PCOC
palliative care
outcomes collaboration

PCOC is a national palliative care project funded by the **Australian Government Department of Health**

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The PCOC Wicking Model for residential aged care

Key enablers to implementation

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Overview

- PCOC Wicking Model
- Pilot implementation of PCOC Wicking Model
- Evaluation Methods & sites
- Environment in which PCOC Wicking was implemented
- Key enablers to implementation
- What is happening with PCOC Wicking now?

Background

- PCOC is a national palliative care program designed to improve palliative care outcomes for patients & families.
- Works through routine standardised patient assessment & response protocols, to drive and improve care.
- Patient & carer data is used for targeted improvements at a local, service and national level, through outcome measurement & benchmarking.
- Is a proven model to drive systems-level improvements across different palliative care settings.
- PCOC was designed for palliative care services

Background

- The PCOC Wicking Model is a specifically modified version of PCOC for residential aged care
- PCOC Wicking recognised that:
  - ✓ Not all residents need palliative care
  - ✓ Residents' need for palliative care fluctuate
  - ✓ The workforce in residential aged care is markedly different to the workforce in palliative care service setting
  - ✓ The setting in residential aged care is markedly different to inpatient palliative care
  - ✓ The Model must address the characteristics & constraints of residential aged care services

PCOC Wicking Pilot

Seven pilot sites

- PCOC Improvement Facilitators attended the services to give in-person training sessions
- Different training sessions – one for Care Staff, and one for HCPs
- Ongoing support during implementation process
- Supportive resources – manuals, information sheets, data collection forms, etc
- palCentre for data collection

Evaluation Methods

Mixed methods evaluation:

- Qualitative & quantitative evaluation of education/training
- Qualitative (Focus group & interview) data related to implementation of the PCOC wicking Model

Seven RACFs registered/commenced training during Pilot

- Data from 7 sites for training and education evaluation
- Data from 4 sites for implementation evaluation

The timeline of the PCOC Wicking Model for RAC project

	2019						2020					
	Jan Feb	Mar Apr	May Jun	Jul Aug	Sep Oct	Nov Dec	Jan Feb	Mar Apr	May Jun	Jul Aug	Sep Oct	Nov Dec
		Modification of PCOC Model										
Site EOIs				Sites 1&2	Multiple sites interested							
Recruitment					Sites 1&2	5 sites						
Onsite Education						Sites 1&2	5 Sites					
Data collection/ progression						Data collection commences, ongoing at sites 1 & 2, data submitted to PCOC						
								Data collection commences at 3rd site, but intermittent, no data submitted to PCOC				
Withdrawals							1 site	3 sites withdraw or fail to progress				
Oct 2018-ongoing Royal commission into Aged Care Quality & Safety												
				June 2019-May 2020 Black Summer Bushfires								
								March 2020-ongoing COVID-19 Pandemic				

Participating sites

Site	Description	Socio-economic status (Quintiles)†	Funding source	staff composition (≈N)*	Beds (N)	Readiness assessment	Submitted data	Post implementation interviews
1	Dementia-specific	3	Public	130: RNs, ENs, care workers, allied health	100-150	✓	✓	✓
2	General aged care with dementia unit	4	Not for profit	130: RNs, care workers, allied health	100-150	✓	✓	✓
3	General aged care, with dementia specific beds	1	Community owned	50: RNs, ENs, care workers, allied health	50-99	✓		✓
4	General aged care	3	Community owned	70:Consult CNC, RNs, ENs, care workers	50-99	✓		✓
5	Multicultural aged care with dementia unit	1	Not for profit	95: CNE, RNs, care workers, allied health	100-150	✓		
6	General aged care	1	Private	100: RNs, AINs	104-150	✓		
7	General aged care	3	Private	75: RN, AINs	50-99	✓		

†Index of socioeconomic status based on postcode and divided into quintiles, from 1 (most disadvantaged) to 5 (least disadvantaged).
*RNs: registered nurses; ENs: enrolled nurses; CNE: clinical nurse educators; AINs: assistants in nursing

Education

- 202 Care workers trained–196 (97%) completed pre/post surveys
- 134 HCPs trained–111 (83%) completed pre/post surveys

Confidence score pre-post training for care workers and health care professionals

	Pre-education Mean scores		Post-education Mean scores	
	Raw	Standardised	Raw	Standardised
Care workers-Total confidence scores for 7 items [#]	28.2	80.5%	30.0	85.7%*
Health Care Professionals-Total confidence scores for 8 items[¥]	30.1	75.2%	34.9	87.2%*

* $p < .01$
Note. Item scores ranged from 1 (not at all confident) to 5 (very confident).
[#]Maximum possible total score: 35
[¥]Maximum possible total score: 40

Qualitative feedback about education

Care workers

“we have a voice to make sure residents are being understood”.

“how to better understand resident issues”…. “from a patient’s point of view”

Health care professionals

“Care is based upon resident’s assessed needs”

“is not just about caring for the resident, but also addressing the need of families”.

Readiness

Features of readiness assessments that characterised RACFs that continued to implementation

Readiness domain	RACF site continued to implementation	RACF site withdrew
Leadership	Specific individuals identified as PCOC leaders Specific processed for communication about PCOC implementation	Absence of detail about PCOC leaders Processes for communication unspecified
Local processes in place	Specific processes, procedures and policies identified as being modified or commitment to doing so	Absence of detail on processes, procedures, and policies to be modified and use of noncommittal language about doing so (e.g., “to be discussed”)
Orientation & ongoing education plan	Specific procedures in place (or commitment) to embed ongoing education	Absence of detail and use of noncommittal language on procedures to embed ongoing education (e.g., “where possible”)
Data management	Specific individuals or roles nominated Scheduling for data entry mentioned	Responsibility for data management unspecified No indication of data entry scheduling

Factors influencing implementation

Two focus groups and 35 interviews=41 participants (14 care workers, 13 HCPs, 10 Managers, 4 PCOC staff)

- A receptive context for change
- Resources
- Education and training
- The fit of the PCOC Wicking Model with day-to-day practices and systems

A receptive context for change

"it is a solution to a lot of issues" [raised by the Royal Commission] (M2)

"They [the staff] *really want to do end of life really, really well. They know it's really important….and so I think for them to feel like 'this is a tool that will help them', worked well to engage them"* (M8)

"I think leadership's imperative. Everybody has to take a role." (M2)

"Our leadership all the way up to our general manager is very supportive." (M5)

"The more we practice it, the more it just becomes second nature. And we can see the benefit of these new practices…and we succeed by practice, by actually integrating it into our daily routine. And then before you know it, we're thinking, my God, this is great. This really benefits our residents." (HCP2)

Resources

“The initial meetings, it sounded like it wasn't a lot of work and it wouldn't have required a lot of resources. But when you got down to the nitty gritty of it all, it actually did. So that's the main reason why we did withdraw because we just didn't have the resources to make the program work properly.” (M3)

“It's taken a long time and I'm still explaining the process to people almost 12 months on.” (HCP4)

Education and training

"pitched at the right level to the right people in the right amount of time" (M06)"

"really useful and hands on" (HC07)

"too much information for people to get their head around" (M08).

"We did have a seminar when I first started, and that was really good … But then when you're back in the workplace, everyone just changes it ..it seemed so easy, but then you've got to deal with this paperwork…" (CW09)

"I think if we were to all be shown practically how to do each assessment would have been more beneficial." (M07)

Fitting the Model with day-to-day practices

“I'm just ticking a box, just filling it in …because I've been told to. Like we're just doing the same thing on another piece of paper … it doesn't take long, two seconds and it's done.” (CW06)

“it just became double documentation and then our end of life care plan, you do second hourly checks for pain and things like that. So, I think they were, "Why are we doing both?”

“Assessments aren't being assessed correctly … under a minute for each one, but you're basically following what other people are doing, to be honest … You're not really putting any thought into filling it in.” (CW14)

“it has definitely increased the workload, but it's not that bad.” (HC01)

Fitting the Model with day-to-day practices

“Once we know the routine, how to do it, it was quite easy.” (HC14)

“I feel like it's their own piece of paper. I can think about it, take it into the cottage and actually assessing them while I'm looking at the resident, not just thinking what I saw … I don't think it takes up much of my time really.” (CW15)

“It fit quite well with our Resident of the Day program. …..it needed to be linked with something that we already used, and that that was the best fit.” (M06)

Key factors for success

- A receptive context for change;
- Having a model of change to guide implementation;
- Adequate resources;
- Staff with the necessary skills;
- Stakeholder engagement, participation and commitment;
- The nature of the change in practice;
- Systems in place to support the use of evidence;
- Demonstrable benefits of the change.

Masso & McCarthy, 2009

Where to next?

PACOP
palliative aged care outcomes program

- PCOC Wicking Model built upon the PCOC program
- Palliative Aged Care Outcomes Program (PACOP) builds on the lessons of PCOC Wicking
- PACOP has become a new outcomes collaboration
- In a consolidation phase at present

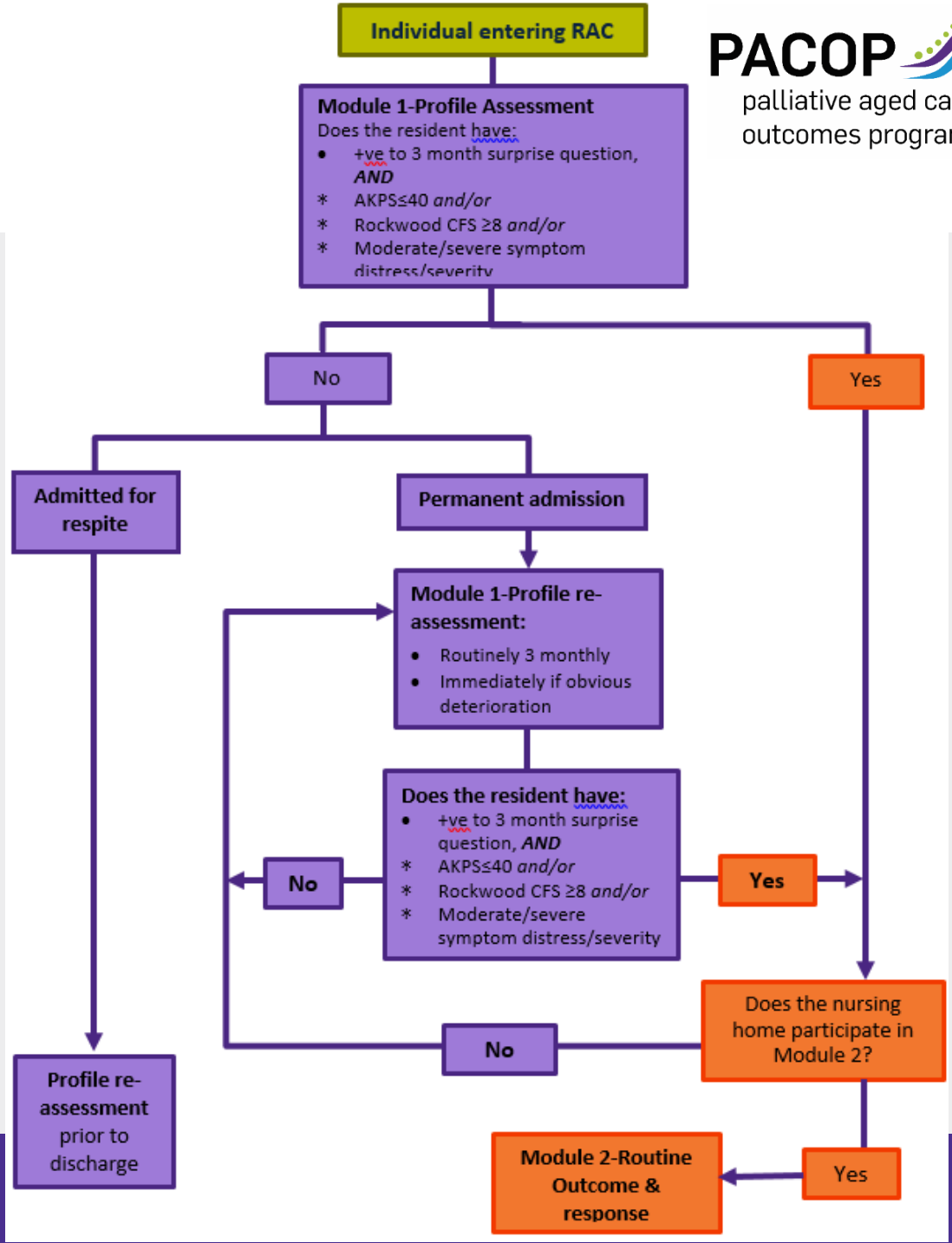
Where to next?

Module 1: PACOP PROFILE COLLECTION

- For all RACFs
- For all residents

PACOP profile assessment

- Assessment every three months
- Symptom severity/distress, performance, frailty, phase
- Introduces standardised assessments
- Screens for escalating symptoms & needs (i.e. helps identify who needs palliative care)
- Provides an understanding of the palliative care needs in RAC
- Informs AN-ACC reassessment



PACOP palliative aged care outcomes program

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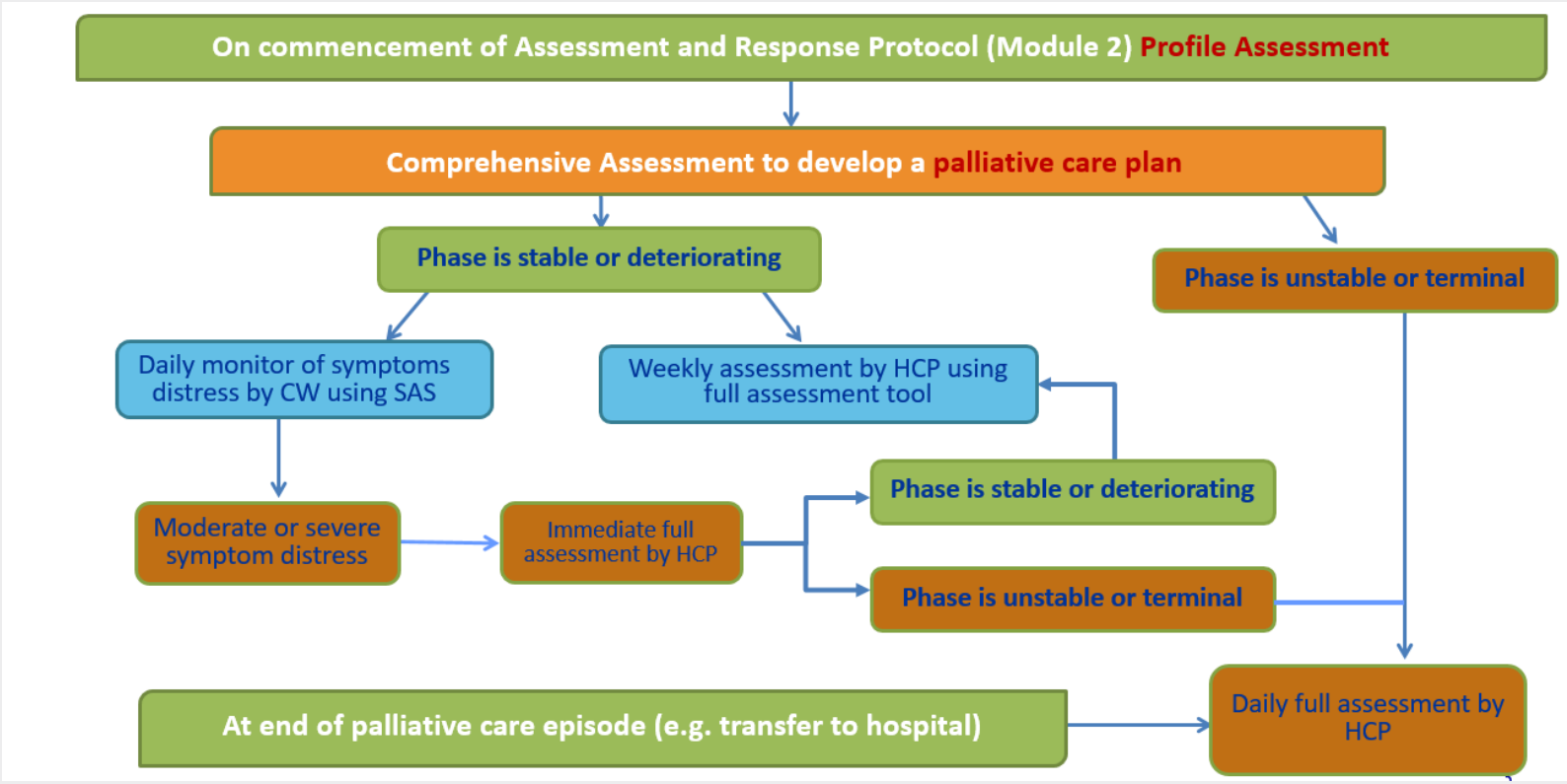
Where to next?

PACOP
palliative aged care outcomes program

Module 2: PACOP OUTCOMES & RESPONSE FRAMEWORK

- Embeds point-of-care outcome measures into daily practice
- Informs care planning for better quality care
- Empowers residents & families
- Upskills all of workforce
- Improves communication
- Informs quality improvement cycle
- Improves compliance with Aged Care Quality Standards



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Where to next, and when?

PACOP
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- Listening, modifying, planning
- Rolling over PCOC Wicking sites
- Invitation services
- Open invitation aligned with the introduction of AN-ACC (October 2022)

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Assessment results from Pilot

Summary of residents	Jan-June 2020*	July-Dec 2020**
Residents identified & receiving palliative care	27	8
Deaths in the facility	16	6
Transferred to hospital	1	1
No longer need palliative care	2	2
Average length of episodes of palliative care	41.8	84.7
Median number of days per episode	34	44
Summary of resident assessments		
Full PCOC Assessments	228	75
Average full assessments/resident	8.4	9.4
SAS only assessments	550	223
Average SAS only assessments/resident	20.4	27.9

*2 RACFs submitted data + 1 trying to enter data into palCentre
** 1RACF submitted data+ 1 still trying to enter data into palCentre