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NSW trends in palliative care patient care outcomes. Improvements over time: where to from here?

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Abstract

[extract] Within a changing health care system it is vital for palliative care services to be able to demonstrate what we do over time. The Palliative Care Outcomes Collaboration (PCOC) has been a key driver in providing evidence based patient care outcomes. This is being achieved through, the use of standardised clinical assessment tools to measure patient outcomes, patient/carer periodic surveys, and benchmarking workshops. Currently in Australia there are 115 palliative care services participating in PCOC, of these, 23 are NSW inpatient services.

Keywords

PCOC, nsw, palliative, care, patient, trends, outcomes, where, improvements, over, time, here

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Pain management can be achieved with commitment and support

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Aims: The Stop Pain Pilot study aimed to examine the feasibility, utility and acceptability of clinical and patient/family pathways on the Cancer Council Australia Guideline Wiki for assessing and managing cancer pain. This presentation reports on the qualitative part of the study.

Methods: Forty palliative care participants were recruited from two hospitals and one private oncology consulting room. Eleven agreed to participate in follow up semi-structured interviews aimed at understanding their satisfaction with management and priorities for care. Participants were electronically screened for pain, treated according to the guideline, and given written materials to assist them to manage their own pain, including pain diary, pain management plan, pain management goals and booklet from the Cancer Council. Qualitative analysis using NVIVO identify common themes.

Results: Patients reported that keeping a pain diary enabled them to identify triggers, take control of pain earlier, self-titrate, distinguish different types of pain, pace activities and know when to take breakthrough analgesia. Other materials were reported to help patients understand what to expect, to self-manage pain, and reduce stress and fear of uncontrollable pain. Good communications between providers and patients, within health care teams, and between hospitals and GPs were highlighted as important. Compassionate dialogue, listening to patient needs, and 'words matching actions' were also considered important. Patients reported that their GP was not always abreast with pain management and relied on patient feedback.

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Felicity Burns, PCOC Quality Improvement Facilitator (ACT & NSW)

Within a changing health care system it is vital for palliative care services to be able to demonstrate what we do over time. The Palliative Care Outcomes Collaboration (PCOC) has been a key driver in providing evidence based patient care outcomes. This is being achieved through, the use of standardised clinical assessment tools to measure patient outcomes, patient/carer periodic surveys, and benchmarking workshops. Currently in Australia there are 115 palliative care services participating in PCOC, of these, 23 are NSW inpatient services.

This presentation will demonstrate trends within NSW palliative care inpatient services, looking at the following benchmarks which were agreed nationally by the sector:

- » Date ready for care to first contact
- » Patients remaining in the unstable phase for 3 days or less
- » Change in pain
- » Change in common symptoms experienced by palliative care patients

PCOC provides the evidence for NSW services to celebrate improvements over time within all these benchmarks. The percentage of patients assessed in an unstable phase within three days or less has increased dramatically and the percentage of patients whose change in pain and symptoms is the same as or better than the national average (2008) has also increased.

Finally this presentation will also highlight some of the quality improvement activities and practice changes identified from a survey conducted by PCOC in 2013.