Palliative Care and End-of-Life Care: PI 04-Proportion of unstable palliative care phases that last 3 days or less, 2021

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Palliative Care and End-of-Life Care: PI 04-Proportion of unstable palliative care phases that last 3 days or less, 2021

Identifying and definitional attributes

Metadata item type: Indicator

Indicator type: Indicator

Short name: PI 04-Proportion of unstable palliative care phases that last 3 days or less, 2021

Synonymous names: Time in the unstable phase (PCOC)

METEOR identifier: 742668

Registration status: Health!, Qualified 21/10/2021

Description: Percentage of all unstable palliative care phases that last 3 days or less. An unstable palliative care phase commences when an urgent change in the care plan or emergency treatment is required. It ends when the care plan is in place and it has been reviewed for effectiveness, or when the patient's death is likely to occur within days (see below for further details).

Rationale: The National Palliative Care Strategy 2018 (DoH 2019) states that quality of care should be routinely monitored in order for care to be assessed and improved across all care settings. In particular, Goal 3 - Access and Choice, was established to ensure "People affected by life-limiting illnesses receive care that matches their needs and preferences." Timely resolution of patients' urgent needs as measured by this indicator, may be indicative of the quality of care received according to the needs of the patient.

A **palliative care phase** is used to describe the care needs of patients and their families, and to indicate whether or not the current care plan meets these needs. The 4 palliative care phase types are: stable, unstable, deteriorating, terminal. The unstable phase type alerts clinical staff to the need for urgent changes to the patient’s care plan or that emergency intervention is required. Once assigned, and with the new care plan in place, the clinical team monitor for improvements in the patient and/or family/carer condition. This does not necessarily mean that the symptom/crisis has been fully resolved. However, with the new care plan initiated and reviewed for effectiveness, the patient/family/carer can be moved out of the unstable phase into another relevant phase (AIHW 2021). The 3-day timeframe was chosen to represent best clinical practice (PCOC 2012a).

Indicator set: Palliative Care and End-of-Life Care Key Performance Indicators 2021
Health!, Qualified 21/10/2021

Collection and usage attributes

Computation description:

Coverage/scope:

Palliative care services contributing to the Palliative Care Outcomes Collaboration (PCOC).

The PCOC is a national program that aims to systematically drive improvements in patient and carer outcomes, using standardised validated clinical assessment tools to benchmark and measure outcomes in palliative care. Participation in the PCOC is voluntary and open to all palliative care service providers across Australia. Contirbution to the collection is sought from services in:

- public and private health sectors;
- metropolitan, rural and remote areas; and
- inpatient (hospital or hospice) and community settings.

Methodology:

- This measure is the proportion of all unstable phases where time in the unstable phase lasts for 3 days or less. Time is calculated in days between the unstable phase start date and the unstable phase end date.
- An unstable phase start date is defined as the date an urgent change to the care plan or emergency treatment is required. A new plan of care or emergency treatment is initiated and reviewed for effectiveness. The end of the unstable phase is when the care plan is working to resolve or improve problems and no further changes to the care plan are required, or when the patient's death is likely to occur within a matter of days (as this signals that the patient has moved into a terminal phase). The date this occurs would be defined as the unstable phase end date.
- Unstable phases in which the start date and end date were not recorded are excluded.

Presented as a percentage.

Computation: (Numerator ÷ Denominator) x 100

Numerator: Number of unstable palliative care phases lasting for 3 days or less within the reference period.

Numerator data elements:

Data Element / Data Set

Phase—phase end date, DD/MM/YYYY

Guide for use

Data source type: Administrative by-product data

Item 3.3.23 in the PCOC Version 3.0 Data set: data dictionary and technical guidelines

Data Element / Data Set

Phase—phase start date, DD/MM/YYYY

Guide for use

Data source type: Administrative by-product data

Item 3.3.05 in the PCOC Version 3.0 Data set: data dictionary and technical guidelines

Data Element / Data Set

Phase—phase type, code N

Guide for use

Data source type: Administrative by-product data

Item 3.3.06 in the PCOC Version 3.0 Data set: data dictionary and technical guidelines

Denominator: Total number of unstable palliative care phases within the reference period.

Denominator data elements:

Data Element / Data Set

Phase—phase type, code N

Guide for use

Data source type: Administrative by-product data

Item 3.3.06 in the PCOC Version 3.0 Data set: data dictionary and technical guidelines

Disaggregation: Service attributes:

- Episode type (inpatient/community)
- Year (2016 - 2020)
- Episode type by Year

Disaggregation data elements:

Data Element / Data Set

Episode—episode type, code NN

Guide for use

Data source type: Administrative by-product data

Item 3.2.10 in the PCOC Version 3.0 Data set: data dictionary and technical guidelines

Episode type categories: inpatient / community

Comments: Reference period for 2021 reporting: 2020.

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Phase of care
Format:	N[NN]{.N[N]}

Indicator conceptual framework

Framework and dimensions: 1. Effectiveness

Accountability attributes

Organisation responsible for providing data: Palliative Care Outcomes Collaboration (PCOC)

Other issues caveats: Data for this indicator is sourced from PCOC.

PCOC's national longitudinal database was established in 2005, and in 2021 consists of more than 300,000 patients and greater than 1 million **palliative care phases** provided within hospitals, patients' homes and in residential aged care facilities. The number of services reporting palliative care patient outcome data increased from 127 services in 2009 to 188 services in 2019, with most specialist palliative care providers within Australia participating in this voluntary national program.

PCOC has a set of rule checks and flags that ensure consistency of data entry at the point of collection by trained staff from participating services, and also comprehensive data quality checks at the point of data entry, data receipt and prior to data analysis (Woods et al. 2021). Limited missing data values are evident (i.e. <4% per item) (Daveson et al. 2021).

Participation in PCOC is voluntary and open to all palliative care service providers across Australia. The data are administrative and embedded into routine clinical practice.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare on behalf of the Palliative Care and End-of-Life Care Data Development Working Group

Reference documents:

AIHW (Australian Institute of Health and Welfare). Palliative Care Services in Australia: Palliative care outcomes. Canberra: AIHW. Viewed 9 June 2021, https://www.aihw.gov.au/reports/palliative-care-services-in-australia/palliative-care-services-in-australia/contents/palliative-care-outcomes.

Daveson BA, Allingham SF, Clapham S, Johnson CE, Currow DC, Yates P, et al. 2021. The PCOC Symptom Assessment Scale (SAS): A valid measure for daily use at point of care and in palliative care programs. PLoS ONE 16(3): e0247250. https://doi.org/10.1371/journal.pone.0247250

DoH (Department of Health) 2019. National Palliative Care Strategy 2018. Canberra: DoH. Viewed 9 June 2021, https://www.health.gov.au/resources/publications/the-national-palliative-care-strategy-2018.

PCOC (Palliative Care Outcomes Collaboration) 2012a Time in the unstable phase – revised benchmark. Viewed 17 August 2021, https://documents.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow147037.pdf

PCOC November 2012b. PCOC Version 3.0 Dataset: Data Dictionary and Technical Guidelines (version 1.2.0). Viewed 9 June 2021, https://documents.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow126175.pdf

Woods JA, Johnson CE, Allingham SF, Ngo HT, Katzenellenbogen JM, Thompson SC 2021. Collaborative data familiarisation and quality assessment: Reflections from use of a national dataset to investigate palliative care for Indigenous Australians. Health Inf Manag; 50(1-2):64-75. doi: 10.1177/1833358320908957.