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Implementing PCOC: A guide for services

Sabina Clapham

Fiorina Mastroianni

Le-Tisha T. Kable

N Joseph

J Connolly

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Implementing PCOC: A guide for services

Abstract

The purpose of this guide is to assist services in the implementation of the Palliative Care Outcomes Collaboration (PCOC) program. Implementing the PCOC program is a three stage process requiring action in the following areas: leadership and governance, routine assessment, orientation and ongoing education, data management and quality improvement.

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palliative care
outcomes collaboration

Implementing PCOC

A guide for services



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PCOC is an outcome and benchmarking program. PCOC creates a clinical language by embedding five validated clinical assessments to systematically measure and improve patient and family/carer outcomes. For more information visit the PCOC website.

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About this guide

The purpose of this guide is to assist services in the implementation of the Palliative Care Outcomes Collaboration (PCOC) program. Implementing the PCOC program is a three stage process requiring action in the following areas: leadership and governance, routine assessment, orientation and ongoing education, data management and quality improvement.

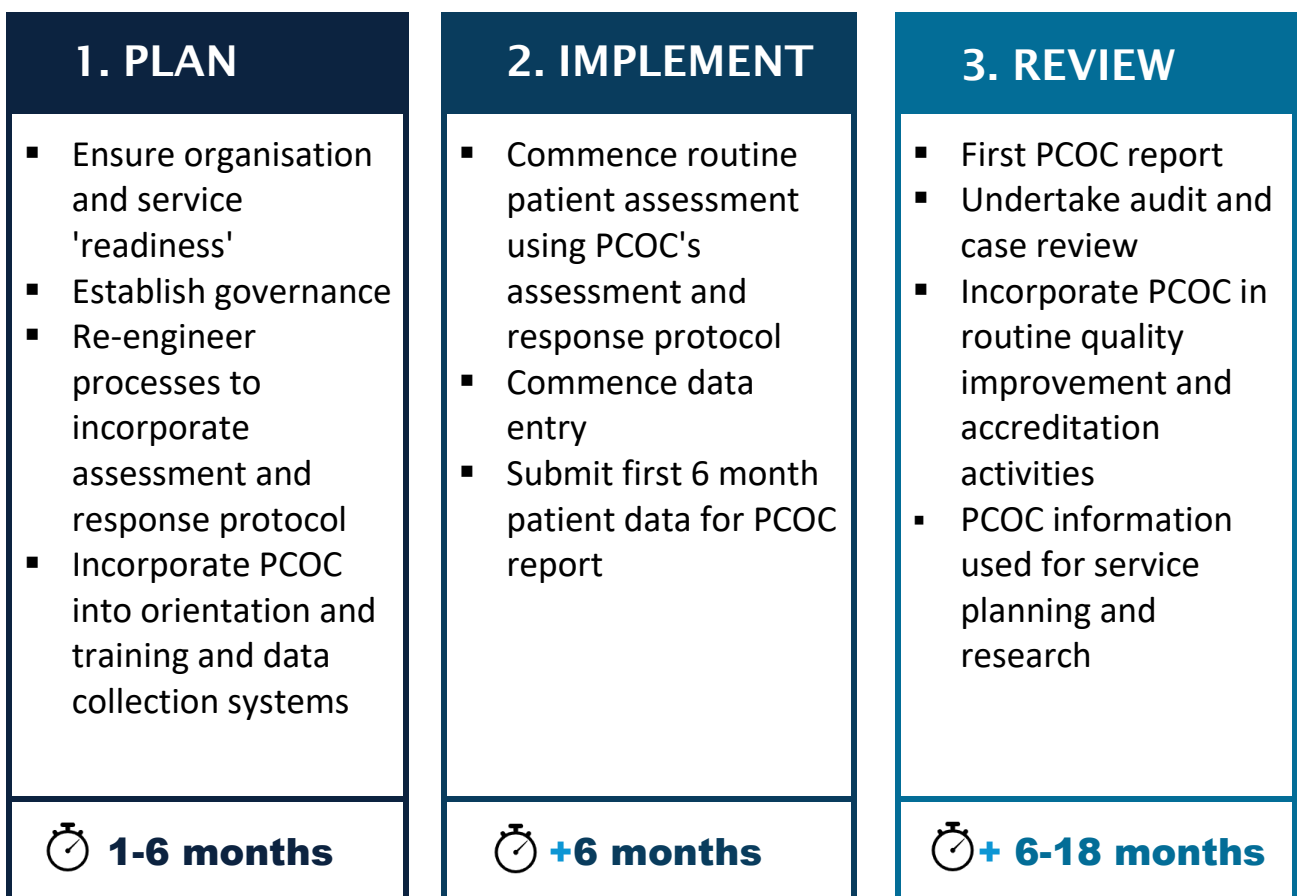
This guide is a companion to the *Sustaining PCOC: a guide for services*, which describes key activities that are essential to embed and sustain PCOC into routine practice.

Who is this guide for?

This guide is designed for managers, clinical leaders and PCOC champions responsible for implementation, are able to make key decisions regarding implementation and are responsible to monitor and evaluate progress through the stages described in figure 1. Additional support and information are available at www.pcoc.org.au

There are three distinct stages in starting PCOC and establishing it as routine practice at a service and organisational level; these are planning, implementing and reviewing. The development of an implementation plan is supported by completion of the readiness assessment for PCOC implementation (Appendix 1)

Figure 1 Implementation stages





Stage 1 – Plan: Establishing readiness for implementation

This readiness assessment tool is the first stage in developing an implementation plan. It outlines the requirements for participation including the establishment of processes, roles and responsibilities. An implementation plan, developed by a multidisciplinary team, includes a PCOC orientation plan, incorporating completion of the PCOC Essentials online course. Readiness is established by the completion of the readiness assessment (Appendix 1). A date for commencement of PCOC assessment to 'go live' is established.

A service cannot proceed to stage 2 until the readiness assessment is complete. This is followed by registration into PCOC. Upon registration, organisational identification is allocated including service and team identification (where applicable). If readiness is not established the organisation can choose to continue to work with PCOC towards readiness or may consider participation in PCOC's profile program or periodic survey program.

Stage 2 – Implement: Commence routine assessment

The implementation stage is the period starting with the date when the clinical team commence patient assessment using the PCOC assessment and response protocol; and the assessment data is collected and entered into a PCOC compliant IT system for the purposes of participation in PCOC reports. Stage 2 is complete when the data is submitted for the first PCOC Outcomes report.

Role of the PCOC Clinical Lead

A factor critical to the successful implementation of the PCOC program is the designation of a PCOC clinical lead (champion). This role includes:

- Act as a role model to support and re-inforce the assessment and response processes
- Provide staff with information and orientation to the PCOC resources
- Guide and support staff to complete the Essentials Online course and orientation to PCOC
- Work with the PCOC Improvement Facilitator to support local process for embedding and sustaining PCOC
- Provide feedback to the leadership team on identified areas for improvement.

Stage 3 – Review: Monitor and modify

Stage 3 commences with the review of the first outcome report and process review, using the key strategies and enabling factors tool (Appendix 2) and in partnership with a PCOC Improvement Facilitator. Patient outcome data is reviewed using audit and case review templates, guided by PCOC's quality toolkit. The use of the common language and integration into all aspects of service delivery are an important part of the review and monitoring stage. Stage 3 can be 6 to 18 months in duration and is supported by PCOC Improvement Facilitators.

Key strategies and enabling factors

The main activities and timeframes that are critical in each stage to support PCOC into routine practice are determined by a set of five Key Strategies and associated Enabling Factors. PCOC recommends that the key strategies and enabling factors tool (Appendix 2) is used as part of implementation and review, and with each outcome report.



Appendix 1 Readiness for PCOC Implementation

Background

This *readiness for implementation* plan ensures an organisation is prepared to implement PCOC. It is important that staff with the ability to make key decisions in relation to these areas are actively involved in all stages of the implementation process.

How to use this resource

This is a companion to PCOC's *Implementing PCOC: a guide for services* and the *Assessment and Response Protocol*. The plan '**Readiness to implement PCOC**' must be completed prior to completion of the *PCOC Registration Form*.

Key strategy 1: Leadership and governance The support of leadership, clear governance and accountability processes are critical for the successful implementation of PCOC into routine practice.				
PCOC Requirement	Yes	No	Person/s responsible	Plan and timeframe
1. Senior executive staff approve PCOC implementation				
2. The management or leadership team endorse, support, and provide adequate resources for the implementation of PCOC				
3. Responsibility for entering and extracting data has been allocated				
4. Responsibility for staff training and education support has been allocated				
5. The management or leadership team provide clear direction for all staff involved in assessment of palliative care patients to follow routine processes of assessments (interdisciplinary)				
6. One to two clinical facilitators (champions) have been identified to work in partnership with staff and with PCOC IF's to support implementation				



Key strategy 2: Routine Assessment

The PCOC Assessment and Response Protocol supports services to develop site specific processes to implement the five validated clinical assessment tools into routine practice.

PCOC Requirement	Yes	No	Person/s responsible	Plan and timeframe
1. Assessment processes have been identified or developed to support the routine use of the five PCOC assessment tools (this may be the development of a service/site specific protocol or use of the PCOC Assessment and Response protocol). Assessment processes must address the following areas: <ul style="list-style-type: none">▪ Frequency of PCOC assessments▪ Roles and responsibilities for assessments and response to scores▪ Use of PCOC assessments in team meetings and handover▪ Use of PCOC assessments for anticipatory care and response and referral▪ Interdisciplinary responsibility for assessment and response to scores				
2. Relevant policies and procedures are modified to support the use of the PCOC assessment tools				



Key strategy 3: Orientation and ongoing education

Education is a key requirement to implement, sustain and embed the PCOC assessment tools as a framework for care delivery and their consistent application in routine practice.

PCOC Requirement	Yes	No	Person/s responsible	Plan and timeframe
1. PCOC assessment processes are clearly communicated to all staff				
2. A site/service specific orientation package is developed that incorporates: <ul style="list-style-type: none"> ▪ PCOC Assessment and response protocol ▪ PCOC documentation ▪ Provision of PCOC lanyard cards ▪ PCOC resources and website (i.e. self-directed education package) 				
3. The clinical facilitator/s (champions) accept responsibility to support, reinforce and role model assessment processes for staff, and provide feedback on the use of assessment tools				
4. An education plan is developed that supports all new staff to attend PCOC education and includes using the PCOC palliative assessment and response protocol				

Key strategy 4: Data management

Data quality is an important aspect of participation in PCOC and ensures that only data of a sufficient standard is included in the national benchmark results. Adequate data processes and resources are essential to ensure that errors are corrected both at the point of data entry and data submission.

PCOC Requirement	Yes	No	Person/s responsible	Plan and timeframe
1. Data will be routinely entered at agreed points and entered progressively to ensure data entry is up to date				
2. The identified person/s for entering and extracting data will be allocated adequate time to enter data accurately and in accordance with timeframes				
3. PCOC Improvement Facilitator and data support staff will be contacted for on-going support				



Key strategy 5: Quality improvement

Being part of PCOC demonstrates a commitment to maintaining quality and striving for ongoing improvement. The PCOC program can assist organisations in meeting safety and quality standards and can help achieve and maintain accreditation.

PCOC Requirement	Yes	No	Person/s responsible	Plan and timeframe
1. Quality staff are involved in planning for implementation of PCOC				
2. PCOC is integrated into quality systems (e.g. organisation's Quality meetings; organisational accreditation plans)				

Signatory

This assessment was completed by:

Name

Position

Signature

Date

Complete the checklist below to identify what your organisation/service is doing well and what areas may need improvement to help embed and sustain the PCOC program into routine practice.

Name of organisation: _____ Date of completion: _____

Key Strategy 1: Leadership and Governance	Yes	Mostly	Some-times	No
Key leadership staff*				
1. Provide direction on how to use PCOC reports				
2. Attend benchmarking workshops and/or PCOC events				
3. Provide opportunities for staff to participate in PCOC education				
4. Ensure the PCOC Assessment and Response protocol is included in relevant policies and procedures				
Key Strategy 2: Routine assessment	Yes	Mostly	Some-times	No
1. All five assessment tools are used to routinely assess patients				
2. Assessments are documented at point of care				
3. Clinicians have access to the full PCOC assessment definitions				
4. Patients and family are given the SAS tool to help rate symptom distress				
5. PCOC scores form part of clinical handover				
6. Assessment scores are used to help guide and plan patient care				
7. PCOC scores are discussed in care planning and patient review meetings				
8. All staff (including medical, nursing, allied health, pastoral care) use PCOC tools as part of patient assessment				
Key Strategy 3: Orientation and education	Yes	Mostly	Some-times	No
1. Orientation includes PCOC assessment and response protocol				
2. PCOC is regularly included in in-service education				
3. PCOC lanyard cards are provided to staff				
4. PCOC Essentials online course is completed by staff				
5. PCOC champions and clinical leads attend relevant PCOC workshops				
6. All staff (including medical, nursing, allied health, pastoral care) participate in ongoing PCOC education				
Key Strategy 4: Data Management	Yes	Mostly	Some-times	No
1. Data errors are identified and corrected				
2. Adequate time is allocated to ensure accurate data entry				
Key Strategy 5: Quality improvement	Yes	Mostly	Some-times	No
1. PCOC reports are used to identify areas for quality improvement, service development and/or research				
2. Audit tools are used to ensure the accuracy and reliability of assessments				
3. PCOC case reviews are used as part of an improvement strategy				
4. Staff attend benchmarking and/or advanced workshops				
5. PCOC is integrated into quality systems (e.g. accreditation processes)				

* Key staff include the appropriate medical, nursing and allied health leads, quality manager