

National Safety and Quality Health Service (NSQHS) Standards	How PCOC supports services in meeting the NSQHS Standards	Examples of evidence
<p>2. Partnering with Consumers 2.6, 2.7, 2.8, 2.10</p> <p>5. Comprehensive Care 5.3, 5.4a, 5.5a, 5.6, 5.7a, 5.8, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.19, 5.20</p> <p>6. Communicating for Safety 6.1, 6.2, 6.3, 6.4b-c, 6.8b, 6.11b-c</p> <p>8. Recognising and Responding to Acute Deterioration 8.1, 8.3, 8.4, 8.5, 8.6c-e, 8.7</p>	<p>Assess & respond to needs</p> <p>Central to the PCOC program is a framework and protocol for routine assessment and response to identified needs, reinforced through training and evaluation of outcome data. Assessment protocols specify how scores trigger a clinical response including referrals, discharge planning and end-of-life care. This system supports the evaluation and review of care and enables clinicians to collaborate with patients, and families/carers, to plan and deliver care. The PCOC assessment approach is multi-disciplinary and patient-centred, where concerns are responded to and risks identified and managed.</p> <p>Plan & deliver care</p> <p>Fundamental to the PCOC program are patient reported outcome measures (PROMs) and benchmarking. PROMs position patients at the centre of their care and recognise the patient and their family/carer as a unit of care. PCOC provides a clinical system for assessing and responding to individual patient needs and developing appropriate care plans. Plans are evaluated through the assessment and response system. This assists clinicians to support patients, and their families/carers, to make informed decisions about their respective care needs.</p> <p>Communication</p> <p>The use of the PCOC standardised assessment tools in routine practice provides a shared language for clinical staff that supports patient-centred care, improved communication, reduced clinical variation, enhanced patient safety, and improved multi-disciplinary approach to assessment and care. The PCOC framework supports communication within and between clinical teams.</p>	<ul style="list-style-type: none"> • PCOC instructions, policy or guidelines • The Symptom Assessment Scale (SAS) both patient-rated form and the SAS ruler • The PCOC Assessment and Response form/medical record • PCOC protocol and lanyard cards • Inclusion of PCOC in care planning, multidisciplinary team meetings and handover • Using PCOC to trigger referrals and escalation of care • Attendance and completion of internal, external and online PCOC training • Audits conducted of PCOC assessments and clinical response • Sharing of appropriate service resources through the PCOC community of practice
<p>1. Clinical governance 1.1g, 1.27, 1.28</p> <p>2. Partnering with Consumers 2.2</p> <p>5. Comprehensive Care 5.1, 5.2</p> <p>8. Recognising and Responding to Acute Deterioration 8.2</p>	<p>Measurement, feedback & reporting</p> <p>In an environment that demands value-based approaches and evidence for accountable care, PCOC provides the means through which services can demonstrate improved patient and family/carer outcomes and evidence of health system performance. The PCOC audit tools supports consistency, reliability and reduces variation by identifying areas for improvement, and routine auditing of death and related outcomes. Peer group and national benchmarking activities inform the continuing development of standards and best practice in patient-centred palliative care outcomes. PCOC partners with services with the shared goal of improving patient and family/carer outcomes, and reducing clinical variation. PCOC supports monitoring of effectiveness of care and organisational safety.</p>	<ul style="list-style-type: none"> • Outcome and benchmark results • PCOC reports • Quality improvement projects • Participation in PCOC Benchmarking Workshops • Sharing of service resources 