

README	Important contextual information to assist with interpreting the information provided in this web report
Death data context	Victoria death data, predictable deaths, proportion of predictable deaths captured in PCOC and specialist palliative care, 2017
Table 1	Severe symptoms at beginning of episode of care and just prior to death, Victoria, 2018
Table 2	Patient's preferred language, Victoria, 2018
Table 3	Country of birth of palliative care patients, Victoria, 2018
Table 4	Cancer and non-cancer diagnosis reported in PCOC, Victoria, 2018
Table 5	Palliative care patients by remoteness, Victoria, 2018
Table 6	Palliative care patients, by Indigenous status, Victoria, 2018
Table 7	Palliative care episodes by socioeconomic status, Victoria, 2018
Table 8	Palliative care episodes by age group and setting, Victoria, 2018
Table 9	Palliative care episodes by sex and setting, Victoria, 2018
Table 10	Palliative care episodes by age group and Indigenous status, Victoria, 2018
Table 11	Summary of patient outcomes and benchmarks by palliative care setting, Victoria, 2018
Citation	Suggested citation details



The Australian Palliative Care Outcomes Collaboration (PCOC) is a national palliative care outcomes and benchmarking program. PCOC's primary objective is to systematically improve patient outcomes (including pain and symptom control).

Central to the program is a framework and protocol for routine clinical assessment and response. This works in parallel with a routine point-of-care data collection, capturing clinically meaningful information. PCOC aims to drive improvement in patient outcomes through feedback to individual services and by facilitating service-to-service benchmarking.

Three types of information are presented in this web report: patient-level, episode-level and phase-level information[#]. This web report includes data for the period of 2017 and 2018. The information reported here includes data from participating services during the stated time periods. The report represents a substantial proportion of palliative care provision within Victoria.

For more information regarding the data included in this report, please contact us at pcoc@uow.edu.au

Victorian services, patients, episodes of care, and phases, 2018[#]

	N
Services	24
Patients	12,510
Episodes of care[#]	17,495
<i>Hospital / hospice episodes</i>	<i>7,652</i>
<i>Community episodes</i>	<i>9,843</i>
Phases	40,624
<i>Hospital / hospice phases</i>	<i>16,473</i>
<i>Community phases</i>	<i>24,151</i>

Number of phases by palliative care phase type and setting, 2018[#]

Palliative care phase	Hospital / hospice		Community		Total	
	N	%	N	%	N	%
Stable	3,911	23.7	8,254	34.2	12,165	29.9
Unstable	2,925	17.8	3,885	16.1	6,810	16.8
Deteriorating	5,819	35.3	10,192	42.2	16,011	39.4
Terminal	3,818	23.2	1,820	7.5	5,638	13.9
Total	16,473	100.0	24,151	100.0	40,624	100.0

[#] PCOC defines a patient as a person for whom a palliative care service accepts responsibility for assessment and / or treatment as evidenced by the existence of a medical record. Family and carers are included in this definition if interventions relating to them are recorded in the patient medical record. 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 – for the purposes of this report, either as a hospital / hospice or community patient. The palliative care phase type describes the stage of the patient's illness and provides a clinical indication of the level of care a patient requires. Patients may have more than one episode of care, and phase.

40,030 people died in Victoria in 2017. Of these, 5,699 deaths (14.2%) were captured in the PCOC data collection. Of all deaths in Victoria, 25,101 (62.7%) could be considered potentially predictable. The PCOC deaths represented 14.2% of all deaths in Victoria, 22.7% of all deaths considered predictable, and 41.7% of deaths from causes typically seen by specialist palliative care. Population-based estimates indicate that in high-income countries, 69%–82% of those who die need palliative care.

Victorian death data, predictable deaths, proportion of predictable deaths captured in PCOC and specialist palliative care, 2017

Summary	2017
Victorian deaths	40,030
Potentially predictable	25,101
Potentially specialist palliative care	13,679
Deaths in hospital#	19,276
Deaths recorded in PCOC	5,699
Victoria deaths	100.0%
Potentially predictable	62.7%
Potentially specialist palliative care	34.2%
Deaths in hospital	48.2%
Deaths recorded in PCOC as % of total	14.2%
Deaths recorded in PCOC as % of potentially predictable	22.7%
Deaths recorded in PCOC as % of potentially specialist palliative care	41.7%

Sources:

Rosenwax, L.K., McNamara, B., Blackmore, A.M. & Holman, C.D.J. 2005, 'Estimating the size of a potential palliative care population', *Palliative Medicine*, vol. 19, no. 7, pp. 556–62.

Murtagh, F.E.M., Bausewein, C., Verne, J., Iris Groeneveld, E., Kaloki, Y.E. & Higginson, I.J. 2014, 'How many people need palliative care? A study developing and comparing methods for population-based estimates', *Palliative Medicine*, vol. 28, no. 1, pp. 49–58.

Australian Bureau of Statistics. *Causes of Death, Australia, 2017*. Cat. No. 3303.0

Australian Institute of Health and Welfare 2018. *Admitted patient care 2016–17: Australian hospital*

PLEASE NOTE: Deaths in hospital corresponds to the 2016-17 financial year.



Table 1 Severe symptoms at beginning of episode-of-care and just before death, Victoria, 2018

	All palliative care			Hospital / hospice			Community		
	N	Beginning	Just before death	N	Beginning	Just before death	N	Beginning	Just before death
Fatigue	3,585	5.3%	2.7%	2,595	6.3%	3.1%	990	2.7%	1.7%
Pain	3,665	3.2%	1.3%	2,591	4.2%	1.4%	1,074	0.7%	1.2%
Appetite	3,521	2.6%	0.7%	2,597	3.3%	0.7%	924	0.8%	0.8%
Breathing	3,594	2.8%	2.0%	2,598	3.4%	2.4%	996	1.1%	1.0%
Bowel problems	3,528	1.3%	0.4%	2,595	1.7%	0.5%	933	0.3%	0.2%
Insomnia	3,473	1.4%	0.5%	2,596	1.6%	0.6%	877	0.7%	0.5%
Nausea	3,584	1.5%	0.3%	2,597	1.9%	0.3%	987	0.4%	0.1%

The assessment framework incorporates five validated clinical assessment tools: Palliative Care Phase; Palliative Care Problem Severity Score (PCPSS); Symptom Assessment Scale (SAS); Australia-modified Karnofsky Performance Status (AKPS) scale and Resource Utilisation Groups – Activities of Daily Living (RUG-ADL).

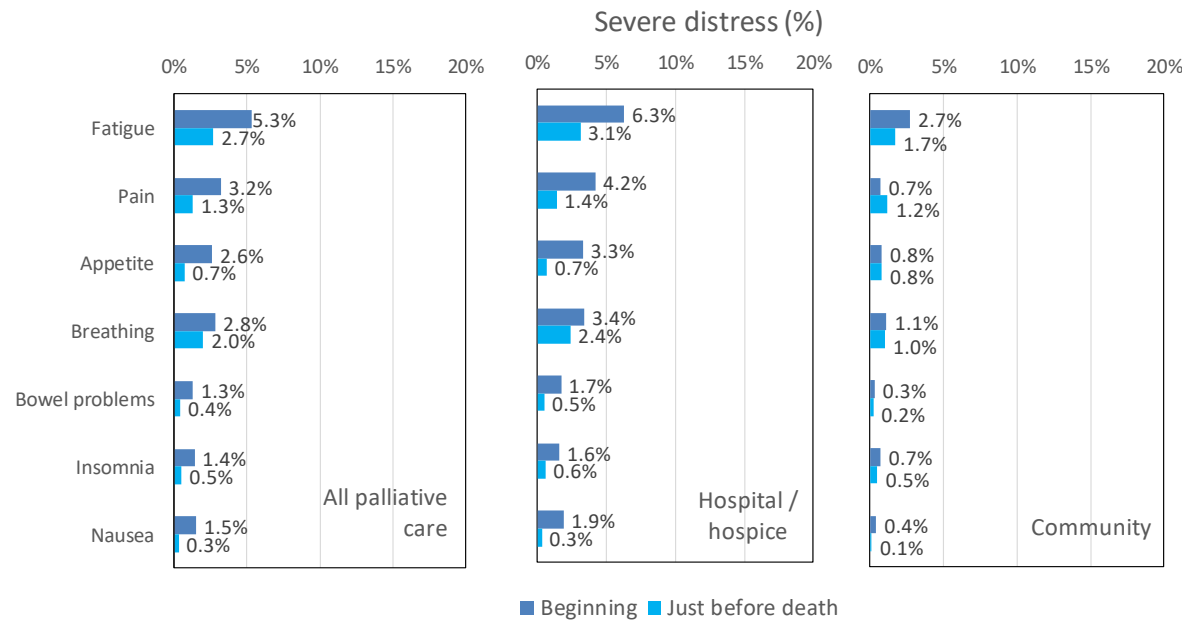


Table 2 Patient's preferred language, Victoria, 2018

Language	Palliative care patients	
	N	%
English	10,433	85.1
All other languages	1,829	14.9
Total	12,262	100.0



Table 3 Country of birth of palliative care patients, Victoria, 2018

Country of birth	Palliative care patients	
	N	%
Australia	6,749	56.4
Italy	888	7.4
Greece	535	4.5
England	495	4.1
All other countries	3,298	27.6
Total	11,965	100.0

Table 4 Cancer and non-cancer diagnosis reported in PCOC, Victoria, 2018

Diagnosis	Palliative care patients	
	N	%
Cancer	13,001	74.9
Non-cancer	4,361	25.1
Total	17,362	100.0



Table 5 Palliative care patients by remoteness, Victoria, 2018

	Patients receiving care in hospital / hospice		Patients receiving care in the community		Total patients	
	N	%	N	%	N	%
Remoteness						
Major cities	5,459	90.8	5,880	87.1	11,032	88.6
Inner regional	482	8.0	855	12.7	1,337	10.7
Outer regional, remote and very remote#	68	1.1	13	0.2	81	0.6
Total	6,009	100.0	6,748	100.0	12,450	100.0

These cells have been combined due to small numbers in the remote and very remote categories.

Note: If a patient receives care in more than one setting, they are only presented once in the 'Total patients' column.

Remoteness classification reference: <https://www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure>



Table 6 Palliative care patients, by Indigenous status, Victoria, 2018

Indigenous status	N	%
Aboriginal and or Torres Strait Islander	86	0.7
Neither Aboriginal nor Torres Strait Islander	12,131	99.3
Total	12,217	100.0



Table 7 Palliative care episodes by socioeconomic status, Victoria, 2018

<u>IR SAD quintile</u>	<u>Hospital / hospice</u>		<u>Community</u>		<u>Total</u>		<u>Victorian population#</u>
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>%</u>
1 (Lowest)	918	12.1	1,296	13.2	2,214	12.7	16.2
2	730	9.6	904	9.2	1,634	9.4	18.0
3	1,361	17.9	2,027	20.7	3,388	19.5	21.4
4	1,831	24.1	2,509	25.6	4,340	25.0	23.7
5 (Highest)	2,743	36.2	3,072	31.3	5,815	33.4	20.8
Total	7,583	100.0	9,808	100.0	17,391	100.0	100.0

Victoria population information obtained from

<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Socio-Economic%20Advantage%20and%20Disadvantage~123>



Table 8 Palliative care episodes by age group and setting, Victoria, 2018

	Hospital / hospice		Community		Total Victoria	
	N	%	N	%	N	%
Age group (years)						
< 25	9	0.1	66	0.7	75	0.4
25-64	1,704	22.3	2,470	25.1	4,174	23.9
65-84	3,898	50.9	5,055	51.4	8,953	51.2
85+	2,041	26.7	2,252	22.9	4,293	24.5
Total	7,652	100.0	9,843	100.0	17,495	100.0
Average age	74.4	-	72.8	-	73.5	-
Median age	76	-	75	-	75	-

Table 9 Palliative care episodes by sex and setting, Victoria, 2018

Sex	Hospital / hospice		Community		Total	
	N	%	N	%	N	%
Male	3851	50.3	5054	51.3	8,905	50.9
Female	3801	49.7	4789	48.7	8,590	49.1
Total	7652	100.0	9843	100.0	17,495	100.0



Table 10 Palliative care episodes by age group and Indigenous status, Victoria, 2018

	Aboriginal and or Torres Strait Islander		Neither Aboriginal nor Torres Strait Islander nor Aboriginal and Torres Strait Islander	
	N	%	N	%
Age group (years)				
< 50	34	24.5	1,124	6.7
50 +	105	75.5	15,730	93.3
Total	139	100.0	16,854	100.0
Average age	64.5	-	73.5	-
Median age	66	-	75	-

Table 11 Summary of patient outcomes and benchmarks, by setting of palliative care, Victoria, 2018

Outcome measure	Benchmark	All Victorian services	Hospital / hospice setting	Community setting	
Timeliness of care					
Patients commencing an episode of palliative care on the day of, or the day following, the date they were ready for care	90%	86.6%	95.0%	78.9%	
Responding to urgent needs					
Patients in the unstable phase for three days or less	90%	91.2%	89.4%	92.5%	
Anticipatory care					
<i>Patients with absent/mild at the beginning of a phase remaining absent/mild when the phase ends</i>					
Clinician rated	90%	Pain	88.5%	91.2%	86.5%
		Family / carer problems	88.9%	93.4%	84.9%
Patient rated	90%	Pain	86.9%	90.7%	84.6%
		Fatigue	85.3%	88.7%	82.8%
		Breathing problems	94.4%	94.8%	94.1%
Responsive care					
<i>Patients with moderate/severe at the beginning of a phase becoming absent/mild when the phase ends</i>					
Clinician rated	60%	Pain	58.7%	65.1%	52.7%
		Family / carer problems	49.4%	61.6%	43.1%
Patient rated	60%	Pain	58.5%	61.6%	55.9%
		Fatigue	47.5%	57.9%	39.6%
		Breathing problems	51.6%	55.0%	41.9%

SUGGESTED CITATION:

Palliative Care Outcomes Collaboration (18 October 2019) Palliative care services at a glance in Victoria, Web Report. Australian Health Services Research Institute, University of Wollongong

The Palliative Care Outcomes Collaboration (PCOC) is a national palliative care project funded by the Australian Government Department of Health.