SA Palliative Care State Conference

Taking PCOC “Abroad”

Yorke and Lower North Health Service

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Government of South Australia

SA Health

Presentation Content

- Our service and background - Why we chose to use PCOC Assessment tools
- Benefits /service improvements
- Patient outcomes / Data set
- Challenges

Our service…

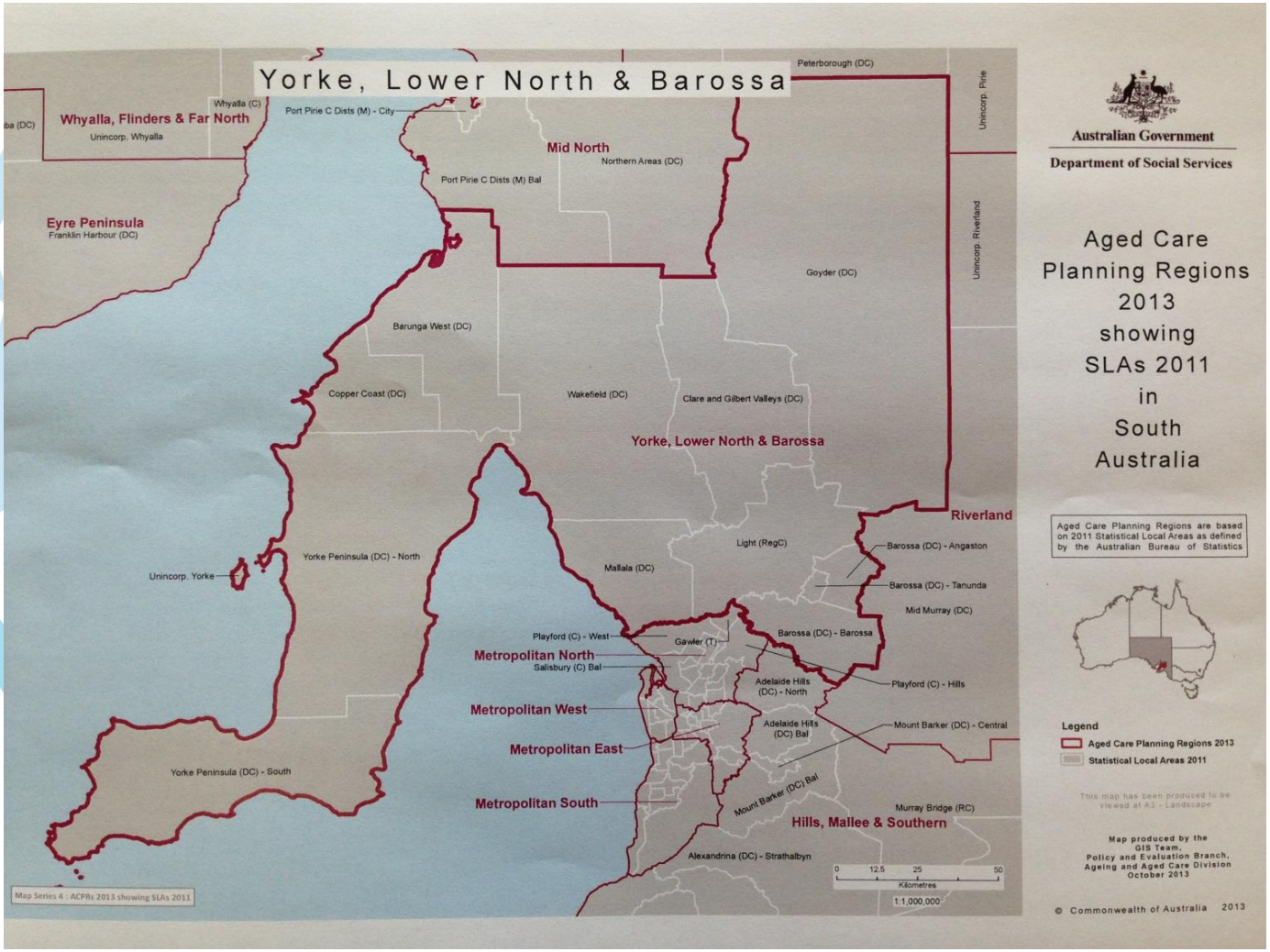
- We are a primary health care service provider in a rural community.







Our service area…



Background

- PCOC tools are typically used by Specialist Palliative Care units not Primary Health Care providers
- We are described as a ‘level 2’ Palliative Care service in South Australia with 1.8FTE of Palliative Care Coordinators for a population of 47,000 people.
- Community Health Nurses are our primary providers of Palliative Care in our service area: We have taken PCOC tools ‘abroad’ into the domain of generalist nursing.

Why we chose to use PCOC assessment tools?

- Assessment specific to palliative clients, Clinician *and* client rated
  - No standardised tools in use prior to PCOC
- Create a Quality Improvement culture to improve palliative clients and their families health care outcomes
  - PCOC is part of the feedback loop for information pertaining to clinical outcomes

Service Improvements

- Create consistent language within the team, improve symptom management and appropriate escalation of issues to Specialist Service (Palliative Care Coordinators as well as metro / level 6 service providers)
  - The coordination of client care has improved - Efficiency / time management / case management

- Model: continuum of coordinated care from primary health care provider to specialist service provider.
  - Has changed philosophy of the broader team – Palliative Care is every ones business with a shared care approach between Community Health Nurses and Palliative Care Coordinators

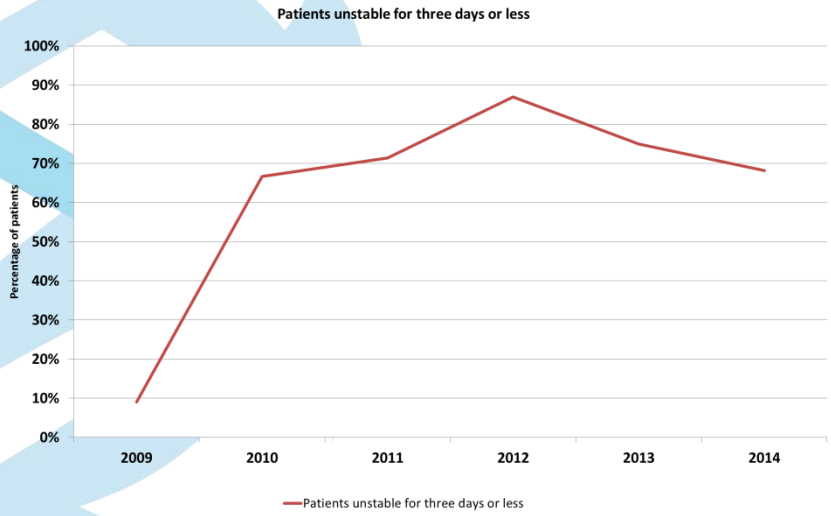
Service Improvements

- Effective point of care assessment enables timely escalation of symptom management
  - Has empowered Community Health Nurses to assess and with mentoring enable them to manage more complex unstable phase symptoms .

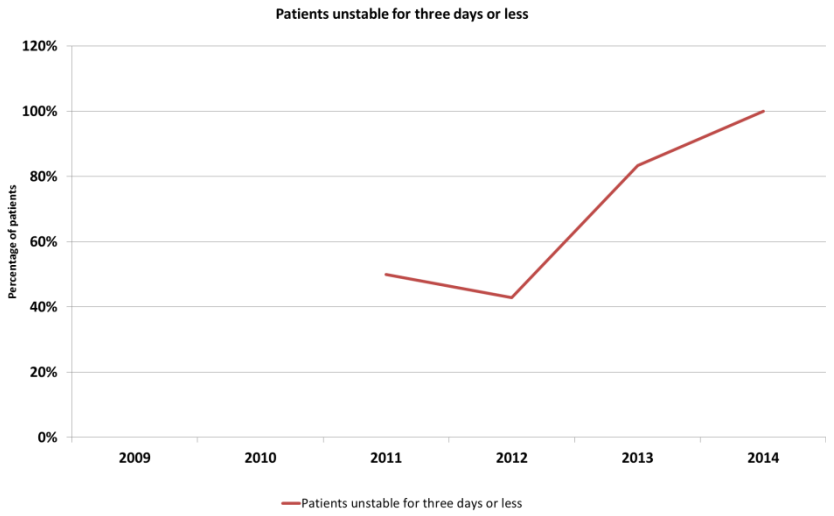
- Recognises areas of good / excellent practice and areas of improvement and development
  - Gaps in service can be identified – Problem Severity Score [PSS] in family carer data set – limited Social work / grief and loss / bereavement counselling access.

Data set
Patient Outcomes: Unstable phase management

Yorke Peninsula – Unstable phase for three days or less

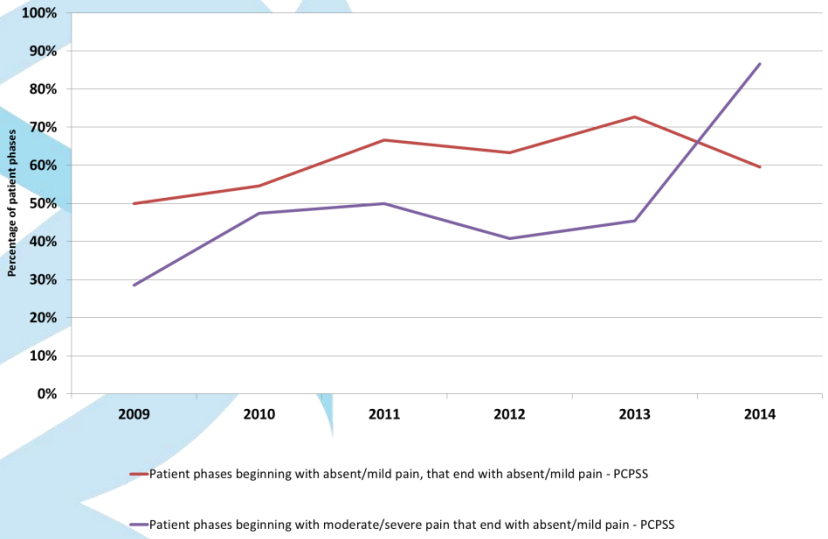


Lower North – Unstable phase for three days or less

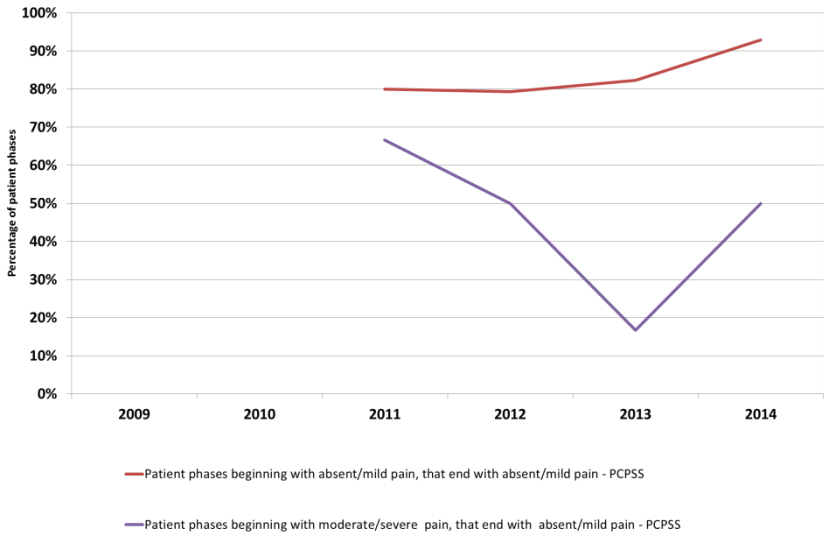


Data set
Patient Outcomes: Change in pain

Yorke Peninsula – PCPSS – change in pain

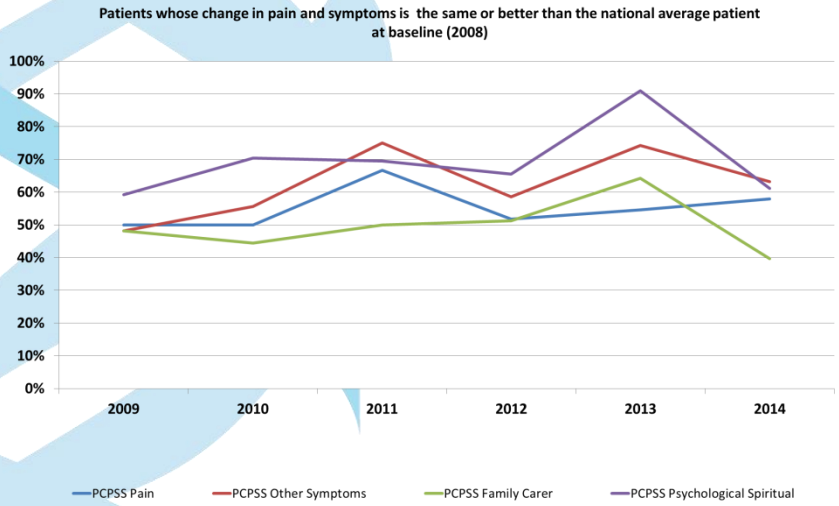


Lower North – PCPSS – change in pain

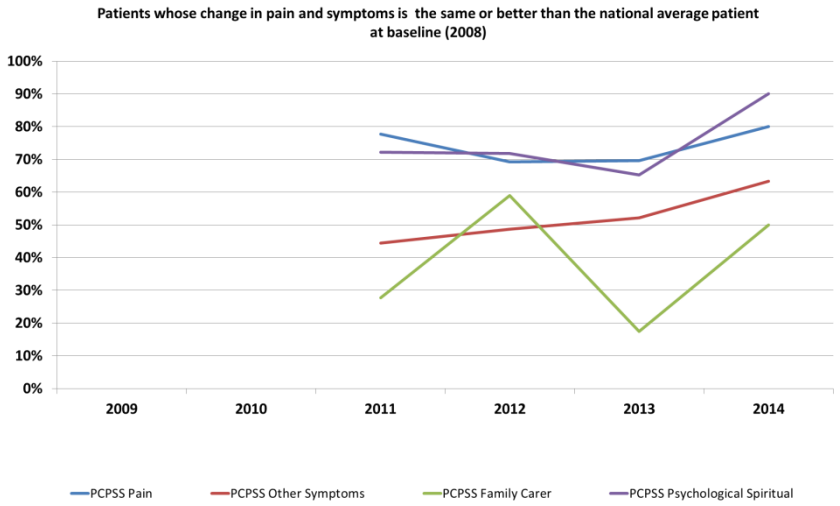


Data set
Patient Outcomes:

Yorke Peninsula – Patients whose pain and symptoms were the same or better than the national average patient at baseline (2008)



Lower North – Patients whose pain and symptoms were the same or better than the national average patient at baseline (2008)



Challenges

- Data quality –
  - Understanding the data – context in time / ‘Small’ data sets
  - Understanding the reports – plotting trends not absolute figures
  - Correct entry via CCCME
  - New staff in small teams units (2-3 nurses per site), GP practices – small data sets result in significant impact on results and greater variation is noted in reports.

- Competing priorities for generalist providers – seen as extra initially – benefits in time.

Challenges

- Selected service providers not accessible or limited access that impact on outcomes for clients – i.e. limited counselling for carers / families – this PSS score stable / no improvement.
  - Developing business cases for service improvements and resource implications

- Right people in right places – leadership, mentoring integral to success in implementation and ongoing engagement.

Open Session

- Q&A – time permitting.



Additional information Appendixes

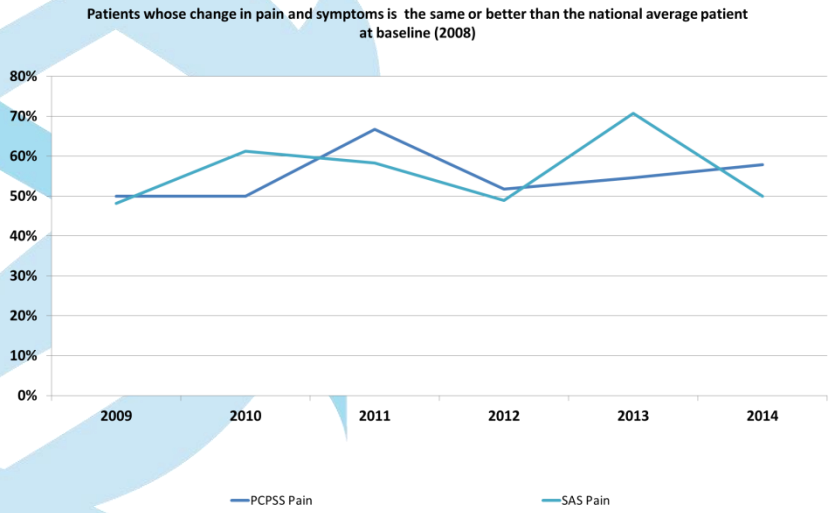
- Additional information – not part of presentation due to 10 minute duration

Appendix 1
How did we implement into service model:

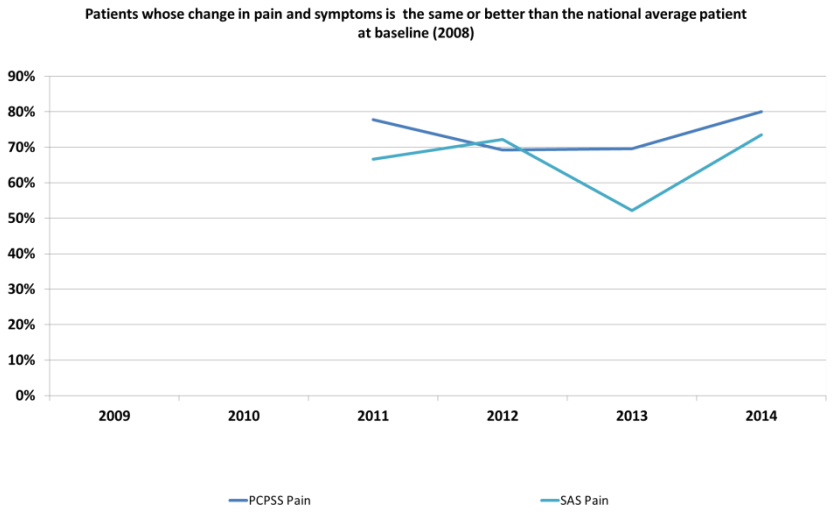
- Attendance at PCOC workshops by key leads
- Initial 6 month trial period where only Pall Care Coordinators collected PCOC,
- Facilitated and encouraged team to attend workshops,
- Fortnightly phone case conference discussing patient scores.
- Site visits talking about tools and inputting.
- Pall Care Coordinator available by phone prn for ‘trouble shooting’
- Site visits by QIF Janet Taylor and 6 monthly report feedback sessions for all team to attend

Appendix
Patient Outcomes: The challenges – part 3

Yorke Peninsula – Patients who's change in pain was the same or better than the national average patient at baseline (2008)

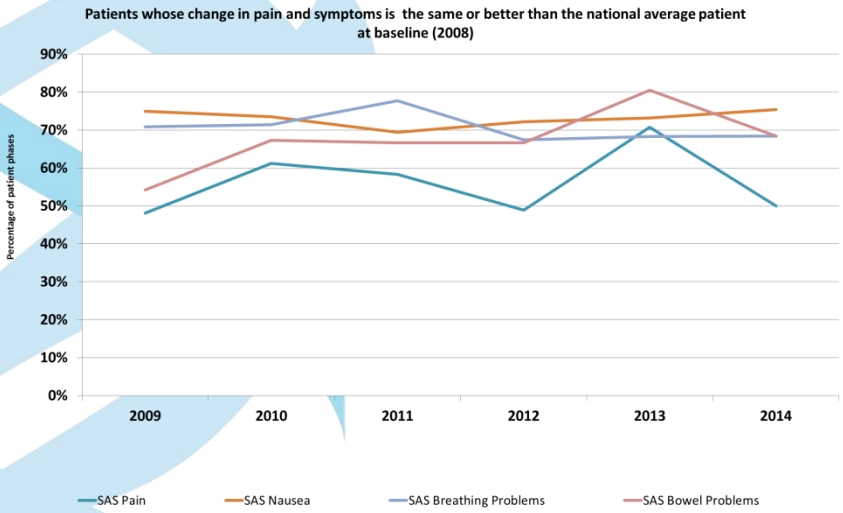


Lower North – Patients who's change in pain was the same or better than the national average patient at baseline (2008)

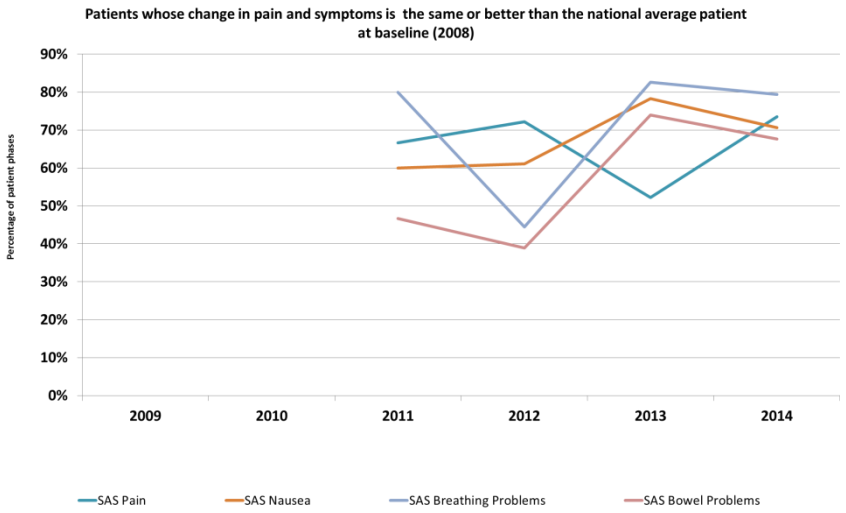


Appendix
Patient Outcomes: The challenges – part 4

Yorke Peninsula – SAS Symptoms

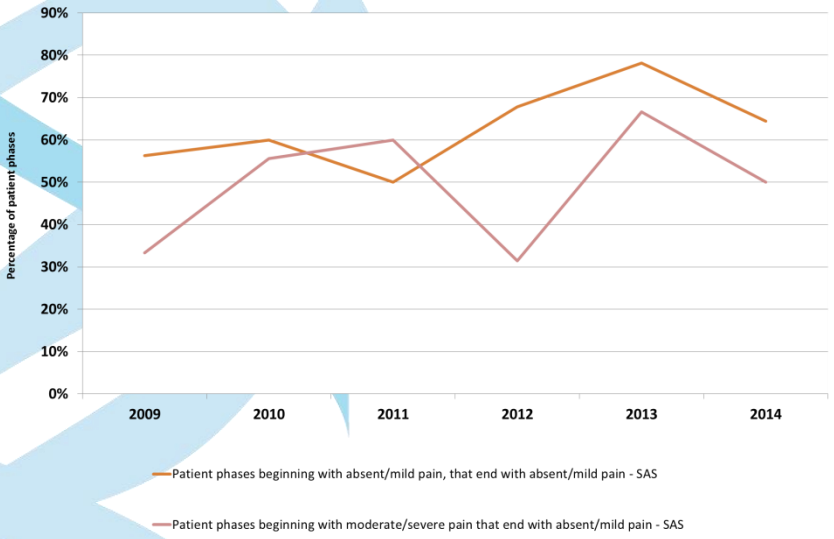


Lower North – SAS Symptoms

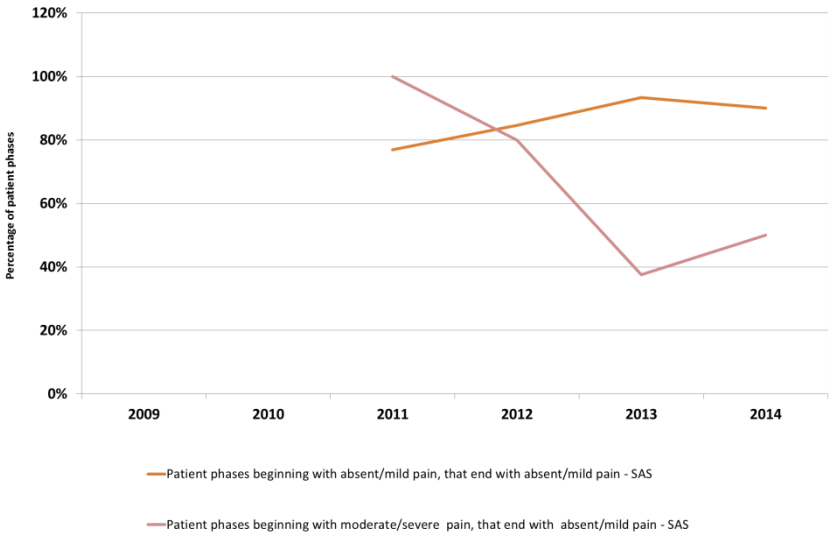


Appendix
Patient Outcomes: The challenges – part 5

Yorke Peninsula – SAS change in pain

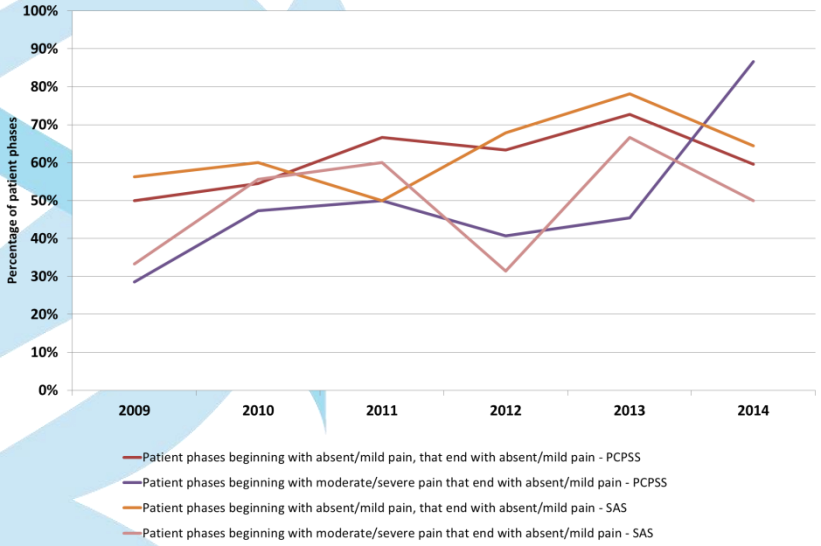


Lower North – SAS change in pain

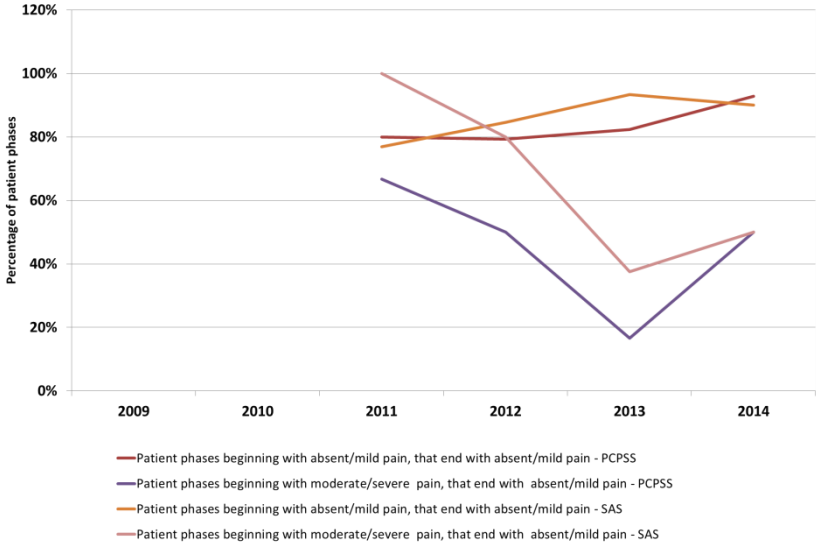


Appendix
Patient Outcomes: The challenges – part 6

Yorke Peninsula – All change in pain



Lower North – All change in pain





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