

USING PCOC TO IMPROVE DELIVERY OF CARE

25th July 2024

Dr Oo Loo Chan

MHCC

INTRODUCTION

Charis Hospice is a small community palliative care service provider in Penang since 2004. There was a growing need to incorporate a system to evaluate the quality of its services after so many years, a more objective way than just the appreciation from beneficiaries of its care.

We incorporated the PCOC system when we embarked in the process of transitioning to electronic medical records in July 2021. It took many months of developing and testing the system before we finally launched it in January 2023.

The Palliative Care Outcomes Collaboration (**PCOC**) is a national program established in Australia to improve the quality and consistency of palliative care. It is an outcome and benchmarking program. PCOC creates a **clinical language** by embedding five validated clinical assessments to systematically measure and improve patient and family/carer outcomes.

The PCOC benchmarks are based on a **range of indicators** measuring responsiveness of care delivery, healthcare outcome of the patient after care is being instituted and spiritual distress of both the patient and the caregiver as well.

Reference: www.uow.edu.au/ahsri/pcoc

Important parameters in PCOC system – **Episode and Phase**

Episode is a period of care in a defined locality.

Phase is the condition of the patient's illness and provides a clinical indication of the type of care required.

PCOC benchmarks are based on a range of indicators :

- Date the patient is ready for care to the date episode starts (responsiveness of care delivery)
- Time in the unstable phase where urgent action is needed
- Change in symptoms or problems (both physical and spiritual) from the beginning to the end of phase after action is instituted.

2023 Jan-Jun Report

PATIENT OUTCOMES			
	✓	N	RESULT
Date ready for care to episode start			Incomplete Data = 3
Day of/day after	161	166	97.0%
Time in unstable phase			
Three days or less	11	11	100.0%
Symptoms & problems			
Anticipatory Care			
Pain PCPSS	228	247	92.3%
Pain SAS	226	249	90.8%
Fatigue	96	140	68.6%
Breathing problems	246	262	93.9%
Family/Carer	193	233	82.8%
Responsive Care			
Pain PCPSS	39	42	92.9%
Pain SAS	33	41	80.5%
Fatigue	2	4	50.0%
Breathing problems	12	21	57.1%
Family/Carer	41	55	74.5%

✓ = Positive outcomes

N = Total outcomes

Patient Outcome Report

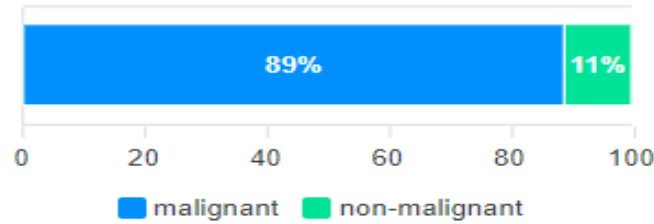
Charis Hospice, January to June 2023

VOLUME OF DATA

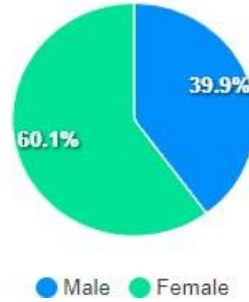
Patients	163
Episodes	207
Phases	388
Invalid Phases	98

In 2023, 59% patients were 70 years & above

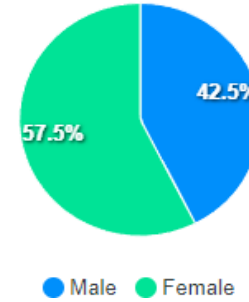
Diagnosis



Sex



Sex



AGE AT EPISODE START

Mean: 70

PHASES PER EPISODE

Total Episodes Calculated = 125

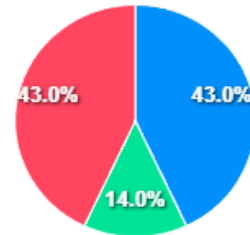
3.1

EPISODE LENGTH IN DAYS

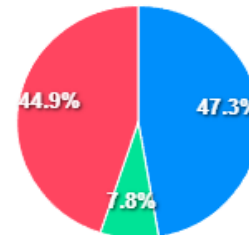
Total Episodes Calculated = 159

Mean: 40.8

Episode End



Episode End



● Transfer ● Discharge ● Death ● Transfer ● Discharge ● Death

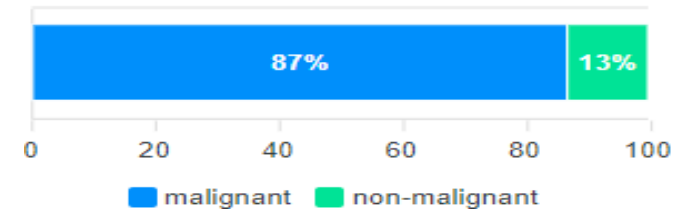
Patient Outcome Report

Charis Hospice, July to December 2023

VOLUME OF DATA

Patients	159
Episodes	198
Phases	383
Invalid Phases	71

Diagnosis



AGE AT EPISODE START

Mean: 70

PHASES PER EPISODE

Total Episodes Calculated = 130

2.9

EPISODE LENGTH IN DAYS

Total Episodes Calculated = 152

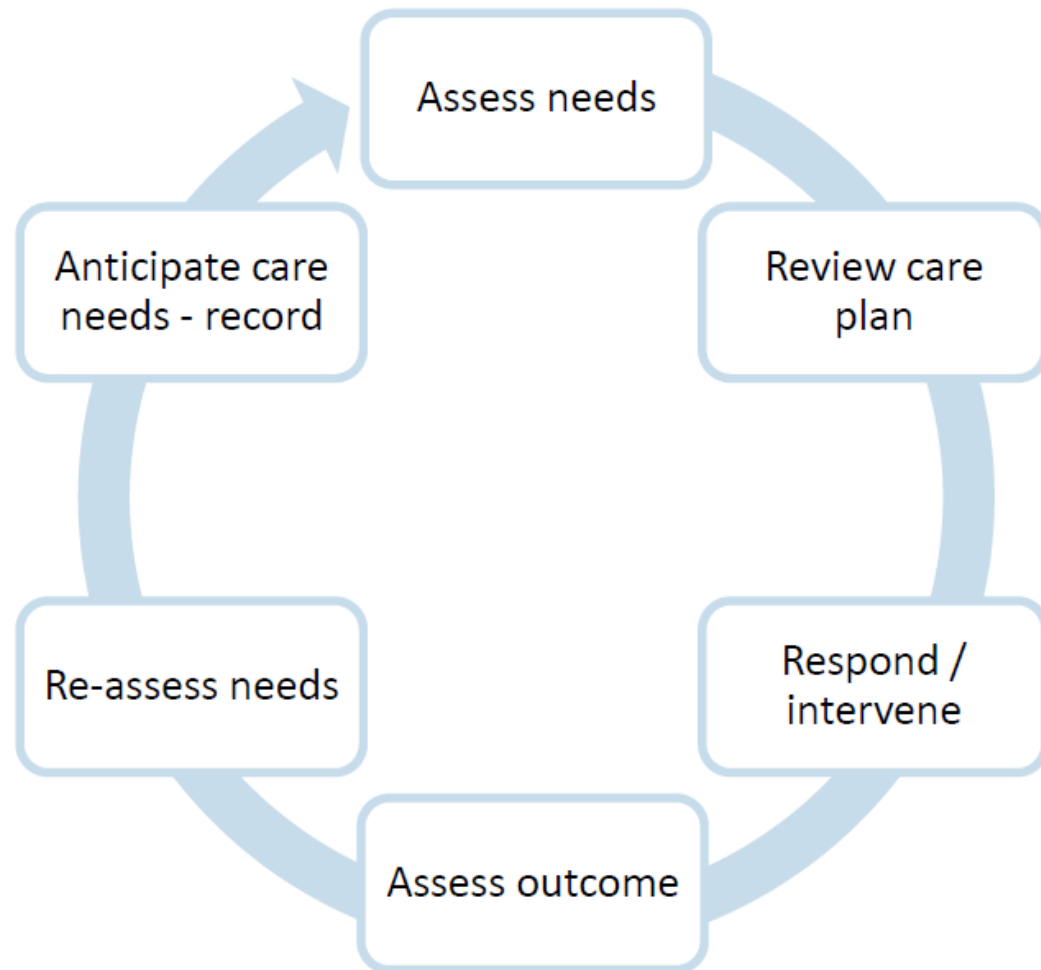
Mean: 29.9

OUR EXPERIENCE

Incorporating PCOC into routine work effective from 1st Jan 2023 has been challenging :

- Team has to learn & practice the clinical language, and ensure correct data is entered into the system. Mandatory 3 SAS scores only due to time constraint.
- Team has to define, and redefine, own guidelines on how we assess patients
 - to be as objective as possible yet recognizing the uniqueness of our local healthcare system and culture. Our system is much less coordinated and transitioning from one place of care to another is fraught with challenges.
- Difficult to score psychological status (patient) & family/carer distress objectively.
- As the system is still new, every report has to be checked for accuracy and consistency.

Figure 1 Assessment and response cycle



Key Message

Use assessment scores & actions to anticipate and respond to identified needs.

Reference: www.uow.edu.au/ahsri/pcoc

It has been a worthwhile process.

- Having standardized tools and measures to assess and monitor the needs of our patients holistically guides the team to deliver holistic care.
- It gives the team a common clinical language to use when we report patient-care to one another.
- It helps in tracking progress of patients and ascertain whether our care plan is effective.
- It gives us an indicator of the quality of our service to allow subsequent comparisons to be made and drive towards improvement.
- It collects data which can help to monitor changing trends and plan to maximise limited resources.
- It can contribute towards a national database.

Patient Outcome Report July-Dec 2023

PATIENT OUTCOMES			
	✓	N	RESULT
Date ready for care to episode start			Incomplete Data = 2
Day of/day after	164	167	98.2%
Time in unstable phase			
Three days or less	1	2	50.0%
Symptoms & problems Anticipatory Care			
Pain PCPSS	260	284	91.5%
Pain SAS	248	274	90.5%
Fatigue	39	53	73.6%
Breathing problems	264	290	91.0%
Family/Carer	205	253	81.0%
Responsive Care			
Pain PCPSS	23	27	85.2%
Pain SAS	28	38	73.7%
Fatigue	2	3	66.7%
Breathing problems	15	22	68.2%
Family/Carer	38	58	65.5%

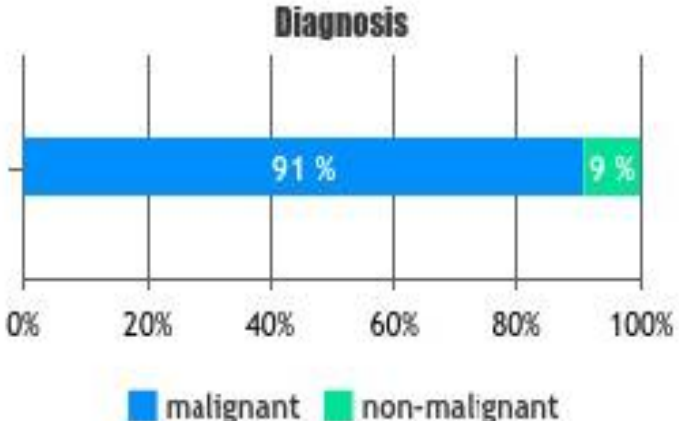
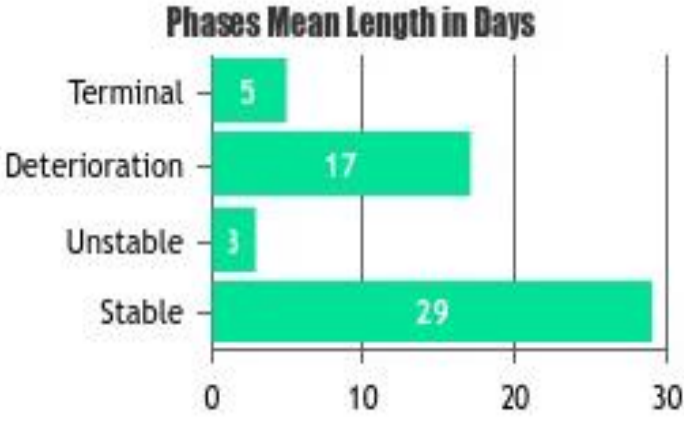
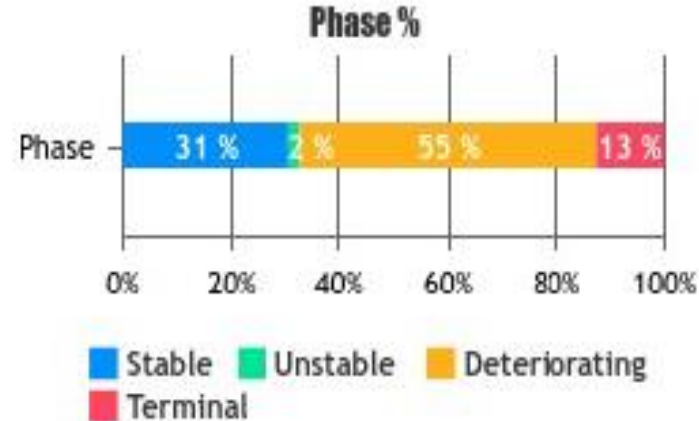
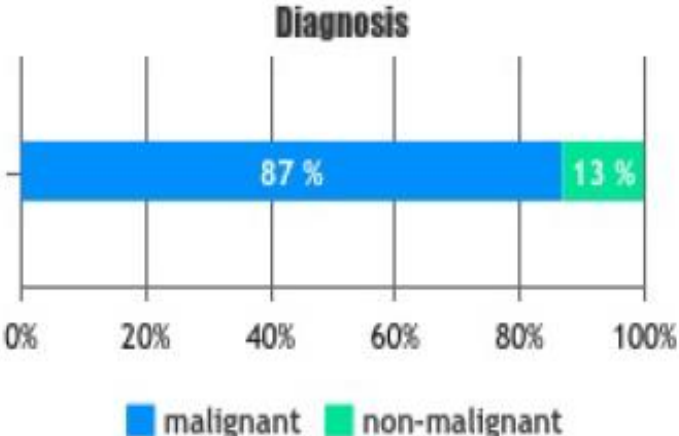
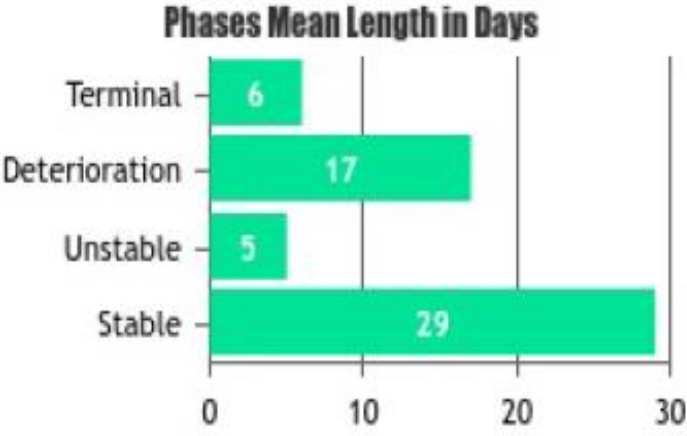
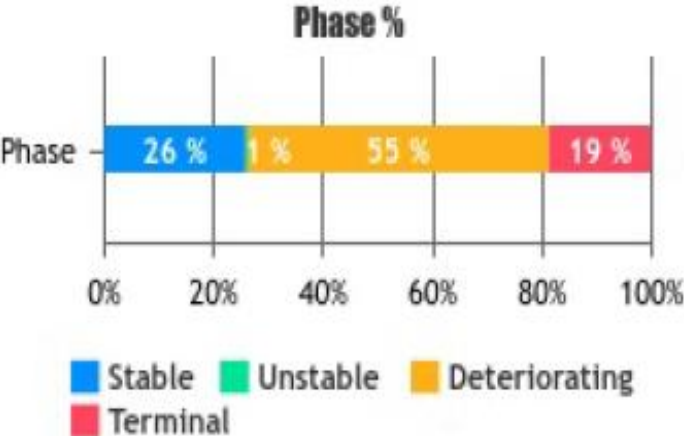
✓ = Positive outcomes N = Total outcomes

Patient Outcome Report Jan-Jun 2024

PATIENT OUTCOMES			
	✓	N	RESULT
Date ready for care to episode start			Incomplete Data = 0
Day of/day after	136	137	99.3%
Time in unstable phase			
Three days or less	7	8	87.5%
Symptoms & problems Anticipatory Care			
Pain PCPSS	232	251	92.4%
Pain SAS	214	235	91.1%
Fatigue	18	35	51.4%
Breathing problems	257	269	95.5%
Family/Carer	232	256	90.6%
Responsive Care			
Pain PCPSS	33	40	82.5%
Pain SAS	31	56	55.4%
Fatigue	1	2	50.0%
Breathing problems	12	22	54.5%
Family/Carer	25	35	71.4%

✓ = Positive outcomes N = Total outcomes

Patient Outcome Report July-Dec 2023



Patient Outcome Report Jan-Jun 2024

Patient Outcome Report July-Dec 2023

SYMPTOMS & PROBLEMS

proportion of moderate / severe scores at episode start



RESULT

Total Episodes Calculated = 169

Clinician rated

Family/carer	39	23.1%
Psychological/spiritual	35	20.7%
Other symptoms	30	17.8%
Pain	22	13.0%

Patient rated

Pain	28	16.6%
Fatigue	3	1.8%
Breathing problems	10	5.9%
Bowel problems	6	3.6%
Nausea	2	1.2%
Appetite problems	3	1.8%
Difficulty sleeping	5	3.0%

Patient Outcome Report Jan-Jun 2024

SYMPTOMS & PROBLEMS

proportion of moderate / severe scores at episode start



RESULT

Total Episodes Calculated = 137

Clinician rated

Family/carer	24	17.5%
Psychological/spiritual	23	16.8%
Other symptoms	42	30.7%
Pain	25	18.2%

Patient rated

Pain	29	21.2%
Fatigue	1	0.7%
Breathing problems	11	8.0%
Bowel problems	13	9.5%
Nausea	1	0.7%
Appetite problems	4	2.9%
Difficulty sleeping	4	2.9%

SUMMARY

PCOC is useful for the Charis Hospice team:

- In delivery of holistic care
- Measurement of our quality & consistency of care
- Tracking changing trends
- Planning for manpower needs
- Networking with others
- Hopefully in the future it can also contribute towards developing a national database. It will be useful to compare our data with other service providers in Malaysia.

