

## History of phases of palliative care

In 1993, the Australian Association for Hospice and Palliative Care held a 2-day national workshop for palliative care clinicians which resulted in the development of a draft casemix classification for palliative care (Smith and Firms 1994). The classification described five distinct, clinically meaningful, phases of palliative care – stable phase, acute phase, deteriorating phase, terminal phase and a post-death bereavement phase – based on four palliative care principles:

- In palliative care, the patient and carers are the unit of care.
- In palliative care, the focus is on the patient's needs, goals and priorities rather than the disease.
- Palliative care patients have 'episodes of care' that include acute exacerbations.
- Such 'episodes' must be applicable at home, hospice and hospital and must acknowledge the funding implications of care being required in all these settings (Smith 1993).

It was proposed that the acute, stable and deteriorating phases could be determined by the presence or absence of three variables: problem-related variables, variables related to activities of daily living and variables related to the degree of carer support. It was also proposed that in the terminal phase the degree of carer support was likely to be the only variable 'to cause significant variation in a clinical and resource sense' (Smith and Firms 1994, p 2).

The classification system was tested over three months in 1994 by the Western Australia Palliative Care Casemix Project, with data collected from three services in Perth. For inpatients, phase was assessed by nursing staff at the end of each shift. For clients in their own home, phase was assessed by a nurse or doctor at each home visit. The assessments were undertaken as part of routine clinical practice. Data were collected for 593 patients, of which 154 were inpatients and 438 residing in their home (Smith and Firms 1994). The final results of the study have not been reported.

The initial definitions of the five phases were revised with input from the Australian Association for Hospice and Palliative Care, the National Palliative Care Casemix Reference Group and other palliative care clinicians from across Australia to clarify the intention of the original concepts and make the definitions easier to use (Smith 1996). The inter-rater reliability of the revised definitions was tested in a study conducted in 1996 in which data were collected from 6 palliative care services – inpatient, consultative and community-based services – for a minimum of 5 and a maximum of 7 consecutive days. Sixty raters undertook a total of 1,548 separate assessments. Of these, 99 involved one assessment of a patient on a particular day and were excluded from analysis. The remaining 1449 assessments involved the same patient being assessed by between 2 and 7 raters on the same day. Data analysis resulted in a kappa statistic of 0.52, which was considered to be a 'fair to good' level of inter-rater reliability (Smith 1996).

Anecdotal feedback from raters and site coordinators indicated that the revised phase definitions were clearer, but the term 'acute' was causing some confusion. The Council of the Australian Association for Hospice and Palliative Care recommended that the term 'acute' be replaced with 'unstable', resulting in the nomenclature that has been used to this day: stable, unstable, deteriorating, terminal, bereavement (Smith 1996). These definitions were used in the development of the Australian National Sub-Acute and Non-Acute Patient (AN-SNAP)

Classification, with phases of care providing the foundation for developing categories for both inpatient and ambulatory palliative care (Eagar, Gordon et al. 1997; Eagar, Green et al. 2004).

Extensive consultation took place in 2011 to revise the definitions for the phases of palliative care, in response to concerns by clinicians that the existing definitions were not always clear. This resulted in definitions for when each phase ends, whereas up until this was done there were only definitions for when each phase commences. The revised definitions are now part of the PCOC education program and a toolkit including the revised definitions is available on the PCOC website.

## References

Eagar, K., R. Gordon, et al. (1997). The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP): report of the National Sub-Acute and Non-Acute Casemix Classification Study. Wollongong, Centre for Health Service Development, University of Wollongong.

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