PCOC
palliative care
outcomes collaboration

PCOC Version 3 to Version 4: Active Patients

November 2025

1 Introduction

There are more than 30 IT vendors currently collecting, extracting and submitting data to PCOC for quality improvement. With these providers moving to the Version 4 dataset, the question arises on how to seamlessly and intuitively migrate the **active** patient's data from Version 3 (V3) to Version 4 (V4). There are several options on how this can be done which this document aims to describe, each having their own strengths and weaknesses. It will be left to the individual IT providers, in collaboration with their clinical stakeholders, to decide which option would be best suited, considering their user interface and back end architecture. There may also be additional scenarios or a combination of those discussed here which may be the optimal solution for a particular IT system.

2 Considerations

There are several important questions to consider when deciding how to migrate from V3 to V4. Among these are

- When will the go-live of Version 4 be?
- Once V4 is live, will we allow clinicians to add retrospective V3 assessments to the patient's records. If yes, then how would they differentiate between V3 and V4 assessments. If no, would they be able to edit existing V3 assessments for data quality enhancement.
- Will we allow V4 assessments to be completed for active patients at the time of update? If yes, again how V3 and V4 assessments be differentiated. If no, how do we go from recording and storing V3 assessments to then recording V4 assessments such that they can be easily be viewed and edited retrospectively.
- How will the data be extracted? Will the user have the option on which version to extract or will both versions be automatically extracted.

3 Options

3.1 Copy V3 Patients

If the user interface has a screen where patient level data can be managed, a copy can be made of the existing V3 patients to V4 (see Figure 3.1). This would result in two rows for each V3 patient, so the version would need to clearly identified using additional information. See below an example of this setup in the palCentre software

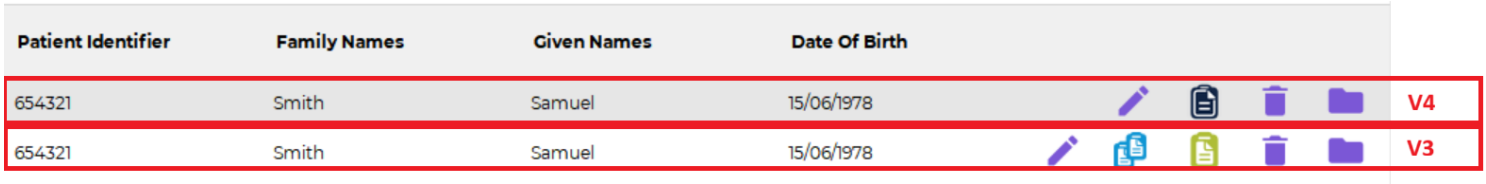

Figure 3.1: The palCentre software showing one row for each version per patient

The patient level data can easily be mapped from V3 to V4 (see PCOC Version 4 Data Dictionary and Technical Guidelines Sections 5.1 & B.1) and should reflect these changes. Navigating into the V3 row, there should be the ability to view and edit existing episode and assessment information for data quality enhancement. Any new patients added from the go-live date onward only have a single V4 row as V3 assessments will not be recorded for these patients. When the data is to be extracted, the V3 and V4 data should be separated into distinct files since the extract specifications differ between versions. Highlighted below are some strengths and weaknesses of this approach:

Strengths

- Provides a clear delineation between V3 and V4 from the patient level screen.
- Would provide a simple back end pipeline for separate V3 and V4 extracts.

Weaknesses

- Most IT systems will not have a patient level screen where having duplicated patients would be acceptable. May also be difficult to integrate with other parts of the system.
- May confuse users as to why there are two rows per patient if not familiar with PCOC.
- V3 Assessments can not be added retrospectively once the V4 go-live has taken place.

3.2 New Patients Only

Another option is to create a rule which states that all active patients at the time of the V4 go-live will continue to only have V3 assessments completed until the end of their palliative care within your service (see Figure 3.2). Any new patients commencing palliative care from the go-live date onward would only have the option to complete V4 assessments.

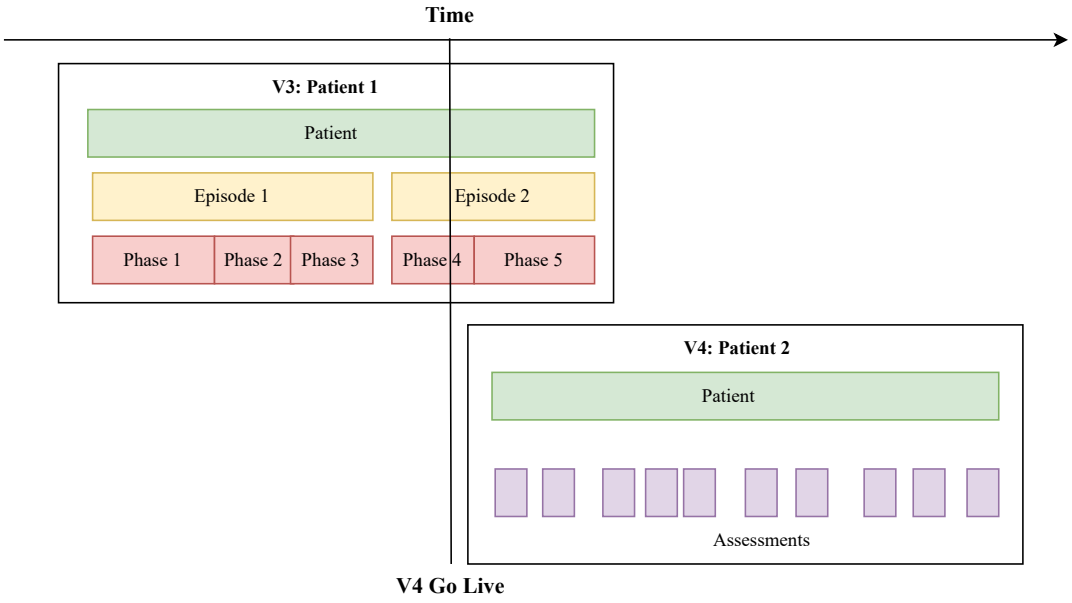

Figure 3.2: Example how the data from two patients would be handled differently using this method.

Highlighted below are some strengths and weaknesses of this approach:

Strengths

- Ensures only a single patient record is required for each individual.
- All assessments recorded on a patient can be viewed in a single location.

Weaknesses

- More complicated for clinicians as they need to concurrently complete items related to two versions.
- Transition to V4 only assessments could take a long time as all patients active at go-live need to have been separated before no V3 extract is required.
- Would require a more dynamic IT system which can handle removing episode information for palliative care patients after go-live and retaining it for active patients.

3.3 Continuous Assessments

Having both V3 and V4 assessments set up within the same patient record is also an option (see Figure 3.3). This would allow the IT system to have only a single record for each individual patient and would be intuitive for clinicians as there would be minimal impact to workflow when completing assessments. Since V4 does not include the collection of Episode level data, if the IT system had a 'PCOC Episode' (or similar) screen for V3, this can be removed going forward and once a patient is selected, the clinician is immediately taken to the Assessment level screen(s).

However, V3 assessments already in the system should still be displayed and editable in some form for monitoring of clinical trends and data quality enhancement. This can be done in a variety of ways including, a toggle between V3 and V4 assessments pages, or a horizontal scroll bar across the patient's assessment history with a distinct line where the go-live occurred. An important consideration before implementing this option is that all V3 assessments must be added in the system prior to the go-live and can not be added retrospectively.

While this option has clear benefits at the front end, the extraction of data more is complex than the other options due to additional logic being required to differentiate between versions. This could be done relatively simply with a back end variable associated with each assessment recording the version which can then be used for filtering at extraction. The patient level data would also need to be mapped from V4 back to V3 at extraction. This can be done easily for most items as they have a 1-1 relationship. However, Diagnosis mapping is not always 1-1 as shown in PCOC Version 4 Data Dictionary and Technical Guidelines Sections 5.1 & B.1. The final episode and phase at the time of V4 going live should stay open (Episode End Date/Phase End Date left blank) and then submitted to PCOC as such. PCOC will then internally reconcile both versions and close the phases and episodes using the information derived from the V4 Assessments. Once the go-live has occurred, the first V4 assessment could either be a Comprehensive Assessment, Ongoing Assessment or Separation Assessment. These are the scenarios in which each should be completed:

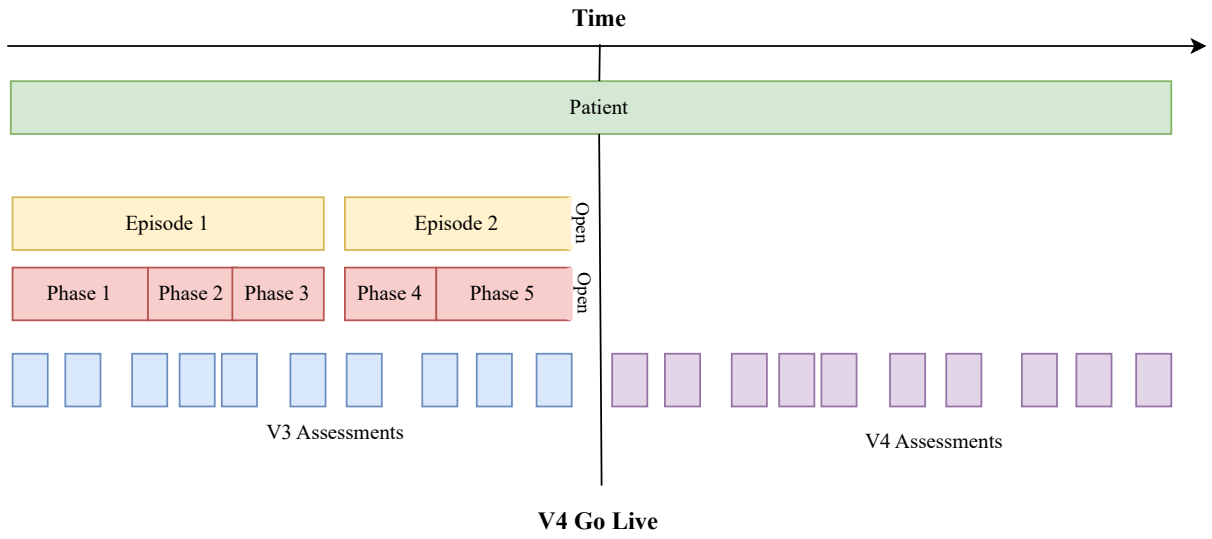

Figure 3.3: Example of the continuous assessments option.

- **Comprehensive Assessment:** If the Setting of Care or Team has changed from the prior (last V3) assessment.
- **Ongoing Assessment:** If the Setting of Care or Team has **not** changed from the prior (last V3) assessment.
- **Separation Assessment:** If the first assessment after go-live is to record a death or discharge.

Highlighted below are some strengths and weaknesses of the Continuous Assessments option:

Strengths

- Ensures only a single patient record is required for each individual.
- Intuitive for the clinician as they can also see assessments.

Weaknesses

- Makes the data extraction more complex as additional logic is required to split the two versions apart.
- Editing patient level data in a V3 extract may not be possible.
- V3 Assessments can not be added retrospectively once the V4 go-live has taken place.

4 Version 4 Architecture

The PCOC data architecture planned for V4 is simpler than the current V3 model with only patient and assessment level data required for submissions (see Figure 4.1 and PCOC Version 4 Data Dictionary and Technical Guidelines Section 4). Removing episode and phase levels will reduce the complexity of implementing PCOC for new services and improve data quality for participating services.

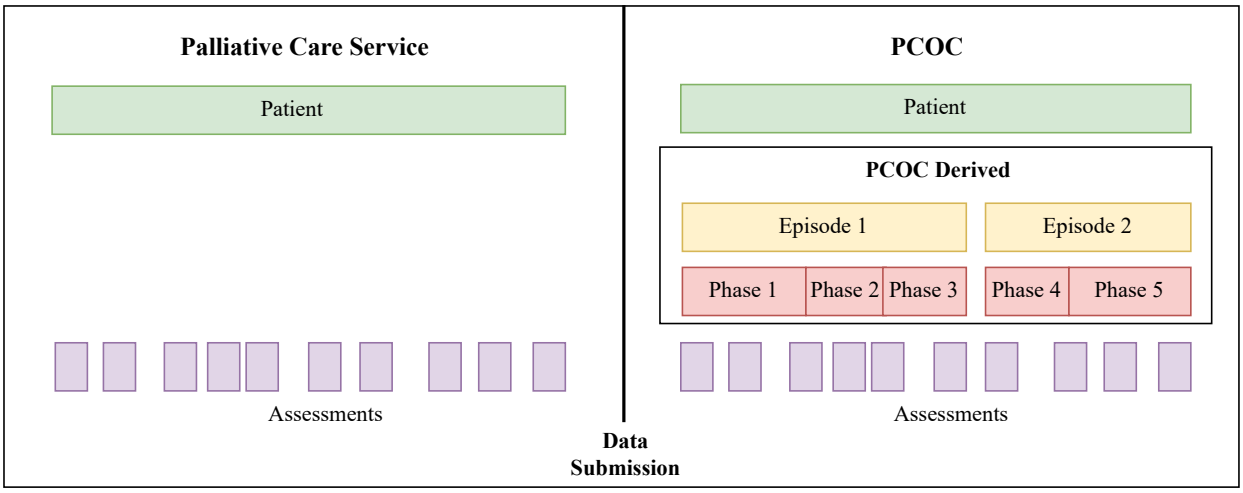

Figure 4.1: Version 4 data architecture before and after submission to PCOC

5 Contacts

If developers have any technical queries regarding this document, or require more information, please contact:

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