

Complete the checklist below to identify what your organisation/service is doing well and what areas may need improvement to help embed and sustain the PCOC program into routine practice.

**Name of organisation:** \_\_\_\_\_ **Date of completion:** \_\_\_\_\_

| Key Strategy 1: Leadership and Governance  | Yes | Mostly | Some-times | No |
|--|-----|--------|------------|----|
| Key leadership staff*  |     |        |            |    |
| 1. Provide direction on how to use PCOC reports  |     |        |            |    |
| 2. Attend benchmarking workshops and/or PCOC events  |     |        |            |    |
| 3. Provide opportunities for staff to participate in PCOC education  |     |        |            |    |
| 4. Ensure the PCOC Assessment and Response protocol is included in relevant policies and procedures                  |     |        |            |    |
| Key Strategy 2: Routine assessment   | Yes | Mostly | Some-times | No |
| 1. All five assessment tools are used to routinely assess patients   |     |        |            |    |
| 2. Assessments are documented at point of care   |     |        |            |    |
| 3. Clinicians have access to the full PCOC assessment definitions  |     |        |            |    |
| 4. Patients and family are given the SAS tool to help rate symptom distress  |     |        |            |    |
| 5. PCOC scores form part of clinical handover  |     |        |            |    |
| 6. Assessment scores are used to help guide and plan patient care  |     |        |            |    |
| 7. PCOC scores are discussed in care planning and patient review meetings  |     |        |            |    |
| 8. All staff (including medical, nursing, allied health, pastoral care) use PCOC tools as part of patient assessment |     |        |            |    |
| Key Strategy 3: Orientation and education  | Yes | Mostly | Some-times | No |
| 1. Orientation includes PCOC assessment and response protocol  |     |        |            |    |
| 2. PCOC is regularly included in in-service education  |     |        |            |    |
| 3. PCOC lanyard cards are provided to staff  |     |        |            |    |
| 4. PCOC Essentials online course is completed by staff   |     |        |            |    |
| 5. PCOC champions and clinical leads attend relevant PCOC workshops  |     |        |            |    |
| 6. All staff (including medical, nursing, allied health, pastoral care) participate in ongoing PCOC education        |     |        |            |    |
| Key Strategy 4: Data Management  | Yes | Mostly | Some-times | No |
| 1. Data errors are identified and corrected  |     |        |            |    |
| 2. Adequate time is allocated to ensure accurate data entry  |     |        |            |    |
| Key Strategy 5: Quality improvement  | Yes | Mostly | Some-times | No |
| 1. PCOC reports are used to identify areas for quality improvement, service development and/or research              |     |        |            |    |
| 2. Audit tools are used to ensure the accuracy and reliability of assessments  |     |        |            |    |
| 3. PCOC case reviews are used as part of an improvement strategy   |     |        |            |    |
| 4. Staff attend benchmarking and/or advanced workshops   |     |        |            |    |
| 5. PCOC is integrated into quality systems (e.g. accreditation processes)  |     |        |            |    |

\* Key staff include the appropriate medical, nursing and allied health leads, quality manager