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Reader Comments on Measuring Patient-Oriented Outcomes in Palliative Care

I read with interest the article “Measuring Patient-Oriented Outcomes in Palliative Care: Functionality and Quality of Life” (February 2008 issue of the *Clinical Journal of Oncology Nursing*) in which a number of functional and quality-of-life instruments were described and case studies provided.

The need for an evidence base to measure the quality and outcomes of palliative care service delivery is becoming increasingly important, as is the ability to compare the performance of services, something that requires the use of standardized assessment tools (Currow et al., 2008; Higginson & Carr, 2001; Lynn, 2005).

The Palliative Care Outcomes Collaboration (PCOC), funded by the Australian Department of Health and Ageing, is establishing a national system to measure the outcomes and quality of palliative care services and to benchmark services across the country. PCOC is being conducted through the collaboration of four university research centers and the palliative care sector.

In just three years, PCOC has demonstrated the value of collecting and using data to review practices in the palliative care sector. It has allowed palliative care practitioners to measure continuous improvement in the quality and effectiveness of their services and to make changes to improve practice. PCOC still is in the early stages of developing a benchmarking service for palliative care services, but the starting point has been undertaken by services to collect a routine PCOC dataset.

To achieve national consistency, PCOC leaders developed a data collection framework to ensure that the data collected are

sufficient and useful in understanding quality at patient, service, and healthcare system levels (Eagar, Gordon, Green, & Smith, 2004).

Three levels of data are collected. The patients and their caregivers are in the first level. Demographic and clinical patient information is collected. The second level is information on each episode of care, which is the period of contact between a patient and a palliative care service that is provided by one palliative care service in one setting. Episodes of care may occur in a hospital or in the community. Information about each phase of care is collected in the third level, focusing on the stage of illness, symptoms, functional and psychosocial status, and the family and/or caregiver(s). A patient may have one or more phases of care within the one episode.

PCOC leaders have worked tirelessly to encourage the use of standardized data items and assessment tools because benchmarking is not possible without this information. PCOC has systematically identified and is seeking to redress the wide variation in practice that has been found within palliative care service delivery in Australia. Widespread sector support has been critical to these developments.

Granda-Cameron, Viola, Lynch, and Polomano (2008) noted some of the challenges to introducing routine outcome measures. PCOC is systematically addressing these challenges, and its work is attracting increased international interest.

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Permanent Alopecia in Women Being Treated for Breast Cancer

Alopecia is a devastating diagnosis for women and men, regardless of the cause. Hair can reveal aspects of self, health, ethnicity, and socioeconomic status. Self-esteem and confidence are negatively affected in patients who experience hair loss (Ross, 2007).

Adjuvant chemotherapy protocols used to treat women with breast cancer have evolved in the past 20 years. The newer chemotherapy regimens have undoubtedly contributed to increased sur-