

## PCOC Version 4 Frequently Asked Questions

The transition from Version 3 to Version 4 brings significant benefits for services and clinicians by reducing the burden of data collection, enhancing data relevance at the point of care, and improving data quality and usability.

These enhancements are equally important for patients, carers and their families, with the integration of new clinical and holistic insights, including carer involvement, delirium screening, and the inclusion of psycho-social assessment domains with the introduction of the ESAS tool to replace the SAS tool.

Below are nine FAQs about PCOC Version 4.

### 1. When will Version 4 be implemented in my service?

The rollout will be staged across the country, commencing in 2025. Implementation at your service will depend on your IT system's readiness to adopt the Version 4 dataset. We are currently working with IT vendors to ensure a smooth transition. Your Improvement Facilitator will notify you when it is time to upgrade. Training and resources will be provided to support your service.

### 2. How will the transition be managed across Australia?

The transition to Version 4 will be managed in collaboration with IT teams at the jurisdictional level and will take place between 2025 and 2027. As of March 2025, we are working closely with PalCentre, PalCare, ePalCIS, and Illawarra and Shoalhaven LHD eMR systems to prepare for the transition. Testing will be conducted before implementation begins at your service. Your Improvement Facilitator will contact you when it is time for your service to upgrade.

### 3. What are the main changes and benefits of Version 4?

- **Streamlined two-tier data structure** (patient and assessment): The previous three-tier structure (patient, episode, assessment) has been simplified. You will no longer need to create or end episodes—these details will be derived from your assessment data. This simplifies data entry and reduces workload for clinicians.
- Replacement of the Symptom Assessment Scale (SAS) with the **Edmonton Symptom Assessment System (ESAS)**, plus delirium screening: This enables a more holistic assessment and outcomes measurement for patients, families, and carers. It aligns with global evidence and holistic care standards.
- New data items on **carer availability** to support better care and discharge planning.

- **Greater flexibility** to capture varied models and modes of care, e.g. one-off consultation assessments and telehealth.
- **Upgraded PCOC dashboard and reports** for improved clinical insights and utility. Upgrades will be incremental throughout 2025 and 2026.

For more details, please see our [Guide on PCOC Version 4](#).

#### **4. How was Version 4 developed?**

Version 4 was developed through extensive consultation with services, public submissions, field testing, and reviews by an Expert Reference Group. This collaborative process ensures that Version 4 meets the evolving needs of the sector. For more details, refer to page 3 of the Guide on PCOC Version 4.

#### **5. What do I need to do now to continue receiving PCOC outcomes reports?**

For now, please continue entering data as you are currently doing to maintain your outcomes reporting. Your Improvement Facilitator will contact you and provide one-on-one guidance when it is time for your service to upgrade.

#### **6. Can we implement Version 4 in the middle of a data collection period?**

Yes. PCOC has mechanisms in place to accept both Version 3 and Version 4 data within a single reporting period during the transition phase. You will continue to receive PCOC reports in this period.

#### **7. Can I switch to ESAS now, before Version 4 is rolled out at my service?**

Some PCOC services already use ESAS and we can assist you if your team would like to get started. However, your service will not be able to receive a report on outcomes of all ESAS domains until Version 4 has been integrated and implemented at your service.

## **8. My team is reluctant to switch to ESAS. Can we continue using SAS instead?**

We encourage all services to adopt ESAS, as it offers holistic symptom assessment and outcome measurement. By aligning with national and international standard, ESAS enhances benchmarking, research and, most importantly, improves patient care.

Your Improvement Facilitator can support your team with tailored change management strategies, including workshops, printed resources, and practical implementation support.

## **9. What support will be provided for Version 4 implementation?**

Support for Version 4 implementation will include workshops on the new items such as ESAS, delirium screening, and carer availability. Printed resources will be provided, including a Clinical Manual for clinicians, a Data Dictionary and Technical Guide for your IT team, and guides on how to interpret your new reports. Additionally, your Improvement Facilitator will offer one-on-one discussions and guidance to support your service through the transition.

Thank you for your continued commitment to improving palliative care outcomes. If you have any questions, please feel free to contact your Improvement Facilitator, or email us on [pcoc-admin@uow.edu.au](mailto:pcoc-admin@uow.edu.au)