
<tr>
<td>Admitted for inpatient acute care</td>
<td>486</td>
<td>35.6</td>
</tr>
<tr>
<td>Admitted to another palliative care service</td>
<td>18</td>
<td>1.3</td>
</tr>
<tr>
<td>Admitted to primary health care</td>
<td>51</td>
<td>3.7</td>
</tr>
<tr>
<td>Discharged / case closure</td>
<td>214</td>
<td>15.7</td>
</tr>
<tr>
<td>Death</td>
<td>299</td>
<td>21.9</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>1.0</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>18</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,367</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Only episodes ending during the reporting period are included.
Table 25 How episodes start and end for SA Services

<table>
<thead>
<tr>
<th>How episode started</th>
<th>Discharged to:</th>
<th>How episode ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Usual accommodation</td>
<td>Other than usual accommodation</td>
</tr>
<tr>
<td>Admitted from:</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>- usual accommodation</td>
<td>136</td>
<td>34.7</td>
</tr>
<tr>
<td>- other than usual accommodation</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>- another hospital (transferred)</td>
<td>28</td>
<td>17.3</td>
</tr>
<tr>
<td>- acute care in other ward (transferred)</td>
<td>35</td>
<td>26.1</td>
</tr>
<tr>
<td>All other reasons¹</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>204</td>
<td>28.3</td>
</tr>
</tbody>
</table>

Table 26 How episodes start and end for all hospital / hospice services

<table>
<thead>
<tr>
<th>How episode started</th>
<th>Discharged to:</th>
<th>How episode ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Usual accommodation</td>
<td>Other than usual accommodation</td>
</tr>
<tr>
<td>Admitted from:</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>- usual accommodation</td>
<td>3,092</td>
<td>37.9</td>
</tr>
<tr>
<td>- other than usual accommodation</td>
<td>29</td>
<td>24.8</td>
</tr>
<tr>
<td>- another hospital (transferred)</td>
<td>592</td>
<td>18.2</td>
</tr>
<tr>
<td>- acute care in other ward (transferred)</td>
<td>491</td>
<td>20.5</td>
</tr>
<tr>
<td>All other reasons¹</td>
<td>69</td>
<td>23.5</td>
</tr>
<tr>
<td>Total</td>
<td>4,273</td>
<td>30.0</td>
</tr>
</tbody>
</table>

Note for Table 25 and Table 26: All episodes where episode start mode or episode end mode was not stated/inadequately described are excluded from the table. Episodes that remain open at the end of the reporting period (and hence do not have an episode end date) are also excluded.

¹ Includes: Change from acute care to palliative care while remaining on same ward; Change of sub-acute/non-acute care type.

² Includes: Change from palliative care to acute care - different ward; Change from palliative care to acute care - same ward.
5 Profile of palliative care phases

The palliative care phase type describes the stage of the patient’s illness and provides a clinical indication of the level of care a patient requires. The palliative care phase is determined by a holistic clinical assessment which considers the needs of the patients and their family and carers. A patient may move back and forth between the stable, unstable, deteriorating and terminal phase types and these may occur in any sequence. See Appendix F for more information on the definition of palliative care phase.

The clinical assessments are assessed daily (or at each visit) and are reported on admission, when the phase changes and at discharge.

Table 27 Number of phases by phase type and setting

<table>
<thead>
<tr>
<th>Phase type</th>
<th>Hospital / hospice</th>
<th></th>
<th></th>
<th>Community</th>
<th></th>
<th></th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Stable</td>
<td>330</td>
<td>20.3</td>
<td>8,633</td>
<td>25.7</td>
<td>1,089</td>
<td>44.1</td>
<td>11,734</td>
</tr>
<tr>
<td>Unstable</td>
<td>244</td>
<td>15.0</td>
<td>6,918</td>
<td>20.6</td>
<td>301</td>
<td>12.2</td>
<td>3,721</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>676</td>
<td>41.7</td>
<td>10,789</td>
<td>32.1</td>
<td>887</td>
<td>35.9</td>
<td>13,248</td>
</tr>
<tr>
<td>Terminal</td>
<td>373</td>
<td>23.0</td>
<td>7,237</td>
<td>21.6</td>
<td>192</td>
<td>7.8</td>
<td>2,506</td>
</tr>
<tr>
<td>Total</td>
<td>1,623</td>
<td>100.0</td>
<td>33,577</td>
<td>100.0</td>
<td>2,469</td>
<td>100.0</td>
<td>31,209</td>
</tr>
</tbody>
</table>

Note: Bereavement phases have been excluded due to inconsistent data collection and bereavement practices. Bereavement phases are not included in the total phases count.

Table 28 Average phase length (in days) by phase type and setting

<table>
<thead>
<tr>
<th>Phase type</th>
<th>Hospital / hospice</th>
<th></th>
<th></th>
<th>Community</th>
<th></th>
<th></th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
<td>SA Services</td>
<td>All services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stable</td>
<td>6.7</td>
<td>7.0</td>
<td>28.1</td>
<td>20.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstable</td>
<td>2.0</td>
<td>1.9</td>
<td>3.8</td>
<td>2.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deteriorating</td>
<td>7.7</td>
<td>4.9</td>
<td>19.6</td>
<td>11.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminal</td>
<td>2.0</td>
<td>2.1</td>
<td>3.3</td>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Phase records where phase length was greater than 90 days were considered to be atypical and are excluded from the average calculations.
Table 29 presents the first phase of the episode, both for South Australian services and nationally. The first phase of episode allows you to understand how patients are entering South Australian services.

<table>
<thead>
<tr>
<th>First phase</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Stable</td>
<td>73</td>
<td>9.9</td>
</tr>
<tr>
<td>Unstable</td>
<td>180</td>
<td>24.3</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>430</td>
<td>58.1</td>
</tr>
<tr>
<td>Terminal</td>
<td>57</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>740</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: This table only includes the first phase if the episode has started in the reporting period.
Table 30 presents information relating to the manner in which stable phases ended, both for South Australian services and nationally. A stable phase will end if a patient moves into a different phase (phase change), is discharged or dies. Figure 10 summarises the movement of patients out of the stable phase by setting. This movement from one phase to another is referred to as phase progression and is derived by PCOC.

Similar information is presented for the unstable (Table 31, Figure 11), deteriorating (Table 32, Figure 12) and terminal (Table 33, Figure 13) phases on the following pages.

### Table 30 How stable phases end by setting

<table>
<thead>
<tr>
<th></th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Patient moved into another phase</td>
<td>160</td>
<td>48.5</td>
</tr>
<tr>
<td>Discharge / case closure</td>
<td>147</td>
<td>44.5</td>
</tr>
<tr>
<td>Died</td>
<td>8</td>
<td>2.4</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>15</td>
<td>4.5</td>
</tr>
<tr>
<td>Total</td>
<td>330</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Figure 10 Stable phase progression

- **Hospital / hospice**
  - Unstable: 18% (SA Services), 30% (All Services)
  - Deteriorating: 78% (SA Services), 64% (All Services)
  - Terminal: 4% (SA Services), 6% (All Services)

- **Community**
  - Unstable: 25% (SA Services), 19% (All Services)
  - Deteriorating: 70% (SA Services), 77% (All Services)
  - Terminal: 5% (SA Services), 3% (All Services)
### Table 31  How unstable phases end by setting

<table>
<thead>
<tr>
<th>How unstable phases end</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Patient moved into another phase</td>
<td>219</td>
<td>89.8</td>
</tr>
<tr>
<td>Discharge / case closure</td>
<td>11</td>
<td>4.5</td>
</tr>
<tr>
<td>Died</td>
<td>9</td>
<td>3.7</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>5</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>244</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Figure 11  Unstable phase progression

**Hospital / hospice**
- Stable: 44% for SA Services, 54% for All Services
- Deteriorating: 48% for SA Services, 40% for All Services
- Terminal: 8% for SA Services, 7% for All Services

**Community**
- Stable: 56% for SA Services, 61% for All Services
- Deteriorating: 34% for SA Services, 38% for All Services
- Terminal: 6% for SA Services, 5% for All Services
Table 32  How deteriorating phases end by setting

<table>
<thead>
<tr>
<th>How deteriorating phases end</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Patient moved into another phase</td>
<td>503</td>
<td>74.4</td>
</tr>
<tr>
<td>Discharge / case closure</td>
<td>87</td>
<td>12.9</td>
</tr>
<tr>
<td>Died</td>
<td>64</td>
<td>9.5</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>22</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>676</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 12  Deteriorating phase progression
### Table 33  How terminal phases end by setting

<table>
<thead>
<tr>
<th>How terminal phases end</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Patient moved into another phase</td>
<td>17</td>
<td>4.6</td>
</tr>
<tr>
<td>Discharge / case closure</td>
<td>4</td>
<td>1.1</td>
</tr>
<tr>
<td>Died</td>
<td>348</td>
<td>93.3</td>
</tr>
<tr>
<td>Not stated / inadequately described</td>
<td>4</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>373</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Figure 13  Terminal phase progression

**Hospital / hospice**

- Stable: 8%  (SA Services: 6%, All Services: 8%)
- Unstable: 6%  (SA Services: 13%, All Services: 17%)
- Deteriorating: 94%  (SA Services: 17%, All Services: 33%)

**Community**

- Stable: 50%  (SA Services: 50%, All Services: 80%)
- Unstable: 13%  (SA Services: 13%, All Services: 17%)
- Deteriorating: 33%  (SA Services: 33%, All Services: 33%)
6 Symptoms and problems

The Palliative Care Problem Severity Score (PCPSS) is a clinician rated screening tool to assess the overall severity of problems within four key palliative care domains (pain, other symptoms, psychological / spiritual and family / carer). The ratings are: 0 - absent, 1 - mild, 2 - moderate and 3 - severe.

Table 34 and Table 35 show the percentage scores for the hospital / hospice and community settings, respectively, for both South Australian services and nationally. Alternative graphical representations of PCPSS profile by phase type can be found in Appendix B.

### Table 34 PCPSS at beginning of phase by phase type – hospital / hospice setting

<table>
<thead>
<tr>
<th>Phase type</th>
<th>Problem</th>
<th>SA Services (%)</th>
<th>All services (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Absent</td>
<td>Mild</td>
</tr>
<tr>
<td>Stable</td>
<td>Pain</td>
<td>43.1</td>
<td>49.8</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>31.0</td>
<td>60.8</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>44.3</td>
<td>51.4</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>46.0</td>
<td>46.6</td>
</tr>
<tr>
<td>Unstable</td>
<td>Pain</td>
<td>19.8</td>
<td>42.6</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>9.4</td>
<td>53.6</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>31.6</td>
<td>46.8</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>31.2</td>
<td>45.7</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>Pain</td>
<td>30.0</td>
<td>51.7</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>14.2</td>
<td>65.3</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>26.0</td>
<td>60.9</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>25.8</td>
<td>56.7</td>
</tr>
<tr>
<td>Terminal</td>
<td>Pain</td>
<td>33.3</td>
<td>48.0</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>31.0</td>
<td>49.2</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>45.0</td>
<td>45.3</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>18.3</td>
<td>51.1</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Phase type</th>
<th>Problem</th>
<th>SA Services (%)</th>
<th>All services (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Absent</td>
<td>Mild</td>
</tr>
<tr>
<td>Stable</td>
<td>Pain</td>
<td>41.5</td>
<td>48.5</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>19.9</td>
<td>61.9</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>33.5</td>
<td>55.2</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>28.3</td>
<td>57.5</td>
</tr>
<tr>
<td>Unstable</td>
<td>Pain</td>
<td>15.5</td>
<td>24.9</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>4.7</td>
<td>22.0</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>8.8</td>
<td>41.6</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>12.6</td>
<td>28.1</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>Pain</td>
<td>26.1</td>
<td>49.9</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>9.5</td>
<td>43.1</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>18.8</td>
<td>51.3</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>10.8</td>
<td>48.4</td>
</tr>
<tr>
<td>Terminal</td>
<td>Pain</td>
<td>38.2</td>
<td>44.6</td>
</tr>
<tr>
<td></td>
<td>Other symptoms</td>
<td>32.1</td>
<td>45.1</td>
</tr>
<tr>
<td></td>
<td>Psychological / spiritual</td>
<td>43.5</td>
<td>44.1</td>
</tr>
<tr>
<td></td>
<td>Family / carer</td>
<td>10.7</td>
<td>48.1</td>
</tr>
</tbody>
</table>

The Symptom Assessment Scale (SAS) is a patient rated (or proxy) assessment tool and reports a level of distress using a numerical rating scale from 0 - no distress to 10 - worst possible distress. The SAS reports on distress from seven symptoms, these being difficulty sleeping, appetite problems, nausea, bowel problems, breathing problems, fatigue and pain. It provides a clinical picture of these seven symptoms from the patient’s perspective. The SAS scores are grouped in Table 36 and Table 37 on the following pages using the same categories as the PCPSS i.e. absent (0), mild (1-3), moderate (4-7) and severe (8-10). Alternative graphical representations of the SAS profile by phase type can be found in Appendix B.
### Table 36  
Symptom distress at the beginning of a phase by phase type – hospital / hospice setting

<table>
<thead>
<tr>
<th>Phase type</th>
<th>Symptom</th>
<th>SA Services (%)</th>
<th>All services (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Absent</td>
<td>Mild</td>
</tr>
<tr>
<td>Stable</td>
<td>Difficulty sleeping</td>
<td>82.6</td>
<td>12.1</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>64.1</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>81.3</td>
<td>13.4</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>62.8</td>
<td>23.8</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>73.1</td>
<td>16.9</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>36.1</td>
<td>32.4</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>38.4</td>
<td>47.2</td>
</tr>
<tr>
<td>Unstable</td>
<td>Difficulty sleeping</td>
<td>64.7</td>
<td>20.9</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>50.6</td>
<td>27.2</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>67.4</td>
<td>18.6</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>53.2</td>
<td>28.9</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>63.4</td>
<td>20.4</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>25.8</td>
<td>29.7</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>21.2</td>
<td>38.6</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>Difficulty sleeping</td>
<td>71.8</td>
<td>19.5</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>54.2</td>
<td>30.4</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>75.3</td>
<td>15.1</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>55.5</td>
<td>31.8</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>57.3</td>
<td>27.5</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>28.1</td>
<td>36.1</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>29.1</td>
<td>42.4</td>
</tr>
<tr>
<td>Terminal</td>
<td>Difficulty sleeping</td>
<td>90.4</td>
<td>7.0</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>91.5</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>95.2</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>86.8</td>
<td>7.3</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>67.4</td>
<td>19.4</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>75.3</td>
<td>9.8</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>40.2</td>
<td>39.9</td>
</tr>
</tbody>
</table>
## Table 37: Symptom distress at the beginning of a phase by phase type – community setting

<table>
<thead>
<tr>
<th>Phase type</th>
<th>Symptom</th>
<th>Absent</th>
<th>SA Services (%)</th>
<th>All services (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Absent</td>
<td>Mild</td>
</tr>
<tr>
<td>Stable</td>
<td>Difficulty sleeping</td>
<td>63.3</td>
<td>25.6</td>
<td>10.3</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>57.7</td>
<td>30.1</td>
<td>11.3</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>80.7</td>
<td>15.9</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>59.1</td>
<td>31.1</td>
<td>9.1</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>58.5</td>
<td>27.4</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>28.9</td>
<td>36.4</td>
<td>29.8</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>44.8</td>
<td>39.7</td>
<td>14.6</td>
</tr>
<tr>
<td>Unstable</td>
<td>Difficulty sleeping</td>
<td>42.3</td>
<td>26.7</td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>48.0</td>
<td>24.2</td>
<td>21.4</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>61.2</td>
<td>18.5</td>
<td>14.6</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>46.4</td>
<td>27.5</td>
<td>19.3</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>48.9</td>
<td>21.6</td>
<td>19.9</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>23.4</td>
<td>19.5</td>
<td>40.8</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>17.4</td>
<td>19.9</td>
<td>38.3</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>Difficulty sleeping</td>
<td>54.4</td>
<td>30.2</td>
<td>13.7</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>42.8</td>
<td>33.9</td>
<td>21.3</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>71.9</td>
<td>20.3</td>
<td>6.5</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>48.1</td>
<td>36.0</td>
<td>13.6</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>46.7</td>
<td>31.3</td>
<td>18.3</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>16.9</td>
<td>27.3</td>
<td>45.3</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>29.0</td>
<td>43.6</td>
<td>23.9</td>
</tr>
<tr>
<td>Terminal</td>
<td>Difficulty sleeping</td>
<td>83.2</td>
<td>12.5</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Appetite problems</td>
<td>84.2</td>
<td>10.4</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>87.0</td>
<td>10.3</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td>Bowel problems</td>
<td>80.9</td>
<td>14.2</td>
<td>4.4</td>
</tr>
<tr>
<td></td>
<td>Breathing problems</td>
<td>61.1</td>
<td>25.9</td>
<td>10.8</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>68.6</td>
<td>12.4</td>
<td>7.6</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>51.9</td>
<td>33.0</td>
<td>14.1</td>
</tr>
</tbody>
</table>
7 Functional status and level of dependence

The Australia-modified Karnofsky Performance Status (AKPS) is a measure of the patient’s overall performance status or ability to perform their activities of daily living. It is a single score between 0 and 100 assigned by a clinician based on observations of a patient’s ability to perform common tasks relating to activity, work and self-care. Table 38 shows the data for the AKPS at phase start.

<table>
<thead>
<tr>
<th>AKPS assessment at phase start</th>
<th>Hospital / hospice</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
</tr>
<tr>
<td>Comatose or barely rousable (10)</td>
<td>222 13.7 3,567 10.6</td>
<td>76 3.1 999 3.2</td>
</tr>
<tr>
<td>Totally bedfast and requiring extensive nursing care (20)</td>
<td>370 22.8 7,953 23.7</td>
<td>203 8.2 2,893 9.3</td>
</tr>
<tr>
<td>Almost completely bedfast (30)</td>
<td>200 12.3 4,753 14.2</td>
<td>179 7.2 2,437 7.8</td>
</tr>
<tr>
<td>In bed more than 50% of the time (40)</td>
<td>359 22.1 6,583 19.6</td>
<td>434 17.6 4,560 14.6</td>
</tr>
<tr>
<td>Requires considerable assistance (50)</td>
<td>288 17.7 5,064 15.1</td>
<td>661 26.8 7,429 23.8</td>
</tr>
<tr>
<td>Requires occasional assistance (60)</td>
<td>126 7.8 3,207 9.6</td>
<td>597 24.2 7,179 23.0</td>
</tr>
<tr>
<td>Cares for self (70)</td>
<td>30 1.8 703 2.1</td>
<td>209 8.5 3,369 10.8</td>
</tr>
<tr>
<td>Normal activity with effort (80)</td>
<td>6 0.4 194 0.6</td>
<td>65 2.6 660 2.1</td>
</tr>
<tr>
<td>Able to carry on normal activity; minor signs or symptoms (90)</td>
<td>2 0.1 63 0.2</td>
<td>20 0.8 143 0.5</td>
</tr>
<tr>
<td>Normal; no complaints; no evidence of disease (100)</td>
<td>0 0.0 13 0.0</td>
<td>0 0.0 5 0.0</td>
</tr>
<tr>
<td>Not stated/inadequately described</td>
<td>20 1.2 1,477 4.4</td>
<td>25 1.0 1,535 4.9</td>
</tr>
<tr>
<td>Total</td>
<td>1,623 100.0 33,577 100.0</td>
<td>2,469 100.0 31,209 100.0</td>
</tr>
</tbody>
</table>

The Resource Utilisation Groups – Activities of Daily Living (RUG-ADL) tool consists of four items (bed mobility, toileting, transfers and eating) and assesses the level of functional dependence. The RUG-ADL are assessed daily (or at each visit) and are reported on admission, when the phase changes and at discharge. Figure 14 and Figure 15 on the following two pages summarise the total RUG-ADL at the beginning of each phase for hospital / hospice and community patients. The total score on the RUG-ADL ranges from a minimum of 4 (lowest level of functional dependency) to a maximum of 18 (highest level of functional dependency).

AKPS & RUG-ADL can be used together to provide a profile of both patient dependency, equipment requirements, need for allied health referrals and carer burden/respite requirements.
Figure 14  Total RUG-ADL at beginning of phase by phase type – hospital / hospice setting

Stable Phase

Unstable Phase

Deteriorating Phase

Terminal Phase
Figure 15  Total RUG-ADL at beginning of phase by phase type – community setting

Stable Phase

Unstable Phase

Deteriorating Phase

Terminal Phase

Total RUG-ADL at start of phase

Total RUG-ADL at start of phase

Total RUG-ADL at start of phase

Total RUG-ADL at start of phase
Appendices

A     Summary of data included in this report

During the reporting period, data were provided for a total of 21,801 patients who between them had 27,866 episodes of care and 64,786 palliative care phases. These total numbers are determined by a data scoping method. This method looks at the phase level data first and includes all phases that ended within the current reporting period. The associated episodes and patients are then determined (Appendix C contains a more detailed explanation of this process). Table 39 shows the number of patients, episodes and phases included in this report – both for South Australian services and nationally.

Table 39     Summary of patients, episodes and phases by setting

<table>
<thead>
<tr>
<th></th>
<th>Hospital / hospice</th>
<th>Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA Services</td>
<td>All services</td>
<td>SA Services</td>
</tr>
<tr>
<td>Patients (N)</td>
<td>670</td>
<td>12,360</td>
<td>1,352</td>
</tr>
<tr>
<td>Episodes (N)</td>
<td>766</td>
<td>14,549</td>
<td>1,588</td>
</tr>
<tr>
<td>Phases (N)</td>
<td>1,623</td>
<td>33,577</td>
<td>2,469</td>
</tr>
<tr>
<td>Patients (%)</td>
<td>38.2</td>
<td>56.7</td>
<td>77.1</td>
</tr>
<tr>
<td>Episodes (%)</td>
<td>32.5</td>
<td>52.2</td>
<td>67.5</td>
</tr>
<tr>
<td>Phases (%)</td>
<td>39.7</td>
<td>51.8</td>
<td>60.3</td>
</tr>
<tr>
<td>Average number of phases per episode***</td>
<td>2.2</td>
<td>2.3</td>
<td>1.5</td>
</tr>
</tbody>
</table>

* Patients seen in both settings are only counted once in the total column and hence numbers/percentages may not add to the total.
** Bereavement phases are excluded from this count.
*** Average number of phases per episode is only calculated for closed episodes that started and ended within the reporting period and excludes bereavement phases.
Table 40 shows the number of completed episodes and phases by setting for each month in the current reporting period for South Australian services. This table allows a service to identify any change in patient numbers during the reporting period.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital / hospice</td>
<td>116</td>
<td>120</td>
<td>108</td>
<td>133</td>
<td>121</td>
<td>124</td>
</tr>
<tr>
<td>Completed episodes (N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed phases (N)</td>
<td>284</td>
<td>298</td>
<td>245</td>
<td>276</td>
<td>253</td>
<td>267</td>
</tr>
<tr>
<td>Community</td>
<td>227</td>
<td>243</td>
<td>208</td>
<td>197</td>
<td>244</td>
<td>248</td>
</tr>
<tr>
<td>Completed episodes (N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed phases (N)</td>
<td>402</td>
<td>450</td>
<td>380</td>
<td>369</td>
<td>467</td>
<td>401</td>
</tr>
</tbody>
</table>

Table 41 shows the number of patients, episodes and phases for South Australian services over time and is reported by setting of care. This table allows a service to identify any changes in volume over a three-year period.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients¹</td>
<td>451</td>
<td>462</td>
<td>799</td>
<td>673</td>
<td>678</td>
<td>670</td>
<td>1,053</td>
<td>1,024</td>
<td>1,174</td>
<td>884</td>
<td>1,077</td>
<td>1,352</td>
</tr>
<tr>
<td>Episodes</td>
<td>529</td>
<td>555</td>
<td>906</td>
<td>749</td>
<td>798</td>
<td>766</td>
<td>1,248</td>
<td>1,248</td>
<td>1,411</td>
<td>1,026</td>
<td>1,244</td>
<td>1,588</td>
</tr>
<tr>
<td>Phases²</td>
<td>1,170</td>
<td>1,298</td>
<td>2,159</td>
<td>1,698</td>
<td>1,820</td>
<td>1,623</td>
<td>1,868</td>
<td>1,894</td>
<td>2,074</td>
<td>1,518</td>
<td>1,875</td>
<td>2,469</td>
</tr>
<tr>
<td>Phases per episode³</td>
<td>2.2</td>
<td>2.4</td>
<td>2.3</td>
<td>2.2</td>
<td>2.3</td>
<td>2.2</td>
<td>1.5</td>
<td>1.5</td>
<td>1.4</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
</tbody>
</table>

¹ Patients seen in both settings are only counted once in the total column and hence numbers/percentages may not add to the total.

² Bereavement phases are excluded from this count.

³ Average number of phases per episode is only calculated for closed episodes that started and ended within the reporting period and excludes bereavement phases.
B Data item completion

As shown in Table 42, Table 43 and Table 44 below, the rate of data completion is very high. In reviewing these tables, it is important to note that in some cases some data items are not required to be completed. For example, place of death is only required for patients who have died. Hence the complete column in the following tables only refers to the percentage of complete records where the data item was relevant.

PCOC strongly encourages services to complete and submit the whole data set on every patient as non-completion may result in services being excluded from relevant benchmarking activities or erroneous conclusions being drawn. Low completion of data items may also distort percentages and graphs in some sections.

<table>
<thead>
<tr>
<th>Table 42</th>
<th>Item completion (per cent complete) - patient level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data item</td>
<td>SA Services</td>
</tr>
<tr>
<td>Date of birth</td>
<td>100.0</td>
</tr>
<tr>
<td>Sex</td>
<td>100.0</td>
</tr>
<tr>
<td>Indigenous</td>
<td>93.6</td>
</tr>
<tr>
<td>status</td>
<td></td>
</tr>
<tr>
<td>Country of birth</td>
<td>92.4</td>
</tr>
<tr>
<td>Preferred</td>
<td>97.9</td>
</tr>
<tr>
<td>language</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>99.4</td>
</tr>
<tr>
<td>diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

Note: This table is not split by setting to be consistent with the patient level analysis throughout this report.

<table>
<thead>
<tr>
<th>Table 43</th>
<th>Item completion by setting (per cent complete) - episode level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data item</td>
<td>Hospital / hospice</td>
</tr>
<tr>
<td>Date of first contact</td>
<td>83.0</td>
</tr>
<tr>
<td>Referral date</td>
<td>99.0</td>
</tr>
<tr>
<td>Referral source</td>
<td>99.6</td>
</tr>
<tr>
<td>Date ready for care</td>
<td>99.6</td>
</tr>
<tr>
<td>Mode of episode start</td>
<td>100.0</td>
</tr>
<tr>
<td>Accommodation at episode start</td>
<td>99.1</td>
</tr>
<tr>
<td>Episode end date¹</td>
<td>96.0</td>
</tr>
<tr>
<td>Mode of episode end</td>
<td>99.9</td>
</tr>
<tr>
<td>Accommodation at episode end</td>
<td>94.5</td>
</tr>
<tr>
<td>Place of death</td>
<td>-</td>
</tr>
</tbody>
</table>

¹ Episode end date item completion may be affected by open episodes.
Table 44  Item completion by setting (per cent complete) - phase level

<table>
<thead>
<tr>
<th>Data item</th>
<th>Sub-Category</th>
<th>Hospital / hospice</th>
<th></th>
<th>At phase start</th>
<th>Community</th>
<th></th>
<th>Total</th>
<th></th>
<th>Hospital / hospice</th>
<th>Community</th>
<th></th>
<th>Total</th>
<th></th>
<th>Hospital / hospice</th>
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C  Profile of symptoms and problems

Figure 16  Profile of symptoms and problems by phase type for SA Services – hospital / hospice setting
Figure 17: Profile of symptoms and problems by phase type for SA Services – community setting

Level of distress / problem at beginning of phase (%)

- Absent
- Mild
- Moderate
- Severe

Symptoms and problems include:
- Difficulty sleeping (SAS)
- Appetite problems (SAS)
- Nausea (SAS)
- Bowel problems (SAS)
- Breathing problems (SAS)
- Fatigue (SAS)
- Pain (SAS)
- Other symptoms (PCPSS)
- Psychological spiritual (PCPSS)
- Family carer (PCPSS)
D Data scoping method

The method used to determine which data is included in a PCOC report looks at the phase level records first. All phase records that end within the 6 month reporting period are deemed to be “in scope” and would be included in the report. The episode and patient records associated with these phases are also deemed to be “in scope” and hence would also be included in the report. Figure 18 below displays four examples to help visualize this process.

**Figure 18  Diagram of the PCOC data scoping method**

In **Example 1**, the patient (represented by the green line) has one episode (represented by the blue line). This episode has six phases (represented by the purple line segments). All six phases would be included in the report as they all end within the reporting period. Hence, the episode and patient would also be in the report.

In **Example 2**, the patient has two episodes - the first having six phases and the second having seven phases. Looking at the phases associated with the first episode, the last four will be included in the report (as they end within the reporting period). The first two phases would have been included in the previous report. For the phases relating to the second episode, only the first three end within the reporting period, so only these would be included in the report. The following four phases would be included in the next report. Both of the episode records and the patient record would also be included in the report.

In **Example 3**, the patient has one episode and five phases. Only the last three phases will be included in the report as they are the only ones ending within the reporting period (the first two phases would have been included in the previous report). The episode and patient records would be included in the report.

In **Example 4**, the patient again has one episode and five phases. This time, only the first three phases will be included in the report (the last two phases will be included in the next report). Again, the episode and patient records would be included in the report.
E Interpreting benchmark profile graphs

The national profile graphs present South Australian services in comparison to all other palliative care services participating in PCOC. In each graph, the shaded region describes the national profile for that outcome measure. South Australian services hospital / hospice services are highlighted as a black dots on the graph. South Australian services community services are highlighted as grey triangles on the graph.

South Australian inpatient results are represented by black dots. If a service has less than 10 observations in this measure, then this dot will not appear.

South Australian community service results are represented by grey triangles. If a service has less than 10 observations in this measure, then this dot will not appear.

The red line indicates the benchmark for this outcome measure.

The blue region indicates the national profile. This contains all services across the country that have contributed to this benchmark ordered from the highest score to the lowest score. The highest score is on the left side of the graph and the lowest score is on the right side of the graph.

Management of pain
Benchmark 3.1 (PCPSS)
90% with absent or mild pain, remaining absent or mild
### Palliative Care Phase definitions

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<td>Stable</td>
<td>▪ Patient problems and symptoms are adequately controlled by established plan of care <strong>and</strong>&lt;br&gt;▪ Further interventions to maintain symptom control and quality of life have been planned <strong>and</strong>&lt;br&gt;▪ Family / carer situation is relatively stable and no new issues are apparent.</td>
<td>▪ The needs of the patient and / or family / carer increase, requiring changes to the existing plan of care.</td>
</tr>
<tr>
<td>Unstable</td>
<td><strong>An urgent change in the plan of care or emergency treatment is required because</strong>&lt;br&gt;▪ Patient experiences a new problem that was not anticipated in the existing plan of care, <strong>and</strong> / or&lt;br&gt;▪ Patient experiences a rapid increase in the severity of a current problem; <strong>and</strong> / or&lt;br&gt;▪ Family / carers circumstances change suddenly impacting on patient care.</td>
<td>▪ The new plan of care is in place, it has been reviewed and no further changes to the care plan are required. This does not necessarily mean that the symptom / crisis has fully resolved but there is a clear diagnosis and plan of care (i.e. patient is stable or deteriorating) <strong>and</strong> / or&lt;br&gt;▪ Death is likely within days (i.e. patient is now terminal).</td>
</tr>
<tr>
<td>Deteriorating</td>
<td><strong>The care plan is addressing anticipated needs but requires periodic review because</strong>&lt;br&gt;▪ Patients overall functional status is declining <strong>and</strong>&lt;br&gt;▪ Patient experiences a gradual worsening of existing problem <strong>and</strong> / or&lt;br&gt;▪ Patient experiences a new but anticipated problem <strong>and</strong> / or&lt;br&gt;▪ Family / carers experience gradual worsening distress that impacts on the patient care.</td>
<td>▪ Patient condition plateaus (i.e. patient is now stable) <strong>or</strong>&lt;br&gt;▪ An urgent change in the care plan or emergency treatment <strong>and</strong> / or&lt;br&gt;▪ Family / carers experience a sudden change in their situation that impacts on patient care, and urgent intervention is required (i.e. patient is now unstable) <strong>or</strong>&lt;br&gt;▪ Death is likely within days (i.e. patient is now terminal).</td>
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<td>Terminal</td>
<td><strong>Death is likely within days.</strong></td>
<td>▪ Patient dies <strong>or</strong>&lt;br&gt;▪ Patient condition changes and death is no longer likely within days (i.e. patient is now stable or deteriorating).</td>
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Acknowledgements

Contributions
PCOC wishes to acknowledge the valuable contribution made by the many staff from palliative care services who have spent considerable time collecting, collating and correcting the data and without whose effort this report would not be possible.

Disclaimer
PCOC has made every effort to ensure that the data used in this report are accurate. Data submitted to PCOC are checked for anomalies and services are asked to re-submit data prior to the production of the PCOC report. We would advise readers to use their professional judgement in considering all information contained in this report.

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