



Implementation of Palliative Care Outcomes Collaboration in a Palliative Day Care Setting

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Background

The Palliative Care Outcomes Collaboration (PCOC) was first introduced in Australia with the aim to systematically improve patient and carer outcomes using standardized validated clinical assessment tools¹. It has been shown to be feasible and useful in improving outcomes and quality for patients receiving palliative care². Having seen the success of using PCOC which ties in with the National Palliative Care Guidelines of Singapore, a local hospice introduced PCOC to inpatient and home care in 2018 and 2019 respectively with the aim to develop a common language across the service. In 2022, PCOC was implemented at Day Care.

Aim

Describe how PCOC was being implemented in a local palliative Day Care centre.

Methodology

Training and education were conducted along with identification of PCOC champions before implementation of PCOC based on the timeline, as seen in Figure 1. The PCOC assessment tool was introduced to 45 unique Day Care patients using the workflow seen in Figure 2.

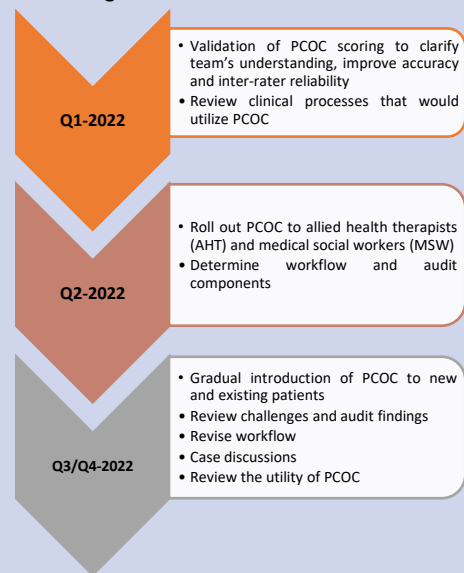


Figure 1: Timeline of PCOC journey in 2022

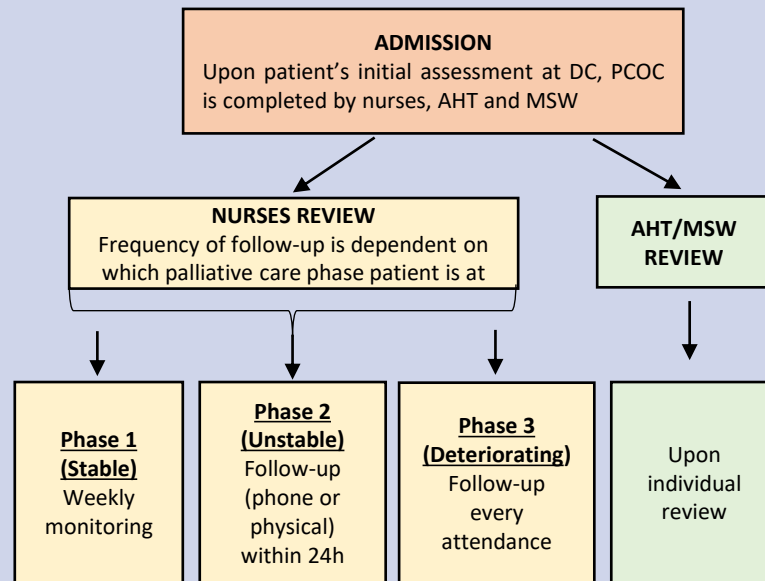


Figure 2: PCOC workflow

Results & Discussion

Audit findings	May-22	Dec-22
PCOC is completed by nurses once a week for stable patients	75.8%	93.1%
PCOC is completed by allied health therapist upon individual review	88%	100%
PCOC is completed by medical social worker upon individual review	38%	67%

Table 1: Audit findings

The implementation of PCOC into routine practice has helped the team in assessing and articulating patients' symptoms using a common language. PCOC was used in daily huddle discussion to surface patients who require closer monitoring and was also incorporated into inter-disciplinary meetings. Audit findings are shown in Table 1. To improve compliance, manual tracking was initiated to identify patients who have yet to complete their weekly PCOC assessment. Subsequently, inconsistencies in follow-ups were surfaced hence patients who were in Palliative Care Phase 2 or 3 had to be listed down on the handover board.

Conclusion

The initial results suggest the feasibility of using PCOC in a palliative day care setting and its impact on patient care. Further audits are required to monitor timeliness and consistency in following up with patient care. Continuous discussion is needed to further explore how PCOC can be utilised at Day Care.

Acknowledgements

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References

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