IMPLEMENTING PACOP TO IMPROVE PALLIATIVE CARE OUTCOMES IN RESIDENTIAL AGED CARE

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KEYWORDS

PACOP, palliative care, aged care, dementia, outcome measurement

EXECUTIVE SUMMARY (100 words maximum)

High-quality palliative care in residential aged care is still inconsistent despite national reform priorities. The Palliative Aged Care Outcomes Program (PACOP) provides an evidence-based framework to address this gap. This project translates PACOP into practice, embedding routine outcome measurement and workforce development. Staff were supported by using structured education and mentoring to integrate assessment tools into care delivery. Implementation resulted in earlier recognition of deterioration, improved staff confidence, and more responsive care planning. PACOP demonstrates a scalable, data-driven model to improve palliative and end-of-life care outcomes for older people with complex, life-limiting conditions.

INTRODUCTION

Growing numbers of aged care residents present with frailty, dementia, and multiple chronic conditions, highlighting a need for systematic and proactive palliative care. Recognition of deterioration often occurs late, leading to inconsistent care. PACOP addresses this by introducing a national framework for early, standardised assessment and continuous outcome measurement.

HIGHLIGHTS

- Earlier recognition of palliative care needs using PACOP
- Increased staff confidence following education and mentoring
- Routine data enabled targeted quality improvement
- More timely and person-centred care delivery

METHODOLOGY/ PROCESS

Implementation: PACOP embedded validated outcome measures into routine clinical assessments across services

Workforce Development: Staff received structured education, mentoring, and ongoing support

Data and Improvement: Regular data collection enabled benchmarking, gap identification, and continuous quality improvement

RESULTS/ OUTCOMES

PACOP improved the identification of residents requiring a palliative approach, including those with dementia and non-malignant conditions. Approximately 10–13% of residents assessed demonstrated indicators of end-stage decline. Staff reported increased confidence in recognising deterioration and initiating appropriate care

responses. Services used outcome data to strengthen care planning and address gaps, resulting in more timely, consistent, and person-centred care aligned with resident needs and goals.

CONCLUSION

PACOP delivers a scalable, evidence-based model to advance palliative care in aged care settings. Embedding outcome measurement and workforce development supports earlier recognition of deterioration, leading to more timely and person-centred care. By aligning with national reform priorities, PACOP strengthens end-of-life outcomes for older Australians and sets a benchmark for continuous quality improvement nationwide.