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# BULLETIN

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Welcome to this 7th edition of the PCOC bulletin which we hope will keep readers informed about PCOC's progress, and prompt discussion on the PCOC email list-server. The list-server is designed to be a group email for the purposes of disseminating information to and from all members on the list. Contact [darcy@uow.edu.au](mailto:darcy@uow.edu.au) if you are interested in participating.

## Ongoing Education—A Resource for Services

The PCOC website now has an ongoing education package which includes a powerpoint presentation and hand-outs that services can use themselves to update their staff. All three levels, Patient, Episode and Phase are covered with both an inpatient and community case study exercise using the tools.



## Phase Change

At the last meeting of PCOC's Scientific and Clinical Advisory Committee, consideration was given to the current PCOC requirement for a face to face assessment to assign a phase change. Committee members agreed that this is an unrealistic expectation especially for rural and remote services and can result in a phase not being changed.

The committee agreed PCOC will allow a phase change to be assigned to a patient following an assessment either by telephone or face to face

For example a patient in the community is assessed as unstable on a home visit due to an urgent problem and the need to change the management plan. The interventions documented on the management plan are implemented and the following day the patient is assessed via a phone call. If the intervention has been effective, the problem resolved and the management plan amended, the phase of the patient is changed.

Please remember a phase change requires the 5 assessment tools to be completed. These are:

1. Phase
2. Resource Utilisation Group (RUG-ADL)
3. Palliative Care Problem Severity Score (PSS)
4. Australia-modified Karnofsky Performance Status (AKPS) and
5. Symptom Assessment Score (SAS).

## Eligibility to join PCOC

The eligibility of services to join PCOC has been revised and if a palliative care service can demonstrate that **palliative care patients receiving care after a formal admission process by a service that is capable of collecting the PCOC clinical measures** the service is eligible to join PCOC. This will include community services, NGOs, general and private hospitals.

## PCOC Website:

[http://chsd.uow.edu.au/pcoc/about\\_pcoc.html](http://chsd.uow.edu.au/pcoc/about_pcoc.html)

