CommunityCare EXCELLENCE AWARDS 2022

A quality improvement project on improving the compliance rate of Palliative Care Outcomes Collaboration (PCOC) completion for home hospice patient visits

Nithia Angamuthu[1], Saw Nandar Nwe[2], Nurliyana Soffe[2], Yin Yee Wong[3], Eng Koon Ong[1]
1.Division of Supportive and Palliative Care / National Cancer Centre Singapore / Singapore
2.Department of Nursing / Assisi Hospice / Singapore 3. Department of Quality / Assisi Hospice / Singapore

INTRODUCTION

According to the National Guidelines for Palliative Care (NGPC) of Singapore, there must be documentation of pain and other symptoms scores during each episode of care. The Palliative Care Outcomes Collaboration (PCOC) tool was introduced in Assisi Hospice Home Care for this purpose in April 2019. PCOC allows standardisation of assessment to guide treatment and facilitate communication among different healthcare professionals. The objectives of this project were as follows: (a) to assess the baseline rate of PCOC completion six months after its introduction in electronic medical records (EMR), (b) to use quality improvement methodologies to improve the completion rate and (c) to assess sustainability of results after interventions.

METHODS

Baseline Audit

A retrospective audit of all home visits in October 2019 was performed through the electronic medical records. Focus-group discussions were then held with the home care nurses and doctors to explore their understanding and perception of PCOC and ascertain reasons for the poor compliance rate. This was translated into a fishbone diagram. After voting, the top contributing factors were identified from the Pareto chart.

Is this a problem worth solving?

PCOC is a prompt for holistic assessment during every visit. It also has impact on patient management by assessing if the intervention has worked by reviewing PCOC trends. The use of PCOC ensures continuity of care between health care providers by ensuring everyone speaks the “same language”. Similarly it is also useful for handovers when patient is transferred between services. Lastly, PCOC has a role in audit and research in order to improve service delivery

Quality Improvement

Plan-Do-Study-Act Cycle (PDSA) 1 consisted of standardisation and training. The project team worked with institution PCOC leads to come up with a standardised workflow for completing PCOC scoring. We identified PCOC champions amongst the home care nurses, who underwent “train-the-trainer" sessions. Subsequently, widespread staff training completed. PDSA 2 consisted of reinforcement and reminders. PCOC was brought to the front of everyone’s minds by highlighting the scores during interdisciplinary meetings. Twice weekly text message reminders were also sent to all staff. PCOC completion rates were monitored for 12 months thereafter.

RESULTS

593 visit logs were identified of which only 408 (68.8%) had completed PCOC entries (Fig 1). Our mission statement was to improve the PCOC completion rate from 68.8% to 100% within a 6-month period. Table 1 shows the top contributory factors to the poor compliance rate. Post intervention, PCOC completion rate improved to 80% after PDSA cycle 1 and then to 91% after PDSA cycle 2 (Fig 2). This completion rate was maintained for 12 months after completion of PDSA 2.

Figure 1: Baseline audit of PCOC completion

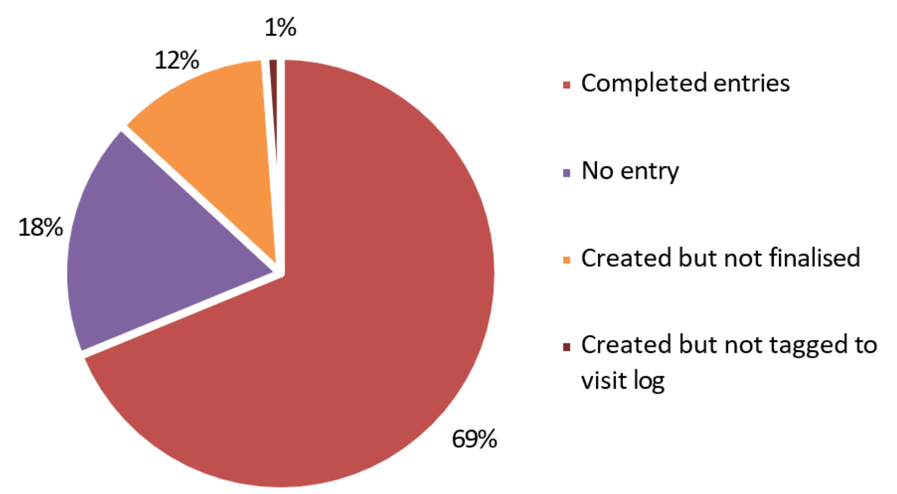
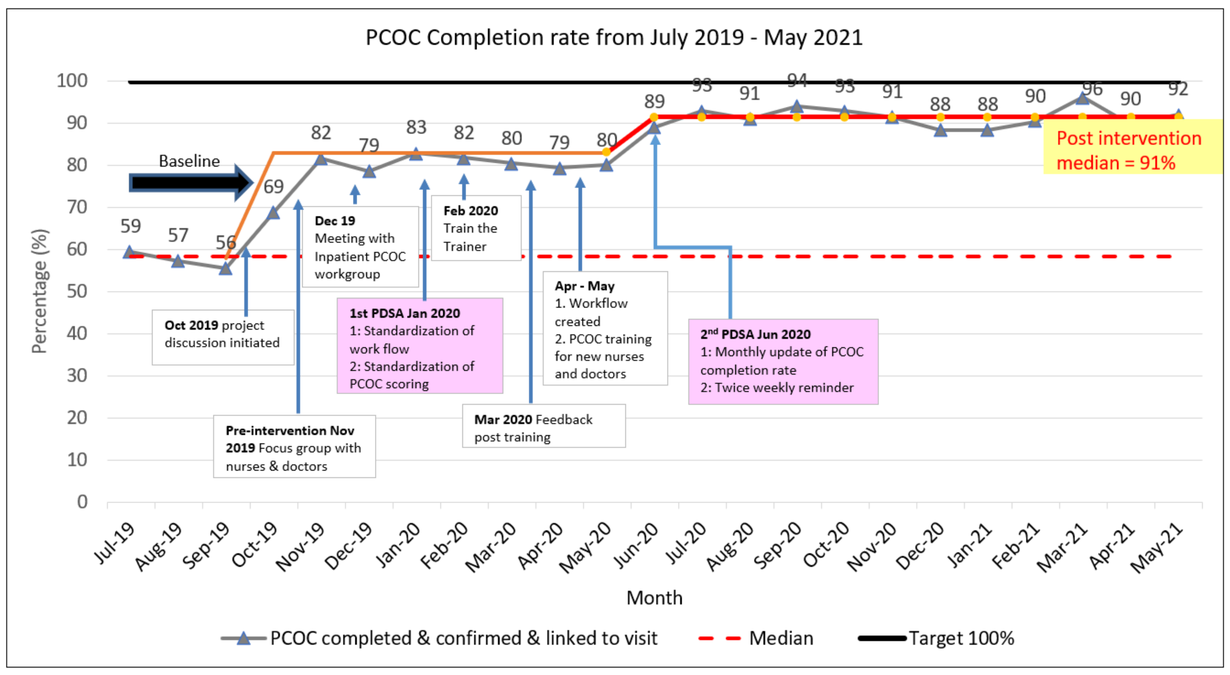


Table 1: Top contributory factors and proposed interventions

Cause	Root Cause	Proposed Interventions
A	Improper workflow - completing PCOC retrospectively rather than at time of visit	To create a workflow to complete PCOC and train staff using new workflow.
B	Inadequate training for existing nurses	To identify PCOC champions to facilitate training.
C	IT interface not user friendly as PCOC is not integrated into visit log	To consider updating software at next IT enhancement.
D	No clear standardization as HC nurses were not part of original PCOC workgroup	Involve inpatient PCOC leads to assist HC team to standardise workflow for scoring.

Figure 2: Run chart of PCOC completion rate and interventions



CONCLUSION

Limitations of this project were periodic change of staff due to deployment as well as new hires necessitating intermittent ad hoc training. Potential future projects would include the encouragement of point of care PCOC completion with the help of IT enhancements. In summary, this quality improvement project demonstrated that standardisation, training and reinforcement led to a sustainable improvement in PCOC completion rates in a home hospice setting over a period of 12 months.

SUSTAINABILITY

We have achieved our aim with sustainable improvement. The implemented workflow has been adopted as part of standard home hospice workflow. With many enhancement made to the IT system, PCOC is now able to integrate with visit log starting from February 2022.