PCOC palliative care outcomes collaboration

Quality Improvement Activity

Project Title: Palevator – Lifting palliative care practice (Stage 1)

Service Name: Wauchope District Memorial Service

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Benchmarks or focus areas: Case-mix adjusted outcomes

Problem

Wauchope District Memorial Hospital (WDMH) is a small hospital located in Wauchope, New South Wales. The hospital has an 18 inpatient beds and an 8-bed palliative care unit (PCU) providing care for approximately 115 patients over a six-month period. The WDMH PCU assists patients with malignant and chronic diseases achieve symptom control, improved quality of life and provides quality care at the end of life.

In 2014, WDMH PCU began national benchmarking with PCOC. PCOC data reports from 2014 demonstrated five of the eight case-mix adjusted outcomes measured below benchmark, indicating patient's symptoms were not managed as well as similar patients in the reference period.

WDMH developed the 'Palevator' project with the aim to improve PCU patient symptom management and achieve benchmarks in all case-mix adjusted outcomes within twelve months.

PCOC evidence

PCOC benchmarks include a set of case mix adjusted outcomes. This measure allows services to compare the change in symptom score for similar patients i.e. patients in the same phase who started with the same level of symptom. The Jan – July 2014 PCOC data report showed that WDMH PCU measured below benchmarks for PCSPSS (clinician rated) other symptoms, family/carer and psychological/spiritual outcomes and SAS (patient rated) breathing and bowels outcomes, as shown in figure 1.

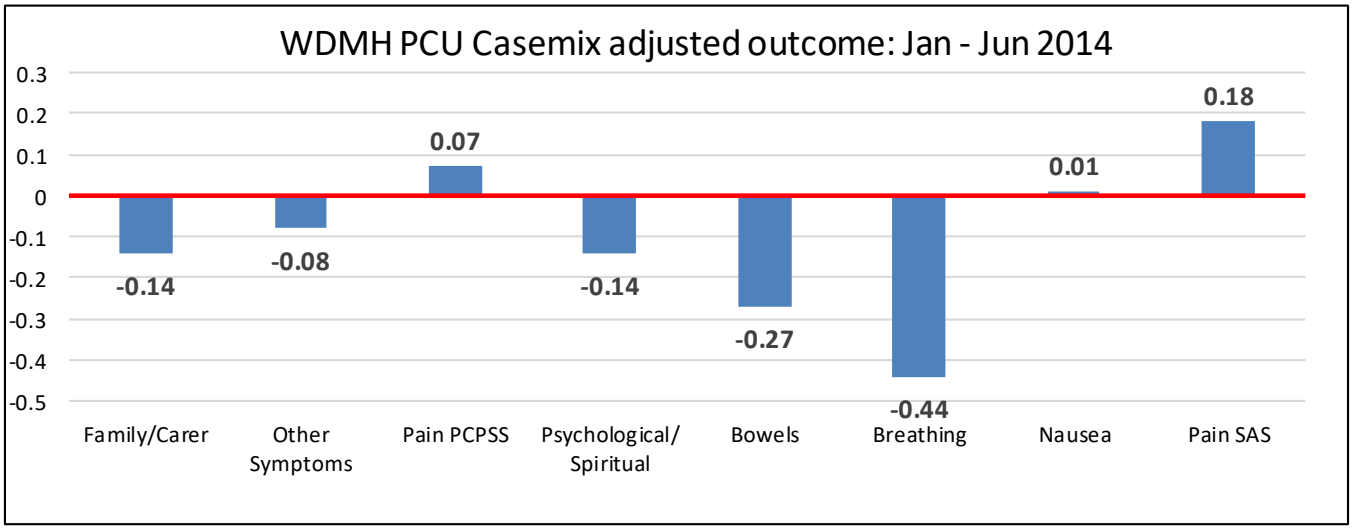


Figure 1. WDMH PCU Case-mix adjusted outcomes Jan – Jun 2014

Timeframe

The Palevator project is an ongoing project to help improve PCU patient symptom management. The interventions described in this activity occurred between October 2015 and March 2016.

Staff involved

All WDMH PCU MDT were involved in the project. This included:

- Nurse Unit Management
- Clinical Nurse Educator
- Ward Clerk
- PCU Nursing staff
- Social Worker
- Physiotherapist
- Dietitian
- Occupational Therapist

Interventions and processes

The first stage of the Palevator project involved embedding PCOC systematically through incorporating PCOC into existing processes, introducing orientation and ongoing education, and developing mechanisms by which the MDT could collaboratively review, analyse and use PCOC data to drive quality improvement.

Incorporating PCOC assessments into existing processes

- At admission: Use of the Symptom Assessment Scale (SAS) allows patients/carers to set their own goals of care in the first instance, driving value-based health care and improved outcomes.
- At clinical handover: Common language provides the oncoming team with an accurate impression of the patient's progress and care needs. When possible the patient/carer is a part of the clinical handover.
- At MDT meetings: Use of phase allows for prioritisation of patients and tools enhance communication between disciplines.

Orientation and education interventions

- Orientation: Development of an orientation package targeted at all disciplines and Incorporation of fundamental PCOC principles into existing palliative care learning packages
- PCOC huddle: Initiation of a PCOC huddle to review both symptoms and care when staff have queries or are uncertain
- Mentorship: On-the-spot training to reinforce PCOC as a common language and provide real-time feedback on assessing and responding to patient needs
- Symptom specific in-service: Regular formal training opportunities and development of education plan to improve understanding of palliative symptomology and associated management including the use of real-life case reviews.
- PCOC workshops: Attendance at PCOC's jurisdictional and national workshops

Mechanisms to facilitate quality improvement using PCOC data

- Audit: Prospective audit of data entry anomalies and feedback to staff to address
- Report Feedback: Use of a post report template to help identify focus areas for quality improvement (See appendix D). Information discussed and action plan developed through MDT meetings and meeting with WDMH Executive.
- Case Review: Team review of selected cases for review and auditing, based on PCOC supplementary data

New Guide developed

WDMH developed the 'Palliative Care Emergencies and End of Life Standing Orders Guideline' (See Appendix E) in conjunction with the after-hours management liaison, Port Macquarie Base Hospital (PMBH) Registrar. This has empowered and enabled nursing staff to manage unstable, deteriorating or terminal patient's conditions in line with best practice during periods of limited medical coverage.

Survey of staff

WDMH surveyed staff to identify the impact of the 'Palliative Care Emergencies and End of Life Standing Orders Guidelines' on staff satisfaction and support provided in the process for contacting and obtaining advice from the Medical officers after hours. WDMH staff were asked to provide a response and rate:

- Satisfaction, by answering 'Satisfied' or not 'Not satisfied', in regards to the process for contacting the medical officer after hours
- Level of support provided, by indicating 'Yes I feel supported' or 'No I do not feel supported', in regards to the process of obtaining advice from Medical Officer after hours.

Results

Results of the project on case-mix adjusted outcomes

The first stage of the Palevator project resulted in improvements in all case-mix adjusted outcomes over time, indicating that patient outcomes at WDMH are on average better than similar patients in the reference period. Case-mix adjusted outcomes for the Jul –Dec 2016 period improved significantly across all domains compared to Jan –Jun 2014, as shown in Figure 2.

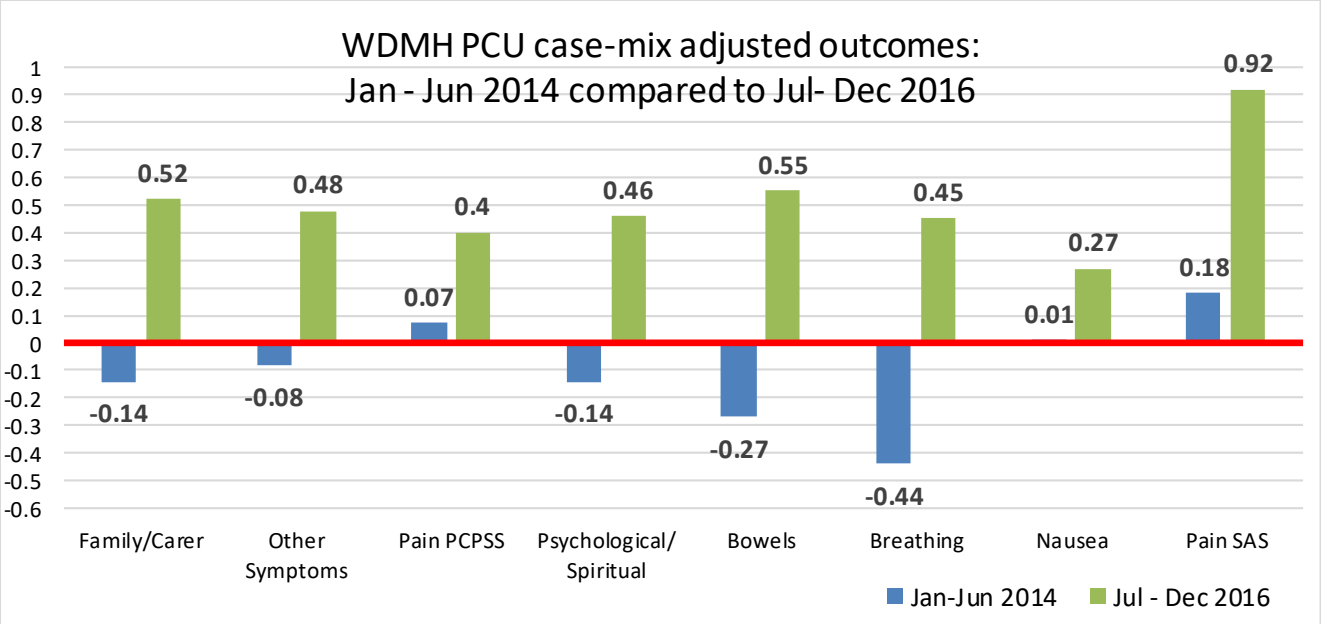


Figure 2: WDMH PCU case-mix adjusted outcomes: Jan - Jun 2014 compared to Jul- Dec 2016

In the July – Dec 2015 reporting period, WDMH met all the case-mix adjusted benchmarks for the first time and has maintained this achievement, as shown in table 1.

Table 1: PCOC Benchmark 4.4: Case-mix adjusted outcomes

Symptom/ Problem		2014		2015		2016	
		Jan-Jun	Jul-Dec	Jan – Jun	Jul – Dec	Jan – Jun	Jul - Dec
Clinician rated (PCPSS)	Family/Carer	-0.14	-0.18	0.02	0.34	0.38	0.52
	Other Symptoms	-0.08	-0.13	0.1	0.33	0.43	0.48
	Pain PCPSS	0.07	0.05	0.12	0.22	0.34	0.40
	Psychological/Spiritual	-0.14	-0.09	-0.01	0.35	0.40	0.46
Patient rated (SAS)	Bowels	-0.27	0.30	0.26	0.36	0.48	0.55
	Breathing	-0.44	0.11	0.44	0.34	0.67	0.45
	Nausea	0.01	0.12	0.08	0.08	0.25	0.27
	Pain SAS	0.18	0.26	0.50	0.48	0.95	0.92

Additionally, since July 2015 WDMH PCU case-mix adjusted outcomes have been greater than the national average for all case-mix adjusted outcomes, with the exception of nausea (Appendix F).

Result of the intervention on service delivery/organisation

Implementation of the 'Palliative Care Emergencies and End of Life Standing Orders Guideline' resulted in:

- Reduced ambulance transfers from the PCU to PMBH for unstable or deteriorating patients, resulting in ongoing cost savings, see appendix F - figure C for pre and post survey results.
- Improved staff satisfaction and support with process for contacting medical officer after hours, see appendix F – Figure D and E for pre and post survey results.
- Improved confidence as a result of education, guidelines and clear emergency management processes
  "Before the project I felt stranded and vulnerable without medical support whereas now I am confident I can provide the appropriate care required when needed".

Anecdotally, the project has resulted in the following improvements:

- Improved communication:
  - across the MDT allowing timely and accurate referrals within team and identification of patient/carer status and progress
  - between PMBH and WDMH PCU through the development of guidelines for contacting PMBH after hours and education for PMBH Medical Officers
- Improved responsiveness to unstable and deteriorating patients as a result of improved after hrs care
- Improved patient/carer experiences

Outcome

The first stage of the Palevator project identified that bolting-on to existing processes, introducing orientation, providing ongoing education, and developing a mechanism to support meaningful feedback on palliative care outcomes are integral to drive improvements in patient/carer outcomes.

The team-based approach utilised at WDMH PCU has resulted in the routine use of PCOC to assess patient/carer needs, develop care plans, communicate needs across disciplines and facilitate quality improvement, resulting in the consistent achievement of positive patient outcomes that exceed national benchmarks.

Outputs

The Palevator project involved numerous outputs including the development of resources, guidelines and examples of auditing activities. The following have been included as appendices:

- Orientation package
- Education plan
- Example of Audit
- PCOC post report template (See appendix D)
- Palliative Care Emergencies and End of Life Standing Orders Guideline (See Appendix E)

Appendix F: Trends in WDMH PCU Case-mix adjusted outcome over time

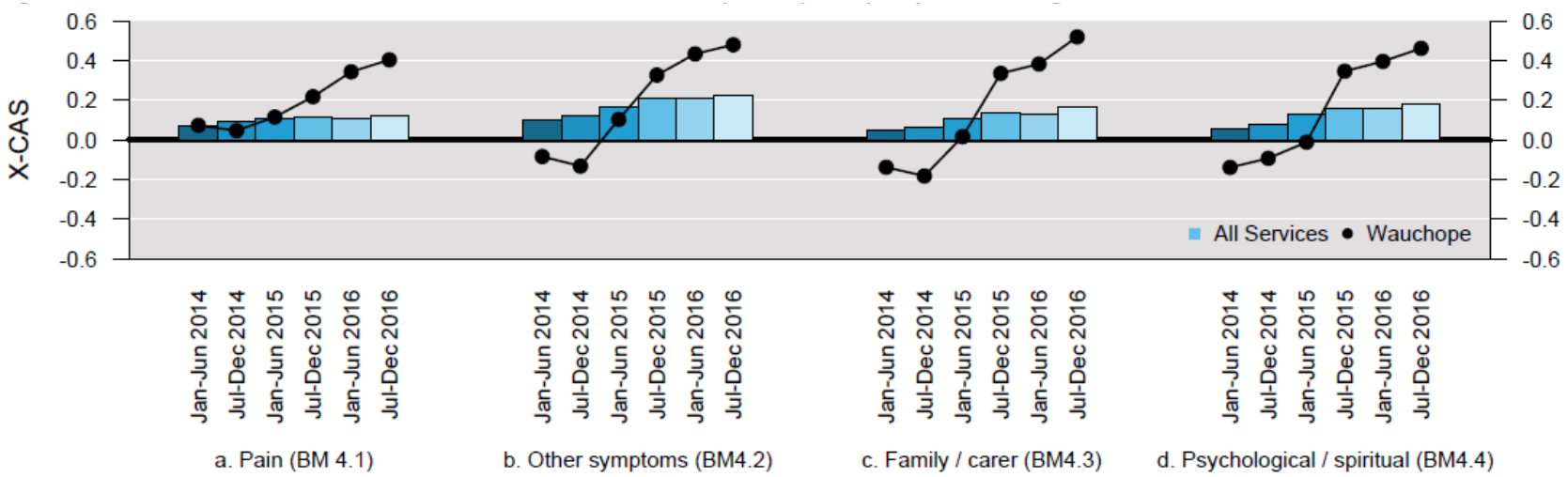


Figure A: Trends in WDMH PCU Case-mix adjusted outcome over time – Clinician rated (PCPSS)

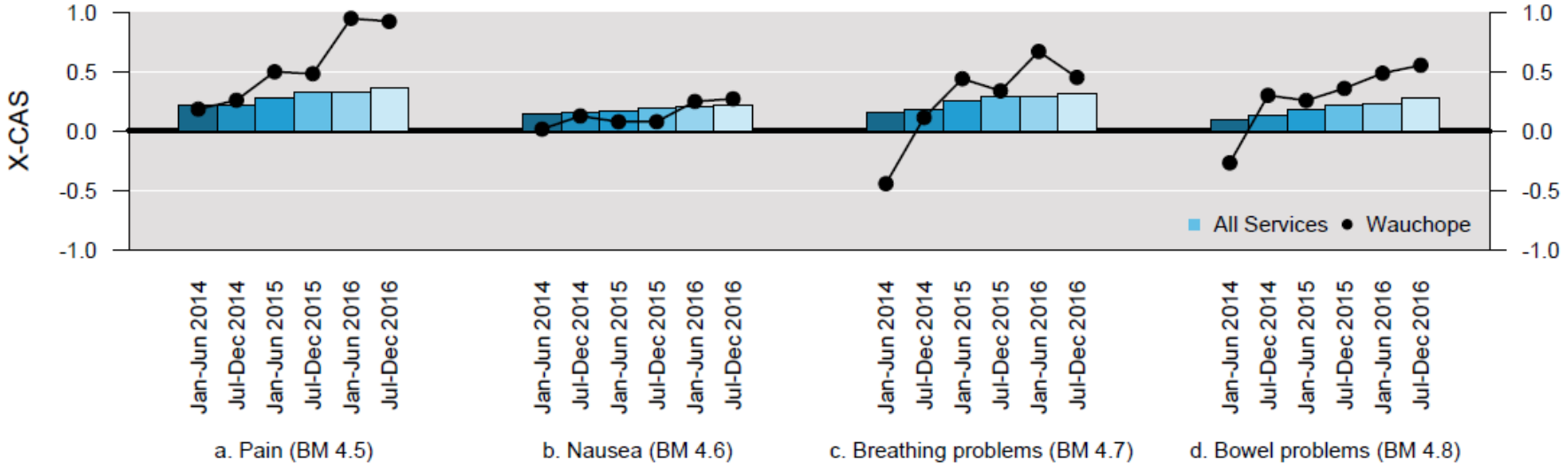


Figure B: Trends in WDMH PCU Case-mix adjusted outcome over time – Patient rated (SAS)

Appendix F: Pre and Post survey results from implementation of the 'Palliative Care Emergencies and End of Life Standing Orders Guideline

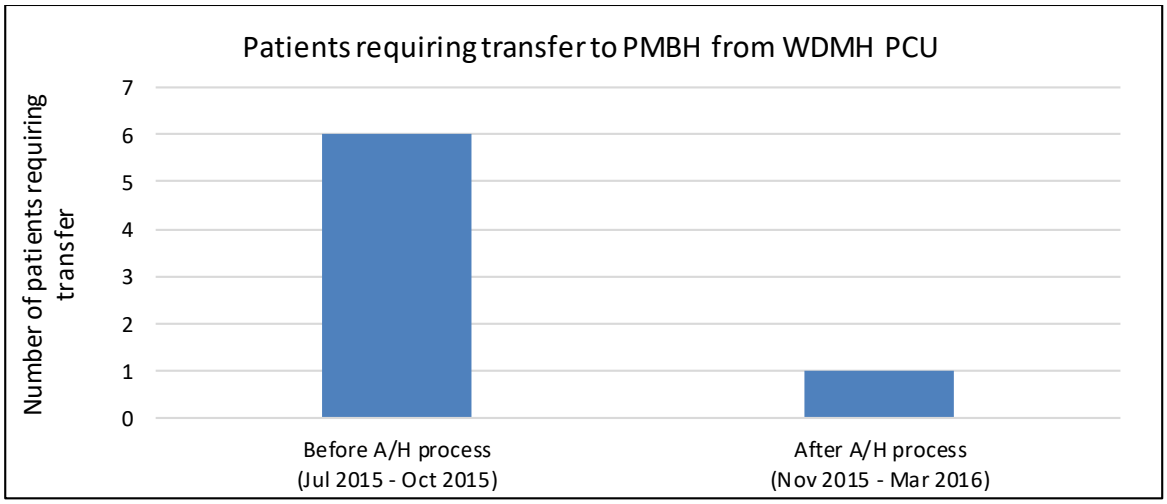


Figure C: patients requiring transfer to PMBH from WDMH PCU before and after introduction of the A/H process for contacting medical officers.

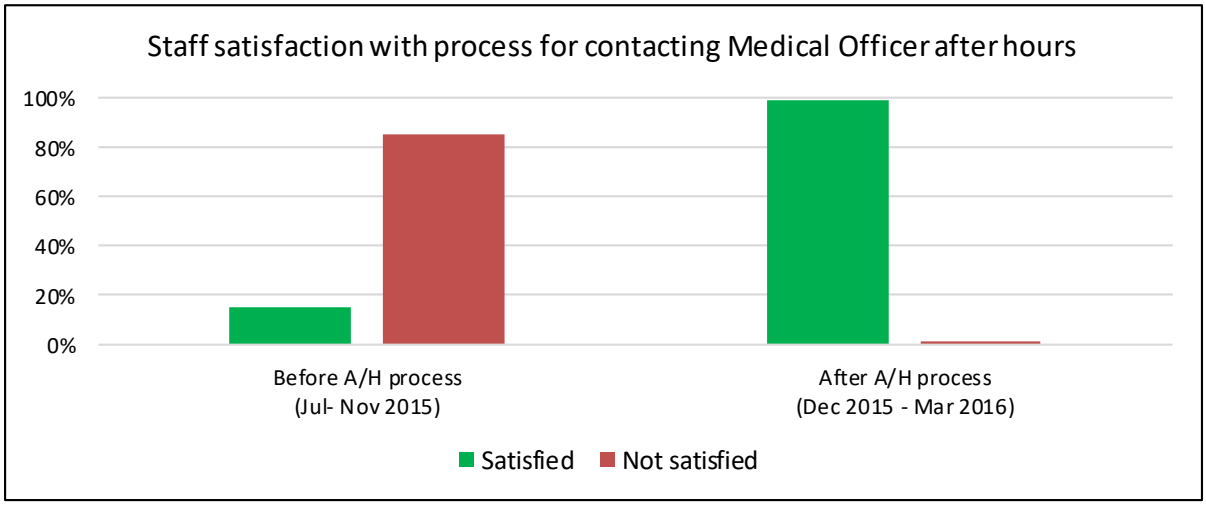


Figure D: Staff satisfaction with the process for contacting Medical Officer at PMBH after hours before and after introduction of the A/H process for contacting medical officer

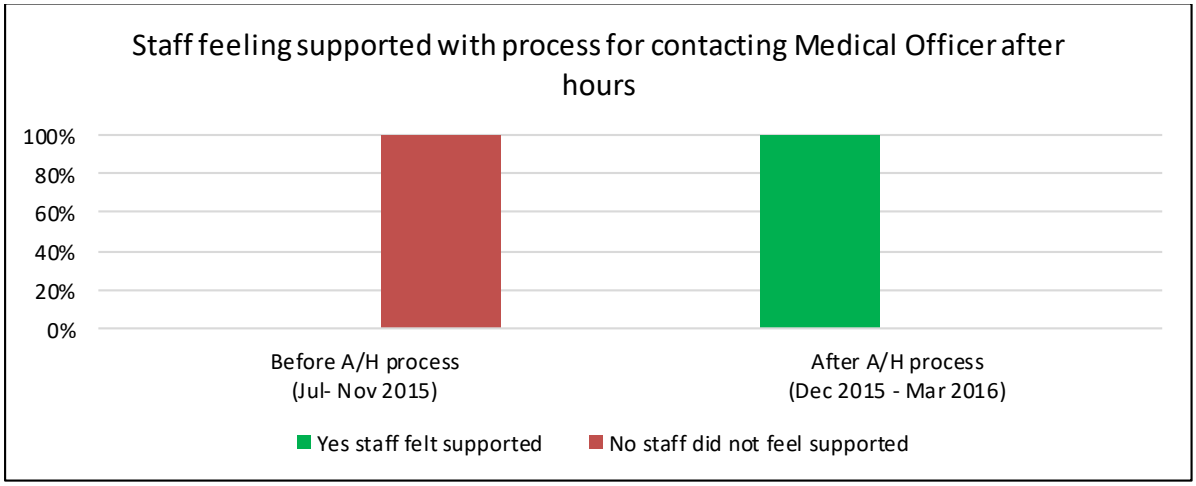


Figure E: Staff feelings of support provided with the process for contacting Medical Officer at PMBH after hours before and after introduction of the A/H process for contacting medical officer

***PCOC 17.04.2020**

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