The palliative care phase assessment in practice

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Abstract
PCOC is a national approach towards the routine assessment in palliative care practice using standardised assessment tools.

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Disciplines
Business

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The Palliative Care Phase

Funded under the National Palliative Care Program and is supported by the Australian Government Department of Health and Ageing
PCOC is a national approach towards the routine assessment in palliative care practice using standardised assessment tools.
Assessment Tools

<table>
<thead>
<tr>
<th>Tool</th>
<th>Reference</th>
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</thead>
<tbody>
<tr>
<td>Phase</td>
<td>(Eagar et al, 2004¹)</td>
</tr>
<tr>
<td>RUG-ADL</td>
<td>(Fries et al, 1994)</td>
</tr>
<tr>
<td>AKPS</td>
<td>(Abernethy et al, 2005)</td>
</tr>
<tr>
<td>PCPSS</td>
<td>(Eagar et al, 2004²)</td>
</tr>
<tr>
<td>SAS</td>
<td>(Kristjanson et al, 1999)</td>
</tr>
</tbody>
</table>
Assessments are undertaken

- A minimum of daily in the inpatient setting
- At contact in consultative or community settings (phone or face-to-face assessment)
- At phase change
- At Discharge
Information collected for PCOC

Level 1
Demographics
(patient items)

Level 2
Setting of care
(episode items)

Level 3
Assessments
(phase items)
Phase: A framework for care planning

Patient & carers are the unit of care

Describes the distinct stage in the patient’s journey

Classified according to the clinical need
Phase In Summary

Provides a clinical picture:
- The needs of the patient and family
- The frequency of assessments
- Level of care required

Assists in:
- Communication between teams
- Referral & Triage
- Determining appropriateness for Palliative Care
Phase Assessment

Stable  Unstable  Deteriorating  Terminal  Post Death Support
Stable: Start

Patient problems and symptoms are adequately controlled by established plan of care

and

Further interventions to maintain symptom control and quality of life have been planned

and

Family/carer situation is relatively stable and no new issues are apparent
Stable: End

The needs of the patient and or family/carer increase, requiring changes to the existing plan of care
Unstable: Start

- An urgent change in the plan of care or emergency treatment is required because
  
  Patient experiences a new problem that was not anticipated in the existing plan of care,  
  and/or
  Patient experiences a rapid increase in the severity of a current problem;  
  and/or
  Family/ carers circumstances change suddenly impacting on patient care
The new plan of care is in place, it has been reviewed and no further changes to the plan of care required. This does not necessarily mean that the symptom/crisis has fully resolved but there is a clear diagnosis and plan of care (ie patient is stable or deteriorating)

and/or

Death is likely within days
(ie patient is terminal)
The plan of care is addressing anticipated needs but requires periodic review because

**Patients**
- Overall functional status is declining

**Patient**
- Experiences a gradual worsening of existing problem

**Patient**
- Experience a new but anticipated problem

**Family/carer**
- Experience gradual worsening distress that impacts on the patient care
Deteriorating: End

Patient condition plateaus  
(ie patient is stable)

or

An urgent change in the plan of care or 
emergency treatment

and/or

Family/ carers experience a sudden change in 
their situation that impacts on patient care, and 
urgent intervention is required  
(ie patient is unstable)

or

Death is likely within days  
(ie patient is terminal)
Terminal

Start

Death is likely within days

End

Patient dies

or

Patient condition changes and death is no longer likely within days (ie patient is stable or deteriorating)
Post Death Support

Start

The patient has died

Bereavement support provided to family/carers is documented in the deceased patients clinical record

End

Case closure

Note: If counselling is provided to a family member or carer, they become a client in their own right
### National Trends 2012

<table>
<thead>
<tr>
<th>Trend</th>
<th>Inpatient</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients in National PCOC report</td>
<td>9,767</td>
<td>7,718</td>
</tr>
<tr>
<td>Phase per episode</td>
<td>2.4</td>
<td>1.9</td>
</tr>
<tr>
<td>Average Length of Episode</td>
<td>11.8</td>
<td>39.9</td>
</tr>
</tbody>
</table>
## National Trends 2012

<table>
<thead>
<tr>
<th>Trend</th>
<th>Inpatient</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable</td>
<td>45% discharged</td>
<td>31% discharged</td>
</tr>
<tr>
<td>Unstable</td>
<td>6% discharged, 3% died</td>
<td>24% discharged, 6% died</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>14% discharged, 14% died</td>
<td>27% discharged, 12% died</td>
</tr>
<tr>
<td>Terminal</td>
<td>86% died</td>
<td>7% discharged, 81% died</td>
</tr>
<tr>
<td>Phase type</td>
<td>Inpatient</td>
<td>Ambulatory &amp; community</td>
</tr>
<tr>
<td>-------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>Stable</td>
<td>7.5</td>
<td>19.8</td>
</tr>
<tr>
<td>Unstable</td>
<td>3.1</td>
<td>6.9</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>5.2</td>
<td>15.0</td>
</tr>
<tr>
<td>Terminal</td>
<td>2.1</td>
<td>2.9</td>
</tr>
</tbody>
</table>
Unstable phase

- Misunderstanding the definition: unstable phase is not unstable disease
- Frequency of patient assessment
- Recognition of phase change
- Protocol for unstable phase response
Patient Story 1

Assessment

– Phase:
– RUG-ADL: 16
– PCPSS: Family/Carer – moderate
– AKPS: 40
– SAS Scores: all below 4
Patient Story 2

Assessment

– Phase:
– RUG-ADL: 14
– PCPSS: Pain/Other Symptoms and Family/Carer
  – severe
– AKPS: 50
– SAS Scores: pain 9; breathing 8 and nausea 8
Measuring Outcomes

Through the eyes of patients not the service

1. Responsiveness to referrals  48hrs

2. Time unstable  3 days

3. Pain managed  absent/mild moderate/severe

4. Symptoms improved  average on baseline

www.pcoc.org.au- benchmarks tab
Palliative Care Outcomes Collaboration (PCOC)

Service Delivery Zones

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 – Claire Kelly
QIF – Clare Christiansen

South Zone (SA & NT)
CI – Prof David Currow, Flinders University
QIF – Janet Taylor

Central Zone (NSW, ACT, VIC & TAS)
CI – Prof Kathy Eagar, University of Wollongong (Lead)
QIF NSW & ACT – Jane Connelly
QIF NSW & ACT – Gaye Bishop
QIF VIC & TAS – Vacant

National Team
Director - Karen Quinsey
Quality Manager – Maree Banfield
Education Manager – Sabina Clapham
Data Manager / Statisticians – Sam Allingham & Alanna Holloway
Administration Officer – Linda Foskett
Thank you

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