



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

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[pcoc.org.au](http://pcoc.org.au)

# PCOC in Residential Aged Care

## Supporting identification & provision of palliative care

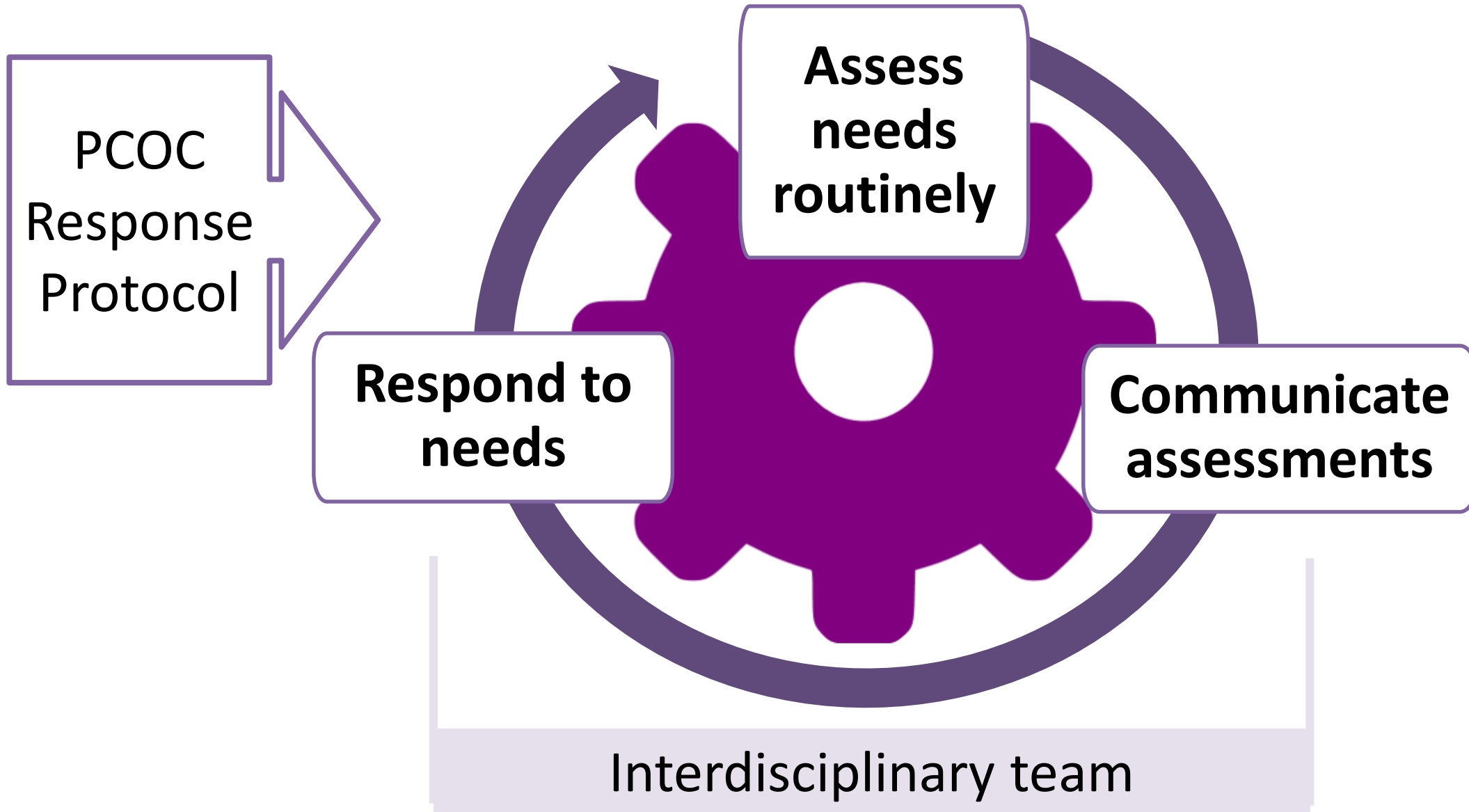
Joseph N, Clapham S, Bishop G, Davis E, Connolly J, Daveson B, Eagar K

This project was funded by the Wicking Trust

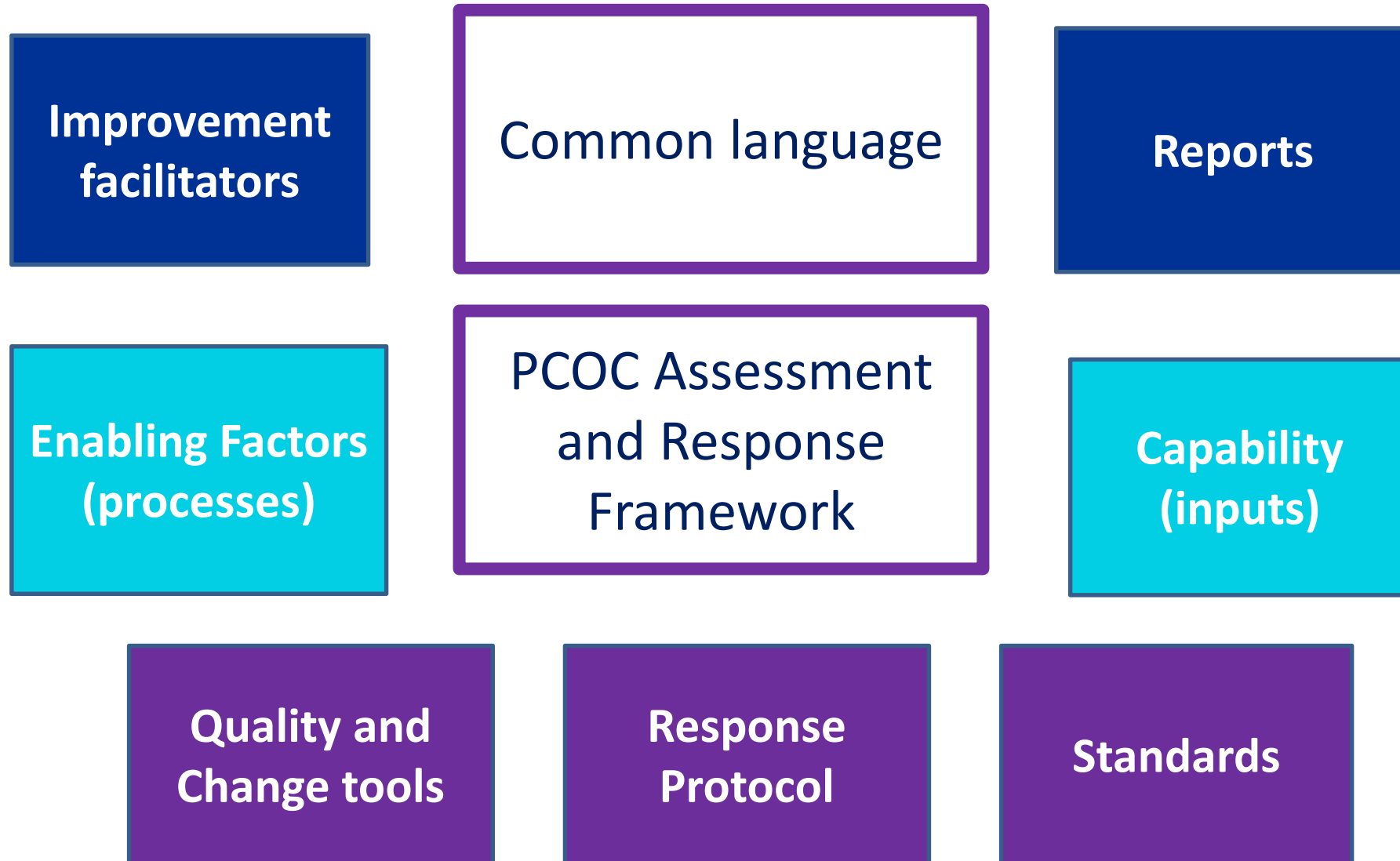
# What is PCOC?

- PCOC is a national palliative care programme funded by the Australian Department of Health, 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 – has been in operation for over 10 years and has participation from over 75% of SPC services in Australia

# Improving outcomes at a service level



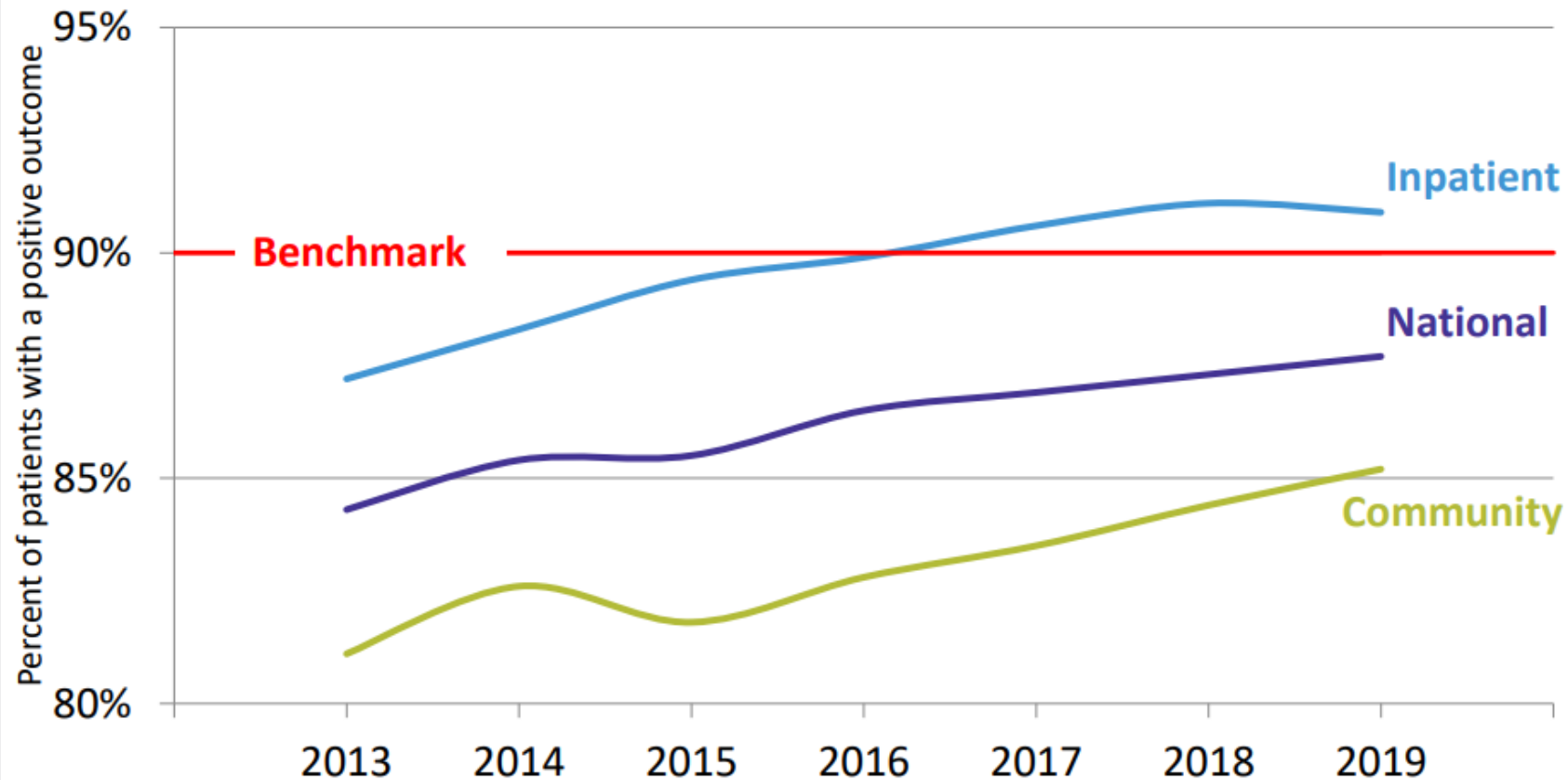
# PCOC Model – Drives Improvement



# Key Australian results over time

## Anticipatory pain management

Positive outcome = Patients with absent or mild distress due to pain at the end of a phase (maintained that way from the beginning of the phase)



Currow D , Allingham S, Yates P, Johnson C, Clarke K, Eagar K.

*Improving national hospice/palliative care service symptom outcomes systematically through point-of-care data collection, structured feedback and benchmarking.*

Support Care Cancer (2015) 23:307-315

Eagar K, Clapham S, Allingham S. *Palliative care is effective: but hospital symptom outcomes superior* BMJ Supportive & Palliative Care (2018) doi: 10.1136/bmjspcare-2018-001534.

# Can PCOC be adapted to work in RAC?

We know PCOC works to improve outcomes for palliative patients and their families.

Can the PCOC programme be adapted and successfully implemented in RAC?

Evaluation designed to examine acceptability and feasibility

# What we know about Residential Aged Care

- Approximately 60,000 people die in RAC every year
- 39% die within 1 year of admission
- 23% die within 3 months of admission
- Residential Aged Care is a major provider of end of life care.

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<https://www.gen-agedcaredata.gov.au/Resources/Access-data/2018/June/GEN-data-People-leaving-aged-care>

# What we know about Residential Aged Care

- Low RN staffing ratios to resident numbers
- Care workers provide bulk of care to residents
- The full impact of palliative care in RAC is unknown.



# PCOC Wicking model for RAC

A programme was developed and trialled in RACFs in NSW and Victoria. It was funded by a grant from the Wicking Trust and therefore became known as the PCOC Wicking Model.

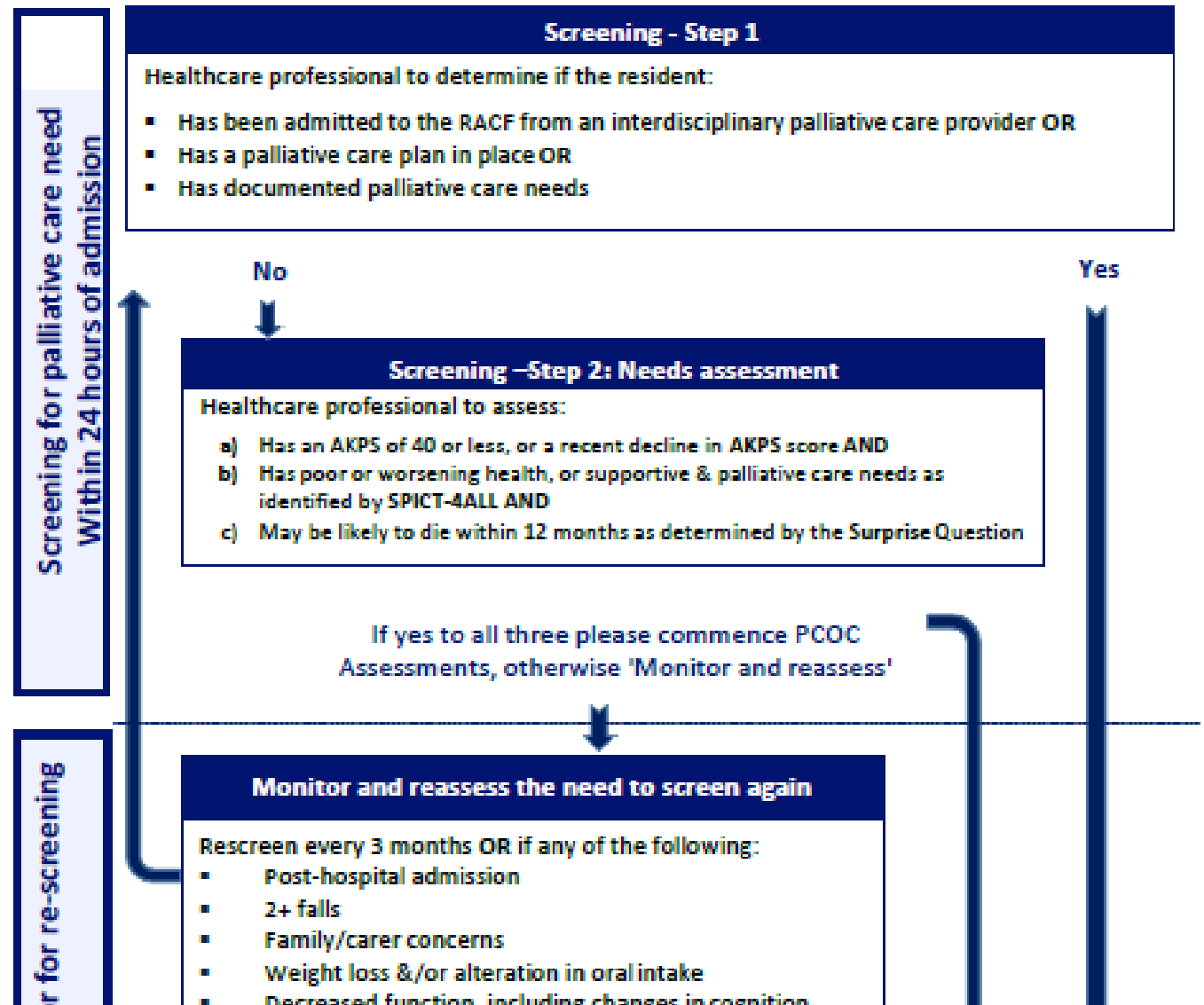
Designed to be led by the RN & consisted of two parts:

1. A screening process to identify residents with palliative needs
2. An Assessment & Response Protocol used for daily assessment of those residents identified as having palliative needs

# Screening for Palliative Needs

Flowchart: Identifying palliative need & responding to palliative need

Use the screening tool to identify residents with palliative needs.

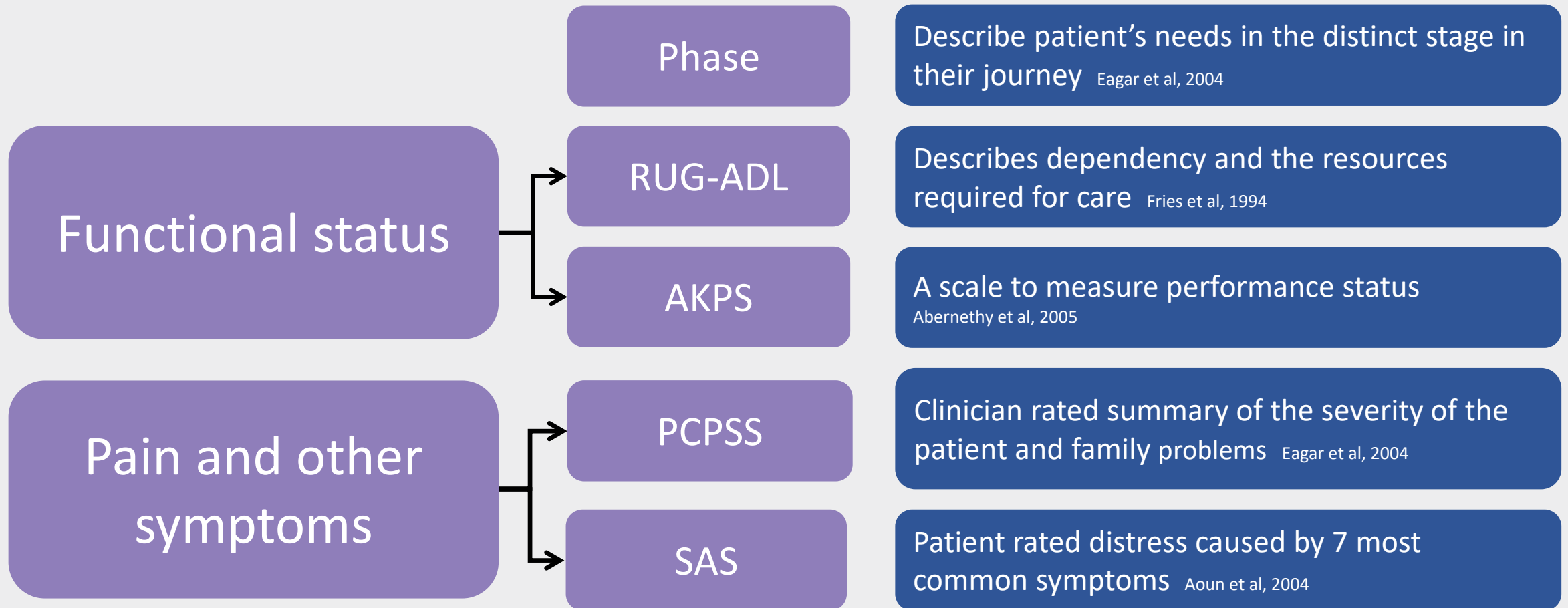


# PCOC Assessment & Response protocol

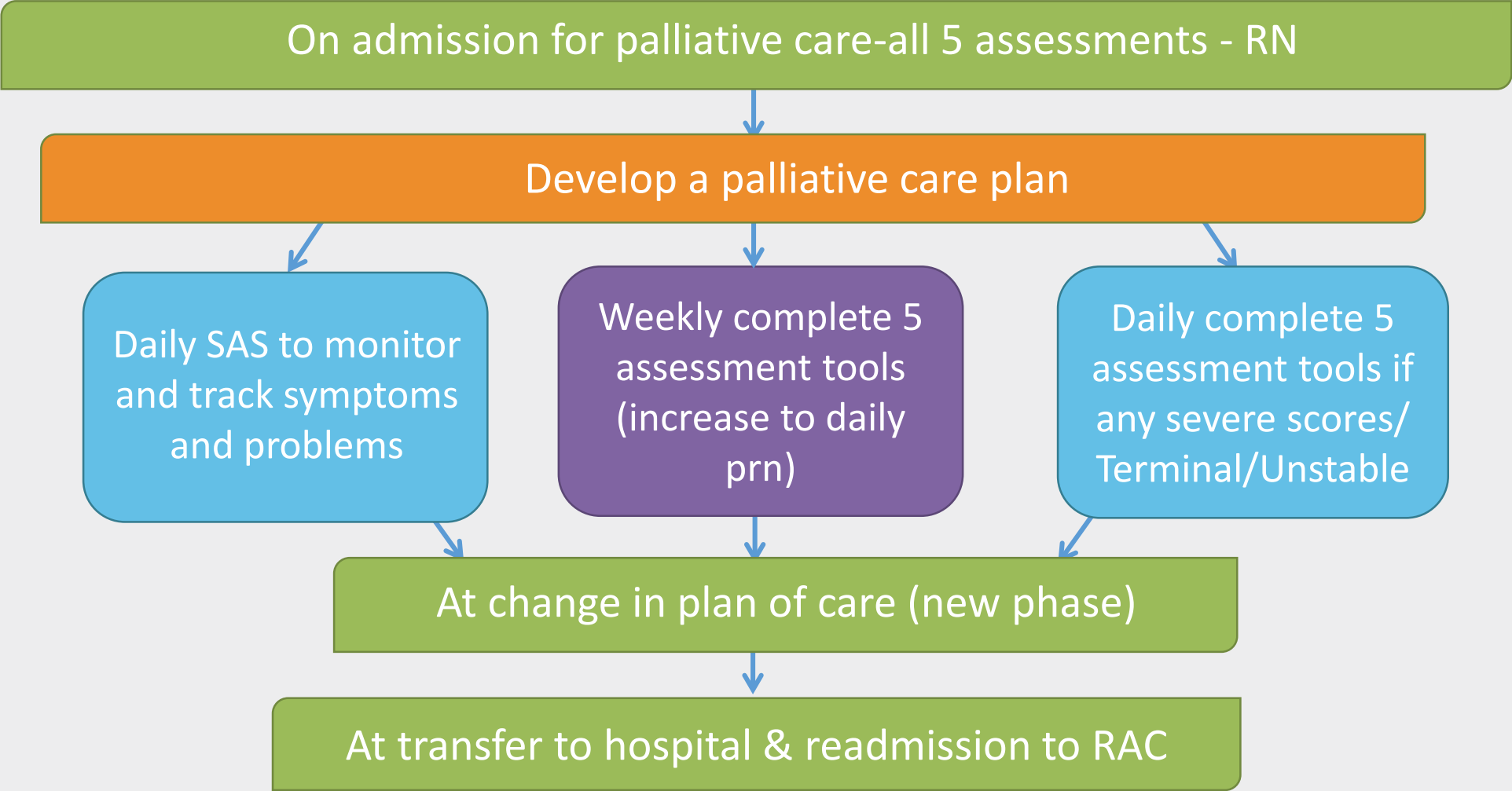
Once a resident has been identified as having palliative needs by using the screening process, they are commenced on the second part of the programme – the PCOC Assessment & Response protocol.

This involves regular assessment of the resident using the five PCOC clinical assessment tools.

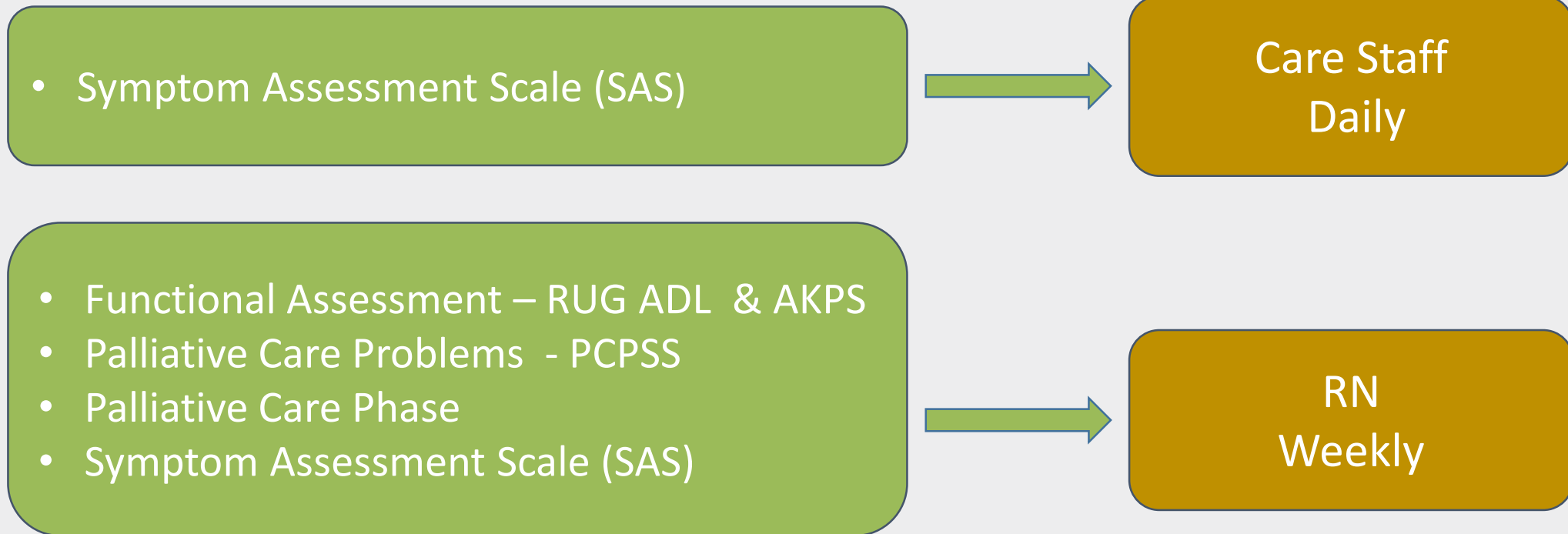
# The PCOC clinical assessment tools



# RAC Assessment Routine - When



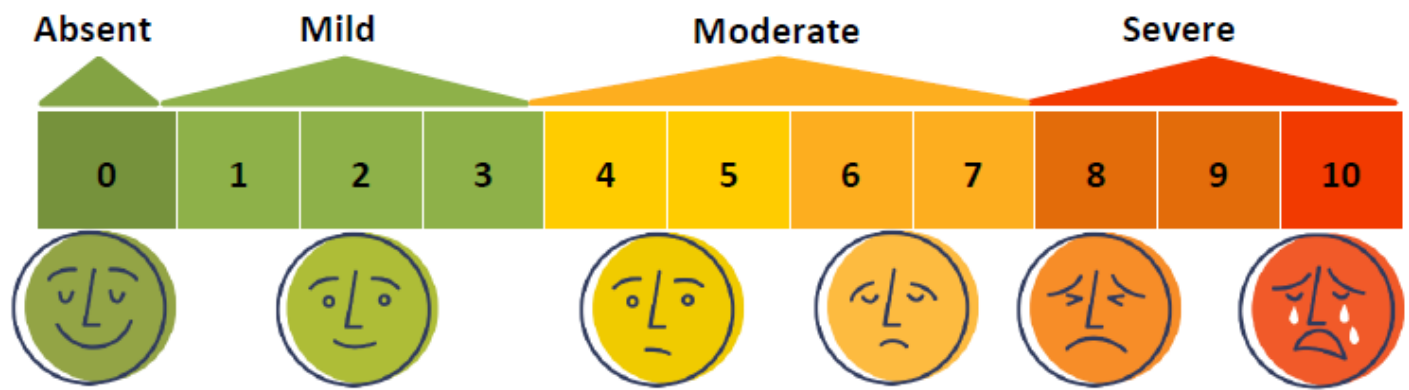
# RAC Assessment Routine - Who









# Role of Care Staff

- As part of the Assessment & Response protocol, Care Workers were trained to collect daily SAS scores from residents identified as having palliative needs.
- A SAS Guide was developed which explains the 7 different SAS items, and how they may look in a resident who is unable to communicate the scores themselves.

# Symptom Assessment Scale Guide



ACTION			
Absent (0)	Mild (1-3)	Moderate (4-7)	Severe (8-10)
No Action	Report to RN/Supervisor WITHIN SHIFT	Report to RN/Supervisor WITHIN 30 MINUTES	Report to RN/Supervisor IMMEDIATELY

SYMPTOM	SAS SCORE GUIDE
<b>PAIN</b>	<b>Any discomfort, ache, soreness, stabbing, sharp or dull pain</b>
0 <span style="margin-left: 20px;">1-3</span>  	Score 0 Resident states there is no distress from pain <b>OR</b> does not show signs of distress from pain
<span style="margin-left: 20px;">4-7</span>  	Scores 1-3 or may appear slightly uncomfortable or unsettled
<span style="margin-left: 20px;">8-10</span>  	Scores 4 to 7 <b>OR</b> shows signs such as groaning, moaning, or grimacing, being agitated or restless
<b>FATIGUE</b>	Scores 8-10 <b>OR</b> shows signs such as crying, groaning, grimacing; holding or guarding parts of the body, signs appear to worsen on movement, being very restless or agitated or aggressive
	<b>Loss of strength, low energy, very tired, weakness</b>



# Care Staff - Response

The SAS scores are reported to the Nurse, as per the action table on the Guide

**Severe** – Immediately

**Moderate** – Within 30 minutes

**Mild** – By end of shift

# Care Staff - Response

Using the care worker to collect the daily SAS scores was beneficial in many ways:

- Care workers spend more time with residents and are well placed to notice even small changes
- Gives the care worker a tool to communicate succinctly with the registered nurse, and a means to escalate any moderate to severe problems.
- Assists the RN to know that the SAS scores/symptoms are being collected and reported in a timely manner in order for them to prioritise their care for those residents who have the greatest need.

# Benefits of the programme

- Effective use of a large resource (care workers).
- Communication tool for care workers to advocate for residents distress.
- Care workers as 'eyes and ears on the ground' provided additional valuable & timely information to the RN.
- Improved outcomes for residents, increased frequency of assessment & timely response to unmet needs.
- Reassurance to families that their loved one's needs are being assessed and responded to by the whole team of RACF staff

# Summary

- PCOC has developed, trialled and analysed an adaptation of their programme for use in RACF with good results.
- Feedback and analysis of the project shows improved palliative care outcomes for residents & families, and increased support for staff in the delivery of palliative care in RACFs.

# Where to from here

Claire Johnson from PCOC will now present the analysis, evaluation and next steps.

For further information please contact the PCOC team at [pcoc.com.au](http://pcoc.com.au)

# Acknowledgements

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- Senior Professor Kathy Eagar, *Director, AHSRI, University of Wollongong*