PCOC
palliative care
outcomes collaboration

Showcasing Evidence on Non-Malignant Palliative Care Clients

Janet Taylor, Quality Improvement Facilitator SA ,NT, Tasmania
Sam Allingham, National Data Manager
Sabina Clapham, National Education Manager

Australian Government
Department of Health

PCOC is a national palliative care project funded by the Australian Government Department of Health

www.pcoc.org.au

PCOC data- a source of evidence

Reflect on practice and consider care planning through review of 2014 PCOC data:

- Respiratory disease the most common non-malignant diagnosis in South Australia
- Data will describe client profiles and symptom burden
- A comparison to lung cancer provided

PCOC palliative care outcomes collaboration

About PCOC

West Zone (WA)

CI - Prof Claire Johnson, University of Western Australia

QIF – Tanya Pidgeon

North Zone (QLD)

CI - Prof Patsy Yates, Queensland University of Technology

QIF – Clare Christiansen

National Team

Director - Karen Quinsey

Education Manager – Sabina Clapham

Data Manager / Statisticians – Sam Allingham and Alanna Holloway

Administration Officer – Linda Foskett

South Zone (SA,TAS & NT)

CI – Prof David Currow, Flinders University

QIF – Janet Taylor

Central Zone (NSW, ACT & VIC)

CI – Prof Kathy Eagar, University of Wollongong (Lead)

QIF – Jane Connelly, Gaye Bishop, Felicity Burns

PCOC palliative care outcomes collaboration

About PCOC

The Palliative Care Outcomes Collaboration (PCOC) aims to

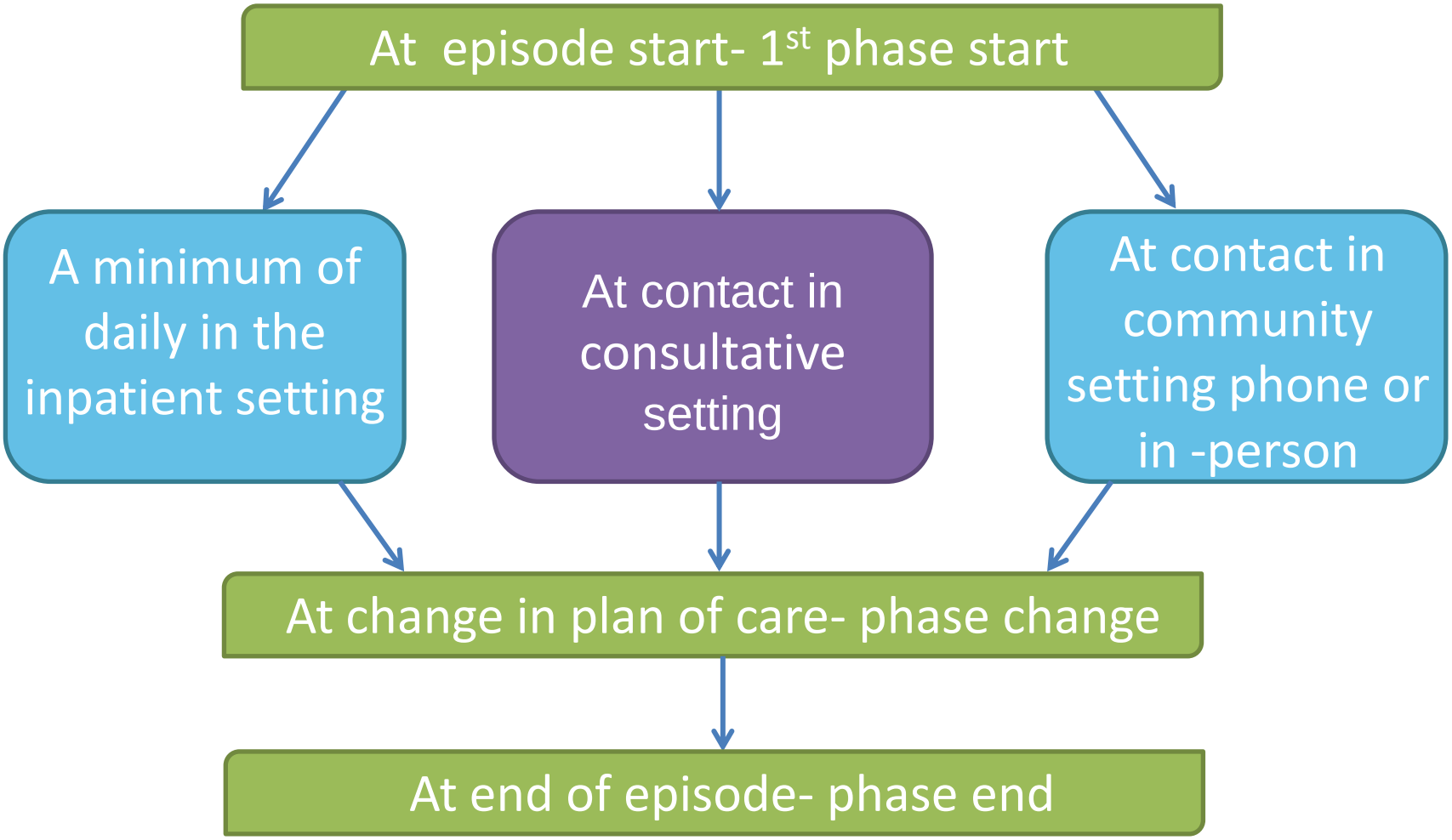
improve patient outcomes

through routine clinical outcome measurement, periodic surveys and benchmarking.

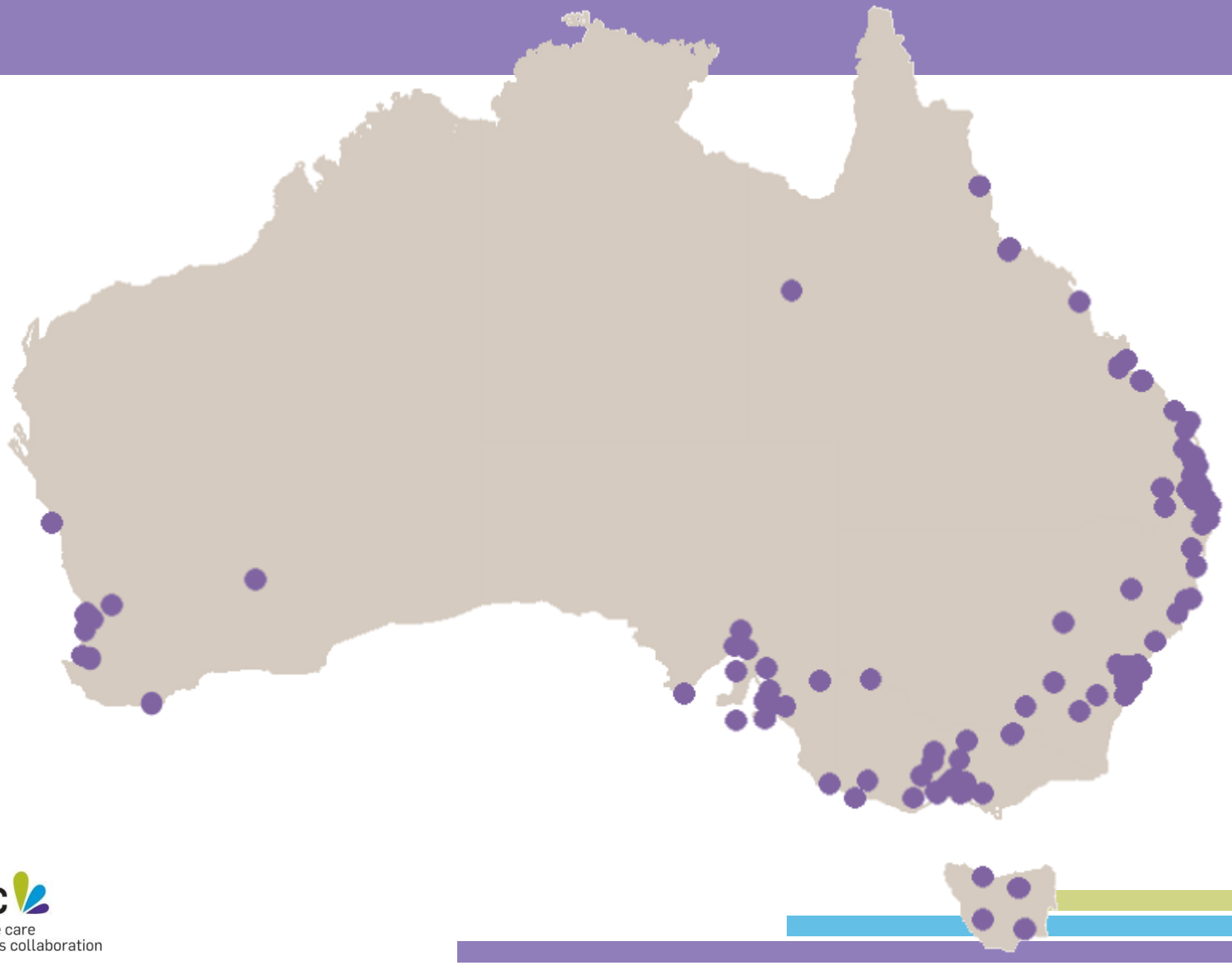
Patient information collected



Patient information collected



All services participating 2006-2014



PCOC
palliative care
outcomes collaboration

Services submitting data for benchmarking

- **Nationally**

  95 services (18 services excluded from benchmarking due to quality control)

  – 53 inpatient services of which 11 are hospital consultative services
  – 27 community services
  – 15 both inpatient and community

- **South Australia**

  13 services (5 services excluded from benchmarking due to quality control)

  - 2 inpatient services
  – 8 community services
  – 3 services with both inpatient and community settings

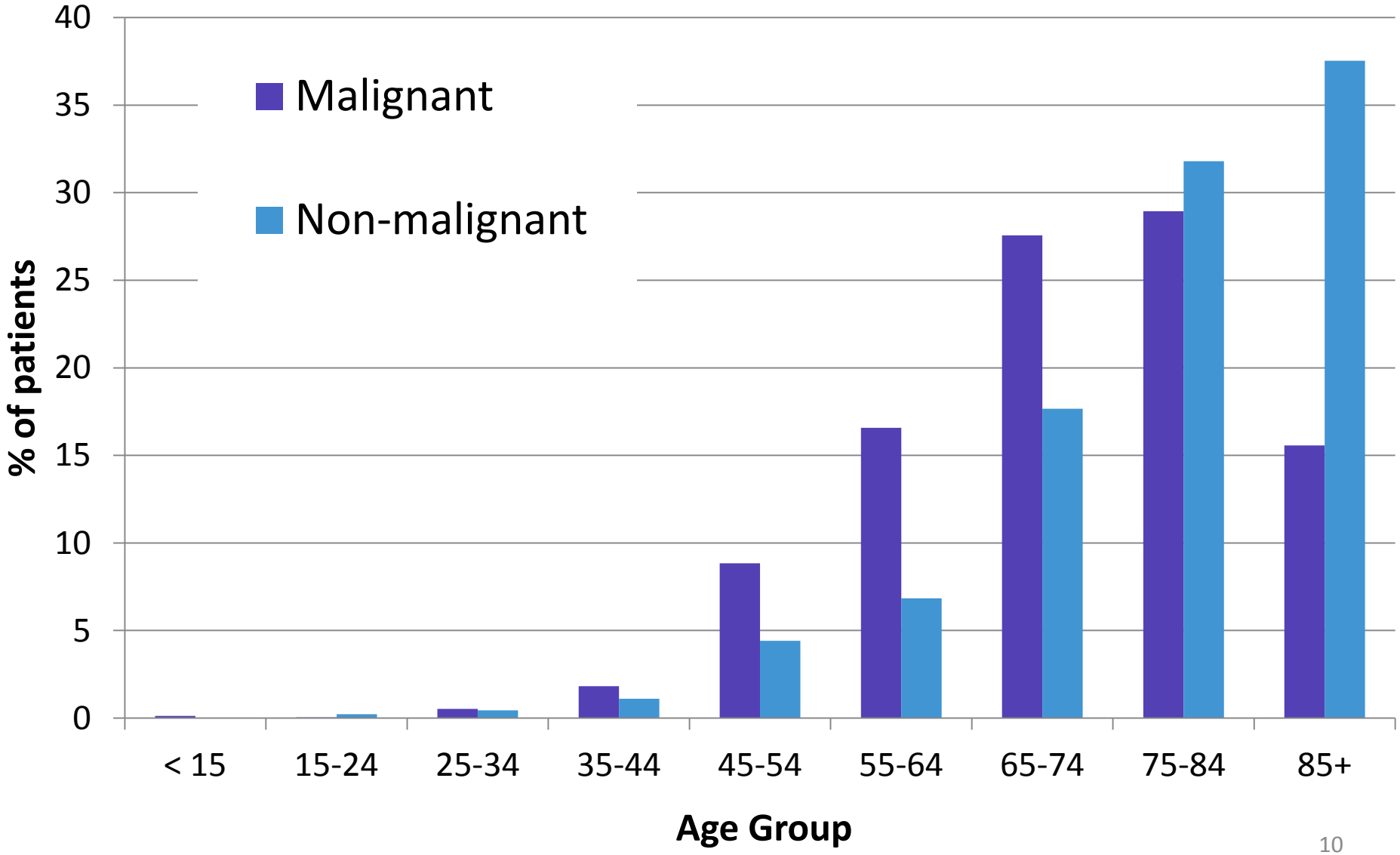
Non- Malignant Diagnosis

Analysis of national data for 2014:

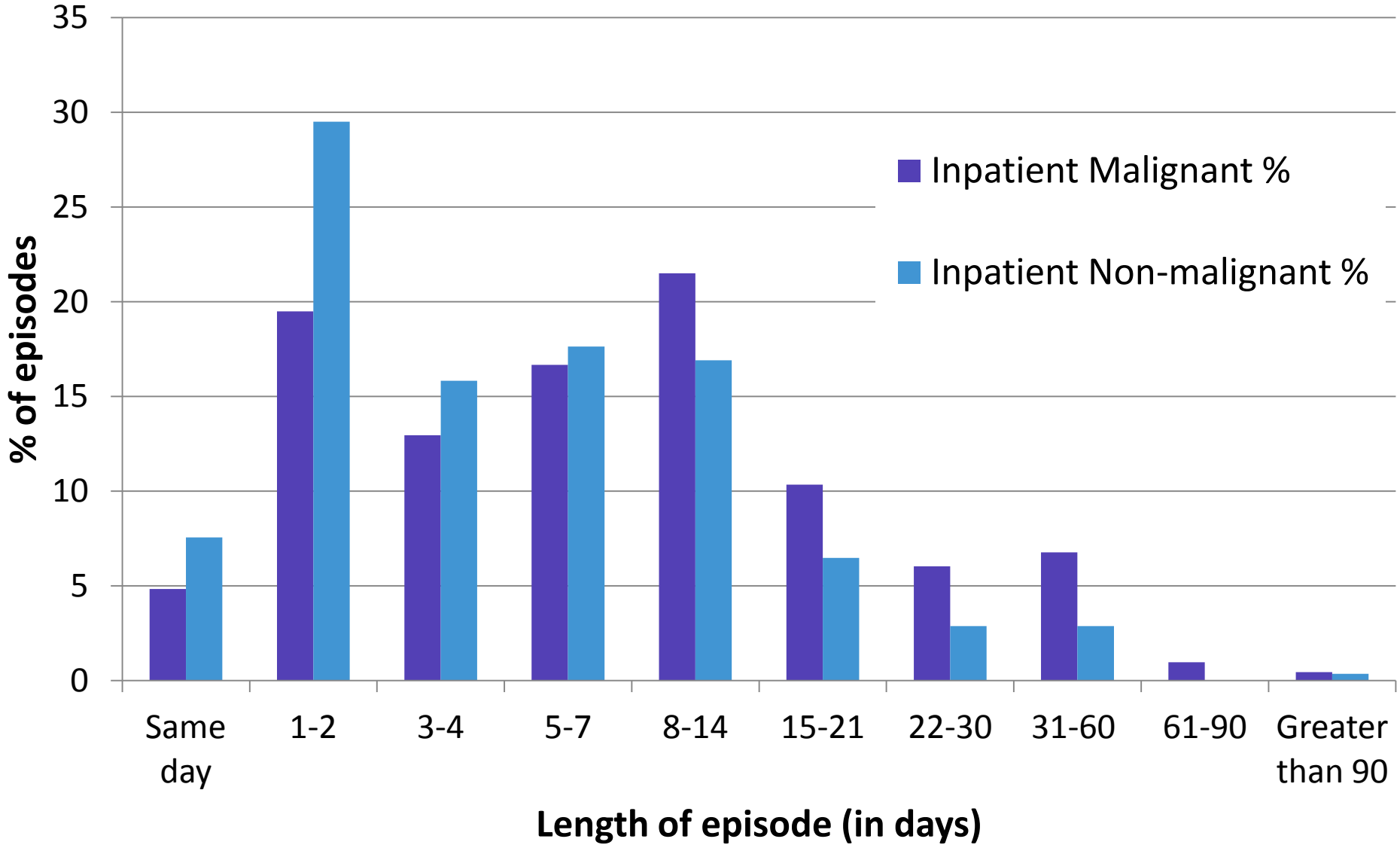
- 23,133 patients malignant diagnosis
- 6,763 non-malignant diagnosis.

In South Australia, respiratory failure is the most common non-malignant diagnosis

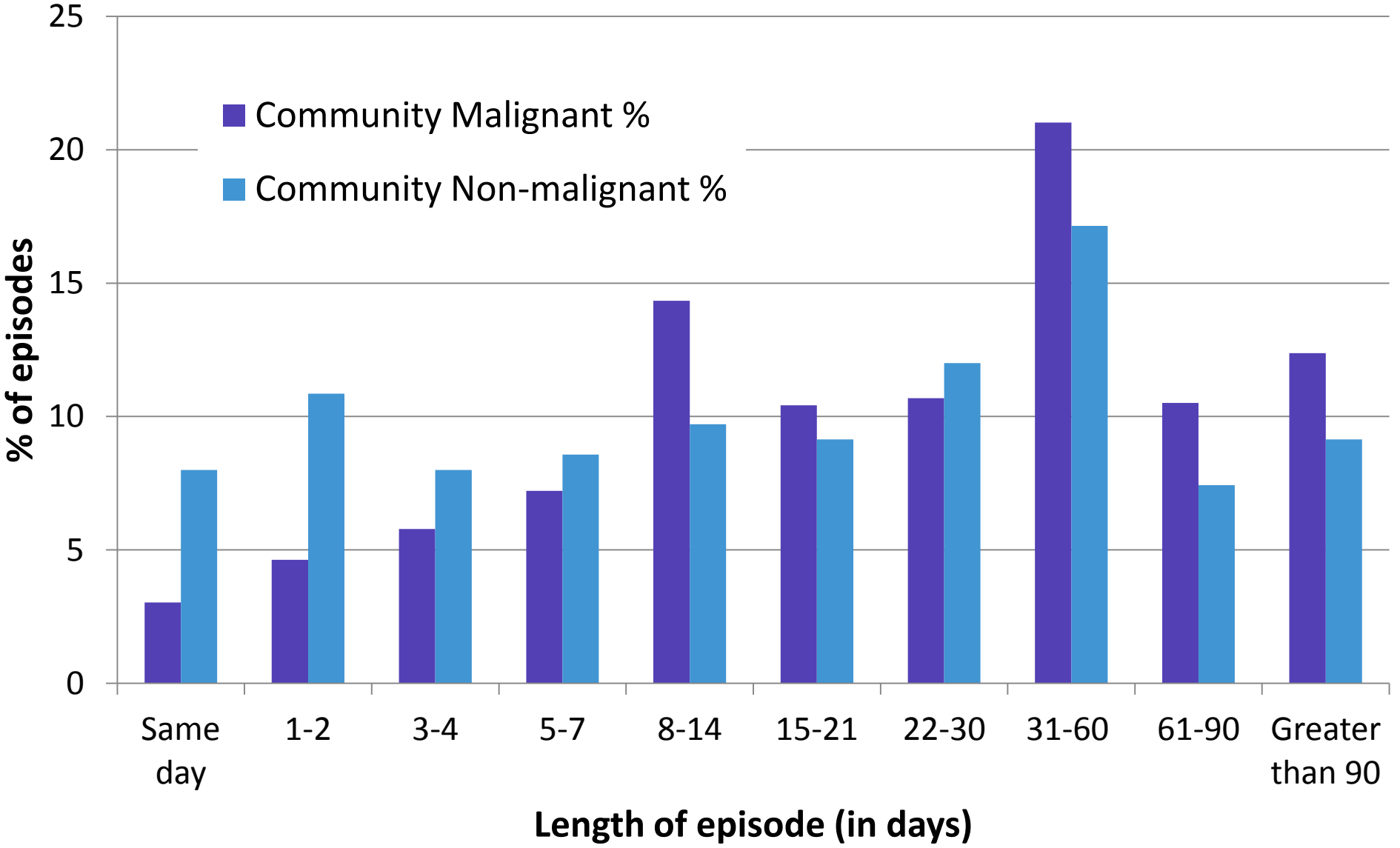
2014 National – Age



2014 National- inpatient length of episode



2014 National- community length of episode

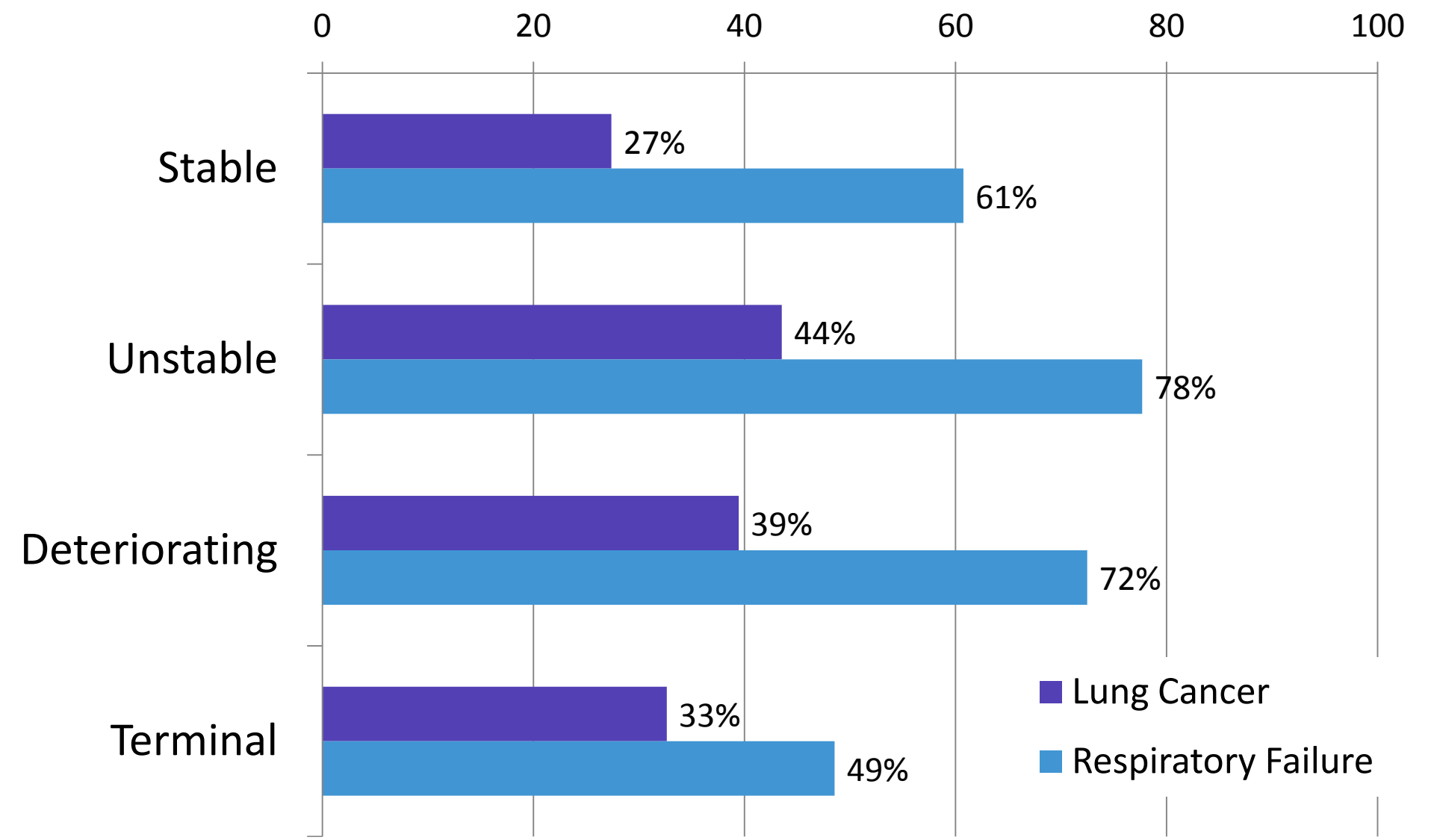


Symptom Burden

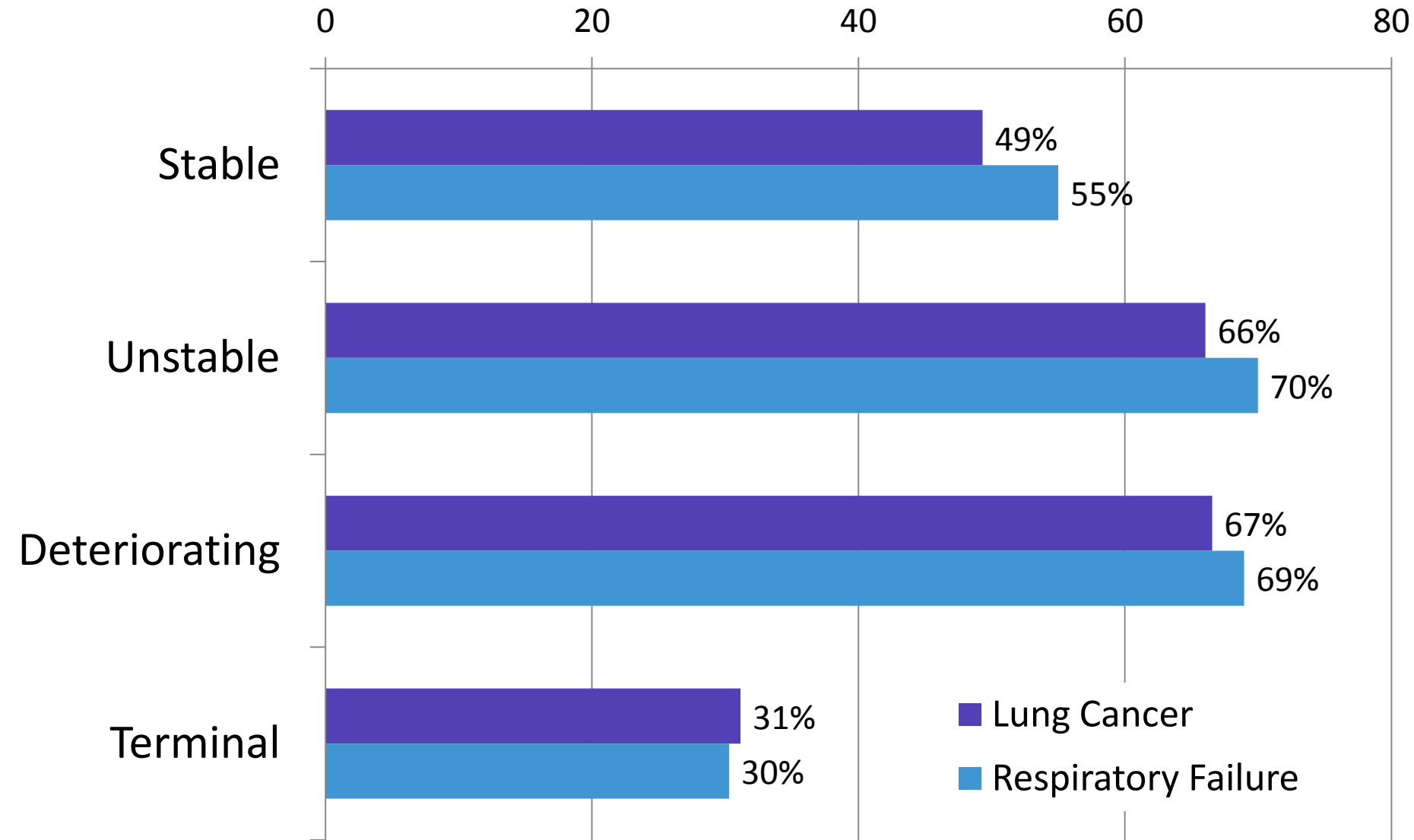
National analysis of symptom burden included:

- 1,142 patients with respiratory failure
- 5,143 lung cancer

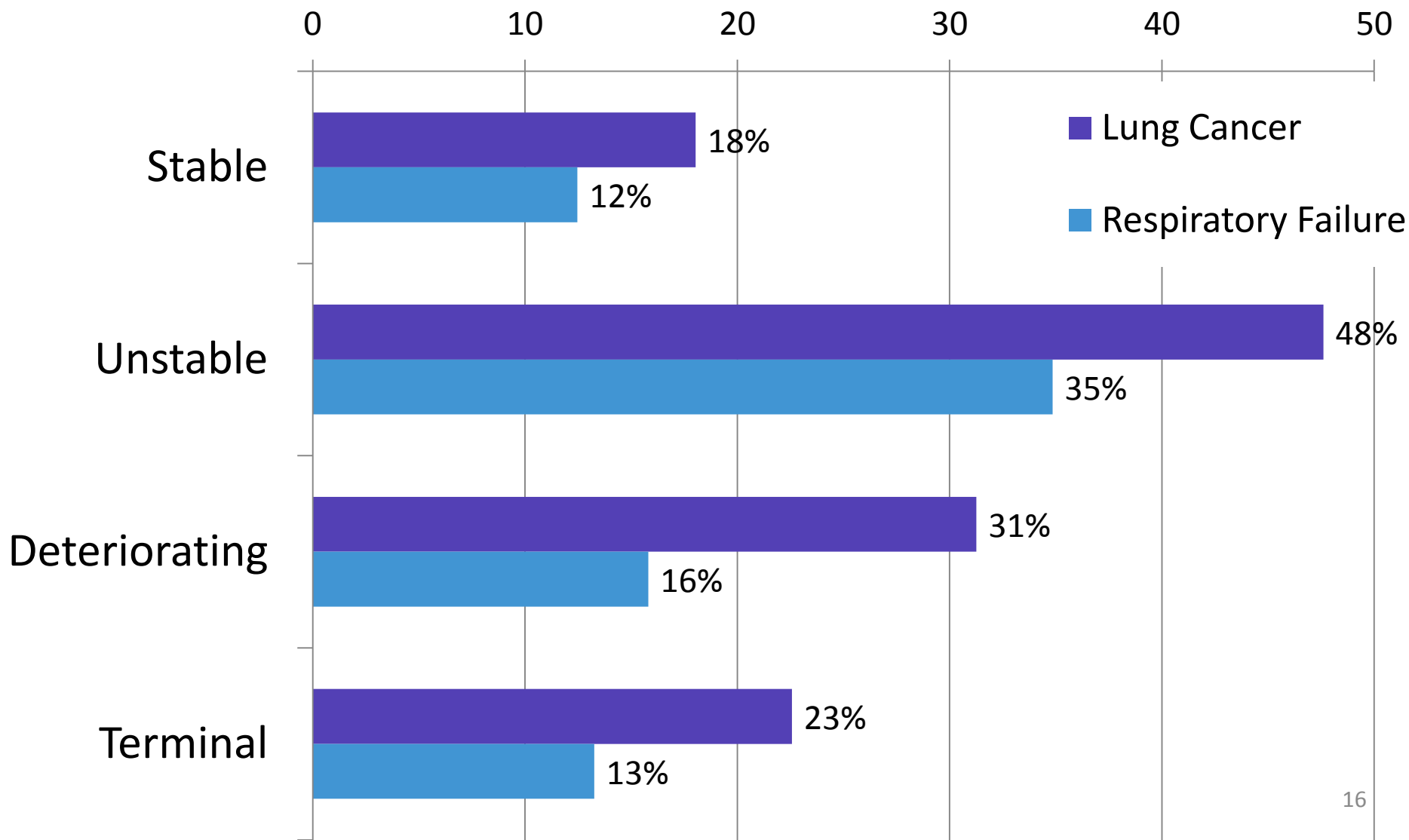
Breathing Problems
% phases beginning moderate - severe



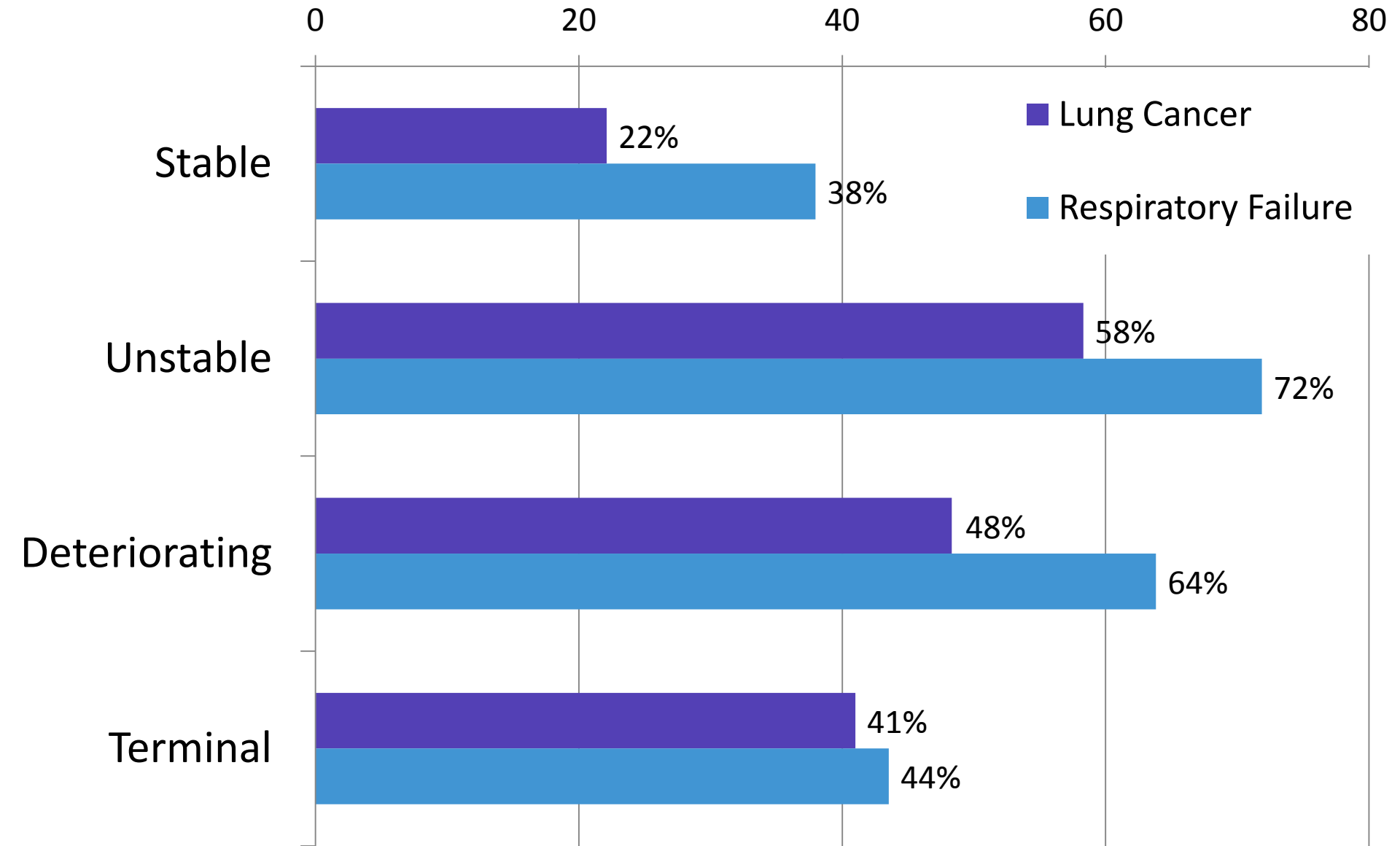
Fatigue (SAS)
% phases beginning moderate - severe



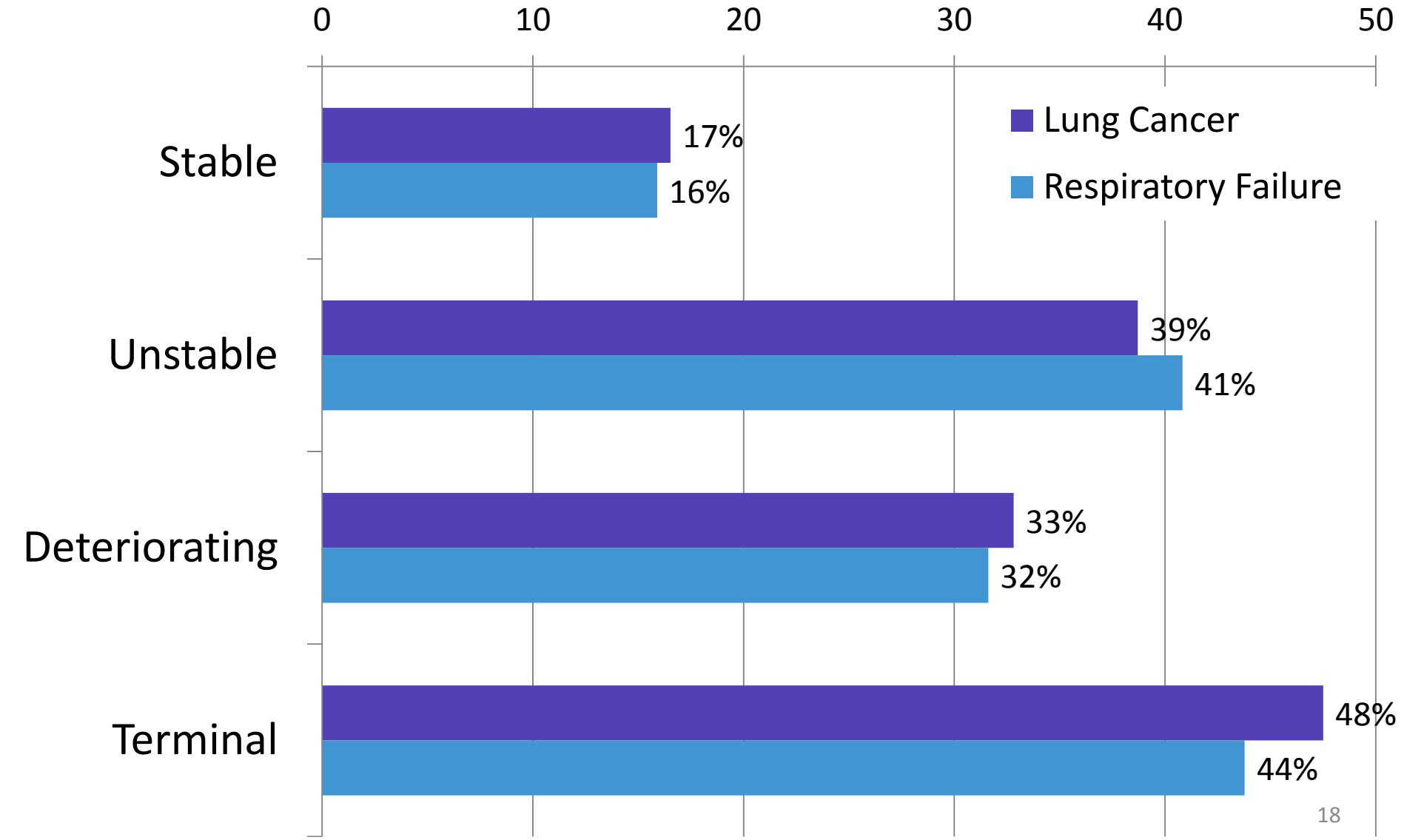
Pain (SAS)
% phases beginning moderate - severe



Other Symptoms (PCPSS)
% of phases beginning moderate - severe



Family / Carer (PCPSS)
% of phases beginning moderate - severe



How episodes end nationally

	Non-Malignant	Malignant
Death	**55.1%**	**39.4%**
Discharge	**44.9%**	**60.6%**

PCOC palliative care outcomes collaboration

Summary

Non-malignant diseases increase with age and have shorter episodes of care that are likely to end in death

Breathlessness and fatigue are the symptom burdens with respiratory failure

Burden for family/carer is the same regardless of diagnosis

PCOC
palliative care outcomes collaboration

PCOC information is used to

Prove Patient Outcomes

Improve Patient Outcomes

PCOC
palliative care
outcomes collaboration

Articles of interest

- Are There Differences in the Prevalence of Palliative Care-Related Problems in People Living with Advanced Cancer and Eight Non-Cancer Conditions? A Systematic Review. Moens K, Higginson J, Harding R. *J of Pain & Symptom Management*, 2014; 48: 660-677.
- Australian health policy and end of life care for people with chronic disease: An analysis. Burgess T, Braunack-Mayer A, Crawford GB, Beilby J. *Health Policy ,* 2014; 115: 60-67.
- Characteristics of episodic breathlessness as reported by patients with advanced chronic obstructive pulmonary disease and lung cancer: Results of a descriptive cohort study. Weingartner V, Scheve C, Gerdes et al. *Palliative Medicine,* 2015, 29(5): 420-428.
- Management of Refractory Dyspnoea: Evidence –Based Interventions. Davidson PM, Currow DC. *Cancer Forum,* 2010; 34(2).
- Understanding the experience of patients with chronic obstructive pulmonary disease who access specialist palliative care: A qualitative study. Hayle C, Coventry PA, Gomm S, Caress A. *Palliative Medicine,* 2013; 27(9): 861-868.

PCOC
palliative care
outcomes collaboration

Thank you

Australian Government
Department of Health

PCOC is a national palliative care project funded by the Australian Government Department of Health

www.pcoc.org.au