

We welcome our colleagues to the PCOC Update as we celebrate Palliative Care Week.



Palliative Care Patient Outcome Report

The July-December 2023 PCOC patient outcome reports are now available to be downloaded through the secure [PCOC Online Portal \(POP\)](#). Two resources on [how to use your dashboard and PCOC's RACE framework](#) for quality improvement are also available. The [State and National](#) reports representing the outcomes of 38,907 patients and 220 palliative care services are also available.

Data submitted by PCOC services as [recently published](#) in the *Frontiers in Public Health*, demonstrates substantial improvement in relation to moderate distress from pain in the last decade.

PCOC Communities of Practice groups: NEW in 2024

PCOC Communities of Practice (CoP) harness the collective expertise of the PCOC Community and enable services to share resources and learnings with a focus on quality improvement. For more information on CoPs please visit the [PCOC Quality](#) page.



The next version of PCOC

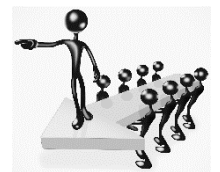
Development of the next version of PCOC is ongoing. In response to strong sector demand, an addition will be the inclusion of Delirium, its presence and distress.

The role of the Champion or Clinical Lead

Many of you are responsible for the meaningful use of PCOC within your team. This encompasses quality improvement, service delivery advancements, and correct use of the assessment and response framework.

Examples of [Quality Improvement activities completed by other services](#) are available to be shared by all. Your contributions are welcome. A recent example is the [Palliative Care Digital Clinical Dashboard](#). This activity resulted in timely information enhancing decision-making and patient outcomes with colour-coded flags for severe scores requiring high-priority interventions and visualisations ensuring complete PCOC assessments.

- The [PCOC YouTube Channel](#) has been recently updated with a helpful video titled *"Using Supplementary Reports"*.



TRAINING



PCOC Education and training

PCOC offers a series of webinars and workshops to support clinicians in accurate and consistent use of the PCOC assessment and response framework.

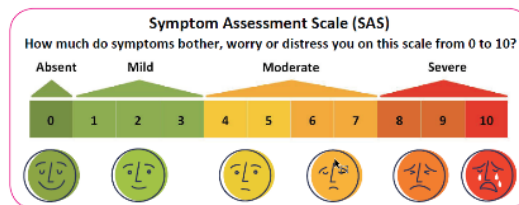
- **5th June & 13th August** [PCOC Fundamentals webinar](#) for staff and services new to using PCOC.
 - **20th August** [Clinical Leaders Workshop - Assessment and Response](#) for those responsible for PCOC education, training and embedding into clinical practice.
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- **30th October** [Clinical Leaders Workshop -Using PCOC reports for QI](#) for those responsible for improving outcomes within their service who wish to learn how to use PCOC reports for quality improvement.

All Webinar and Workshop dates are available on the [PCOC Education page](#).

PCOC resources

If you require Lanyard cards or SAS rulers, please order [here](#).



We thank Professor Katy Clark, Clinical Director for PCOC, for her commentary on palliative care and quality improvement:

Palliative care has significantly evolved over the last 30 years in Australia and internationally. This can only be characterised as a time of significant change. While previously viewed as almost a counterculture approach to care, timely access to quality palliative care is now considered an essential component of quality health care. At the same time, palliative care is provided across a diverse range of care locations including acute hospitals (consults and admitted), as well as subacute care including inpatient palliative care units and the community (homes, RACF, prisons and other assisted living sites). Whereas previously palliative care was predominately accessed by people dying from malignant disease, chronic diseases now account for the majority of Australian deaths with attendant increases in the number of non-malignant referrals to palliative care.”

But despite the exponential rise of palliative care activity for increasingly diverse patient groups, there remains substantial variation in the delivery of care. One factor that continues to influence this is the fact it remains challenging to clearly articulate the cohort of people services actually are providing direct or indirect care to. Put most simply, the target population with clearly worded inclusions and exclusion criteria remains elusive. While many services operate with such criteria, there is no agreed, nationally systematised approach. Challenging the sector to take this on would have many benefits not only in the care of patients and families but for palliative care services. This would truly allow services to benchmark by understanding their dominator. Lastly, this would enable referrers to understand when to refer to which population of people and with the continued focus on quality improvement, the benefits of doing so.

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I look forward to providing you with our next update in Winter.

Kind Regards

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On the lands and waters that we study, we walk, and we live, we acknowledge and respect the Traditional Custodians and cultural knowledge holders of these lands.

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