



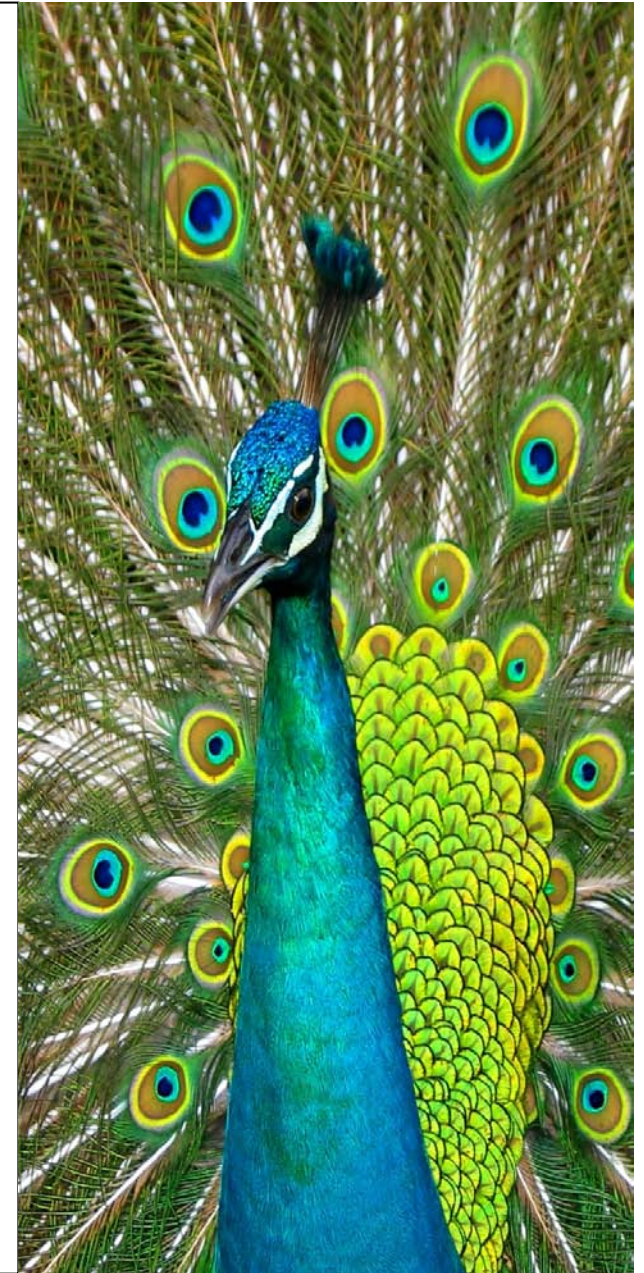
## **PCOC Report 10**

***Victoria***

**July to December 2010**

**March 2011**

PCOC is funded under the *National Palliative Care Program* and is supported by the Australian Government Department of Health and Ageing.



# Palliative Care Outcomes Collaboration (PCOC)

PCOC is a voluntary quality initiative to assist palliative care service providers to improve practice and is funded under the *National Palliative Care Program* and is supported by the Australian Government Department of Health and Ageing.

The aim of PCOC is to develop and support a national benchmarking system that will contribute to improved palliative care outcomes.

PCOC is a collaboration between four centres and is divided into four zones for the purpose of engaging with palliative care service providers.

The four PCOC zones and partners are:

Centre for Health Service Development, University of Wollongong – PCOC Central  
Cancer and Palliative Care Research and Evaluation Unit, University of Western Australia – PCOC West  
Department of Palliative and Supportive Services, Flinders University of South Australia – PCOC South  
Institute of Health and Biomedical Innovation, Queensland University of Technology - PCOC North

**Contact details for PCOC are available at <http://chsd.uow.edu.au/pcoc/>**

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## Introduction

The Palliative Care Outcomes Collaboration (PCOC) was established in mid-2005 and is funded under the *National Palliative Care Program* and is supported by the Australian Government Department of Health and Ageing. It is a voluntary, quality initiative which aims to assist palliative care services to measure the standard and quality of care which is a stated goal of the *National Palliative Care Strategy*.

The current PCOC dataset (Version 2) evolved after consultation with services and approval by PCOC's Scientific and Clinical Advisory Committee (SCAC) and went live on 1 July 2007. The dataset includes the clinical assessment tools - Phase of Care, PC Problem Severity Score (PCPSS), Symptom Assessment Scale (SAS), Australia-modified Karnofsky Performance Status Scale (AKPS) and Resource Utilisation Groups – Activities of Daily Living (RUG-ADL) – which provide measures of quality and outcomes of care. PCOC provides analysis of each service's data and compares this to the national data. Four benchmark measures are routinely included in each report.

For this PCOC Report 10, 91 palliative care services submitted data and are included in this report. The reporting period is July to December 2010.

### *Please note*

- Data reported for services identifying as consultancy are included in the overnight admitted data analysis, with the exception of data reported for services identifying as outpatient or community consultancy which are included in the not admitted overnight data analysis.
- In addition, interpret all figures carefully as results may appear distorted due to low frequencies being represented as percentages.
- Some tables throughout the report may be incomplete. This is because some items may not be applicable to a particular service or it may be due to data quality issues. Please use the following key when interpreting the tables:

na The item is not applicable

u The item was unavailable or unable to be calculated due to missing or invalid data.

## Section 1 - Summary

### Data Summary

This report includes data from a total of 91 services. During the reporting period data were provided for a total of 13193 patients, with 16767 episodes and 36804 phases.

These total numbers are determined by a data scoping method. This method looks at the phase level data first and includes all phases that ended within the current reporting period. The associated episodes and patients are then determined. As a consequence, it is possible that not all phases within any particular episode are included in this report, so the average number of phases per episode calculation may be an underestimate (for episodes that cross-over 2 or more reporting periods) as it only includes phases that ended within the current reporting period.

**Table 1** *Number and percentage of patients, episodes and phases - by episode type*

Episode type	Overnight admitted		Not admitted overnight		Total	
	VIC	All Services	VIC	All Services	VIC	All Services
Number of patients*	1093	8213	2417	5891	3431	13193
Number of episodes	1210	9638	3019	7129	4229	16767
Number of phases	3274	23781	5721	13023	8995	36804
Percentage of patients*	31.9	62.3	70.4	44.7	100	100
Percentage of episodes	28.6	57.5	71.4	42.5	100	100
Percentage of phases	36.4	64.6	63.6	35.4	100	100
Average number of episodes per patient	1.2	1.3	1.3	1.3	1.2	1.3
Average number of phases per episode**	2.6	2.4	1.9	1.8	2.1	2.1

\* Patients seen in both an overnight admitted and not admitted overnight setting are only counted once in the Total column and hence numbers/percentages may not add to the total.

\*\* Average number of phases per episode is only calculated for closed episodes and excludes bereavement phases.

## Summary of Benchmark Measures and Targets

Beginning in the reporting period January to June 2009 (Report 7), PCOC introduced four benchmark measures into the routine PCOC reports.

Measure	Benchmark
1. Time from referral to first contact	90% contacted on the same day or the following day
2. Time in unstable phase	85% in their first phase remain unstable for less than 7 days 90% in a subsequent phase remain unstable for less than 7 days The median time in unstable phase is 2 days or less
3. Change in pain (both PCPSS and SAS)	90% with absent/mild pain at phase start remaining with absent/mild pain at phase end 60% with moderate/severe pain at phase start with absent/mild pain at phase end
4. Change in symptoms relative to the national average (8 symptoms are included)	0 or above

Targets of 10% improvement have been agreed to apply to all services not meeting the current benchmarks. For example if your service does not meet the 90% benchmark for Measure 1 then your target is to achieve an improvement of 10% over the next reporting period. Therefore, if you score 75% for Measure 1 in this report, your target is to score at least 82.5% for this measure in the next report which is a 10% improvement.

The following two tables provide a summary of the performance of your service in relation to the four benchmark measures for the period July to December 2010.



**Table 2 Summary of benchmark measures 1-3**

Measure	Description	Benchmark	Benchmark met (your score)			
			Overnight admitted		Not admitted overnight	
1. Time from referral to contact	Patients contacted on same or following day	90%	No	(87.9%)	No	(43.8%)
2. Time in unstable phase	Patients unstable less than 7 days - first phase	85%	Yes	(86.9%)	No	(50.8%)
	Patients unstable less than 7 days - Not first phase	90%	No	(89.6%)	No	(57.5%)
	Median time in unstable phase	2 days or less	Yes	(2 days)	No	(5 days)
3. Change in pain						
PC Problem Severity Score (PCPSS)	Patients with absent/mild pain at phase start remaining absent/mild at phase end	90%	No	(79.5%)	No	(75.0%)
	Patients with moderate/severe pain at phase start with absent/mild at phase end	60%	No	(59.2%)	No	(58.9%)
Symptom Assessment Score (SAS)	Patients with absent/mild pain at phase start remaining absent/mild at phase end	90%	No	(79.0%)	No	(75.3%)
	Patients with moderate/severe pain at phase start with absent/mild at phase end	60%	No	(51.9%)	Yes	(60.4%)

**Table 3 Summary of benchmark measure 4: Change in symptoms relative to the national average**

Symptom	Benchmark	Benchmark met	Your score
PC PSS	Pain	0 or above	Yes (0.12)
	Other symptoms	0 or above	Yes (0.27)
	Family/carer	0 or above	Yes (0.12)
	Psychological/spiritual	0 or above	Yes (0.12)
SAS	Pain	0 or above	Yes (0.11)
	Nausea	0 or above	Yes (0.16)
	Breathing	0 or above	Yes (0.28)
	Bowels	0 or above	Yes (0.36)

## Section 2 - Descriptive analysis

### Profile of palliative care patients

**Table 4** *Indigenous Status - all patients*

Indigenous Status	VIC	All Services
Aboriginal but not Torres Strait Islander origin	26	144
Torres Strait Islander but not Aboriginal origin	5	19
Both Aboriginal and Torres Strait Islander origin	2	7
Neither Aboriginal nor Torres Strait Islander origin	2988	12317
Not stated/inadequately described	410	706
<b>Total</b>	<b>3431</b>	<b>13193</b>

**Table 5** *Sex - all patients*

Sex	VIC	%	All Services	%
Male	1815	52.9	7142	54.1
Female	1615	47.1	6033	45.7
Not stated/inadequately described	1	0.0	18	0.1
<b>Total</b>	<b>3431</b>	<b>100.0</b>	<b>13193</b>	<b>100.0</b>

**Table 6** *Main language spoken at home - all patients*

Main language spoken at home	VIC	%	All Services	%
English	2495	72.7	11248	85.3
Italian	145	4.2	256	1.9
Greek	80	2.3	145	1.1
Cantonese	30	0.9	87	0.7
Arabic (including Lebanese)	25	0.7	56	0.4
Croatian	28	0.8	47	0.4
Vietnamese	25	0.7	47	0.4
Mandarin	25	0.7	43	0.3
Polish	7	0.2	30	0.2
Macedonian	19	0.6	28	0.2
Serbian	11	0.3	27	0.2
German	3	0.1	27	0.2
Turkish	19	0.6	26	0.2
Spanish	11	0.3	22	0.2
Maltese	10	0.3	19	0.1
All other languages	75	2.2	247	1.9
Not stated/inadequately described	423	12.3	838	6.4
<b>Total</b>	<b>3431</b>	<b>100.0</b>	<b>13193</b>	<b>100.0</b>

Note: The most common 15 languages from all services are reported separately, all other languages have been grouped together to form the category *All other languages*.

**Table 7 Country of birth - all patients**

Country of birth	VIC	%	All Services	%
Australia	1748	50.9	8294	62.9
England	159	4.6	968	7.3
Italy	236	6.9	468	3.5
Greece	119	3.5	213	1.6
New Zealand	23	0.7	207	1.6
Scotland	30	0.9	180	1.4
Germany	41	1.2	160	1.2
Netherlands	30	0.9	141	1.1
China	42	1.2	123	0.9
Poland	28	0.8	94	0.7
Croatia	42	1.2	89	0.7
India	27	0.8	84	0.6
Ireland	21	0.6	76	0.6
Malta	41	1.2	76	0.6
Vietnam	36	1.0	74	0.6
All other countries	226	6.6	954	7.2
Not stated/inadequately described	582	17.0	992	7.5
<b>Total</b>	<b>3431</b>	<b>100.0</b>	<b>13193</b>	<b>100.0</b>

Note: The most common 15 countries from all services are reported separately, all other countries have been grouped together to form the category *All other countries*.

**Table 8 Primary diagnosis**

Primary diagnosis		VIC	%	All services	%
Malignant	Bone and soft tissue	98	3.4	337	3.1
	Breast	237	8.3	823	7.6
	CNS	84	2.9	246	2.3
	Colorectal	324	11.3	1113	10.2
	Gynaecological	164	5.7	593	5.4
	Haematological	173	6.0	551	5.1
	Head and neck	195	6.8	636	5.8
	Lung	507	17.7	2033	18.7
	Pancreas	134	4.7	574	5.3
	Prostate	221	7.7	699	6.4
	Skin	106	3.7	417	3.8
	Other GIT	272	9.5	856	7.9
	Other urological	127	4.4	442	4.1
	Other malignancy	156	5.4	550	5.1
	Unknown primary	72	2.5	283	2.6
	Malignant - not further defined	0	0.0	735	6.8
	<i>All malignant</i>	<i>2870</i>	<i>100.0</i>	<i>10888</i>	<i>100.0</i>
Non-malignant	Cardiovascular	100	18.7	446	21.4
	HIV/AIDS	3	0.6	10	0.5
	Kidney failure	61	11.4	231	11.1
	Neurological disease	112	20.9	444	21.3
	Respiratory failure	101	18.8	353	16.9
	Other non-malignancy	159	29.7	519	24.9
	Non-malignant - not further defined	0	0.0	81	3.9
	<i>All non-malignant</i>	<i>536</i>	<i>100.0</i>	<i>2084</i>	<i>100.0</i>

Note: All patients where diagnosis was Not stated/inadequately described are excluded from the table.

## Profile of palliative care episodes

The 13193 patients from all services seen in the six month period had a total of 16767 episodes of palliative care. These episodes included inpatient, community and consultative episodes. For example, a patient who received both inpatient and community (home-based) palliative care during the period is generally counted as two episodes.

Episode level activity is presented below by 10 year age groups. The average age for all patients at Victoria during this period was 69 years and for all services was 70 years.

**Table 9** *Number of episodes by age group - all episodes*

Age group	VIC	%	All Services	%
< 15	33	0.8	94	0.6
15-24	38	0.9	80	0.5
25-34	63	1.5	153	0.9
35-44	151	3.6	577	3.4
45-54	424	10.0	1467	8.7
55-64	737	17.4	2948	17.6
65-74	984	23.3	4126	24.6
75-84	1173	27.7	4771	28.5
85+	624	14.8	2542	15.2
Not stated/inadequately described	2	0.0	9	0.0
<b>Total</b>	<b>4229</b>	<b>100.0</b>	<b>16767</b>	<b>100.0</b>

Referral source refers to the service or organisation from which the patient was referred to for each individual episode of care. The following table presents referral source by episode type.

**Table 10 Referral source by episode type**

Referral source	Overnight admitted				Not admitted overnight			
	VIC	%	All Services	%	VIC	%	All Services	%
Public hospital - other than inpatient palliative care unit	449	37.1	4188	43.5	1455	48.2	3130	43.9
Self, carer(s), family or friends	4	0.3	287	3.0	111	3.7	217	3.0
Private hospital - other than inpatient palliative care unit	84	6.9	673	7.0	450	14.9	783	11.0
Public palliative care inpatient unit/hospice	5	0.4	219	2.3	38	1.3	337	4.7
Private palliative care inpatient unit/hospice	0	0.0	39	0.4	2	0.1	53	0.7
General Medical Practitioner rooms	11	0.9	642	6.7	190	6.3	1170	16.4
Specialist Medical Practitioner rooms	8	0.7	450	4.7	113	3.7	426	6.0
Community-based palliative care agency	328	27.1	1798	18.7	81	2.7	123	1.7
Community-based service	16	1.3	332	3.4	54	1.8	153	2.1
Residential aged care facility	11	0.9	59	0.6	102	3.4	125	1.8
Other	1	0.1	182	1.9	153	5.1	306	4.3
Not stated/inadequately described	293	24.2	769	8.0	270	8.9	306	4.3
<b>Total</b>	<b>1210</b>	<b>100.0</b>	<b>9638</b>	<b>100.0</b>	<b>3019</b>	<b>100.0</b>	<b>7129</b>	<b>100.0</b>

**Table 11** *How episodes start and end - overnight admitted patients for VIC*

Mode of episode start	Mode of episode end					Total
	Discharged to usual accommodation	Discharged to interim accommodation	Discharged to another hospital	Death	All other reasons**	
Admitted from usual accommodation	273	16	45	286	41	661
Admitted from other than usual accommodation	2	3	0	2	3	10
Admitted (transferred) from another hospital	43	3	26	202	6	280
Admitted (transferred) from acute care in other ward	37	1	15	176	6	235
All other reasons*	3	0	1	8	0	12
<b>Total</b>	<b>358</b>	<b>23</b>	<b>87</b>	<b>674</b>	<b>56</b>	<b>1198</b>
<b>As a percentage of each start mode</b>						
Admitted from usual accommodation	41.3	2.4	6.8	43.3	6.2	100.0
Admitted from other than usual accommodation	20.0	30.0	0.0	20.0	30.0	100.0
Admitted (transferred) from another hospital	15.4	1.1	9.3	72.1	2.1	100.0
Admitted (transferred) from acute care in other ward	15.7	0.4	6.4	74.9	2.6	100.0
All other reasons*	25.0	0.0	8.3	66.7	0.0	100.0
<b>Total</b>	<b>29.9</b>	<b>1.9</b>	<b>7.3</b>	<b>56.3</b>	<b>4.7</b>	<b>100.0</b>

Note: All episodes where episode start mode or episode end mode was Not stated/inadequately described are excluded from the table. Episodes that remain open at the end of the reporting period (and hence do not have an episode end date) are also excluded.

\* Includes: Change from acute care to palliative care while remaining on same ward; Change of sub-acute/non-acute care type; Statistical admission from leave.

\*\* Includes: Change from palliative care to acute care - different ward; Change from palliative care to acute care - same ward; Discharged at own risk.



**Table 12** *How episodes start and end - overnight admitted patients for all services*

Mode of episode start	Mode of episode end					Total
	Discharged to usual accommodation	Discharged to interim accommodation	Discharged to another hospital	Death	All other reasons**	
Admitted from usual accommodation	2396	191	476	2605	277	5945
Admitted from other than usual accommodation	33	12	19	62	6	132
Admitted (transferred) from another hospital	425	62	153	1707	58	2405
Admitted (transferred) from acute care in other ward	163	14	48	617	22	864
All other reasons*	27	3	5	51	7	93
<b>Total</b>	<b>3044</b>	<b>282</b>	<b>701</b>	<b>5042</b>	<b>370</b>	<b>9439</b>
<b>As a percentage of each start mode</b>						
Admitted from usual accommodation	40.3	3.2	8.0	43.8	4.7	100.0
Admitted from other than usual accommodation	25.0	9.1	14.4	47.0	4.5	100.0
Admitted (transferred) from another hospital	17.7	2.6	6.4	71.0	2.4	100.0
Admitted (transferred) from acute care in other ward	18.9	1.6	5.6	71.4	2.5	100.0
All other reasons*	29.0	3.2	5.4	54.8	7.5	100.0
<b>Total</b>	<b>32.2</b>	<b>3.0</b>	<b>7.4</b>	<b>53.4</b>	<b>3.9</b>	<b>100.0</b>

Note: All episodes where episode start mode or episode end mode was Not stated/inadequately described are excluded from the table. Episodes that remain open at the end of the reporting period (and hence do not have an episode end date) are also excluded.

\* Includes: Change from acute care to palliative care while remaining on same ward; Change of sub-acute/non-acute care type; Statistical admission from leave.

\*\* Includes: Change from palliative care to acute care - different ward; Change from palliative care to acute care - same ward; Discharged at own risk.

**Table 13** How episodes start and end - patients not admitted overnight

Mode of episode start	Mode of episode end					Total
	Discharged/ case closure	Admitted for inpatient palliative care	Admitted for inpatient acute care	Transfer for primary care	Death	
<b>VIC</b>						
New referral	364	867	192	31	568	2022
Transfer from being an o/n PC patient	44	508	62	3	139	756
<b>Total</b>	<b>408</b>	<b>1375</b>	<b>254</b>	<b>34</b>	<b>707</b>	<b>2778</b>
<b>As a percentage of each start mode</b>						
New referral	18.0	42.9	9.5	1.5	28.1	100.0
Transfer from being an o/n PC patient	5.8	67.2	8.2	0.4	18.4	100.0
<b>Total</b>	<b>14.7</b>	<b>49.5</b>	<b>9.1</b>	<b>1.2</b>	<b>25.4</b>	<b>100.0</b>
<b>All services</b>						
New referral	880	1464	831	73	1773	5021
Transfer from being an o/n PC patient	155	727	211	20	296	1409
<b>Total</b>	<b>1035</b>	<b>2191</b>	<b>1042</b>	<b>93</b>	<b>2069</b>	<b>6430</b>
<b>As a percentage of each start mode</b>						
New referral	17.5	29.2	16.6	1.5	35.3	100.0
Transfer from being an o/n PC patient	11.0	51.6	15.0	1.4	21.0	100.0
<b>Total</b>	<b>16.1</b>	<b>34.1</b>	<b>16.2</b>	<b>1.4</b>	<b>32.2</b>	<b>100.0</b>

Note: All episodes where episode start mode or episode end mode was Not stated/inadequately described are excluded from the table. Episodes that remain open at the end of the reporting period (and hence do not have an episode end date) are also excluded.

**Table 14 Accommodation at episode start and end**

Accommodation at episode start	Accommodation at episode end				
	Private residence	Low level care	High level care	All other	Total
<b>VIC</b>					
Private residence	571	3	16	19	609
Residential aged care (low level care)	0	4	1	0	5
Residential aged care (high level care)	3	6	35	0	44
All other	1	1	1	4	7
<b>Total</b>	<b>575</b>	<b>14</b>	<b>53</b>	<b>23</b>	<b>665</b>
<b>As a percentage of each start accommodation</b>					
Private residence	93.8	0.5	2.6	3.1	100.0
Residential aged care (low level care)	0.0	80.0	20.0	0.0	100.0
Residential aged care (high level care)	6.8	13.6	79.5	0.0	100.0
All other	14.3	14.3	14.3	57.1	100.0
<b>Total</b>	<b>86.5</b>	<b>2.1</b>	<b>8.0</b>	<b>3.5</b>	<b>100.0</b>
<b>All services</b>					
Private residence	3211	21	149	356	3737
Residential aged care (low level care)	7	31	17	9	64
Residential aged care (high level care)	10	9	143	18	180
All other	88	3	11	65	167
<b>Total</b>	<b>3316</b>	<b>64</b>	<b>320</b>	<b>448</b>	<b>4148</b>
<b>As a percentage of each start accommodation</b>					
Private residence	85.9	0.6	4.0	9.5	100.0
Residential aged care (low level care)	10.9	48.4	26.6	14.1	100.0
Residential aged care (high level care)	5.6	5.0	79.4	10.0	100.0
All other	52.7	1.8	6.6	38.9	100.0
<b>Total</b>	<b>79.9</b>	<b>1.5</b>	<b>7.7</b>	<b>10.8</b>	<b>100.0</b>

Note: All episodes where accommodation at episode start or end was Not stated/inadequately described are excluded from the table. Episodes that ended in death and episodes that remain open at the end of the reporting period (and hence do not have an episode end date) are also excluded. The all other category includes: Community group home; Boarding house; Transitional living unit.

**Table 15** *Level of support at episode start and end - all patients admitted from and discharged to private residence (home)*

Level of support at episode start	Level of support at episode end				Total
	Without support (lives alone)	Without support (lives with others)	With support (lives alone or with others)	Other arrangements	
<b>VIC</b>					
Without support (lives alone)	14	1	14	0	29
Without support (lives with others)	0	25	34	0	59
With support (lives alone or with others)	0	1	459	3	463
Other arrangements	0	0	0	1	1
<b>Total</b>	<b>14</b>	<b>27</b>	<b>507</b>	<b>4</b>	<b>552</b>
<b>As a percentage of each start support</b>					
Without support (lives alone)	48.3	3.4	48.3	0.0	100.0
Without support (lives with others)	0.0	42.4	57.6	0.0	100.0
With support (lives alone or with others)	0.0	0.2	99.1	0.6	100.0
Other arrangements	0.0	0.0	0.0	100.0	100.0
<b>Total</b>	<b>2.5</b>	<b>4.9</b>	<b>91.8</b>	<b>0.7</b>	<b>100.0</b>
<b>All services</b>					
Without support (lives alone)	64	2	117	0	183
Without support (lives with others)	1	67	122	1	191
With support (lives alone or with others)	13	16	2573	6	2608
Other arrangements	0	0	3	2	5
<b>Total</b>	<b>78</b>	<b>85</b>	<b>2815</b>	<b>9</b>	<b>2987</b>
<b>As a percentage of each start support</b>					
Without support (lives alone)	35.0	1.1	63.9	0.0	100.0
Without support (lives with others)	0.5	35.1	63.9	0.5	100.0
With support (lives alone or with others)	0.5	0.6	98.7	0.2	100.0
Other arrangements	0.0	0.0	60.0	40.0	100.0
<b>Total</b>	<b>2.6</b>	<b>2.8</b>	<b>94.2</b>	<b>0.3</b>	<b>100.0</b>

Note: All episodes where level of support at episode start or end was Not stated/inadequately described are excluded from the table. Episodes that ended in death and episodes that remain open at the end of the reporting period (and hence do not have an episode end date) are also excluded.

**Table 16 Length of Stay (LOS) summary - overnight admitted patients**

Length of stay	VIC	All services
Average length of episode	13.0	11.6
Median length of episode	8	7
Average number of phases per episode	2.7	2.5

Note: Bereavement phase records are excluded and episodes that remain open at the end of the reporting period (and hence do not have an episode end date), are also excluded. In addition, any records where LOS was greater than 90 days were considered to be outliers and are excluded from the average calculations.

**Table 17 Length of Stay (LOS) - overnight admitted patients**

Length of stay	VIC	%	All Services	%
Same day	55	4.6	346	3.7
1-2 days	179	15.0	1681	17.8
3-4 days	154	12.9	1308	13.9
5-7 days	206	17.2	1565	16.6
8-14 days	260	21.8	1997	21.2
15-21 days	120	10.0	976	10.4
22-30 days	86	7.2	696	7.4
31-60 days	97	8.1	670	7.1
61-90 days	28	2.3	122	1.3
Greater than 90 days	10	0.8	60	0.6
<b>Total</b>	<b>1195</b>	<b>100.0</b>	<b>9421</b>	<b>100.0</b>

Note: Bereavement phase records are excluded and episodes that remain open at the end of the reporting period (and hence do not have an episode end date), are also excluded.

**Table 18** *Place of death - patients not admitted overnight*

Place of death	VIC	%	All Services	%
Private residence	399	56.4	1198	57.5
Residential aged care setting	183	25.9	299	14.3
Other location*	113	16.0	474	22.7
Not stated/inadequately described	12	1.7	113	5.4
<b>Total</b>	<b>707</b>	<b>100.0</b>	<b>2084</b>	<b>100.0</b>

\* Includes patients who have died in a hospital setting without the episode of non-admitted palliative care being ended. Patients whose community episode is ended when admitted to hospital are excluded from this table (see Tables 11 and 12).

## Profile of palliative care phases

**Table 19** *Number of phases by phase type and episode type*

Phase	Overnight admitted				Not admitted overnight			
	VIC	%	All services	%	VIC	%	All services	%
Stable	977	29.8	6074	25.5	2503	43.8	4649	35.7
Unstable	1008	30.8	6863	28.9	1285	22.5	2527	19.4
Deteriorating	679	20.7	5891	24.8	1539	26.9	4358	33.5
Terminal	475	14.5	3739	15.7	373	6.5	1165	8.9
Bereaved	135	4.1	1214	5.1	21	0.4	324	2.5
<b>All phases</b>	<b>3274</b>	<b>100.0</b>	<b>23781</b>	<b>100.0</b>	<b>5721</b>	<b>100.0</b>	<b>13023</b>	<b>100.0</b>

**Table 20** *Average phase length (in days) by phase and episode type*

Phase	Overnight admitted		Not admitted overnight	
	VIC	All services	VIC	All services
Stable	7.2	7.5	22.6	23.4
Unstable	3.4	4.4	9.4	10.1
Deteriorating	6.8	5.5	13.7	16.4
Terminal	2.1	2.2	2.7	3.0
Bereaved	1.1	1.1	1.0	1.3

Note: Phase records where length of phase was greater than 90 days were considered to be outliers and are excluded from the average calculations.

Figure 1 Total RUG-ADL at beginning of phase – overnight admitted patients

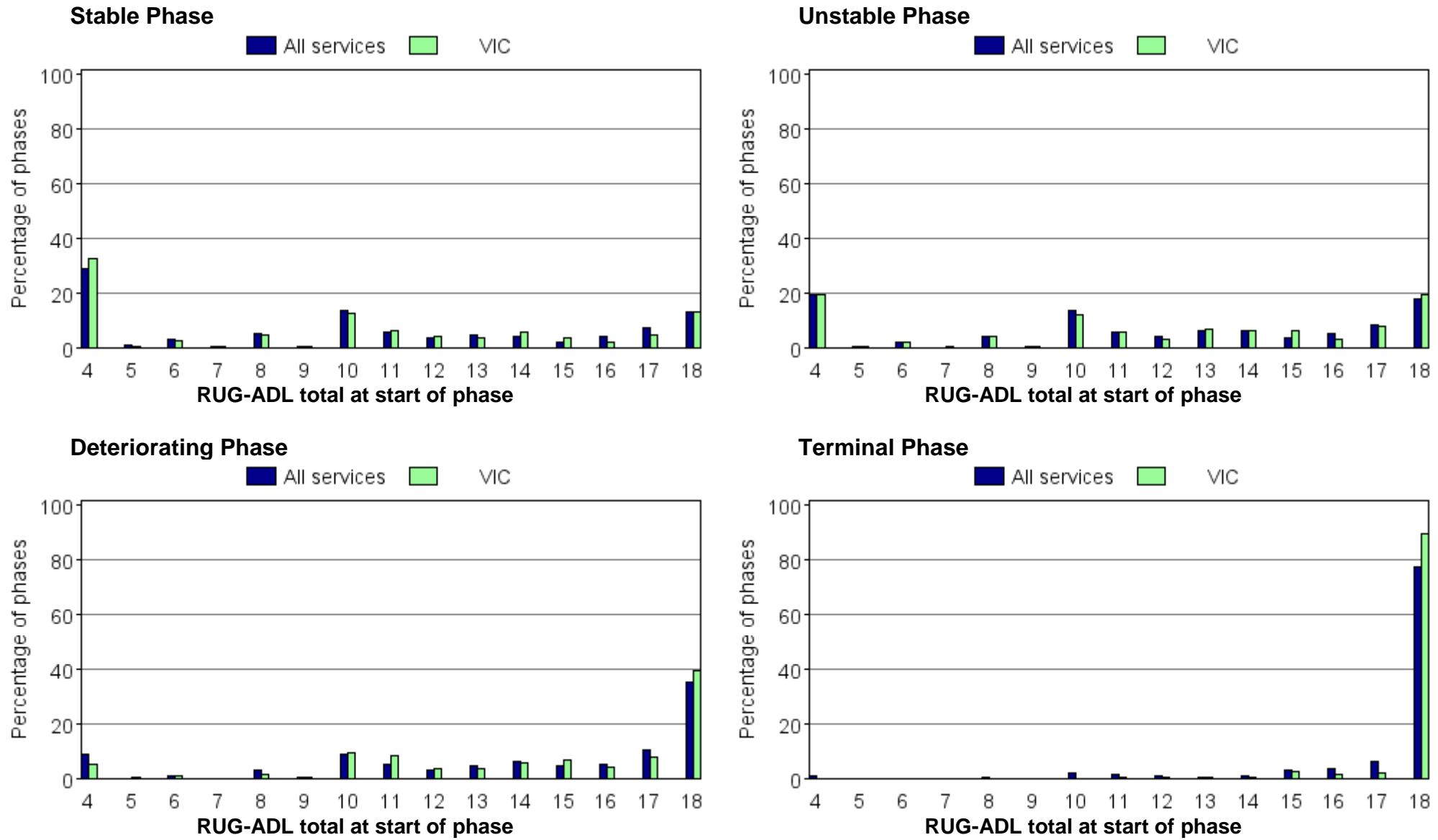
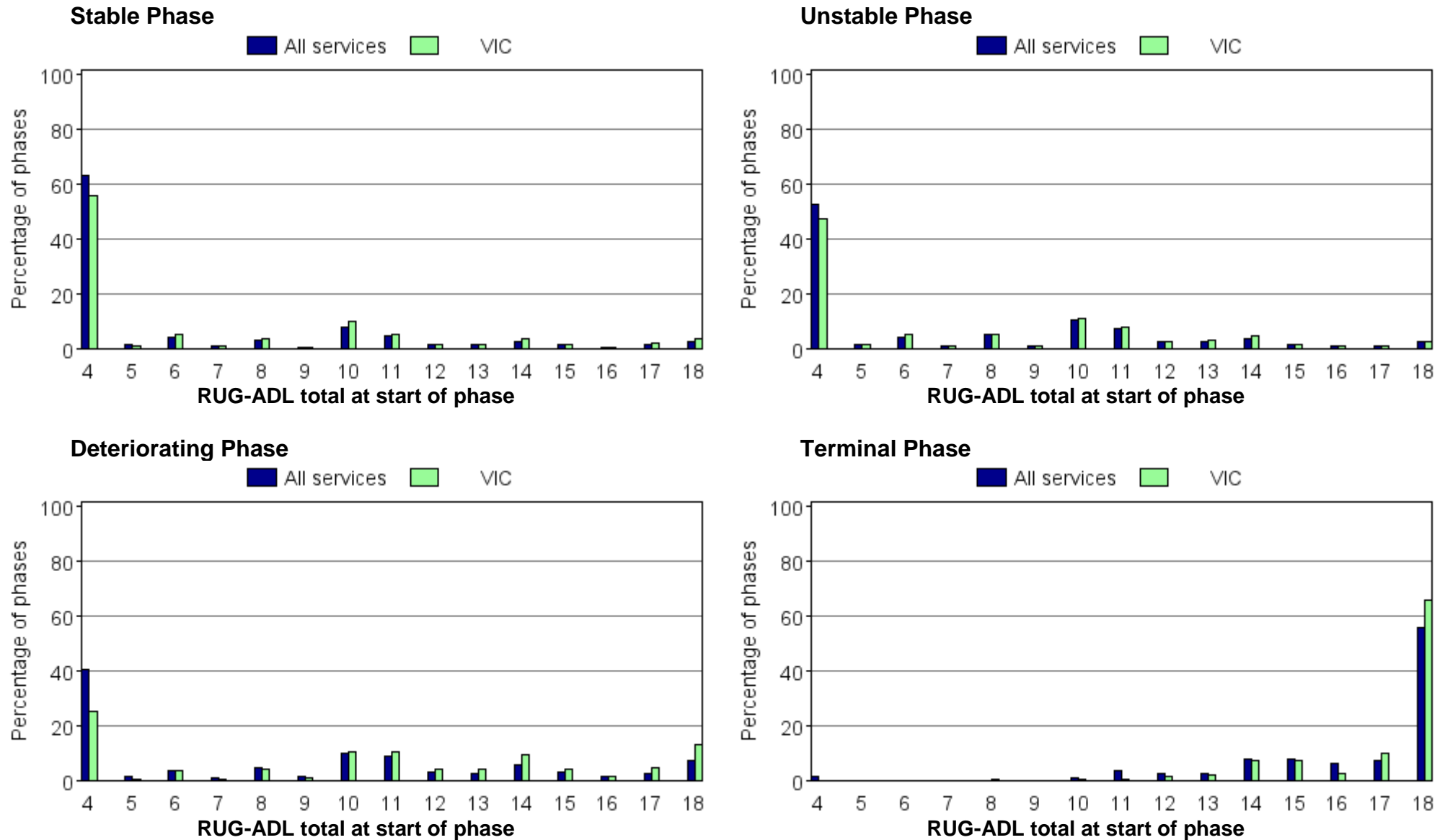




Figure 2 Total RUG-ADL at beginning of phase – patients not admitted overnight



**Table 21 Profile of PC Problem Severity Scores (percentages) at beginning of phase by phase type - overnight admitted patients**

Phase	Problem severity	VIC				All services			
		Absent	Mild	Moderate	Severe	Absent	Mild	Moderate	Severe
Stable	Pain	48.6	37.6	9.6	4.2	38.6	40.4	16.3	4.8
	Other Symptom	16.4	52.4	26.9	4.3	15.4	41.7	32.4	10.6
	Psychological/Spiritual	22.9	53.2	20.1	3.8	22.0	45.4	22.6	10.0
	Family/Carer	47.3	35.2	13.3	4.1	30.5	38.3	20.5	10.7
Unstable	Pain	34.1	23.7	31.1	11.1	22.3	27.2	31.8	18.6
	Other Symptom	7.0	26.6	51.0	15.4	6.7	22.8	40.8	29.7
	Psychological/Spiritual	10.8	43.3	36.2	9.6	12.3	34.5	33.6	19.6
	Family/Carer	37.7	31.2	22.3	8.7	20.1	31.4	29.4	19.1
Deteriorating	Pain	39.8	27.4	22.6	10.2	26.5	31.8	28.1	13.7
	Other Symptom	6.4	28.8	45.7	19.1	7.1	20.8	38.6	33.5
	Psychological/Spiritual	13.7	42.7	32.1	11.5	15.4	33.3	31.5	19.8
	Family/Carer	27.4	33.3	26.7	12.7	16.9	29.0	30.6	23.4
Terminal	Pain	39.4	27.1	22.0	11.4	35.8	27.2	21.8	15.2
	Other Symptom	19.7	25.3	32.1	22.9	20.4	22.0	28.8	28.8
	Psychological/Spiritual	41.0	26.8	20.8	11.5	34.4	28.0	20.2	17.3
	Family/Carer	15.0	26.5	29.4	29.0	13.3	25.8	31.1	29.8

**Table 22 Profile of PC Problem Severity Scores (percentages) at beginning of phase by phase type - patients not admitted overnight**

Phase	Problem severity	VIC				All services			
		Absent	Mild	Moderate	Severe	Absent	Mild	Moderate	Severe
Stable	Pain	31.5	52.6	14.9	1.1	35.0	49.8	14.0	1.2
	Other Symptom	16.1	55.3	26.4	2.2	16.0	55.0	26.1	2.8
	Psychological/Spiritual	21.5	57.3	19.4	1.8	23.6	54.1	19.6	2.7
	Family/Carer	16.2	48.7	31.0	4.1	21.8	47.0	26.7	4.5
Unstable	Pain	15.2	27.2	40.2	17.4	16.9	27.9	37.5	17.7
	Other Symptom	6.2	35.0	45.1	13.6	5.2	28.7	47.9	18.2
	Psychological/Spiritual	9.5	50.0	33.8	6.7	11.2	41.9	37.5	9.3
	Family/Carer	12.5	35.1	42.1	10.3	12.4	31.5	42.8	13.3
Deteriorating	Pain	24.2	47.9	24.3	3.7	26.7	44.1	24.3	4.8
	Other Symptom	5.8	37.2	47.1	9.8	5.3	34.1	49.2	11.4
	Psychological/Spiritual	13.1	49.9	31.8	5.2	15.6	46.2	31.7	6.5
	Family/Carer	6.7	33.1	47.4	12.8	10.6	34.1	43.2	12.1
Terminal	Pain	26.5	41.9	26.5	5.1	34.5	38.6	21.1	5.8
	Other Symptom	15.6	36.8	28.2	19.4	20.6	29.3	31.1	19.1
	Psychological/Spiritual	34.8	34.5	22.5	8.2	37.0	31.4	22.6	9.0
	Family/Carer	4.5	23.4	44.4	27.7	7.2	22.8	46.7	23.3

**Table 23 Average Symptom Assessment Scores (SAS) at beginning of phase by phase and episode type**

Phase	Symptom Assessment Score	Overnight admitted		Not admitted overnight	
		VIC	All services	VIC	All services
Stable	Insomnia	0.9	1.5	1.4	1.4
	Appetite	2.1	2.5	2.8	2.6
	Nausea	0.6	0.9	0.6	0.6
	Bowels	1.3	1.9	0.9	1.1
	Breathing	1.3	1.7	1.5	1.5
	Fatigue	4.2	4.4	4.1	4.1
	Pain	1.4	2.2	1.6	1.7
Unstable	Insomnia	1.2	2.3	2.3	2.5
	Appetite	3.2	3.8	3.9	3.9
	Nausea	1.0	1.6	1.6	1.7
	Bowels	1.7	2.7	1.4	1.9
	Breathing	1.7	2.5	2.0	2.2
	Fatigue	5.2	5.4	5.2	5.5
	Pain	2.6	3.6	3.8	3.8
Deteriorating	Insomnia	1.2	1.9	1.7	1.9
	Appetite	3.1	3.7	3.9	3.7
	Nausea	0.8	1.3	1.0	1.0
	Bowels	1.6	2.6	1.3	1.6
	Breathing	1.8	2.8	2.1	2.3
	Fatigue	5.6	5.6	5.7	5.7
	Pain	2.4	3.3	2.3	2.4

*Continued...*

Phase	Symptom Assessment Score	Overnight admitted		Not admitted overnight	
		VIC	All services	VIC	All services
Terminal	Insomnia	0.3	0.9	1.1	1.2
	Appetite	1.6	2.1	4.2	3.4
	Nausea	0.4	0.7	0.7	0.6
	Bowels	1.3	1.8	1.5	1.2
	Breathing	2.5	2.8	2.2	2.3
	Fatigue	4.0	3.8	6.2	5.9
	Pain	2.5	2.6	2.4	2.0

**Table 24 Karnofsky score at phase start by episode type**

Karnofsky score	Overnight admitted				Not admitted overnight			
	VIC	%	All Services	%	VIC	%	All Services	%
Comatose or barely rousable	285	9.1	2049	9.1	177	3.1	448	3.6
Totally bedfast and requiring extensive nursing care	625	20.0	4582	20.5	434	7.6	1065	8.4
Almost completely bedfast	316	10.1	2471	11.0	400	7.0	741	5.9
In bed more than 50% of the time	574	18.3	3518	15.7	667	11.7	1361	10.8
Requires considerable assistance	618	19.7	4304	19.2	1291	22.7	2766	21.9
Requires occasional assistance	502	16.0	2904	13.0	1296	22.8	2901	23.0
Cares for self	161	5.1	870	3.9	773	13.6	1791	14.2
Normal activity with effort	34	1.1	309	1.4	340	6.0	826	6.5
Able to carry on normal activity; minor signs or symptoms	10	0.3	109	0.5	104	1.8	252	2.0
Normal; no complaints; no evidence of disease	0	0.0	8	0.0	5	0.1	12	0.1
Not stated/inadequately described	6	0.2	1280	5.7	206	3.6	456	3.6
<b>Total</b>	<b>3131</b>	<b>100.0</b>	<b>22404</b>	<b>100.0</b>	<b>5693</b>	<b>100.0</b>	<b>12619</b>	<b>100.0</b>

Note: Bereavement phase and records where Karnofsky was 0 (dead) are excluded from the table.

**Table 25 Reason for phase end by phase and episode type**

Phase	Phase end reason	Overnight admitted				Not admitted overnight			
		VIC	%	All services	%	VIC	%	All services	%
Stable	Phase change	578	59.2	3104	51.1	2050	81.9	3260	70.1
	Discharge/case closure	378	38.7	2810	46.3	349	13.9	1088	23.4
	Died	13	1.3	143	2.4	40	1.6	223	4.8
	Bereavement phase end	6	0.6	6	0.1	0	0.0	1	0.0
	Not stated/inadequately described	2	0.2	11	0.2	64	2.6	77	1.7
	<i>Total</i>		<i>977</i>	<i>100.0</i>	<i>6074</i>	<i>100.0</i>	<i>2503</i>	<i>100.0</i>	<i>4649</i>
Unstable	Phase change	888	88.1	5915	86.2	1116	86.8	2007	79.4
	Discharge/case closure	84	8.3	628	9.2	132	10.3	424	16.8
	Died	33	3.3	300	4.4	11	0.9	67	2.7
	Bereavement phase end	3	0.3	11	0.2	0	0.0	1	0.0
	Not stated/inadequately described	0	0.0	9	0.1	26	2.0	28	1.1
	<i>Total</i>		<i>1008</i>	<i>100.0</i>	<i>6863</i>	<i>100.0</i>	<i>1285</i>	<i>100.0</i>	<i>2527</i>
Deteriorating	Phase change	492	72.5	4005	68.0	1266	82.3	2660	61.0
	Discharge/case closure	45	6.6	777	13.2	162	10.5	1266	29.1
	Died	136	20.0	1075	18.2	85	5.5	399	9.2
	Bereavement phase end	4	0.6	26	0.4	0	0.0	5	0.1
	Not stated/inadequately described	2	0.3	8	0.1	26	1.7	28	0.6
	<i>Total</i>		<i>679</i>	<i>100.0</i>	<i>5891</i>	<i>100.0</i>	<i>1539</i>	<i>100.0</i>	<i>4358</i>
Terminal	Phase change	43	9.1	403	10.8	248	66.5	445	38.2
	Discharge/case closure	3	0.6	93	2.5	22	5.9	65	5.6
	Died	418	88.0	3215	86.0	94	25.2	642	55.1
	Bereavement phase end	9	1.9	23	0.6	0	0.0	3	0.3
	Not stated/inadequately described	2	0.4	5	0.1	9	2.4	10	0.9
	<i>Total</i>		<i>475</i>	<i>100.0</i>	<i>3739</i>	<i>100.0</i>	<i>373</i>	<i>100.0</i>	<i>1165</i>

## Section 3 - Benchmark analysis

### Benchmark Measure 1 - Time from referral to first contact

Table 26 and Figures 3 and 4 below present descriptive data on the first benchmark measure. This measure is the percentage of patients seen either on the day of, or the day following the referral. The benchmark is **90%**.

The time from referral to first contact is calculated as the time from the date of referral to either the date of first contact (if provided) or the episode start date.

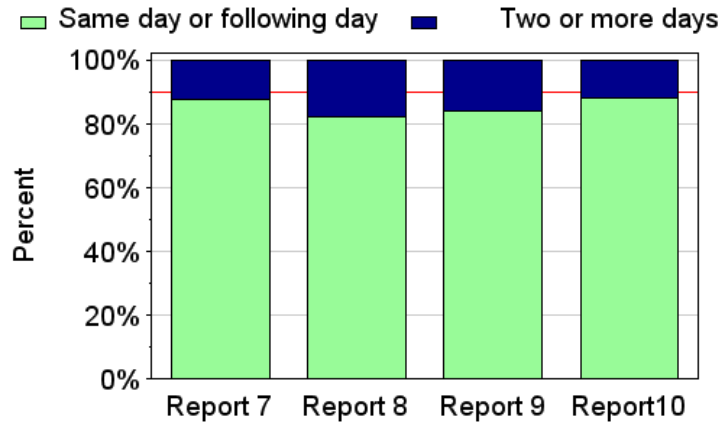
**Table 26** *Time from referral to first contact by episode type*

Time (in days)	Overnight admitted patients				Patients not admitted overnight			
	VIC	%	All Services	%	VIC	%	All Services	%
Same day or following day	1061	87.9	8270	89.2	1320	43.8	3299	54.5
2-7 days	118	9.8	818	8.8	1062	35.2	1746	28.8
8-14 days	16	1.3	104	1.1	372	12.3	562	9.3
Greater than 14 days	12	1.0	80	0.9	263	8.7	449	7.4
Average	1.3	na	1.3	na	3.4	na	2.9	na
Median	1	na	1	na	2	na	1	na

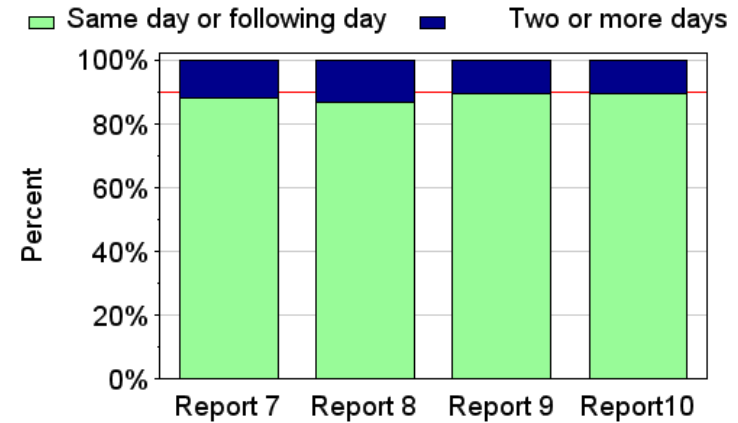
Note: Episodes where referral date was not recorded are excluded from the table. In addition, all records where time from referral to first contact or time from first contact to episode start was greater than 7 days were considered to be outliers and were assumed to equal 7 days for the purpose of calculating the average and median time.

Figure 3 Time from referral to first contact - overnight admitted patients

**VIC**

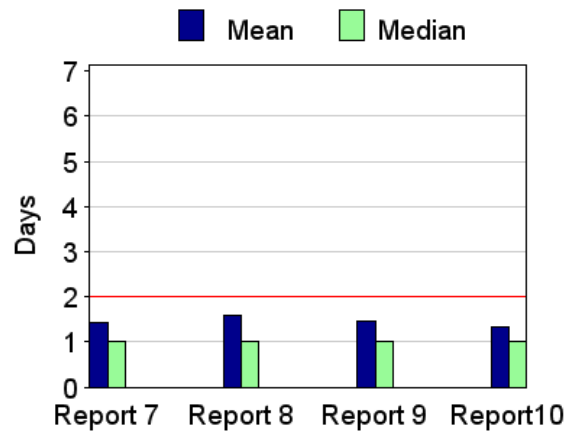


**All services**



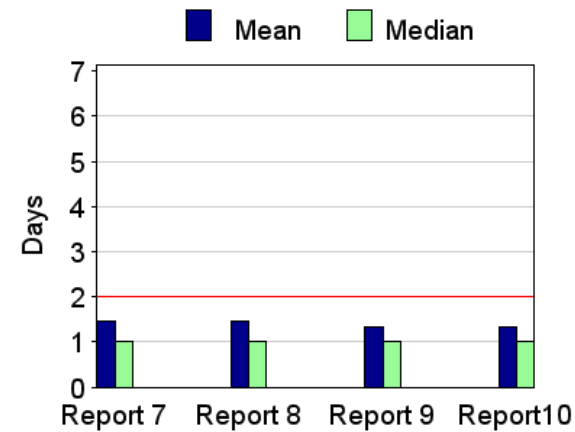
**Time from referral to first contact**

**VIC**



**Time from referral to first contact**

**All services**



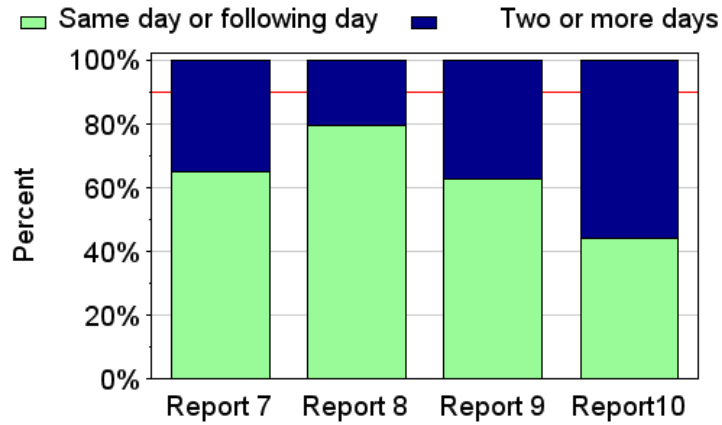
**Mean and median time from referral to first contact**

**Mean and median time from referral to first contact**

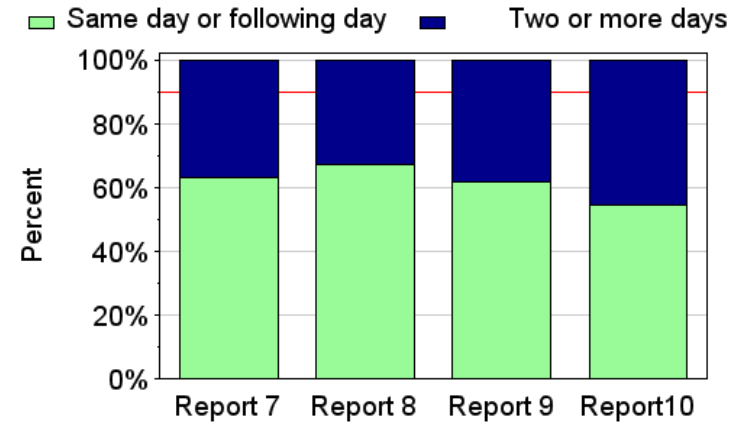


Figure 4 Time from referral to first contact - patients not admitted overnight

**VIC**

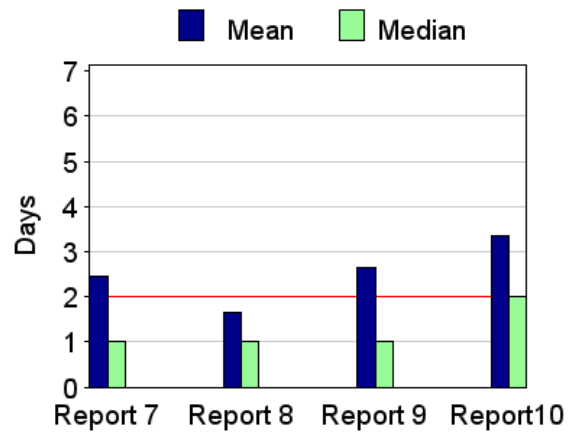


**All services**



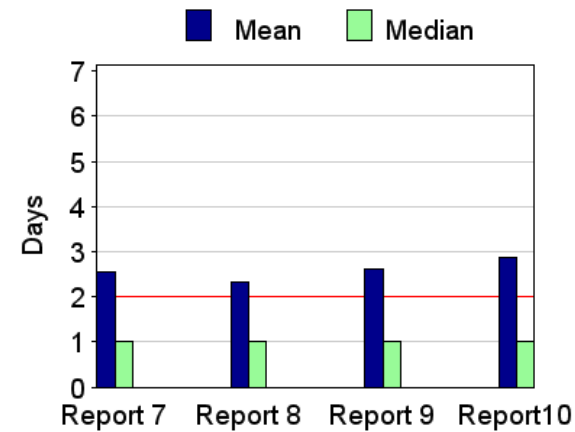
**Time from referral to first contact**

**VIC**



**Time from referral to first contact**

**All services**



Mean and median time from referral to first contact

Mean and median time from referral to first contact

## Benchmark Measure 2 - Time in unstable phase

The following table presents descriptive data on the second benchmark measure. The first part of this measure is the percentage of patients remaining unstable for less than 7 days and is split based on whether the patient is in the unstable phase at the start of the episode (i.e. first phase of episode) or is assessed in the unstable phase during the episode (i.e. not the first phase of episode). The benchmark is **85%** for patients when the first phase is the unstable phase and **90%** for patients in the unstable phase during an episode when it is not the first phase. The second part of this measure is the median time spent in the unstable phase and the benchmark is **2 days or less**.

*Table 27 Time in unstable phase by episode type and occurrence of unstable phase*

Episode type	Occurrence of unstable phase	Number		Percent unstable for < 7 days		Median days in unstable phase	
		VIC	All Services	VIC	All Services	VIC	All Services
Overnight admitted	First phase	565	4553	86.9	77.5	3	3
	Not first phase	443	2310	89.6	87.6	2	2
	<i>Total</i>	<i>1008</i>	<i>6863</i>	<i>88.1</i>	<i>80.9</i>	<i>2</i>	<i>3</i>
Not admitted overnight	First phase	569	1075	50.8	48.5	6	7
	Not first phase	716	1452	57.5	61.9	4	4
	<i>Total</i>	<i>1285</i>	<i>2527</i>	<i>54.6</i>	<i>56.2</i>	<i>5</i>	<i>5</i>

## Benchmark Measure 3 - Change in pain

### Change in pain PC Problem Severity Score (PCPSS)

The following two tables present data on the third benchmark measure in relation to pain PCPSS. The first measure is the percentage of patients with absent/mild pain at phase start remaining with absent/mild pain at phase end and the benchmark is **90%**. The second measure is the percentage of patients with moderate/severe pain at phase start with absent/mild pain at phase end and the benchmark is **60%**. Note that only phases with a valid pain score at both the start and the end of the phase are included in the following analysis.

**Table 28** *Patients with absent or mild pain at beginning of phase whose pain remained absent or mild at end of phase*

Episode type		VIC				All Services			
		Report 7	Report 8	Report 9	Report 10	Report 7	Report 8	Report 9	Report 10
Overnight admitted	Number	758	630	771	1079	2485	2166	2860	3969
	%	83.7	75.5	78.9	79.5	82.3	75.9	79.0	79.0
Not admitted overnight	Number	455	515	554	1310	1201	1336	1441	2415
	%	83.9	76.6	77.4	75.0	79.1	77.1	75.8	74.9

**Table 29** *Patients with moderate or severe pain at beginning of phase whose pain decreased to absent or mild at end of phase*

Episode type		VIC				All Services			
		Report 7	Report 8	Report 9	Report 10	Report 7	Report 8	Report 9	Report 10
Overnight admitted	Number	201	234	257	351	1024	1031	1257	1655
	%	39.4	52.9	56.0	59.2	38.1	40.8	44.0	46.6
Not admitted overnight	Number	83	148	199	455	270	382	485	806
	%	45.1	56.9	61.8	58.9	38.1	54.0	55.7	57.5

## Change in pain Symptom Assessment Score (SAS)

The following two tables present data on the third benchmark measure in relation to pain SAS. The first measure is the percentage of patients with absent/mild pain at phase start remaining with absent/mild pain at phase end and the benchmark is **90%**. The second measure is the percentage of patients with moderate/severe pain at phase start with absent/mild pain at phase end and the benchmark is **60%**. Note that only phases with a valid pain score at both the start and the end of the phase are included in the following analysis.

**Table 30** *Patients with absent or mild pain at beginning of phase whose pain remained absent or mild at end of phase*

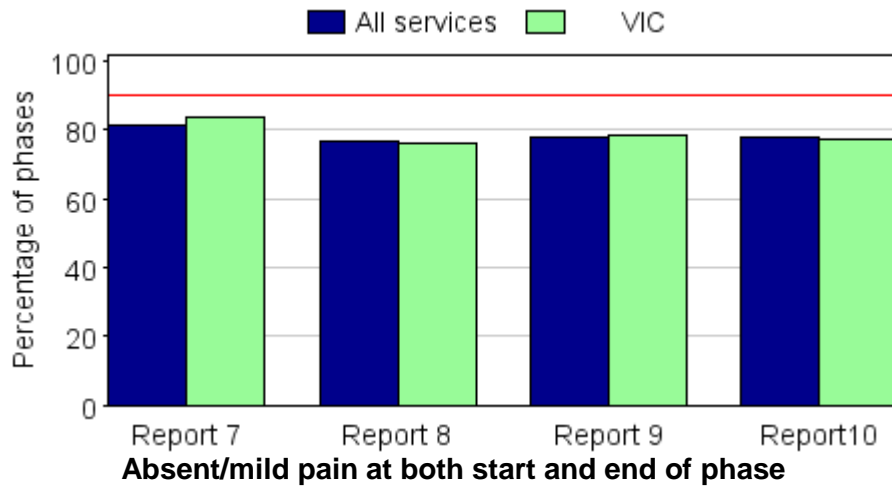
Episode type		VIC				All Services			
		Report 7	Report 8	Report 9	Report 10	Report 7	Report 8	Report 9	Report 10
Overnight admitted	Number	718	649	728	894	3107	2950	3370	4672
	%	82.2	78.9	80.5	79.0	82.4	76.7	79.8	78.8
Not admitted overnight	Number	389	486	511	1308	2624	2008	1978	2825
	%	78.3	72.1	77.5	75.3	81.6	76.8	78.2	76.4

**Table 31** *Patients with moderate or severe pain at beginning of phase whose pain decreased to absent or mild at end of phase*

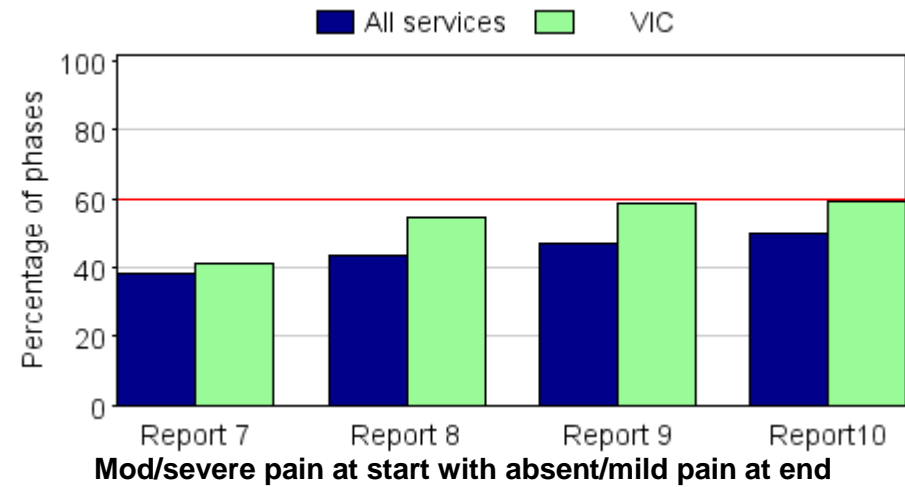
Episode type		VIC				All Services			
		Report 7	Report 8	Report 9	Report 10	Report 7	Report 8	Report 9	Report 10
Overnight admitted	Number	208	199	185	218	1235	1339	1453	1912
	%	40.8	46.8	51.2	51.9	41.2	41.0	41.3	45.7
Not admitted overnight	Number	107	177	158	408	552	598	591	846
	%	48.0	60.0	60.5	60.4	40.4	50.1	53.1	55.3

Figure 5 Change in pain benchmark measures - all phases

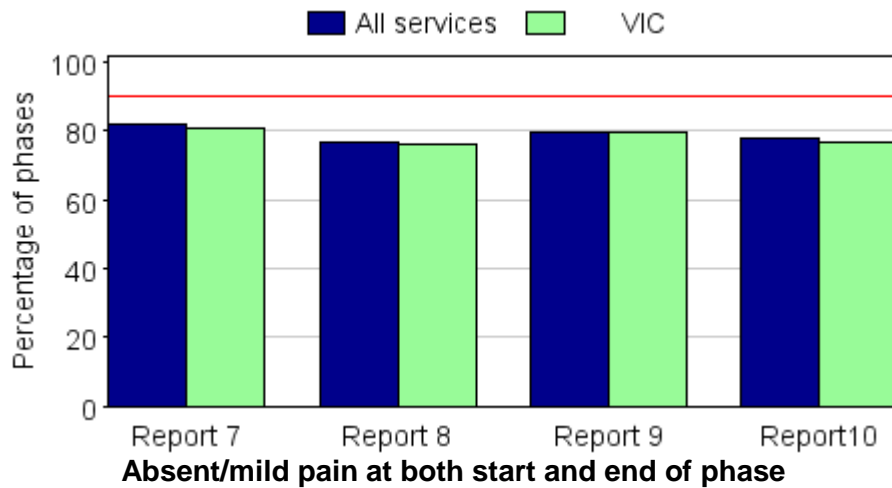
**Pain PCPSS**



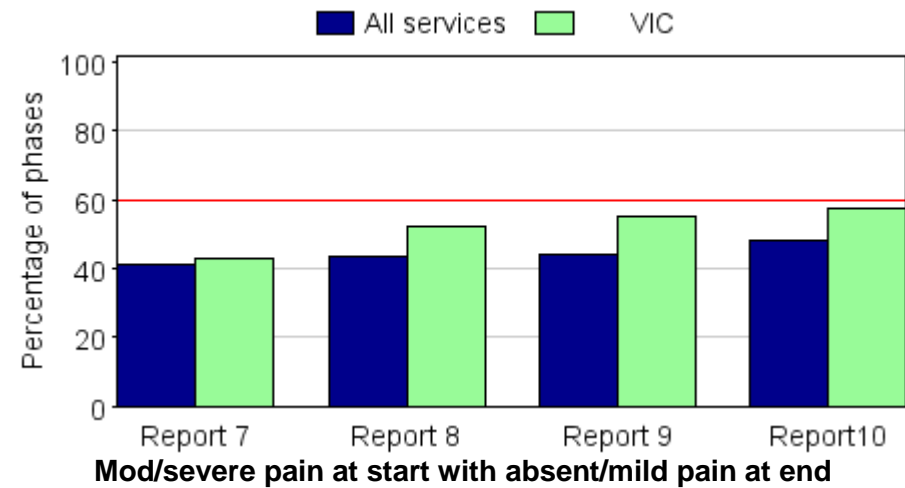
**Pain PCPSS**



**Pain SAS**



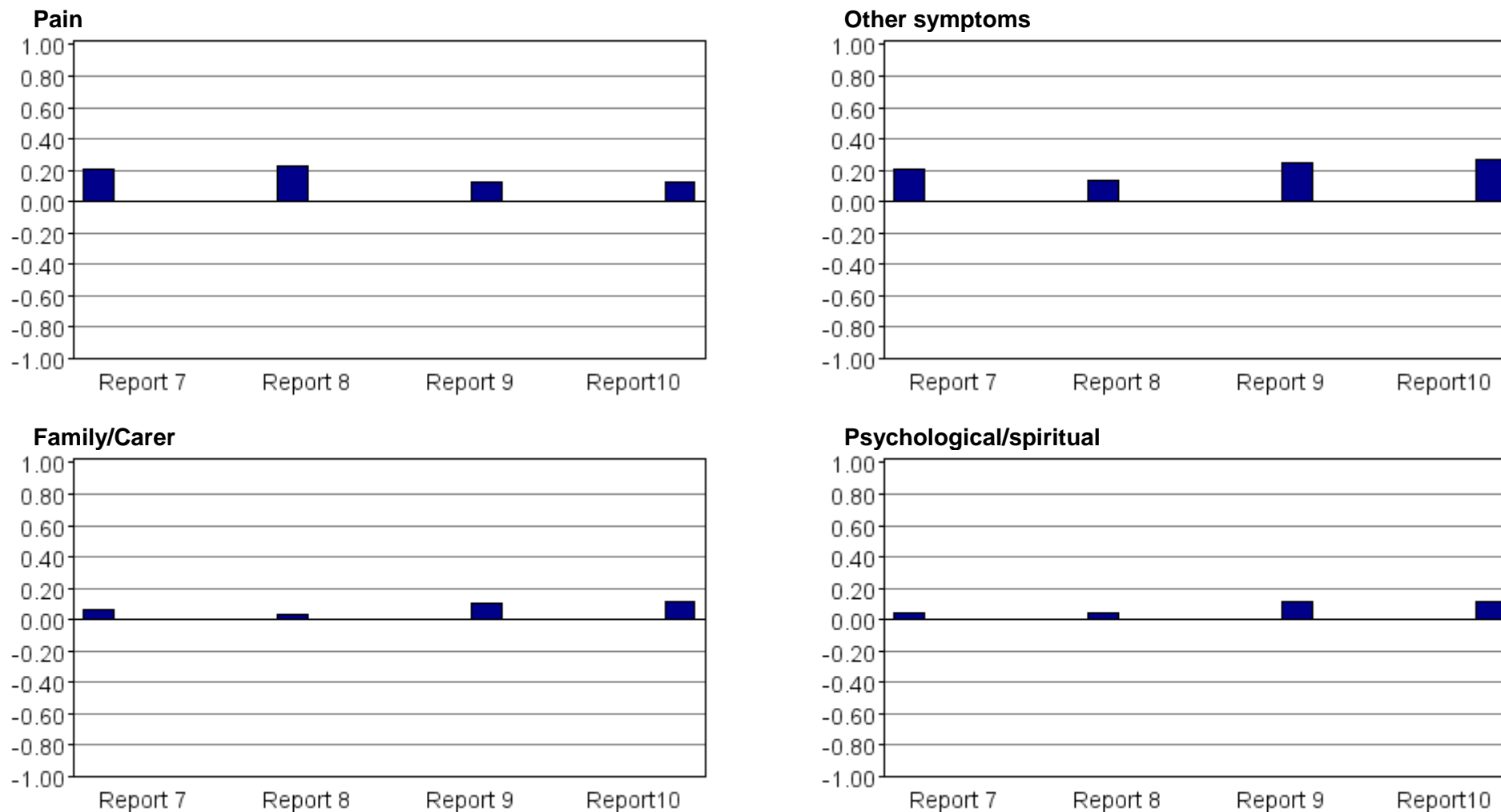
**Pain SAS**



## Benchmark Measure 4 - Change in symptoms relative to the national average

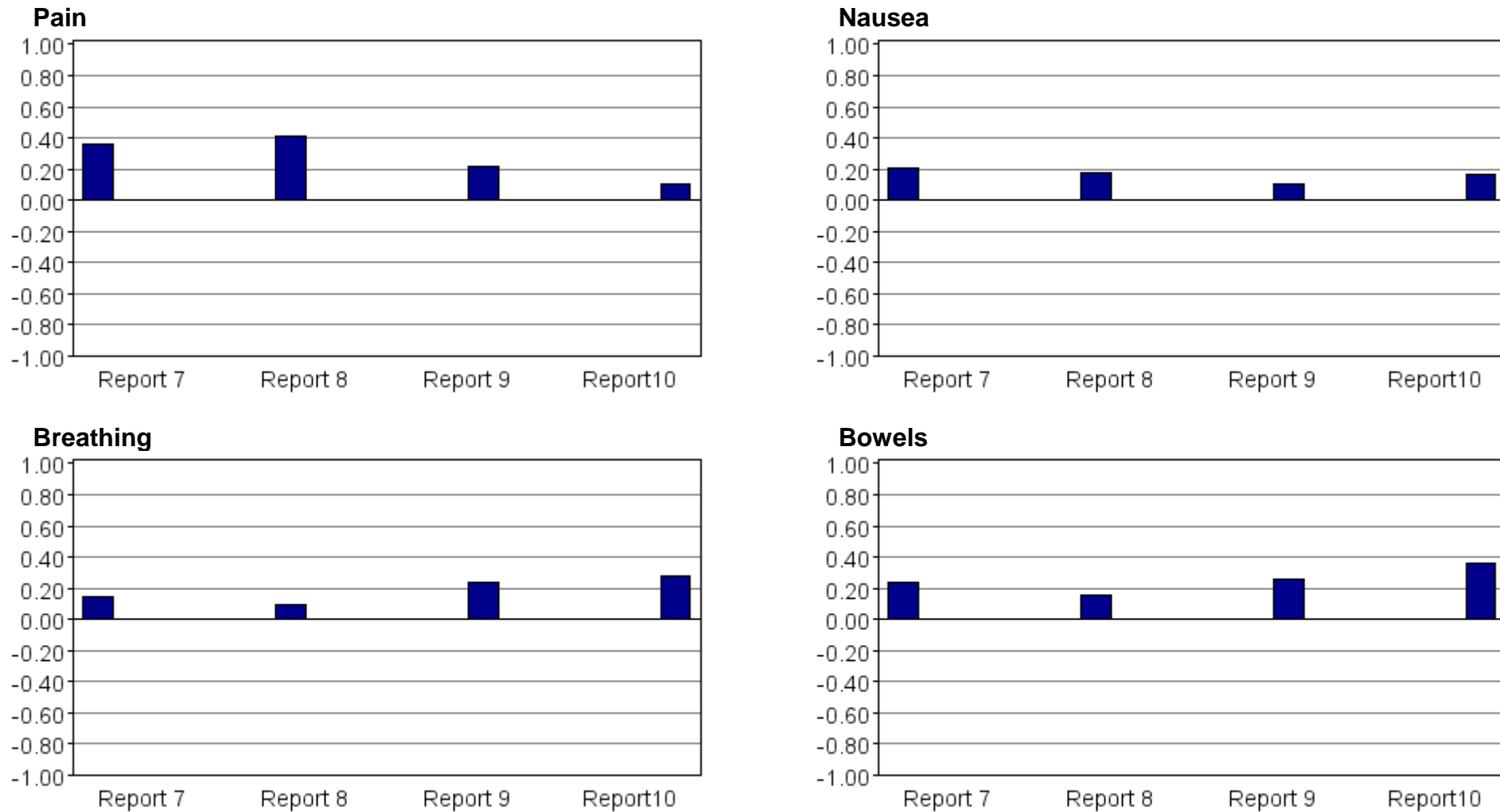
Please refer to the glossary section for a detailed explanation of the following analysis. The benchmark for this measure is 0 or above. This means that if your service has a score of zero or higher then you have met the benchmark.

**Figure 6** PCPSS mean change adjusted for phase and symptom score at start of phase for VIC



Note: Only services with 10 or more valid phases are included in the above graphs.

Figure 7 SAS mean change adjusted for phase and symptom score at start of phase for VIC



Note: Only services with 10 or more valid phases are included in the above graphs.

## Appendix 1 - Services included in this report

This report includes data from the following 91 services:

**Table 32** *Services providing data*

Palliative Care Service	State	Begin date	End date	Months
Baringa Private Hospital	NSW	July 2010	November 2010	5
Calvary Health Care Sydney	NSW	July 2010	December 2010	6
Calvary Health Care Riverina	NSW	July 2010	November 2010	5
Calvary Mater Newcastle	NSW	July 2010	December 2010	6
Camden Hospital	NSW	July 2010	August 2010	2
Canterbury Hospital	NSW	July 2010	December 2010	6
Coffs Harbour Palliative Care Service	NSW	July 2010	December 2010	6
David Berry Hospital	NSW	July 2010	December 2010	6
HammondCare - Braeside Hospital	NSW	July 2010	December 2010	6
HammondCare - Greenwich Hospital	NSW	July 2010	December 2010	6
HammondCare - Neringah Hospital	NSW	July 2010	December 2010	6
Lourdes Hospital	NSW	July 2010	December 2010	6
Manning Rural Referral Hospital	NSW	July 2010	December 2010	6
Mercy Care Centre - Young	NSW	July 2010	December 2010	6
Mercy Health Service Albury	NSW	July 2010	December 2010	6
Mt Druitt Hospital	NSW	July 2010	December 2010	6
Port Kembla Hospital	NSW	July 2010	December 2010	6
Sacred Heart Palliative Care Service	NSW	July 2010	December 2010	6
St Joseph's Hospital	NSW	July 2010	December 2010	6
St Vincent's Hospital Lismore	NSW	July 2010	December 2010	6
St Vincent's Hospital, Sydney - Palliative Care Consult Service	NSW	July 2010	December 2010	6
Tamworth Base Hospital	NSW	July 2010	December 2010	6

*Continued...*



Palliative Care Service	State	Begin date	End date	Months
Tweed Heads Community Health	NSW	July 2010	December 2010	6
Westmead Hospital	NSW	July 2010	December 2010	6
Banksia Palliative Care Services	VIC	July 2010	December 2010	6
Caritas Christi - Fitzroy	VIC	July 2010	December 2010	6
Caritas Christi - Kew	VIC	July 2010	December 2010	6
Eastern Palliative Care	VIC	July 2010	December 2010	6
Gandarra Palliative Care Unit - Ballarat	VIC	July 2010	December 2010	6
Goulburn Valley Hospice Inc.	VIC	July 2010	December 2010	6
Lower Hume Palliative Care	VIC	July 2010	December 2010	6
McCulloch House - inpatient unit	VIC	December 2010	December 2010	1
Melbourne Citymission Palliative Care	VIC	July 2010	December 2010	6
Mercy Palliative Care - Medical Consultant	VIC	July 2010	December 2010	6
Mercy Palliative Care - Sunshine	VIC	July 2010	December 2010	6
Northern Health Broadmeadows Palliative Care Unit	VIC	July 2010	December 2010	6
Northern Health Palliative Care Consult Team	VIC	July 2010	August 2010	2
Peter MacCallum Cancer Centre	VIC	July 2010	December 2010	6
Royal Melbourne Hospital Palliative Care Unit	VIC	July 2010	December 2010	6
South East Palliative Care	VIC	July 2010	December 2010	6
Sunraysia Community Palliative Care Service Clinic	VIC	July 2010	December 2010	6
Werribee Mercy Hospital	VIC	July 2010	December 2010	6
Western Health - Community	VIC	August 2010	December 2010	5
Bundaberg Palliative Access	QLD	July 2010	December 2010	6
Cairns and Gordonvale Hospital	QLD	July 2010	December 2010	6
Caloundra Hospital	QLD	July 2010	December 2010	6
Canossa Private Hospital	QLD	July 2010	December 2010	6
Gladstone Hospital	QLD	July 2010	December 2010	6
Gympie Hospital	QLD	July 2010	November 2010	5
Hervey Bay & Fraser Coast Palliative Care Service	QLD	July 2010	December 2010	6

Continued...

Palliative Care Service	State	Begin date	End date	Months
Hopewell Hospice	QLD	July 2010	December 2010	6
Ipswich Hospice	QLD	July 2010	December 2010	6
Ipswich Hospital	QLD	July 2010	December 2010	6
Karuna Hospice Services	QLD	July 2010	December 2010	6
Mater Adult's Hospital Brisbane	QLD	July 2010	December 2010	6
Mater Private Brisbane	QLD	July 2010	December 2010	6
Mater Private Bundaberg	QLD	July 2010	December 2010	6
Mater Private Mackay	QLD	July 2010	December 2010	6
Mater Private Rockhampton	QLD	July 2010	December 2010	6
Nambour Hospital	QLD	July 2010	December 2010	6
Redcliffe Hospital Palliative Care Unit	QLD	July 2010	December 2010	6
Rockhampton Base Hospital	QLD	July 2010	December 2010	6
Royal Brisbane and Women's Hospital	QLD	July 2010	December 2010	6
St Vincent's Hospital Brisbane	QLD	July 2010	December 2010	6
Sunshine Coast and Cooloola Community Palliative Care Service	QLD	July 2010	December 2010	6
The Prince Charles Hospital	QLD	July 2010	December 2010	6
Townsville Palliative Care Centre	QLD	July 2010	December 2010	6
Wesley Private	QLD	July 2010	December 2010	6
Adelaide Hills Community Health Service	SA	July 2010	December 2010	6
Calvary Health Care Adelaide (Mary Potter Hospice)	SA	July 2010	December 2010	6
Lyell McEwin Palliative Care Service	SA	July 2010	December 2010	6
Modbury Hospice SA	SA	July 2010	December 2010	6
Port Lincoln Health Service	SA	July 2010	December 2010	6
Port Pirie Regional Health Service	SA	July 2010	December 2010	6
Royal Adelaide Hospital	SA	July 2010	December 2010	6
South East Regional Community Health Service	SA	July 2010	December 2010	6
Southern Adelaide Palliative Services	SA	July 2010	December 2010	6
Stirling District Hospital	SA	July 2010	December 2010	6

Continued...

Palliative Care Service	State	Begin date	End date	Months
Yorke Peninsula Palliative Care	SA	July 2010	December 2010	6
Albany Palliative Care Service	WA	July 2010	December 2010	6
Bethesda Hospital	WA	July 2010	December 2010	6
Geraldton Palliative Care Community Service	WA	July 2010	December 2010	6
Northam Palliative Care	WA	July 2010	December 2010	6
Peel Community Palliative Care Service	WA	July 2010	December 2010	6
Royal Perth Hospital	WA	July 2010	December 2010	6
Silver Chain Hospice Care Service	WA	July 2010	December 2010	6
St John of God Hospital - Geraldton	WA	July 2010	December 2010	6
St John of God Murdoch Community Hospice	WA	July 2010	December 2010	6
Calvary Health Care Tasmania - St John's	TAS	July 2010	December 2010	6
JW Whittle Palliative Care Unit	TAS	July 2010	December 2010	6
Calvary Health Care Canberra (Clare Holland House)	ACT	July 2010	December 2010	6

## Appendix 2 - Data consistency

Consistency with PCOC version 2 data standards is summarised below. Over this 6 month period consistency with patient, episode and phase level data items for VIC and for all services has been calculated. Consistency refers to completion of data items used within this report with valid entries based on the PCOC version 2 item codes.

In addition, some data items are not required to be completed. For example, place of death is only required for not admitted overnight patients who died. Hence the complete column in the following tables only refers to the percentage of complete records where the data item was required to be completed.

**Table 33** *Data consistency - patient level items*

Data item	VIC	All Services
	% Complete	% Complete
Date of birth	100.0	100.0
Sex	100.0	99.9
Indigenous status	88.1	94.6
Country of birth	83.0	92.5
Main language	87.7	93.6
Primary diagnosis	99.3	98.3

**Table 34** *Data consistency - episode level items*

Data item	VIC	All Services
	% Complete	% Complete
Date of first contact/assessment	99.8	95.3
Referral date	99.9	91.4
Referral source	86.7	93.6
Episode start date	100.0	100.0
Mode of episode start	100.0	99.4
Accommodation at episode start	95.5	92.7
Episode end date	100.0	99.9
Level of support at episode start	99.4	81.6
Mode of episode end	98.9	98.3
Accommodation at episode end	77.1	82.2
Level of support at episode end	96.7	93.6
Place of death	98.3	94.6

**Table 35** *Data consistency - phase level items*

Data item	Sub-Category (where applicable)	VIC %Complete	All Services %Complete
Phase start date		100.0	100.0
Phase		100.0	100.0
RUG-ADL at phase start	Bed Mobility	86.2	94.2
	Toileting	86.2	94.2
	Transfers	86.0	94.0
	Eating	85.7	93.4
PC Problem Severity at phase start	Pain	96.9	75.8
	Other Symptom	94.5	81.9
	Psychological/Spiritual	96.5	90.6
	Family/Carer	96.4	89.0
Symptom Assessment Score at phase start	Insomnia	70.3	83.5
	Appetite	83.9	86.6
	Nausea	82.3	86.9
	Bowels	80.6	86.2
	Breathing	82.4	86.9
	Fatigue	85.6	87.5
	Pain	85.5	87.9
Phase end reason		98.5	99.5
Karnofsky at phase start		97.6	95.1

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## Appendix 3 – Glossary

### Overnight admitted and not admitted overnight groups

Where appropriate, the analysis in this report has been reported by episode type. The PCOC definition of episode type is “The location of the patient for this episode”. The options are as follows:

- 0 Overnight admitted patient in a non-designated inpatient palliative care bed/unit
- 1 Overnight admitted patient in a designated inpatient palliative care bed/unit.
- 3 Ambulatory
- 4 Community
- 5 Consultation service

These 5 options have been grouped into 2 for the purpose of reporting. The 2 groups are as follows:

- Overnight admitted Includes episode types 0 and 1
- Not admitted overnight Includes episode types 3, 4 and 5

However, consultation services have been difficult to categorise into the above groups. Consultation services have been included in the overnight admitted group, with the exception of services identifying as outpatient or community consultancy which have been included in the not admitted overnight group. Consultation services that treat patients in a hospital bed have been instructed to tick “0” or “1” for the episode type field. Consultation services that treat patients in an outpatient setting or in the community have been instructed to tick “5” for the episode type field.

### Episode of care

An episode of care is a period of contact between a patient and a palliative care service that is provided by one palliative care service and occurs in one setting (either overnight admitted patient or not admitted overnight patient). When a patient moves from their home to a residential aged care facility (RACF) it is considered their home and the episode continues. An episode of care refers to the care received between admission and separation within one setting. An episode of palliative care begins:

- on the day the patient is assessed face to face by the palliative care provider and there is agreement between the patient and the service.

An episode of palliative care ends when:

- the principal clinical intent of the care changes and the patient is no longer receiving palliative care or
- when the patient is formally separated from the hospital/hospice/community.

## Phase of care

The palliative care phase is the stage of the patient's illness. Palliative care phases are not sequential and a patient may move back and forth between phases. Palliative care phases provide a clinical indication of the level of care required and have been shown to correlate strongly with survival within longitudinal, prospective studies. There are 5 palliative care phases; stable, unstable, deteriorating, terminal and bereaved. The definitions are as follows:

### Phase 1: Stable

All clients not classified as unstable, deteriorating, or terminal.

- The person's symptoms are adequately controlled by established management. Further interventions to maintain symptom control and quality of life have been planned.
- The situation of the family/carers is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.

### Phase 2: Unstable

- The person experiences the development of a new unexpected problem or a rapid increase in the severity of existing problems, either of which require an urgent change in management or emergency treatment
- The family/carers experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.

### Phase 3: Deteriorating

- The person experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment.
- The family/carers experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the person. This requires a planned support program and counselling as necessary.

### Phase 4: Terminal

Death is likely in a matter of days and no acute intervention is planned or required. The use of frequent, usually daily, interventions aimed at physical, emotional and spiritual issues is required.

The typical features of a person in this phase may include the following:

- Profoundly weak
- Essentially bed bound
- Drowsy for extended periods
- Disoriented and has a severely limited attention span
- Increasingly disinterested in food and drink
- Finding it difficult to swallow medication
- The family/carers recognise that death is imminent and care is focused on emotional and spiritual issues as a prelude to bereavement.



## Phase 5: Bereaved

Death of the patient has occurred and the carers are grieving. A planned bereavement support program is available including referral for counseling as necessary. Record only one bereavement phase per patient - not one for each carer/family member.

### Resource Utilisation Groups- Activities of Daily Living Definitions (RUG-ADL)

RUG-ADL consists of 4 items (bed mobility, toileting, transfers and eating) and should be assessed on admission, at phase change and at episode end. The item score definitions are as follows:

RUG –ADL Item	Score	Definition
<b>BED MOBILITY</b>		Ability to move in bed after the transfer into bed has been completed.
Independent or supervision only	1	Able to readjust position in bed, and perform own pressure area relief, through spontaneous movement around bed or with prompting from carer. No hands-on assistance required. May be independent with the use of a device.
Limited physical assistance	3	Able to readjust position in bed, and perform own pressure area relief, with the assistance of one person.
Other than two persons physical assist	4	Requires the use of a hoist or other assistive device to readjust position in bed and provide pressure relief. Still requires the assistance of one person for task.
Two or more persons physical assist	5	Requires 2 or more assistants to readjust position in bed, and perform pressure area relief.
<b>TOILETING</b>		Includes mobilising to the toilet, adjustment of clothing before and after toileting and maintaining perineal hygiene without the incidence of incontinence or soiling of clothes. If level of assistance differs between voiding and bowel movement, record the lower performance.
Independent or supervision only	1	Able to mobilise to toilet, adjusts clothing, cleans self, has no incontinence or soiling of clothing. All tasks are performed independently or with prompting from carer. No hands-on assistance required. May be independent with the use of a device. May be independent with the use of a device.
Limited physical assistance	3	Requires hands-on assistance of one person for one or more of the tasks.
Other than two persons physical assist	4	Requires the use of a catheter/uridome/urinal and/or colostomy/bedpan/commode chair and/or insertion of enema/ suppository. Requires assistance of one person for management of the device.
Two or more persons physical assist	5	Requires two or more assistants to perform any step of the task.
<b>TRANSFER</b>		Includes the transfer in and out of bed, bed to chair, in and out of shower/tub. Record the lowest performance of the day/night.
Independent or supervision only	1	Able to perform all transfers independently or with prompting of carer. No hands-on assistance required. May be independent with the use of a device.
Limited physical assistance	3	Requires hands-on assistance of one person to perform any transfer of the day/night.
Other than two persons physical assist	4	Requires use of a device for any of the transfers performed in the day/night. Requires only one person plus a device to perform the task.
Two or more persons physical assist	5	Requires 2 or more assistants to perform any transfer of the day/night.
<b>EATING</b>		Includes the tasks of cutting food, bringing food to mouth and chewing and swallowing food. Does not include preparation of the meal.
Independent or supervision only	1	Able to cut, chew and swallow food, independently or with supervision, once meal has been presented in the customary fashion. No hands-on assistance required. If individual relies on parenteral or gastrostomy feeding that he/she administers him/herself then Score 1.
Limited assistance	2	Requires hands on assistance of one person to set up or assist in bringing food to the mouth and/or requires food to be modified (soft or staged diet).
Extensive assistance/dependence/ tube fed	3	Person needs to be fed meal by assistant, or the individual does not eat or drink full meals by mouth but relies on parenteral/ gastrostomy feeding and does not administer feeds by him/herself.

### PC Problem Severity Score (PCPSS)

The problem severity is an overall score of the patient/client and family and contains 4 items. The 4 items are:

1. Pain
2. Other symptoms
3. Psychological/spiritual
4. Family/carer

Each item is given a score from 0-3:

0 = Absent

1 = Mild

2 = Moderate

3 = Severe

### Australia-modified Karnofsky Performance Status Scale (AKPS)

The Karnofsky used in PCOC is the Australia-modified version which is applicable to both inpatient and community palliative care. The AKPS assesses patient/client functioning and performance and can be used to indicate prognosis. The AKPS is often used in determining prognosis / survival times. The AKPS Definition Criteria is as follows:

- |     |  |
|-----|--|
| 100 | Normal; no complaints; no evidence of disease  |
| 90  | Able to carry on normal activity; minor signs of symptoms of disease                 |
| 80  | Normal activity with effort; some signs or symptoms of disease                       |
| 70  | Cares for self. Unable to carry on normal activity or to do active work              |
| 60  | Able to care for most needs, but requires occasional assistance.                     |
| 50  | Requires considerable assistance and frequent medical care required.                 |
| 40  | In bed more than 50% of the time.  |
| 30  | Almost completely bedfast.   |
| 20  | Totally bedfast and requiring extensive nursing care by professionals and/or family. |
| 10  | Comatose or barely rousable.   |
| 0   | Dead   |

### Symptom Assessment Scale (SAS)

There are 7 items (symptoms) in total and each one is given a score between 0-10 (not at all to worst possible). The 7 symptoms are insomnia, appetite, nausea, bowels, breathing, fatigue and pain. Symptoms are rated by the patient/client except where they are unable due to language barrier, hearing impairment or physical condition such as terminal phase or delirium, in which case a proxy is used. Use the most appropriate proxy. This may be the nurse or the family member. Highly rated or problematic symptoms may trigger other assessments or clinical interventions.

### Change in symptoms relative to the national average

These are measures of the mean change in symptoms on the PCPSS/SAS that are adjusted for both phase and for the symptom score at the start of each phase (note bereavement phases are excluded from the analysis). Therefore it is only able to be calculated on patients who either had a subsequent phase within the reporting period or were discharged. In other words it is a case mix adjusted score where we compare the change in symptom score for 'like' patients i.e. patients in the same phase who started with the same level of symptom.

This measure has been abbreviated to XCAS where X represents the symptom analysed. For example PCAS represents the Pain Case Mix Adjusted Score. Eight symptoms have been included in this report:

1. PCPSS Pain
2. PCPSS Other symptoms
3. PCPSS Psychological/spiritual
4. PCPSS Family/carer
5. SAS Pain
6. SAS Nausea
7. SAS Bowels
8. SAS Breathing

Your service is then able to see if you are doing the same, better or worse than the national average for similar patients. The baseline period for calculating the national averages is July-December 2008 (report 6 period) and this will remain as such until January 2011. On a national basis this means the change in symptoms relative to the national average for the report 6 period will be zero.

- If X-CAS for your service > 0  
on average, your patients' change in symptom was better than similar patients in the national database.
- If X-CAS for your service = 0  
On average, your patients' change in symptom was about the same as similar patients in the national database.

- If X-CAS for your service < 0  
On average, your patients' change in symptom was worse than similar patients in the national database

The mathematical algorithm and calculations are demonstrated below:

- Calculate the average change for all patients in the same phase and with the same symptom start score (each symptom class). This is the **expected** change.
- For each patient's phase, calculate their change in symptom score
- For each patient's phase, calculate the difference between their symptom score change and the average change for all patients in the same phase and with the same symptom start score
- Average across the service to produce the service's Symptom Casemix-Adjusted Score (i.e. PCAS)

Example:

Phase	PCPSS Pain start	PCPSS Pain change	Expected PCPSS Pain change	Difference
Stable	0	-1	-0.8	-0.2
Stable	1	0	-0.9	0.9
Unstable	3	2	1.6	0.4
Deteriorating	2	1	1.4	-0.4
PCAS = 0.175 [(-0.2+0.9+0.4-0.4)/4]				

If you would like further clarification regarding any of the analysis throughout this report, please contact PCOC at [pcoc@uow.edu.au](mailto:pcoc@uow.edu.au).

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## Acknowledgements

### *Contributions*

PCOC wishes to acknowledge the valuable contribution made by:

- Members of the Management Advisory Board of PCOC
- The many staff from palliative care services who have spent considerable time collecting, collating and correcting the data and without whose effort this report would not be possible
- The PCOC staff at the Centre for Health Service Development, University of Wollongong, for the analysis and reporting of the data
- The PCOC Quality Improvement Facilitators for working closely with services to support the data collection and data quality improvement processes
- The Australian Government Department of Health and Ageing for their funding of this initiative

### *Disclaimer*

PCOC has made every effort to ensure that the data used in this report are accurate. Data submitted to PCOC are checked for anomalies and services are asked to re-submit data prior to the production of the PCOC report. We would advise readers to use their professional judgement in considering all information contained in this report.

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