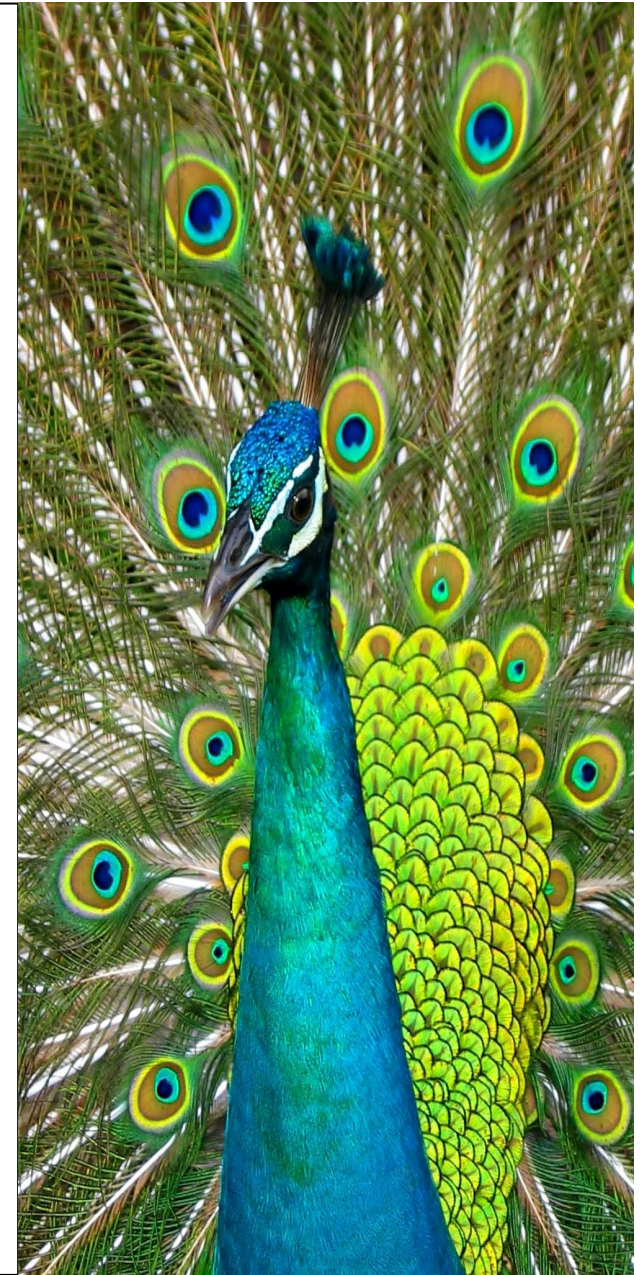




National report on palliative care in Australia

July to December 2008

March 2009



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Palliative Care Outcomes Collaboration (PCOC)

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Introduction

Funding

Palliative Care Outcomes Collaboration (PCOC) was formed in mid-2005 and is funded by the Australian Government. It is a voluntary, quality initiative which aims to assist palliative care services to measure the standard and quality of care which is a stated goal of the *National Palliative Care Strategy*. In part, this will be achieved by collecting and analysing data and reporting findings to services.

Dataset

The development of the PCOC dataset has evolved after broad consultation with services and representatives of peak organisations and approval by PCOC's Scientific and Clinical Advisory Committee (SCAC).

The PCOC database contains data from April 2006 to December 2008 on 32,038 patients with 39,892 episodes of care and 79,990 phases of care.

PCOC reports

PCOC provides analysis of each service's data and also compares this to the national data. The clinical assessment tools - Phase of Care, PC Problem Severity Score, Symptom Assessment Scale, Australian-modified Karnofsky and RUG-ADL - provide measures of quality and outcomes.

PCOC Report Issue 6

PCOC is progressively introducing benchmark measures into the PCOC Reports. In report 6 the first three measures are included although no benchmarks have yet been set as these are still to be agreed. The benchmark measures are:

Benchmark measure 1 - Time in the unstable phase (Table 23)

Benchmark measure 2 - Change in pain in PC Problem Severity Score (Tables 26 - 31)

Benchmark measure 3 - Change in pain in Symptom Assessment Score (Tables 34 - 39)

Both the Symptom Assessment Scale (SAS) pain score and the PC Problem Severity Score (PSS) pain scores are analysed by phase and subsequent phase, by phase and phase length, and by phase and pain severity. The analysis is for overnight and Not admitted overnight patients.

Time in the unstable phase measure is analysed by the first phase of the episode type and then occurrence of the unstable phase during the episode.

PCOC will be seeking feedback from services at benchmarking workshops scheduled in May and June 2009. Views will be sought on how the information from these measures could be applied to improve practice and whether changes or additional information is required.

Once benchmark measures are adopted they can be reviewed and adjusted over time and other measures can be considered at future workshops.

74 palliative care services submitted data for this report.

Reporting period is July to December 2008.

Points to note

Data reported for services identifying as consultancy are included in the overnight admitted data analysis, with the exception of data reported for services identifying as outpatient consultancy which are included in the not admitted overnight data analysis.

Some services have not yet made the transition from collecting Version 1 to Version 2 data. Hence, services submitting Version 1 data are excluded from any tables reporting on the Version 2 data items. In addition, interpret all figures carefully as results may appear distorted due to low frequencies being represented as percentages.

Some tables throughout the report may be incomplete. This is because some items may not be applicable to a particular service or it may be due to data quality issues. Please use the following key when interpreting the tables:

na The item is not applicable

u The item was unable to be calculated due to missing or invalid data.

Data Summary

This report presents data from a total of 74 services. During the reporting period data were provided for a total of 8634 patients, with 10886 episodes and 23809 phases.

Table 1 *Number and percentage of patients, episodes and phases - by episode type*

Episode type	Overnight admitted	Not admitted overnight	Total
Number of patients*	6174	2954	8634
Number of episodes	7266	3620	10886
Number of phases	15216	8593	23809
Percentage of patients**	71.5	34.2	100
Percentage of episodes	66.7	33.3	100
Percentage of phases	63.9	36.1	100

Notes:

* Patients who have been in both an overnight admitted and Not admitted overnight setting are only counted once in the Total column and hence numbers may not add to the total.

** Patients who have been in both an overnight admitted and Not admitted overnight setting are only counted once in the Total column and hence percentages may not add to 100.

Table 2 *Patients with multiple episodes - overnight admitted patients*

Patients with:	Number	%	Average age at first admission	Malignant %	Non-malignant %
1 episode	5360	86.8	71	69.8	13.5
2 episodes	637	10.3	67	80.4	7.5
3 episodes	128	2.1	68	82.8	8.6
4 episodes	27	0.4	60	81.5	7.4
5 or more episodes	22	0.4	64	90.9	9.1

Note: Records where diagnosis was not provided are excluded from the table and hence the percentage of malignant and non-malignant may not add to 100. Diagnosis has been collected for approximately 90% of all episodes.

Profile of palliative care patients

Table 3 Indigenous Status - all patients

Indigenous Status	Number	%
Aboriginal but not Torres Strait Islander origin	104	1.2
Torres Strait Islander but not Aboriginal origin	20	0.2
Both Aboriginal and Torres Strait Islander origin	7	0.1
Neither Aboriginal nor Torres Strait Islander origin	8243	95.5
Not stated/inadequately described	260	3.0
Total	8634	100.0

Table 4 Sex - all patients

Sex	Number	%
Male	4538	52.6
Female	4090	47.4
Not stated/inadequately described	6	0.1
Total	8634	100.0

Table 5 Main language spoken at home - all patients

Main language spoken at home	Number	%
English	6766	78.4
Italian	88	1.0
Greek	51	0.6
Croatian	45	0.5
Cantonese	41	0.5
Serbian	31	0.4
Russian	21	0.2
German	21	0.2
Polish	18	0.2
Mandarin	18	0.2
Vietnamese	17	0.2
Arabic (including Lebanese)	14	0.2
Macedonian	13	0.2
Spanish	12	0.1
Danish	11	0.1
All other languages	141	1.6
Not stated/inadequately described	1326	15.4
Total	8634	100.0

Note: The most common 15 languages from all services are reported separately, all other languages have been grouped together to form the category *All other languages*.

Table 6 Country of birth - all patients

Country of birth	Number	%
Australia	5387	62.4
England	753	8.7
Italy	262	3.0
Scotland	161	1.9
New Zealand	132	1.5
Germany	97	1.1
Netherlands	97	1.1
Greece	89	1.0
Poland	66	0.8
China	65	0.8
Ireland	60	0.7
India	60	0.7
Yugoslavia	50	0.6
Lebanon	47	0.5
Vietnam	47	0.5
All other countries	827	9.6
Not stated/inadequately described	434	5.0
Total	8634	100.0

Note: The most common 15 countries from all services are reported separately, all other countries have been grouped together to form the category *All other countries*.

Profile of palliative care episodes

The 8634 patients seen in the six month period had a total of 10886 episodes of palliative care. These episodes included inpatient, community and consultative episodes. For example, a patient who received both inpatient and community (home-based) palliative care during the period is generally counted as two episodes.

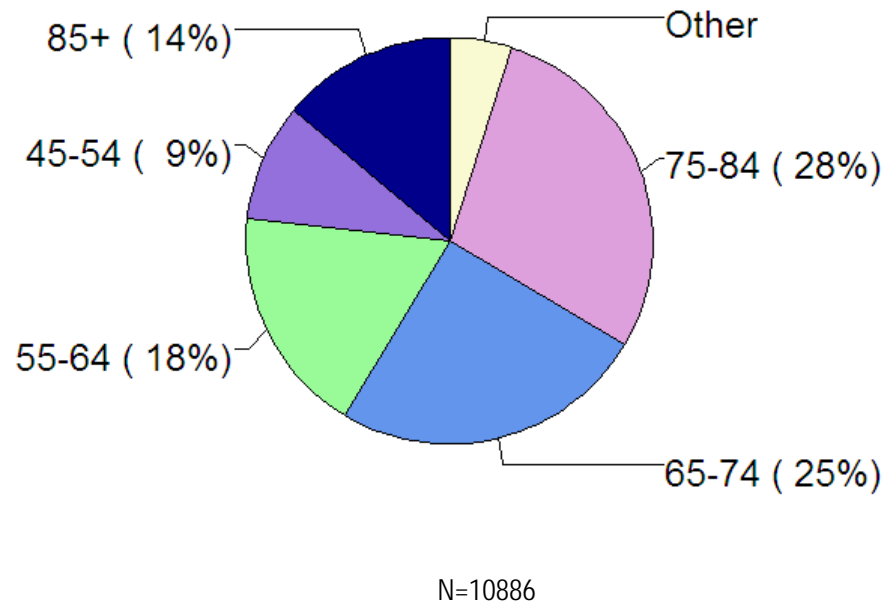
Episode level activity is presented below by 10 year age group. The average age for all patients was 70 years.

Table 7 Number of episodes by age group - all episodes

Age group	Number	%
< 15	63	0.6
15-24	24	0.2
25-34	97	0.9
35-44	361	3.3
45-54	1023	9.4
55-64	1981	18.2
65-74	2734	25.1
75-84	3095	28.4
85+	1506	13.8
Not stated/inadequately described	2	0.0
Total	10886	100.0

Episode level activity by age group is presented graphically below

Figure 1 Age group activity pie chart - all episodes



Note: The pie charts include all patients, both overnight admitted and not admitted overnight.

Referral source refers to the service or organisation from which the patient was referred to for each individual episode of care. The following table presents referral source by episode type and shows that a higher proportion of overnight admitted patients were referred by a public hospital or a community-based palliative care agency. The table also shows that a higher proportion of patients not admitted overnight were referred by a public hospital or General Medical Practitioner rooms.

Table 8 Referral source by episode type

Referral source	Overnight admitted		Not admitted overnight	
	Number	%	Number	%
Public hospital - other than inpatient palliative care unit	2613	36.0	1408	38.9
Self, carer(s), family or friends	141	1.9	81	2.2
Private hospital - other than inpatient palliative care unit	481	6.6	357	9.9
Public palliative care inpatient unit/hospice	131	1.8	107	3.0
Private palliative care inpatient unit/hospice	41	0.6	42	1.2
General Medical Practitioner rooms	625	8.6	1030	28.5
Specialist Medical Practitioner rooms	225	3.1	166	4.6
Community-based palliative care agency	1240	17.1	55	1.5
Community-based service	173	2.4	83	2.3
Residential aged care facility	46	0.6	85	2.3
Other	136	1.9	156	4.3
Not stated/inadequately described	1414	19.5	50	1.4
Total	7266	100.0	3620	100.0

Table 9 *How episodes start and end - overnight admitted patients*

Mode of episode start	Mode of episode end					Total
	Discharged to usual accommodation	Discharged to interim accommodation	Discharged to another hospital	Death	All other reasons**	
Number						
Admitted from usual accommodation	1648	111	146	1885	65	3855
Admitted from other than usual accommodation	21	30	12	60	0	123
Admitted (transferred) from another hospital	300	53	73	1238	23	1687
Admitted (transferred) from acute care in other ward	95	22	27	353	14	511
All other reasons*	150	9	27	283	368	837
Total	2214	225	285	3819	470	7013
As a percentage of each start mode						
Admitted from usual accommodation	42.7	2.9	3.8	48.9	1.7	100.0
Admitted from other than usual accommodation	17.1	24.4	9.8	48.8	0.0	100.0
Admitted (transferred) from another hospital	17.8	3.1	4.3	73.4	1.4	100.0
Admitted (transferred) from acute care in other ward	18.6	4.3	5.3	69.1	2.7	100.0
All other reasons*	17.9	1.1	3.2	33.8	44.0	100.0
Total	31.6	3.2	4.1	54.5	6.7	100.0

Note: All episodes where episode start mode or episode end mode was Not stated/inadequately described are excluded from the table. Episodes that remain open at the end of the reporting period are also excluded.

* Includes: Change from acute care to palliative care while remaining on same ward; Change of sub-acute/non-acute care type; Statistical admission from leave.

** Includes: Change from palliative care to acute care - different ward; Change from palliative care to acute care - same ward; Discharged at own risk.

Table 10 *How episodes start and end - patients not admitted overnight*

Mode of episode start	Mode of episode end					Total
	Discharged/ case closure	Admitted for inpatient palliative care	Admitted for inpatient acute care	Transfer for primary care	Death	
Number						
New referral	456	497	548	33	854	2388
Transfer from being an o/n PC patient	199	185	240	8	220	852
Total	655	682	788	41	1074	3240
As a percentage of each start mode						
New referral	19.1	20.8	22.9	1.4	35.8	100.0
Transfer from being an o/n PC patient	23.4	21.7	28.2	0.9	25.8	100.0
Total	20.2	21.0	24.3	1.3	33.1	100.0

Note: All episodes where episode start mode or episode end mode was Not stated/inadequately described are excluded from the table. Episodes that remain open at the end of the reporting period are also excluded.

Table 11 Accommodation at episode start and end - all discharged patients

Accommodation at episode start	Accommodation at episode end				
	Private residence	Low level care	High level care	All other	Total
Number					
Private residence	1809	18	83	111	2021
Residential aged care (low level care)	5	18	9	6	38
Residential aged care (high level care)	5	3	65	3	76
All other	11	1	1	11	24
Total	1830	40	158	131	2159
As a percentage of each start accommodation					
Private residence	89.5	0.9	4.1	5.5	100.0
Residential aged care (low level care)	13.2	47.4	23.7	15.8	100.0
Residential aged care (high level care)	6.6	3.9	85.5	3.9	100.0
All other	45.8	4.2	4.2	45.8	100.0
Total	84.8	1.9	7.3	6.1	100.0

Note: All episodes where accommodation at episode start or end was Not stated/inadequately described are excluded from the table. Episodes that ended in death and episodes that remain open at the end of the reporting period are also excluded. The all other category includes: Community group home; Boarding house; Transitional living unit.

Table 12 *Level of support at episode start and end - all patients admitted from and discharged to private residence (home)*

Level of support at episode start	Level of support at episode end			Total
	Without support (lives alone or with others)	With support (lives alone or with others)	Other arrangements	
Number				
Without support (lives alone or with others)	53	136	0	189
With support (lives alone or with others)	18	1111	1	1130
Other arrangements	0	0	0	0
Total	71	1247	1	1319
As a percentage of each start support				
Without support (lives alone or with others)	28.0	72.0	0.0	100.0
With support (lives alone or with others)	1.6	98.3	0.1	100.0
Other arrangements	na	na	na	na
Total	5.4	94.5	0.1	100.0

Note: All episodes where level of support at episode start or end was Not stated/inadequately described are excluded from the table. Episodes that ended in death and episodes that remain open at the end of the reporting period are also excluded.

Table 13 Primary diagnosis by episode type - summary

Primary diagnosis	Overnight admitted		Not admitted overnight	
	Number	%	Number	%
Malignant	5290	72.8	3147	86.9
Non-malignant	873	12.0	434	12.0
Not stated/inadequately described	1103	15.2	39	1.1
Total	7266	100.0	3620	100.0

Table 14 Primary diagnosis by episode type

Primary diagnosis		Overnight admitted		Not admitted overnight	
		Number	%	Number	%
Malignant	Bone and soft tissue	202	4.1	131	7.5
	Breast	388	7.8	160	9.2
	CNS	104	2.1	41	2.3
	Colorectal	557	11.2	150	8.6
	Gynaecological	262	5.3	135	7.7
	Haematological	347	7.0	140	8.0
	Head and neck	295	5.9	74	4.2
	Lung	1104	22.2	308	17.7
	Pancreas	233	4.7	88	5.0
	Prostate	371	7.5	117	6.7
	Skin	194	3.9	60	3.4
	Other GIT	382	7.7	159	9.1
	Other Urological	210	4.2	47	2.7
	Other Malignancy	318	6.4	135	7.7
	<i>All malignant</i>	<i>4967</i>	<i>100.0</i>	<i>1745</i>	<i>100.0</i>
Non-malignant	Cardiovascular	189	21.8	70	26.4
	HIV/AIDS	23	2.7	0	0.0
	Kidney failure	88	10.2	28	10.6
	Neurological disease	223	25.8	54	20.4
	Respiratory failure	136	15.7	44	16.6
	Other non-malignancy	206	23.8	69	26.0
	<i>All non-malignant</i>	<i>865</i>	<i>100.0</i>	<i>265</i>	<i>100.0</i>

Note: All episodes where diagnosis was Not stated/inadequately described or where the breakdown of malignant and non-malignant was not provided are excluded from the table.

Table 15 *Length of Stay (LOS) summary - overnight admitted patients*

Length of stay	All services
Average length of episode	12.0
Median length of episode	7
Average number of phases per episode	2.0

Note: Bereavement phase records are excluded and episodes that remain open at the end of the reporting period (and hence do not have an episode end date), are also excluded from the analysis. In addition, any records where LOS was greater than 90 days were considered to be outliers and are excluded from the average calculations.

Table 16 *Length of Stay (LOS) - overnight admitted patients*

Length of stay	Number	%
Less than or equal to 1 day	933	13.3
2-7 days	2681	38.2
8-14 days	1501	21.4
15-21 days	776	11.1
22-30 days	497	7.1
31-60 days	484	6.9
61-90 days	95	1.4
Greater than 90 days	45	0.6
Total	7012	100.0

Note: Bereavement phase records are excluded and episodes that remain open at the end of the reporting period (and hence do not have an episode end date), are also excluded from the table.

Table 17 *Time from referral to episode start - overnight admitted patients*

Time (in days)	Referral to episode start	
	Number	%
Less than or equal to 1 day	5215	84.3
2-7 days	627	10.1
8-14 days	110	1.8
Greater than 14 days	231	3.7
Average	1.6	na
Median	1	na

Note: Episodes where referral date or episode start date were not recorded are excluded from the table. In addition, all records where time from referral to episode start was greater than 7 days were considered to be outliers and were assumed to equal 7 days for the purpose of calculating the average and median time.

Table 18 *Time from referral to first contact and time from first contact to episode start - patients not admitted overnight*

Time (in days)	Referral to first contact		First contact to episode start	
	Number	%	Number	%
Less than or equal to 1 day	1294	63.7	1626	80.1
2-7 days	469	23.1	195	9.6
8-14 days	156	7.7	64	3.2
Greater than 14 days	111	5.5	145	7.1
Average	2.5	na	1.9	na
Median	1	na	1	na

Note: Episodes where referral date, date of first contact, or episode start date were not recorded are excluded from the table. In addition, all records where time from referral to first contact or time from first contact to episode start was greater than 7 days were considered to be outliers and were assumed to equal 7 days for the purpose of calculating the average and median time.

Table 19 Place of death - patients not admitted overnight

Place of death	Number	%
Private residence	739	68.4
Residential aged care setting	153	14.2
Other location*	156	14.4
Not stated/inadequately described	33	3.1
Total	1081	100.0

* May include patients who have died in a hospital setting whilst continuing a not admitted overnight episode.

Profile of palliative care phases

Table 20 Number of phases by phase type and episode type

Phase	Overnight admitted		Not admitted overnight	
	Number	%	Number	%
Stable	2763	18.2	1536	17.9
Unstable	5131	33.7	2633	30.6
Deteriorating	3787	24.9	3467	40.3
Terminal	2605	17.1	789	9.2
Bereaved	930	6.1	168	2.0
All phases	15216	100.0	8593	100.0

Table 21 Average phase length (in days) by phase and episode type

Phase	Overnight admitted	Not admitted overnight
Stable	7.2	19.7
Unstable	7.3	10.4
Deteriorating	6.0	15.1
Terminal	2.5	2.8
Bereaved	1.2	1.5

Note: Phase records where length of phase was greater than 90 days are excluded from the average calculations.

Benchmark Measure 1 - Time in unstable phase

PCOC is progressively introducing benchmark measures into the PCOC reports. The following table presents data on the first benchmark measure. Please note that no benchmarks have yet been set as these are still to be agreed.

Table 22 shows that 4053 of the 5131 unstable phases occurred at the start of an episode (i.e. the patient was unstable on admission) and 1078 unstable phases occurred during the episode. A total of 31% of unstable phases were longer than 7 days in length, with the average phase length being 7.3 and the median being 4.

Similarly, for patients not admitted overnight, 1036 of the 2633 unstable phases occurred as the first phase of an episode and 1597 unstable phases occurred in subsequent phases of the episode. A total of 36% of unstable phases for patients not admitted overnight were longer than 7 days in length, with the average unstable phase length being 14.7 days and the median being 5 days.

Table 22 *Time in unstable phase by episode type and occurrence of unstable phase*

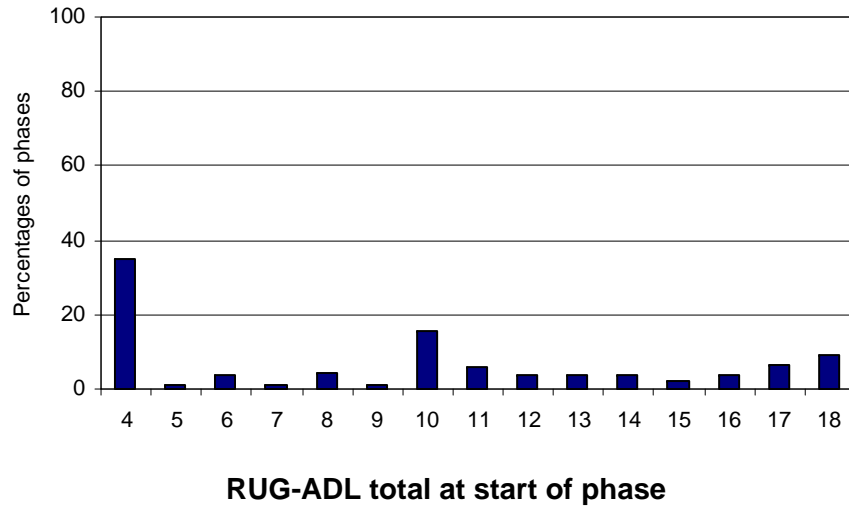
Episode type	Occurrence of unstable phase	Number	Percent unstable for > 7 days	Average days in unstable phase	Median days in unstable phase
Overnight admitted	First phase	4053	32.6	7.7	5
	Not first phase	1078	23.7	5.9	3
	<i>Total</i>	<i>5131</i>	<i>30.7</i>	<i>7.3</i>	<i>4</i>
Not admitted overnight	First phase	1036	54.5	25.8	9
	Not first phase	1597	23.7	7.6	3
	<i>Total</i>	<i>2633</i>	<i>35.9</i>	<i>14.7</i>	<i>5</i>

Table 23 *Number of phases by phase type and model of care for patients who were not admitted overnight*

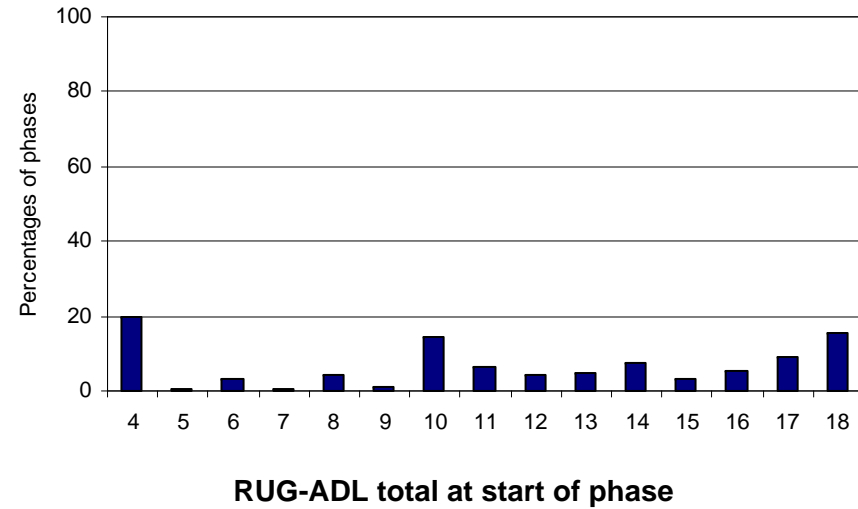
Phase	Model of care	Number	%
Stable	Direct care	653	7.8
	Shared care	490	5.8
	Consultation/liaison	52	0.6
	Not stated/inadequately described	341	4.0
Unstable	Direct care	1502	17.8
	Shared care	543	6.4
	Consultation/liaison	43	0.5
	Not stated/inadequately described	545	6.5
Deteriorating	Direct care	2482	29.5
	Shared care	433	5.1
	Consultation/liaison	36	0.4
	Not stated/inadequately described	516	6.1
Terminal	Direct care	527	6.3
	Shared care	149	1.8
	Consultation/liaison	5	0.1
	Not stated/inadequately described	108	1.3
Total phases		8425	100.0

Figure 2 Total RUG-ADL at beginning of phase – overnight admitted patients

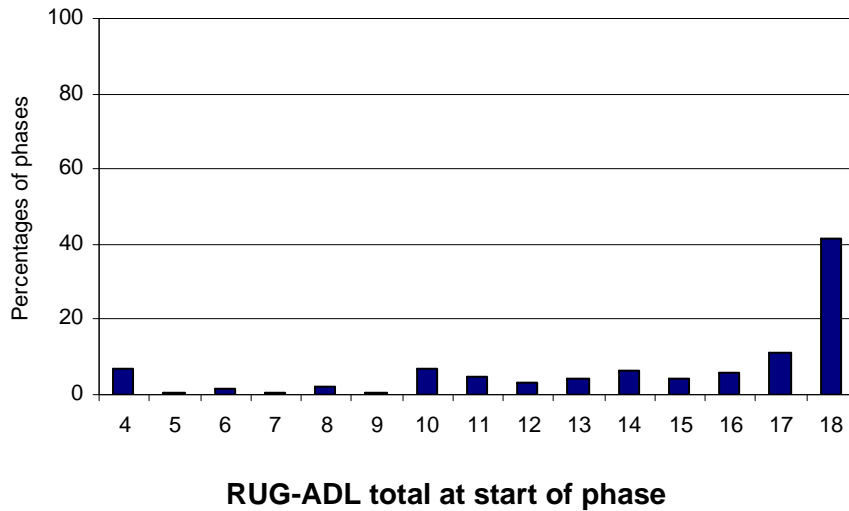
Stable Phase



Unstable Phase



Deteriorating Phase



Terminal Phase

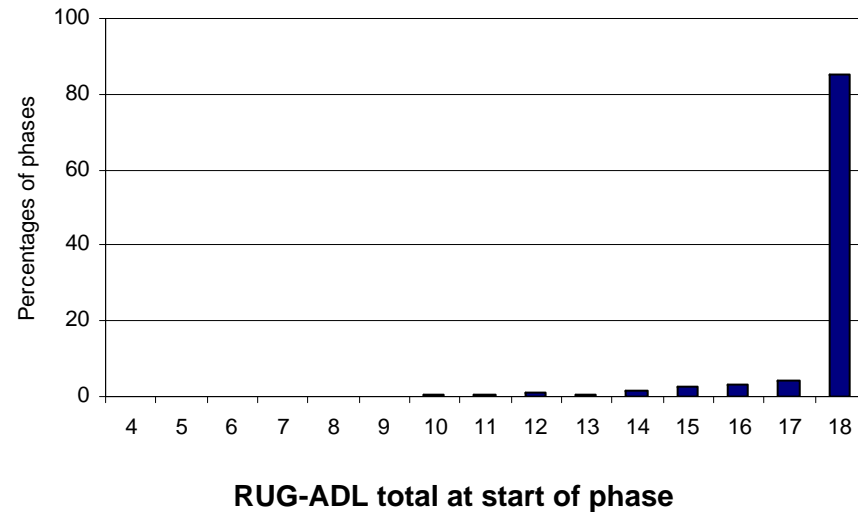
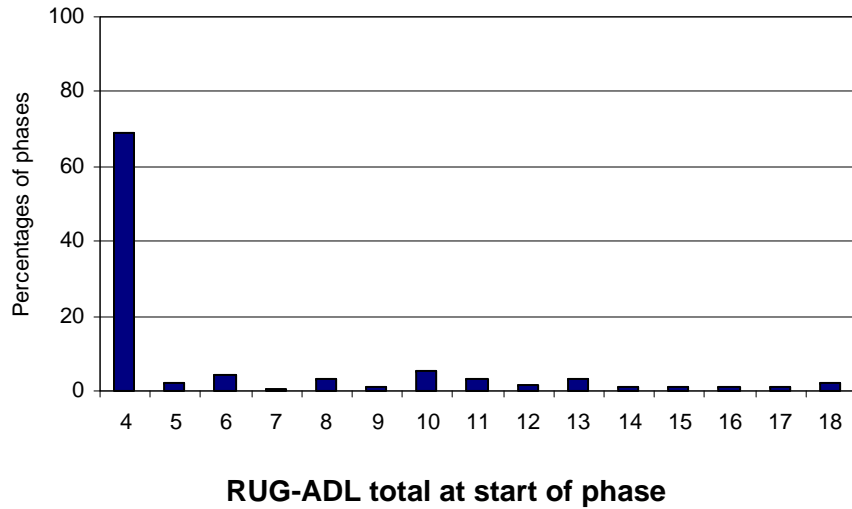
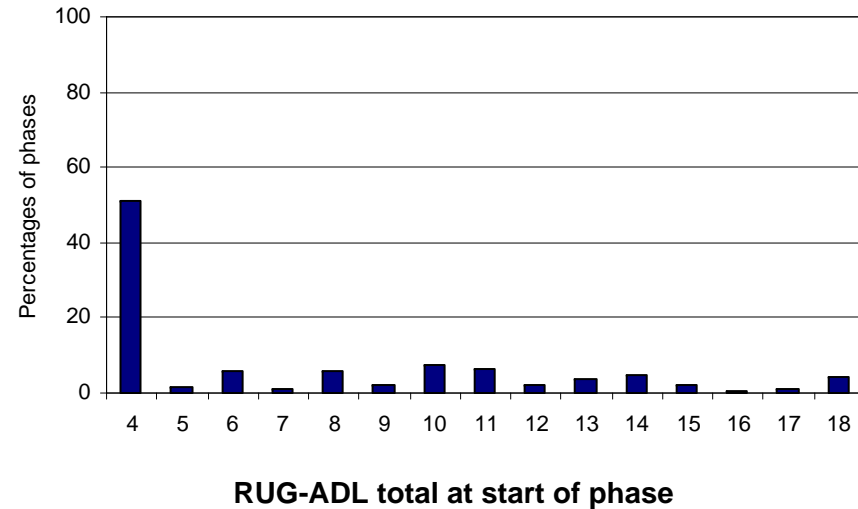


Figure 3 Total RUG-ADL at beginning of phase – patients not admitted overnight

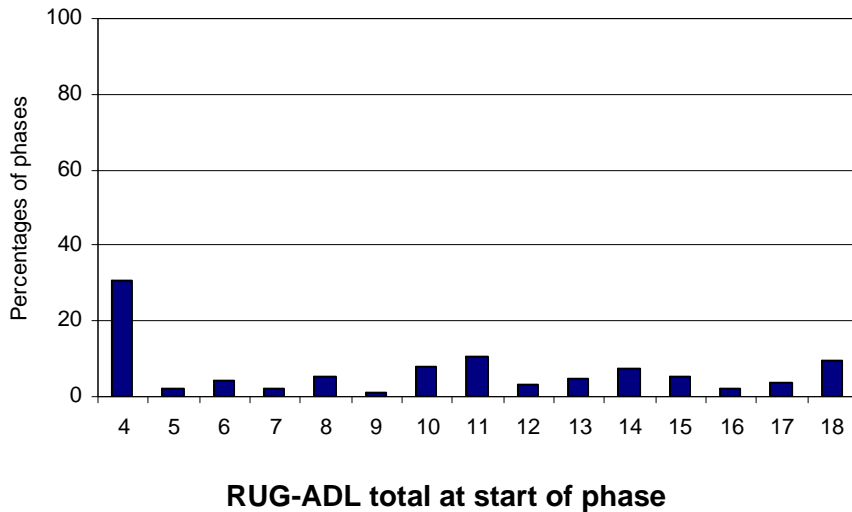
Stable Phase



Unstable Phase



Deteriorating Phase



Terminal Phase

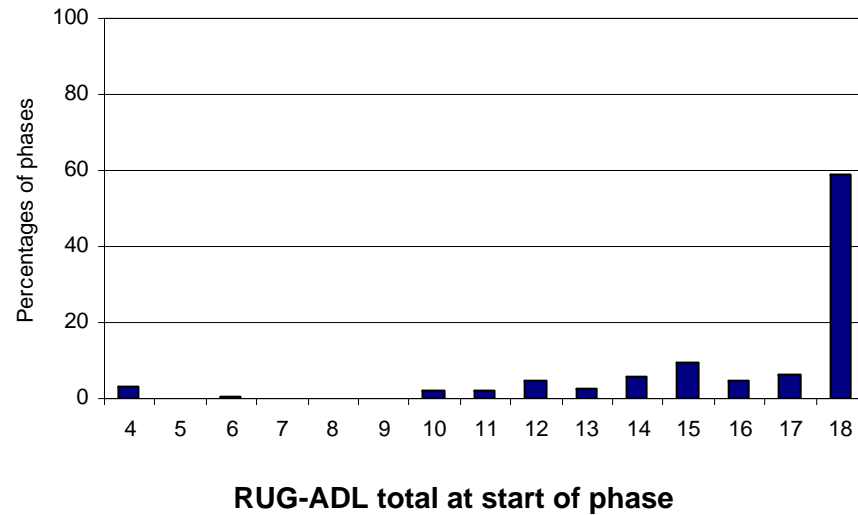


Table 24 Profile of PC Problem Severity Scores (percentages) at beginning of phase by phase type - overnight admitted patients

Phase	Problem severity	Absent	Mild	Moderate	Severe
Stable	Pain	26.0	46.7	22.1	5.1
	Other Symptom	11.7	41.0	36.0	11.2
	Psychological/Spiritual	18.0	49.5	25.5	7.0
	Family/Carer	27.0	39.9	24.4	8.8
Unstable	Pain	14.2	29.3	37.8	18.7
	Other Symptom	3.8	18.8	47.7	29.8
	Psychological/Spiritual	9.4	33.0	39.4	18.1
	Family/Carer	15.6	28.1	36.6	19.7
Deteriorating	Pain	14.7	32.3	35.4	17.6
	Other Symptom	3.0	16.2	44.3	36.5
	Psychological/Spiritual	11.2	29.6	37.3	21.8
	Family/Carer	12.3	25.0	37.1	25.6
Terminal	Pain	22.6	29.8	27.1	20.5
	Other Symptom	10.7	16.5	31.1	41.7
	Psychological/Spiritual	26.2	27.1	22.9	23.9
	Family/Carer	11.6	20.7	32.3	35.4

Table 25 Profile of PC Problem Severity Scores (percentages) at beginning of phase by phase type - patients not admitted overnight

Phase	Problem severity	Absent	Mild	Moderate	Severe
Stable	Pain	38.5	46.1	13.9	1.5
	Other Symptom	16.8	55.0	24.5	3.7
	Psychological/Spiritual	40.9	42.1	14.6	2.4
	Family/Carer	41.8	35.8	19.4	3.0
Unstable	Pain	19.3	32.1	32.2	16.3
	Other Symptom	4.0	24.3	50.4	21.4
	Psychological/Spiritual	30.9	27.3	33.7	8.1
	Family/Carer	29.9	22.8	35.2	12.1
Deteriorating	Pain	25.2	40.4	26.0	8.4
	Other Symptom	3.1	25.2	54.4	17.3
	Psychological/Spiritual	23.1	33.9	34.9	8.2
	Family/Carer	20.0	26.0	40.1	14.0
Terminal	Pain	24.5	38.0	31.3	6.1
	Other Symptom	5.5	28.2	39.9	26.4
	Psychological/Spiritual	35.5	27.4	26.6	10.4
	Family/Carer	23.9	13.5	44.4	18.1

Benchmark Measure 2 - Change in pain in PC Problem Severity Score (PSS)

PCOC is progressively introducing benchmark measures into the PCOC reports. The following tables 26 - 31 present data on the second benchmark measure. Please note that no benchmarks have yet been set as these are still to be agreed.

Table 26 *Change in pain in PC Problem Severity Score (PSS) by phase and subsequent phase - overnight admitted patients*

Phase	Subsequent phase	Number	Percent improved	Percent worsened
Stable	Unstable	247	11.7	34.4
	Deteriorating	231	9.5	35.1
	Terminal	43	14.0	32.6
	Discharged	208	13.0	4.3
	<i>Total</i>	<i>729</i>	<i>11.5</i>	<i>25.9</i>
Unstable	Stable	723	46.7	5.9
	Deteriorating	901	23.1	21.8
	Terminal	205	26.8	25.4
	Discharged	104	19.2	5.8
	<i>Total</i>	<i>1933</i>	<i>32.1</i>	<i>15.4</i>
Deteriorating	Stable	127	34.6	8.7
	Unstable	152	28.9	18.4
	Terminal	739	32.7	19.4
	Discharged	119	10.9	3.4
	<i>Total</i>	<i>1137</i>	<i>30.2</i>	<i>16.4</i>
Terminal	Stable	3	33.3	0.0
	Unstable	11	18.2	63.6
	Deteriorating	29	17.2	13.8
	Discharged	15	6.7	0.0
	<i>Total</i>	<i>58</i>	<i>15.5</i>	<i>19.0</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 2 continued...

Table 27 *Change in PC pain Problem Severity Score (PSS) by phase and subsequent phase - patients not admitted overnight*

Phase	Subsequent phase	Number	Percent improved	Percent worsened
Stable	Unstable	119	14.3	42.0
	Deteriorating	103	9.7	40.8
	Terminal	11	9.1	36.4
	Discharged	78	1.3	5.1
	<i>Total</i>	<i>311</i>	<i>9.3</i>	<i>32.2</i>
Unstable	Stable	99	47.5	5.1
	Deteriorating	138	27.5	26.1
	Terminal	17	35.3	23.5
	Discharged	142	2.1	0.0
	<i>Total</i>	<i>396</i>	<i>23.7</i>	<i>11.4</i>
Deteriorating	Stable	60	48.3	11.7
	Unstable	72	20.8	43.1
	Terminal	75	21.3	29.3
	Discharged	186	1.6	1.1
	<i>Total</i>	<i>393</i>	<i>16.0</i>	<i>15.8</i>
Terminal	Stable	0	na	na
	Unstable	0	na	na
	Deteriorating	1	0.0	0.0
	Discharged	13	0.0	0.0
	<i>Total</i>	<i>14</i>	<i>0.0</i>	<i>0.0</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 2 continued...

Table 28 *Change in PC pain Problem Severity Score (PSS) by phase and phase length - overnight admitted patients*

Phase	Phase length (in days)	Number	Percent improved	Percent worsened
Stable	1 day or less	117	10.3	15.4
	2-7	344	9.6	29.7
	8-14	120	12.5	23.3
	14 or more	148	16.2	27.7
	<i>Total</i>	<i>729</i>	<i>11.5</i>	<i>25.9</i>
Unstable	1 day or less	311	29.6	15.8
	2-7	1034	33.5	13.9
	8-14	332	33.1	17.5
	14 or more	256	28.5	18.0
	<i>Total</i>	<i>1933</i>	<i>32.1</i>	<i>15.4</i>
Deteriorating	1 day or less	254	29.5	13.0
	2-7	583	32.1	14.9
	8-14	144	25.0	24.3
	14 or more	156	28.8	19.9
	<i>Total</i>	<i>1137</i>	<i>30.2</i>	<i>16.4</i>
Terminal	1 day or less	26	15.4	19.2
	2-7	24	16.7	16.7
	8-14	5	0.0	20.0
	14 or more	3	33.3	33.3
	<i>Total</i>	<i>58</i>	<i>15.5</i>	<i>19.0</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 2 continued...

Table 29 *Change in PC pain Problem Severity Score (PSS) by phase and phase length - patients not admitted overnight*

Phase	Phase length (in days)	Number	Percent improved	Percent worsened
Stable	1 day or less	11	9.1	18.2
	2-7	39	10.3	35.9
	8-14	29	6.9	20.7
	14 or more	232	9.5	33.6
	<i>Total</i>	<i>311</i>	<i>9.3</i>	<i>32.2</i>
Unstable	1 day or less	63	20.6	9.5
	2-7	107	31.8	10.3
	8-14	49	24.5	10.2
	14 or more	177	19.8	13.0
	<i>Total</i>	<i>396</i>	<i>23.7</i>	<i>11.4</i>
Deteriorating	1 day or less	40	2.5	12.5
	2-7	84	16.7	13.1
	8-14	58	15.5	19.0
	14 or more	211	18.5	16.6
	<i>Total</i>	<i>393</i>	<i>16.0</i>	<i>15.8</i>
Terminal	1 day or less	9	0.0	0.0
	2-7	3	0.0	0.0
	8-14	0	na	na
	14 or more	2	0.0	0.0
	<i>Total</i>	<i>14</i>	<i>0.0</i>	<i>0.0</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 2 continued...

Table 30 *Change in PC pain Problem Severity Score (PSS) by phase and pain severity - overnight admitted patients*

Phase	Pain severity	Number	Percent improved	Percent worsened
Stable	Absent	189	na	31.7
	Mild	325	8.9	31.1
	Moderate	168	22.0	16.7
	Severe	47	38.3	na
	<i>Total</i>	<i>729</i>	<i>11.5</i>	<i>25.9</i>
Unstable	Absent	286	na	29.7
	Mild	565	15.8	23.5
	Moderate	736	42.5	10.7
	Severe	346	63.3	na
	<i>Total</i>	<i>1933</i>	<i>32.1</i>	<i>15.4</i>
Deteriorating	Absent	166	na	29.5
	Mild	393	22.4	20.9
	Moderate	377	39.8	14.6
	Severe	201	52.2	na
	<i>Total</i>	<i>1137</i>	<i>30.2</i>	<i>16.4</i>
Terminal	Absent	12	na	41.7
	Mild	27	18.5	14.8
	Moderate	15	13.3	13.3
	Severe	4	50.0	na
	<i>Total</i>	<i>58</i>	<i>15.5</i>	<i>19.0</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 2 continued...

Table 31 *Change in PC pain Problem Severity Score (PSS) by phase and pain severity - patients not admitted overnight*

Phase	Pain severity	Number	Percent improved	Percent worsened
Stable	Absent	111	na	38.7
	Mild	152	10.5	34.2
	Moderate	45	26.7	11.1
	Severe	3	33.3	na
	<i>Total</i>	<i>311</i>	<i>9.3</i>	<i>32.2</i>
Unstable	Absent	76	na	23.7
	Mild	129	11.6	12.4
	Moderate	129	38.0	8.5
	Severe	62	48.4	na
	<i>Total</i>	<i>396</i>	<i>23.7</i>	<i>11.4</i>
Deteriorating	Absent	88	na	27.3
	Mild	166	13.3	16.3
	Moderate	113	26.5	9.7
	Severe	26	42.3	na
	<i>Total</i>	<i>393</i>	<i>16.0</i>	<i>15.8</i>
Terminal	Absent	3	na	0.0
	Mild	6	0.0	0.0
	Moderate	2	0.0	0.0
	Severe	3	0.0	na
	<i>Total</i>	<i>14</i>	<i>0.0</i>	<i>0.0</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Table 32 Reason for phase end by phase type and episode type

Phase	Reason for phase end	Overnight admitted		Not admitted overnight	
		Number	%	Number	%
Stable	Phase change	1238	44.8	1048	68.2
	Discharge/case closure	1388	50.2	396	25.8
	Died	71	2.6	73	4.8
	Bereavement phase end	5	0.2	1	0.1
	Not stated/Inadequately described	61	2.2	18	1.2
	<i>Total</i>		<i>2763</i>	<i>100.0</i>	<i>1536</i>
Unstable	Phase change	3588	69.9	1865	70.8
	Discharge/case closure	952	18.6	641	24.3
	Died	421	8.2	108	4.1
	Bereavement phase end	7	0.1	1	0.0
	Not stated/Inadequately described	163	3.2	18	0.7
	<i>Total</i>		<i>5131</i>	<i>100.0</i>	<i>2633</i>
Deteriorating	Phase change	2341	61.8	2227	64.2
	Discharge/case closure	466	12.3	970	28.0
	Died	889	23.5	260	7.5
	Bereavement phase end	19	0.5	1	0.0
	Not stated/Inadequately described	72	1.9	9	0.3
	<i>Total</i>		<i>3787</i>	<i>100.0</i>	<i>3467</i>
Terminal	Phase change	339	13.0	211	26.7
	Discharge/case closure	71	2.7	52	6.6
	Died	2153	82.6	524	66.4
	Bereavement phase end	10	0.4	0	0.0
	Not stated/Inadequately described	32	1.2	2	0.3
	<i>Total</i>		<i>2605</i>	<i>100.0</i>	<i>789</i>

Table 33 Average Symptom Assessment Scores (SAS) at beginning of phase by phase type

Phase	Symptom Assessment Score	Overnight admitted	Not admitted overnight
Stable	Insomnia	1.8	1.3
	Appetite	3.0	2.2
	Nausea	1.0	0.6
	Bowels	2.2	1.0
	Breathing	1.9	1.7
	Fatigue	4.9	4.3
	Pain	2.4	1.4
Unstable	Insomnia	2.9	2.3
	Appetite	4.2	3.5
	Nausea	2.1	1.3
	Bowels	3.3	1.6
	Breathing	2.8	2.3
	Fatigue	5.7	5.7
	Pain	4.2	3.0
Deteriorating	Insomnia	2.6	1.8
	Appetite	4.6	3.3
	Nausea	1.8	0.9
	Bowels	3.4	1.3
	Breathing	3.4	2.3
	Fatigue	6.4	5.8
	Pain	3.8	2.2

Continued...

Phase	Symptom Assessment Score	Overnight admitted	Not admitted overnight
Terminal	Insomnia	1.2	1.6
	Appetite	2.9	4.8
	Nausea	0.9	0.8
	Bowels	2.2	1.5
	Breathing	3.7	2.9
	Fatigue	4.6	7.5
	Pain	3.2	2.3

Benchmark Measure 3 - Change in pain Symptom Assessment Score (SAS)

PCOC is progressively introducing benchmark measures into the PCOC reports. The following tables 34 - 39 present data on the third benchmark measure. Please note that no benchmarks have yet been set as these are still to be agreed.

Table 34 *Change in pain Symptom Assessment Score (SAS) by phase and subsequent phase - overnight admitted patients*

Phase	Subsequent phase	Number	Percent improved	Percent worsened	Average score at phase start	Average score at phase end
Stable	Unstable	306	23.5	43.8	2.7	3.6
	Deteriorating	275	22.9	38.5	3	3.6
	Terminal	44	25.0	40.9	1.7	2.2
	Discharged	342	24.0	9.6	2.1	1.7
	<i>Total</i>	<i>967</i>	<i>23.6</i>	<i>30.1</i>	<i>2.5</i>	<i>2.9</i>
Unstable	Stable	841	55.4	11.5	4.1	2.3
	Deteriorating	767	37.2	30.2	4.2	4
	Terminal	212	43.4	26.4	4.3	3.6
	Discharged	143	39.9	11.9	4.2	3.3
	<i>Total</i>	<i>1963</i>	<i>45.8</i>	<i>20.5</i>	<i>4.1</i>	<i>3.2</i>
Deteriorating	Stable	209	43.5	16.7	3.1	2.3
	Unstable	206	46.1	20.4	4.1	3.5
	Terminal	739	43.2	23.7	4	3.2
	Discharged	107	16.8	5.6	3	2.6
	<i>Total</i>	<i>1261</i>	<i>41.5</i>	<i>20.5</i>	<i>3.8</i>	<i>3</i>
Terminal	Stable	5	20.0	0.0	1	0
	Unstable	11	45.5	9.1	3	1.8
	Deteriorating	38	34.2	31.6	3.4	3.1
	Discharged	23	17.4	4.3	2.2	1.9
	<i>Total</i>	<i>77</i>	<i>29.9</i>	<i>18.2</i>	<i>2.8</i>	<i>2.4</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 3 continued...

Table 35 *Change in pain Symptom Assessment Scores (SAS) by phase and subsequent phase - patients not admitted overnight*

Phase	Subsequent phase	Number	Percent improved	Percent worsened	Average score at phase start	Average score at phase end
Stable	Unstable	379	15.0	47.5	1.2	2.9
	Deteriorating	507	17.6	31.2	1.1	1.6
	Terminal	13	30.8	53.8	2.4	3.2
	Discharged	203	5.9	6.9	1.3	1.4
	<i>Total</i>	<i>1102</i>	<i>14.7</i>	<i>32.6</i>	<i>1.2</i>	<i>2</i>
Unstable	Stable	322	46.0	12.4	2.8	1.4
	Deteriorating	1261	31.9	28.4	2.6	2.4
	Terminal	74	45.9	32.4	3.1	2.8
	Discharged	375	7.7	7.2	3.7	3.7
	<i>Total</i>	<i>2032</i>	<i>30.2</i>	<i>22.1</i>	<i>2.8</i>	<i>2.5</i>
Deteriorating	Stable	430	33.3	17.2	1.5	1
	Unstable	1067	26.9	38.1	2.1	2.7
	Terminal	501	27.9	35.5	1.9	2.2
	Discharged	748	10.2	11.5	2.5	2.6
	<i>Total</i>	<i>2746</i>	<i>23.5</i>	<i>27.1</i>	<i>2.1</i>	<i>2.3</i>
Terminal	Stable	1	0.0	0.0	0	0
	Unstable	19	26.3	10.5	2.1	0.8
	Deteriorating	111	28.8	24.3	1.4	1.3
	Discharged	39	5.1	2.6	3.4	3.3
	<i>Total</i>	<i>170</i>	<i>22.9</i>	<i>17.6</i>	<i>1.9</i>	<i>1.7</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.

- Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 3 continued...

Table 36 *Change in pain Symptom Assessment Scores (SAS) by phase and phase length - overnight admitted patients*

Phase	Phase length (in days)	Number	Percent improved	Percent worsened	Average score at phase start	Average score at phase end
Stable	1 day or less	154	18.8	26.0	2.3	2.6
	2-7	180	25.0	31.7	2.7	3
	8-14	453	23.2	30.2	2.5	3
	14 or more	180	27.2	31.7	2.6	2.7
	<i>Total</i>	<i>967</i>	<i>23.6</i>	<i>30.1</i>	<i>2.5</i>	<i>2.9</i>
Unstable	1 day or less	319	41.7	19.4	3.9	3.1
	2-7	199	49.2	21.6	4.6	3.6
	8-14	1119	46.6	20.0	4	3
	14 or more	326	45.4	22.4	4.5	3.6
	<i>Total</i>	<i>1963</i>	<i>45.8</i>	<i>20.5</i>	<i>4.1</i>	<i>3.2</i>
Deteriorating	1 day or less	286	39.9	13.6	4	3
	2-7	142	41.5	30.3	4	3.5
	8-14	668	42.1	20.4	3.7	2.9
	14 or more	165	41.8	24.2	3.9	3.2
	<i>Total</i>	<i>1261</i>	<i>41.5</i>	<i>20.5</i>	<i>3.8</i>	<i>3</i>
Terminal	1 day or less	35	22.9	8.6	2.2	1.8
	2-7	2	0.0	50.0	3.5	4.5
	8-14	37	40.5	24.3	3.3	2.6
	14 or more	3	0.0	33.3	4	4.3
	<i>Total</i>	<i>77</i>	<i>29.9</i>	<i>18.2</i>	<i>2.8</i>	<i>2.4</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.
 - Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 3 continued...

Table 37 *Change in pain Symptom Assessment Scores (SAS) by phase and phase length - patients not admitted overnight*

Phase	Phase length (in days)	Number	Percent improved	Percent worsened	Average score at phase start	Average score at phase end
Stable	1 day or less	134	18.7	21.6	1.3	1.6
	2-7	487	15.0	32.6	1.3	2.2
	8-14	334	15.3	33.2	1.1	1.9
	14 or more	147	8.8	40.8	1	2.1
	<i>Total</i>	<i>1102</i>	<i>14.7</i>	<i>32.6</i>	<i>1.2</i>	<i>2</i>
Unstable	1 day or less	616	26.8	18.5	3	2.6
	2-7	371	31.0	25.9	2.9	2.6
	8-14	817	31.6	22.4	2.8	2.3
	14 or more	228	32.9	24.6	2.5	2.4
	<i>Total</i>	<i>2032</i>	<i>30.2</i>	<i>22.1</i>	<i>2.8</i>	<i>2.5</i>
Deteriorating	1 day or less	453	24.5	24.5	2.5	2.5
	2-7	992	24.3	28.2	2	2.3
	8-14	851	23.0	25.3	2	2.2
	14 or more	450	21.8	30.9	1.9	2.4
	<i>Total</i>	<i>2746</i>	<i>23.5</i>	<i>27.1</i>	<i>2.1</i>	<i>2.3</i>
Terminal	1 day or less	102	16.7	16.7	2.1	2
	2-7	3	33.3	33.3	2.3	1.7
	8-14	62	30.6	19.4	1.7	1.4
	14 or more	3	66.7	0.0	1.7	0
	<i>Total</i>	<i>170</i>	<i>22.9</i>	<i>17.6</i>	<i>1.9</i>	<i>1.7</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.
 - Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 3 continued...

Table 38 *Change in pain Symptom Assessment Scores (SAS) by phase and pain severity - overnight admitted patients*

Phase	Pain severity	Number	Percent improved	Percent worsened	Average score at phase end
Stable	0	340	0.0	30.6	1.3
	1-3	303	26.1	36.6	2.8
	4-6	242	40.9	27.3	4.3
	7-10	82	61.0	12.2	5.4
	<i>Total</i>	<i>967</i>	<i>23.6</i>	<i>30.1</i>	<i>2.9</i>
Unstable	0	423	0.0	27.2	1.2
	1-3	437	38.2	30.7	2.4
	4-6	569	57.1	20.7	3.7
	7-10	534	76.4	6.6	4.8
	<i>Total</i>	<i>1963</i>	<i>45.8</i>	<i>20.5</i>	<i>3.2</i>
Deteriorating	0	313	0.0	27.8	1.1
	1-3	281	37.0	28.5	2.3
	4-6	389	59.1	18.3	3.6
	7-10	278	68.0	7.2	5.1
	<i>Total</i>	<i>1261</i>	<i>41.5</i>	<i>20.5</i>	<i>3</i>
Terminal	0	25	0.0	20.0	0.6
	1-3	23	30.4	21.7	2.3
	4-6	21	52.4	9.5	3.3
	7-10	8	62.5	25.0	5.4
	<i>Total</i>	<i>77</i>	<i>29.9</i>	<i>18.2</i>	<i>2.4</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.
 - Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

Benchmark Measure 3 continued...

Table 39 *Change in pain Symptom Assessment Scores (SAS) by phase and pain severity - patients not admitted overnight*

Phase	Pain severity	Number	Percent improved	Percent worsened	Average score at phase end
Stable	0	632	0.0	32.0	1.2
	1-3	333	28.8	38.4	2.6
	4-6	118	45.8	22.9	4
	7-10	19	63.2	10.5	5.9
	<i>Total</i>	<i>1102</i>	<i>14.7</i>	<i>32.6</i>	<i>2</i>
Unstable	0	700	0.0	27.3	0.9
	1-3	586	33.8	28.0	2.2
	4-6	459	51.0	18.1	3.6
	7-10	287	63.1	3.8	5
	<i>Total</i>	<i>2032</i>	<i>30.2</i>	<i>22.1</i>	<i>2.5</i>
Deteriorating	0	1196	0.0	30.7	1.1
	1-3	860	35.6	32.7	2.4
	4-6	473	46.7	17.5	3.6
	7-10	217	54.8	6.5	5.3
	<i>Total</i>	<i>2746</i>	<i>23.5</i>	<i>27.1</i>	<i>2.3</i>
Terminal	0	93	0.0	22.6	0.8
	1-3	33	39.4	24.2	2.1
	4-6	30	60.0	3.3	2.5
	7-10	14	57.1	0.0	5.1
	<i>Total</i>	<i>170</i>	<i>22.9</i>	<i>17.6</i>	<i>1.7</i>

Notes: - The percentage of phases where there is no change (i.e. neither improved nor worsened) is not included in this table, hence percentages may not add to 100.
 - Only phases with a subsequent phase within the reporting period and phases for which phase end reason was discharged are included in the analysis.

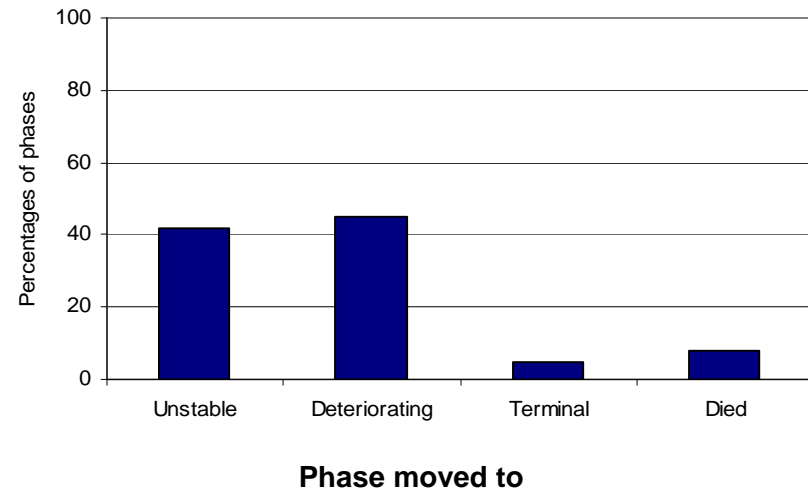
Table 40 *Karnofsky score at phase start by episode type*

Karnofsky score	Overnight admitted		Not admitted overnight	
	Number	%	Number	%
Dead	63	0.4	1	0.0
Comatose or barely arousable	1068	7.5	97	1.2
Totally bedfast and requiring extensive nursing care	1927	13.5	249	3.0
Almost completely bedfast	1133	7.9	251	3.0
In bed more than 50% of the time	1451	10.2	369	4.4
Requires considerable assistance	1862	13.0	700	8.3
Requires occasional assistance	1359	9.5	697	8.3
Cares for self	433	3.0	395	4.7
Normal activity with effort	241	1.7	171	2.0
Able to carry on normal activity; minor signs or symptoms	58	0.4	51	0.6
Normal; no complaints; no evidence of disease	1	0.0	5	0.1
Not stated/inadequately described	4690	32.8	5439	64.6
Total	14286	100.0	8425	100.0

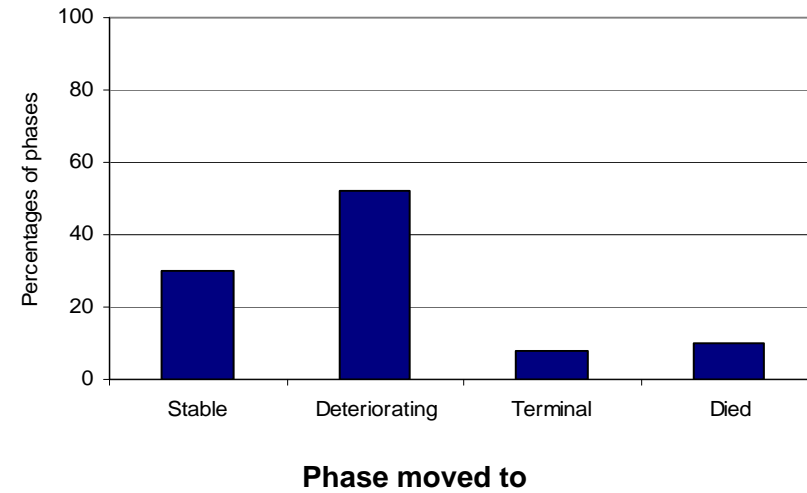
Note: Bereavement phase records are excluded from the table.

Figure 4 Phase outcomes by phase - all phases

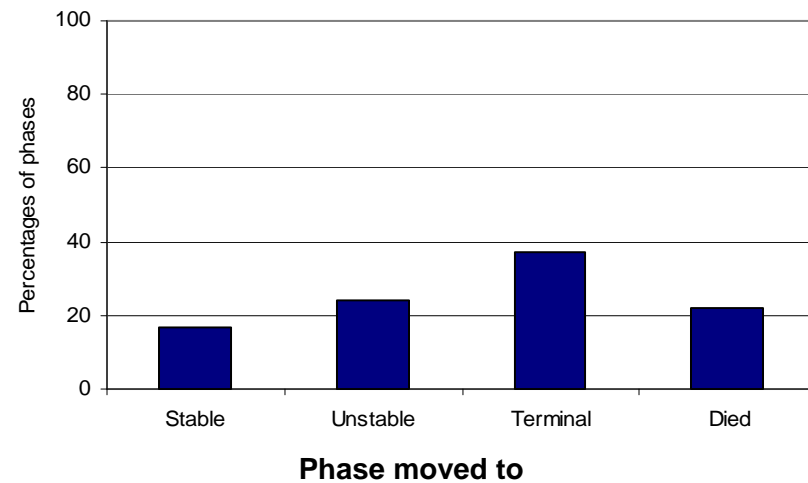
Stable Phase



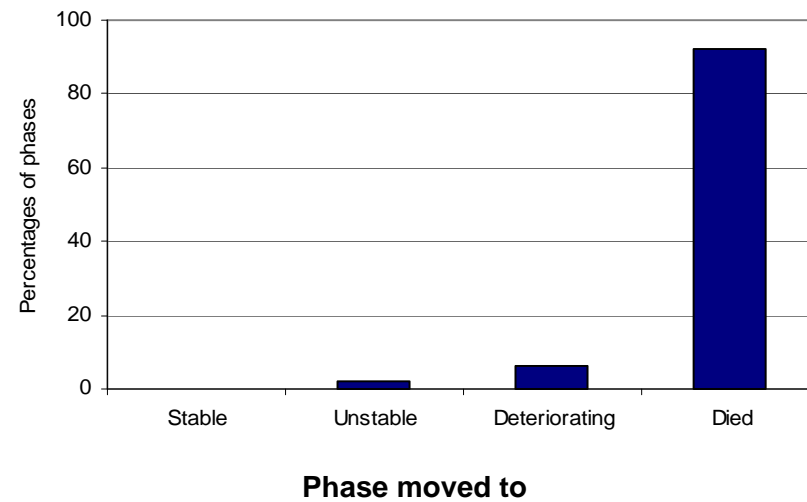
Unstable Phase



Deteriorating Phase



Terminal Phase



Services included in this report

This report presents data from the following 74 services:

Table 41 *Services providing data*

Palliative Care Service	State	Begin date	End date	Months
Baringa Private Hospital	NSW	July 2008	December 2008	6
Calvary Health Care Sydney	NSW	July 2008	December 2008	6
Calvary Mater Newcastle	NSW	July 2008	December 2008	6
Camden Hospital	NSW	July 2008	December 2008	6
Coffs Harbour Palliative Care Service	NSW	July 2008	December 2008	6
David Berry Hospital	NSW	July 2008	December 2008	6
Dubbo Base Hospital	NSW	July 2008	December 2008	6
Grafton Community Health - Palliative Care Service	NSW	July 2008	December 2008	6
Hope Healthcare - Braeside Hospital	NSW	July 2008	December 2008	6
Hope Healthcare - Greenwich Hospital	NSW	July 2008	December 2008	6
Hope Healthcare - Neringah Hospital	NSW	July 2008	December 2008	6
Manning Rural Referral Hospital	NSW	July 2008	December 2008	6
Mercy Care Centre - Young	NSW	July 2008	December 2008	6
Mercy Health Service Albury	NSW	July 2008	December 2008	6
Mt Druitt Hospital	NSW	July 2008	December 2008	6
Port Kembla Hospital	NSW	July 2008	December 2008	6
Sacred Heart Palliative Care Service	NSW	July 2008	December 2008	6
St Joseph's Hospital	NSW	July 2008	December 2008	6
St Vincent's Hospital Lismore	NSW	July 2008	December 2008	6
Tamworth Base Hospital	NSW	July 2008	December 2008	6
Tweed, Byron, Murwillumbah Community	NSW	July 2008	December 2008	6
Westmead Hospital	NSW	July 2008	December 2008	6

Continued...

Palliative Care Service	State	Begin date	End date	Months
Caritas Christi - Fitzroy	Vic	September 2008	December 2008	4
Caritas Christi - Kew	Vic	September 2008	December 2008	4
Gandarra Palliative Care Unit - Ballarat	Vic	July 2008	December 2008	6
Mercy Palliative Care	Vic	July 2008	December 2008	6
Peter MacCallum Cancer Centre	Vic	July 2008	December 2008	6
Werribee Mercy Hospital	Vic	July 2008	December 2008	6
Western Hospital Community	Vic	July 2008	December 2008	6
Bundaberg Palliative Access	Qld	July 2008	December 2008	6
Cairns and Gordonvale Hospital	Qld	July 2008	December 2008	6
Canossa Private Hospital	Qld	July 2008	December 2008	6
Gladstone Hospital	Qld	July 2008	December 2008	6
Hervey Bay & Fraser Coast Palliative Care Service	Qld	October 2008	December 2008	3
Hopewell Hospice	Qld	July 2008	December 2008	6
Ipswich Hospice	Qld	July 2008	December 2008	6
Ipswich Hospital	Qld	July 2008	December 2008	6
Karuna Hospice Services	Qld	July 2008	December 2008	6
Logan - Beaudesert Hospital	Qld	November 2008	December 2008	2
Mater Adult's Brisbane	Qld	July 2008	December 2008	6
Mater Private Brisbane	Qld	July 2008	December 2008	6
Mater Private Bundaberg	Qld	October 2008	December 2008	3
Mater Private Gladstone	Qld	July 2008	November 2008	5
Mater Private Mackay	Qld	December 2008	December 2008	1
Mater Private Rockhampton	Qld	July 2008	December 2008	6
Mater Private Yeppoon	Qld	July 2008	November 2008	5
Mt Isa and Surrounds Palliative Care	Qld	November 2008	December 2008	2

Continued...

Palliative Care Service	State	Begin date	End date	Months
Mt Olivet Hospital	Qld	July 2008	December 2008	6
Redcliffe Hospital Palliative Care Unit	Qld	August 2008	December 2008	5
Rockhampton Base Hospital	Qld	August 2008	December 2008	5
Rockhampton base Hospital - Inpatient Unit	Qld	July 2008	December 2008	6
Royal Brisbane and Women's Hospital	Qld	September 2008	December 2008	4
Sunshine Coast and Cooloola Palliative Care Service	Qld	July 2008	December 2008	6
The Prince Charles Hospital	Qld	July 2008	December 2008	6
Wesley Private Hospital	Qld	July 2008	October 2008	4
Adelaide Hills Community Health Service	SA	July 2008	December 2008	6
Calvary Health Care Adelaide (Mary Potter Hospice)	SA	July 2008	December 2008	6
Lyell McEwin Palliative Care Service	SA	July 2008	December 2008	6
Modbury Hospice SA	SA	July 2008	December 2008	6
Port Pirie Regional Health Service	SA	August 2008	December 2008	5
Royal Adelaide Hospital	SA	July 2008	December 2008	6
South East Regional Community Health Service	SA	August 2008	December 2008	5
Southern Adelaide Palliative Care Service	SA	July 2008	December 2008	6
Albany Palliative Care Service	WA	July 2008	December 2008	6
Bethesda Hospital	WA	July 2008	December 2008	6
Geraldton Palliative Care Service	WA	July 2008	December 2008	6
Peel Community Palliative Care Service	WA	July 2008	December 2008	6
Royal Perth Hospital	WA	July 2008	December 2008	6
SJOG Murdoch Community Hospice	WA	July 2008	December 2008	6
Silver Chain Hospice Care Service	WA	July 2008	December 2008	6
Sir Charles Gairdner Hospital	WA	July 2008	December 2008	6
Calvary Health Care Tasmania - Gibson Unit	Tas	August 2008	December 2008	5
Whittle Ward Palliative Care	Tas	September 2008	December 2008	4
Calvary Health Care Canberra (Clare Holland House)	ACT	July 2008	December 2008	6

Data Consistency

Consistency with PCOC version 2 data standards is summarised below. Over this 6 month period consistency with patient, episode and phase level data items for Adelaide Hills and for all services has been calculated. Consistency refers to completion of data items used within this report with valid entries based on the PCOC version 2 item codes. Note that some services are still collecting data according to the PCOC version 1 item codes and hence consistency with version 2 item codes may be particularly low for certain items.

In addition, some data items are not required to be completed, for example, place of death is only required for not admitted overnight patients who died. Hence the complete column in the following tables only refers to the percentage of complete records where the data item was required to be completed.

Table 42 Data consistency - patient level items

Data Item	% Complete
Date of Birth	100.0
Sex	99.9
Indigenous Status	97.0
Country of birth	95.0
Main language	84.6

Table 43 Data consistency - episode level items

Data Item	% Complete
Date of first assessment	85.3
Referral date	75.6
Referral source	86.6
Episode start date	100.0
Mode of episode start	99.7
Accommodation at episode start	84.7
Diagnosis	89.5
Episode end date	100.0
Level of support at episode start	62.6
Mode of episode end	95.6
Accommodation at episode end	64.1
Level of support at episode end	74.1
Place of death	96.9

Table 44 Data consistency - phase level items

Data item	Sub-Category (where applicable)	%Complete
Phase start date		100.0
Phase		100.0
Model of care at phase end		64.3
RUG-ADL at phase start	Bed Mobility	73.9
	Toileting	73.9
	Transfers	73.9
	Eating	73.9
PC Problem Severity at phase start	Pain	44.5
	Other Symptom	44.4
	Psychological/Spiritual	69.4
	Family/Carer	69.3
Symptom Assessment Score at phase start	Insomnia	69.2
	Appetite	68.7
	Nausea	70.1
	Bowels	69.6
	Breathing	70.2
	Fatigue	69.4
	Pain	70.3
Phase end reason		97.9
Karnofsky at phase start		54.7

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 - Members of the Scientific and Clinical Advisory Committee of PCOC
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 - The Australian Government for their funding of this initiative
- Disclaimer* PCOC has made every effort to ensure that the data used in this report are accurate. Data submitted to PCOC are checked for anomalies and services are asked to re-submit data prior to the production of the PCOC report. We would advise readers to use their professional judgement in considering all information contained in this report.
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