

# Palliative Care and End-of-Life Care: PI 03- Proportion of episodes in which patients commence palliative care within 2 days of being ready for care, 2021

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	PI 03-Proportion of episodes in which patients commence palliative care within 2 days of being ready for care, 2021
<b>Synonymous names:</b>	Time from date ready for care to episode start (PCOC)
<b>METEOR identifier:</b>	742661
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Qualified 21/10/2021</li></ul>
<b>Description:</b>	Proportion of palliative care episodes that commence on the day of, or the day following, the date the patient is ready for palliative care.
<b>Rationale:</b>	According to the <a href="#">National Palliative Care Strategy 2018</a> (DoH 2019), high quality palliative care aims to be person-centred. Access to services at the time it is required is an important component to this. Providing care when an individual is ready, rather than based on service availability, provides an indication of the receipt of timely palliative care.
<b>Indicator set:</b>	<a href="#">Palliative Care and End-of-Life Care Key Performance Indicators 2021</a> <a href="#">Health</a> , 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. Contribution 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 palliative care episodes where time ready for care to episode start is less than 2 days. Time is calculated in days between the date the patient is ready to receive palliative care to the date that the palliative care episode starts.
- A palliative care episode is a period of contact between a patient and a service where palliative care is provided in a single setting (for example, inpatient setting). A palliative care episode starts on the date a comprehensive palliative care assessment is undertaken and documented. An episode ends when the principle clinical intent of care changes, the patient no longer requires palliative care, the patient's palliative care setting changes (for example, community to inpatient), or when a patient dies.
- It should be noted that a single patient may have multiple palliative care episodes over the reference period, and as such, this indicator is a count of the number of palliative care episodes and not number of patients. Each episode of care will have a corresponding date ready for care.
- Palliative care episodes are defined by the care setting: inpatient (hospital or hospice) or community. A patient may receive services within both the inpatient and community settings, which would be represented by different palliative care episodes.
- Palliative care episodes where 'date ready for care' was not recorded are excluded.

Presented as a percentage.

**Computation:**

$(\text{Numerator} \div \text{Denominator}) \times 100$

**Numerator:**

Number of palliative care episodes that commence on the same day, or the following day, from the date the patient is ready for palliative care.

**Numerator data elements:**

**Data Element / Data Set**

**Data Element**

Episode—date ready for care, DD/MM/YYYY

**Guide for use**

Data source type: Administrative by-product data

Item 3.2.08 in the [PCOC Version 3.0 Data set: data dictionary and technical guidelines](#)

**Data Element / Data Set**

**Data Element**

Episode—episode start date, DD/MM/YYYY

**Guide for use**

Data source type: Administrative by-product data

Item 3.2.09 in the [PCOC Version 3.0 Data set: data dictionary and technical guidelines](#)

**Denominator:**

Total number of palliative care episodes

**Denominator data elements:**

**Data Element / Data Set**

**Data Element**

Episode—episode start date, DD/MM/YYYY

**Guide for use**

Data source type: Administrative by-product data

Item 3.2.09 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**

**Data Element**

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:** Episode  
**Format:** N[NN]{.N[NN]}

## Indicator conceptual framework

**Framework and dimensions:** [5. Accessibility](#)

## 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

**Reference documents:** 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) November 2012. 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.