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Inter-rater reliability and acceptability of the phases of palliative care

Malcolm R. Masso  
*University of Wollongong, mmasso@uow.edu.au*

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Abstract
[extract] The concept of palliative care consisting of five distinct, clinically meaningful, phases of care was developed in Australia about 20 years ago and has since become widely used to facilitate clinical communication, improve quality of care and fund services. Only one previous study of the inter-rater reliability of Palliative Care Phase has been published. The definitions for each of the five phases (stable, unstable, deteriorating, terminal, bereaved) were revised in 2011, prompting the need for the current study.

Keywords
PCOC, acceptability, palliative, inter, rater, reliability, phases, care

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Palliative Care: Core Business for Residential Aged Care Providers

Jane Mahony, Nurse Consultant

As we enter the second decade of this century, an ageing population, living longer with increasing comorbidities is posing new challenges in the provision of palliative care and aged care.

As many older Australians receive end of life care and die in aged care facilities, Palliative Care IS Core business for aged care providers.

This proposes a significant challenge for those of us who work in palliative care and aged care.

The last several years has seen a rise in the number of larger aged care facilities employing palliative care clinical nurse consultants to support their staff, residents and the resident’s family. This new frontier of Palliative care is opening up an additional cohort of people with ever increasing complex needs in much the same way Palliative care, has in the recent past, incorporated non – malignant diseases in their scope of practice.

This paper will explore the challenges presented within aged care facilities and propose workable solutions that are already giving positive outcomes. These solutions build capacity and give confidence of care to residents, families, doctors and all levels of aged care staff by changing the culture of care provision in aged care facilities. In addition, it enables Specialist Palliative Care teams and aged care staff to collaborate in providing an enhanced level of best practice palliative care.

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Dr Malcolm Masso, Senior Research Fellow, Centre for Health Service Development, Australian Health Services Research Institute. University of Wollongong

Other authors: Samuel Allingham, Maree Banfield, Claire Johnson, Tanya Pidgeon, Patsy Yates, Kathy Eagar

The concept of palliative care consisting of five distinct, clinically meaningful, phases of care was developed in Australia about 20 years ago and has since become widely used to facilitate clinical communication, improve quality of care and fund services. Only one previous study of the inter-rater reliability of Palliative Care Phase has been published. The definitions for each of the five phases (stable, unstable, deteriorating, terminal, bereaved) were revised in 2011, prompting the need for the current study.

The study was undertaken in 2013 to test the reliability and acceptability of the revised definitions, involving pairs of clinicians independently rating patients according to Palliative Care Phase. Each clinician was also asked to rate (on a scale of 0–4) the ease of assigning a phase and the degree of ‘fit’ between their assessment and the definition for that particular phase. Ten Australian palliative care services participated, including nine from New South Wales.

In total, 595 paired assessments were undertaken by 102 clinicians (medical and nursing). For each pair of assessments, the majority (90.7%) took place within two hours of each other. The overall level of agreement between raters was substantial (Kappa 0.67; 95% confidence interval 0.61 to 0.70), with at least a moderate level of inter-rater reliability at each site. The results indicate that Palliative Care Phase is an acceptable measure, with no significant difficulties assigning patients to a Palliative Care Phase and a good fit between assessment of phase and the definition of that phase. The most difficult phase to distinguish from other phases was the deteriorating phase.