



Celebrating 20 years in improving palliative care outcomes

June 2025 Newsletter

Strengthening PCOC Governance & Direction

This will be achieved through recent committee updates designed to enhance governance and ensure better alignment with sector priorities. PCOC is now guided by the following:

Clinical Committee: Sets clinical priorities and ensures the program remains relevant to frontline care.

Research Committee: Oversees PCOC research projects to ensure it addresses national priorities and improves outcomes.

Data Release Committee: Reviews all data access applications to balance timely availability with privacy, security, and ethical compliance.

Consumer Representative Panel: Support meaningful consumer involvement across the PCOC program, including governance, research, resource development, program planning, implementation and continuous improvement.

Manage Access to your PCOC Reports

Service Leads can now **nominate a staff member to manage report access for their team** directly via the [PCOC Outcomes Portal!](#) Refer to the attached Quick Reference Guide (QRG) for instructions. For support, contact your Improvement Facilitator or email pcoc@uow.edu.au

QRG: Managing Access to PCOC Reports

Breathlessness Quality Improvement

A recent QI project using PCOC data significantly **improved the timely reassessment of breathlessness** in a Sydney community palliative care service. By implementing **targeted interventions-staff education, clearer workflows, and regular monitoring** -the proportion of patients reassessed within 7 days rose from **34% to 92%**.

[View the article](#)

▶ J Palliat Med. 2024 Mar;27(3):324-334. doi: 10.1089/jpm.2022.0576. Epub 2023 Nov 14.

Timely Assessment of Breathing-Related Distress in Community Palliative Care: A Multidisciplinary Collaborative Quality Improvement Project

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Affiliations → expand
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Abstract

Background: Breathlessness is a common symptom for palliative patients that can cause distress and decrease function and quality of life. Palliative care services in Australia aim to routinely assess patients for breathing-related distress, but timely reassessment is not always achieved. **Objective:** To improve the timeliness of breathlessness reassessment in a home-based community palliative care service in New South Wales for people with moderate-to-severe breathing-related distress. Breathing-related distress was defined as a Symptom Assessment Score for "breathing problems" of four or more. **Methods:** This collaborative quality improvement (QI) project between SPHERE Palliative Care CAG, Stanford University mentors, and a Sydney metropolitan specialist palliative care service included a: (1) retrospective chart audit; (2) cause and effect analyses using a fishbone diagram; (3) development and implementation of key drivers and interventions; and (4) a pre-and-post evaluation of the timeliness of reassessment of breathing-related distress and changes in Symptom Assessment Scale scores for "breathing problems." **Results:** Key interventions included multidisciplinary education sessions to facilitate buy-in, with nurses as case managers responsible for breathlessness reassessment and documentation of scores, access and training in electronic palliative care data entry software, fortnightly monitoring and reporting of breathing-related distress scores, and development of an educational flowchart. The proportion of patients reassessed within seven days of an initial nursing assessment of moderate-to-severe breathing-related distress increased from 34% at baseline to 92% at six months. **Conclusion:** A local QI project increased the proportion of patients with a timely reassessment of their breathing-related distress in a community palliative care service. **Keywords:** allied health personnel community nursing; dyspnea palliative care; palliative medicine; quality improvement.

Professor Katy Clark, Chief Investigator



We are proud to announce that Professor Katy Clark is now one of the **Chief Investigators for PCOC**, joining **Professor Kirsten Auret** and **Distinguished Professor Patsy Vates**. Katy served as PCOC's National Clinical Director from 2006 to 2024, playing a pivotal role in integrating PCOC into palliative care services across Australia. A respected clinician, educator, and leader, Katy brings unmatched expertise to this role. Her appointment reflects her longstanding contribution to the sector and her continued leadership will be instrumental in guiding PCOC's next chapter. Katy also serves as Clinical Director of Palliative Care for NSLHD, Conjoint Professor at the University of Sydney, and Honorary Professor at University of Technology Sydney.

Noala Flynn AM Award for Kylie Draper

We are delighted to congratulate our very own Kylie Draper, recently appointed **Quality and Innovation Manager at PCOC**, on receiving the **2025 Noala Flynn**

AM Award for Excellence in Palliative Care Nursing.

This prestigious honour recognises Kylie's exceptional leadership, compassionate advocacy, and enduring commitment to culturally safe, person-centred care. Her contribution continues to shape and inspire palliative care nationally, and we are incredibly proud to have her expertise and vision guiding our work at PCOC.



PCOC Workshops: Spots still available!

Which PCOC Education Do I Need?
Check below to find out tailored educational pathways based on your role and skillset needs.

For clinicians using PCOC tools	For senior clinicians implementing PCOC & educating staff	For managers understanding PCOC Reports
1. Essentials ↓ 2. Fundamentals Webinar	1. Essentials ↓ 2. Fundamentals Webinar ↓ 3. Assessment & Response Workshop ↓ 4. Report for QI Workshop	1. Essentials for managers ↓ 2. Report for QI Workshop

PCOC 20
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Click on the dates to register. For more information, please see attached flyer.

- Fundamentals: 30 July, 17 Oct, 12 Nov
- Clinical Leaders Assessment and Response Framework: 21 Aug, 22 Sept, 5 Dec
- Clinical Leaders Using PCOC Reports for QI: 27 Oct, 25 Nov

[Download PCOC Education Flyer 2025](#)



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