National Palliative Care Grant Recipients’ Forum

**7-8 April 2016 | Vibe Hotel, Canberra Airport**

**Project Information Form**

**Project:** Palliative Care Outcomes Collaboration

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| **Key objectives** | PCOC aims to improve the quality of palliative care provided in specialist palliative care services, through the development and maintenance of:   * clinical assessment tools for participating specialist palliative care services to measure and report patient care outcomes; and * a set of evidence based measures and benchmarks to define acceptable and appropriate standards of care. |
| **Key outcomes** | * **Assessment and education** – PCOC maintains five standardised and validated assessment tools to support systematic and routine assessment, measurement and reporting of patient-defined outcomes in palliative care. A suite of education workshops are offered for clinical, management and executive staff, with the majority of training provided by Quality Improvement Facilitators (QIFs). This training aims to increase the use and embed the assessment tools into routine practice, facilitate more accurate reporting, and increase understanding of the use of outcome measures for quality improvement. * **Dataset, database and reporting** – A suite of reports are produced within a six-monthly cycle on four outcome measures and 16 benchmarks including approximately 125 service, state and national reports. QIFs provide on-site service visits twice yearly to support services to effectively understand and use data reports to support best practice clinical care in line with patient needs, and improvement activities. PCOC statisticians also provide assistance with interpretation of data and advice regarding IT requirements to support PCOC assessments and reporting. * **Benchmarking and Quality Improvement** – PCOC conducts annual benchmarking workshops where eligible participating services are provided with longitudinal and comparative data to allow them to share best practice strategies, challenges and successes. Since 2008 the number of palliative care services across Australia participating in national benchmarking has increased from 54 to 115. * **Research** – PCOC disseminates information about the importance and effectiveness of a national approach for the measurement, reporting and benchmarking in the palliative care sector in line with a research plan that supports both investigator and priority driven research. |
| **Target audience** | Clinical, management and executive staff from inpatient, consultation and community palliative care services.  Jurisdictional key stakeholders such as state health departments; clinical networks. |
| **Outcomes to date** | * PCOC assessment framework has provided a new common language for rapidly describing the condition of individual patients. This is done in consultation with patients and their families and / or carers. * Education program includes Fundamental workshops, medical and executive officers sessions; one site education sessions and other education activities. In the July to December 2015 period, PCOC conducted 12 Fundamental workshops, six medical and executive officers sessions, 59 education sessions were conducted onsite education as part of post report support visits and 15 sessions on separate to post report support. * In 2015 QIFs conducted over 200 site visits to services across Australia. * The current 14 outcome measures and benchmarks were revised and six new outcome measures and benchmarks adopted. * 115 services across Australia currently participate in national benchmarking. These services have provided more than 24,000 episodes of care and 56,000 phases for 19,000 patients every six months. * Three benchmarking workshops were held 2015 with one for consultation / liaison services and two for inpatient services. * The ‘time ready for care to episode start’ measure is an indicator of responsiveness of care. Nationally services have improved on this measure, from 87% to 91% over the last two-year period. * Only 55% of unstable phases lasted for three days or less in 2010 and this percentage has increased (improved) to around 83% in 2015. * The percentage of patients with absent or mild distress from pain at both phase start and end has improved nationally from 78% in 2010 to 85% in 2015. * Results for ‘bowel problems’ have improved from 61% in 2010 to 72% in 2015. * PCOC presented at three national conferences, one state and one international conference in 2015. * Six journal articles produced by PCOC were published in 2015. * National longitudinal database being utilised by research undertaken as part of the NHMRC Centre of Research Excellence in End of Life Care. * PCOC continues to support the AIHW’s annual Palliative Care Services in Australia series, by providing information on patient outcomes. * PCOC has been collaborating with Outcome Assessment and Complexity Collaborative (OACC), UK which is a new collaborative modelled on PCOC. The two outcome centre share resource and work together on research studies. * PCOC hosted a study tour for 10 members of the Singapore Palliative Care Guidelines Implementation Task Force. |
| **Challenges & lessons learnt** | * Effective strategies to include the PCOC dataset into state-wide systems, in addition to the ongoing support for the existing IT systems. * The development of a suite of reports to cater for the different audiences within palliative care. * Effective communication tools to enable efficient access to shared information. |
| **Plans for 2016 and 2017** | PCOC has a regular program of work, with many activities conducted in a six-month cycle.   * Support for participating to use the clinical assessment tools. * Production of a suite of patient outcome reports every six-months, including a review. * Provision of support for services and key stakeholders every six months in line with the report suite. * Provision of regular education and training for clinicians, management and executive staff. * Provision of a series of annual benchmarking workshops. * Progression of the application and reporting on the six new benchmarks and outcome measures. * Development of a PCOC version 4 dataset. * Presentations at selected palliative care conferences by PCOC and enabling services to use their PCOC information and or PCOC database for presentations. * Research projects will continue to be conducted; including those initiated by PCOC and well as those PCOC supports by providing data requests to researchers in the sector. * Continuation of the collaboration with Outcome Assessment and Complexity Collaborative (OACC) |