



loddon mallee
regional palliative care consortium
Enhancing life and quality of health

Loddon Mallee Regional Palliative Care Consortium

Annual Report 2010 - 2011

***Strengthening palliative care:
Policy and strategic directions 2011-2015***

Reporting requirement to Palliative Care, Department of Health

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1. INTRODUCTION

The Victorian Department of Health has recently released a policy: *Strengthening palliative care: Policy and strategic directions 2011-2015*¹. This policy will guide the work of palliative care services, consortia and government from 2011 to 2015. The actions outlined in the policy will equip specialist palliative care services in Victoria to meet growing demand for palliative care. It aims to meet growing demand for palliative care particularly in rural areas and the growth corridors of metropolitan Melbourne. The policy vision states “*All Victorians with a life-threatening illness and their families and carers have access to a high-quality palliative care service system that fosters innovation, promotes evidence-based practice and provides coordinated care and support that is responsive to their needs.*”¹”

In 2004 the policy supported the establishment of palliative care consortia in all Departmental regions. The role of the palliative care consortia is to:

- undertake regional planning in line with departmental directions
- coordinate palliative care service provision in each region
- advise the department about regional priorities for future service development and funding
- In conjunction with the Palliative Care Clinical Network (PCCN):
 - implement the service delivery framework
 - undertake communication, capacity building and clinical service improvement initiatives.

Palliative care consortia across the state are comprised of voting members from all funded palliative care services in each departmental region as well as other stakeholders from health and community services.

Although the Loddon Mallee Regional Palliative Care Consortium (the Consortium) has gone through extensive changes in structure in the latter part of 2011, in the year 2010-2011 the Consortium member agencies were:

Bendigo Health
Boort Hospital (representing Loddon Mallee regional rural hospitals)
Castlemaine Health
Echuca Regional Health
Kyneton District Health
La Trobe University
Mallee Division of General Practice (representing GP divisions)
Maryborough District Health Service
Mildura Base Hospital
St John of God (withdrew August 2010)
Sunraysia Community Health Service Inc
Swan Hill District Health

Ex-Officio members:

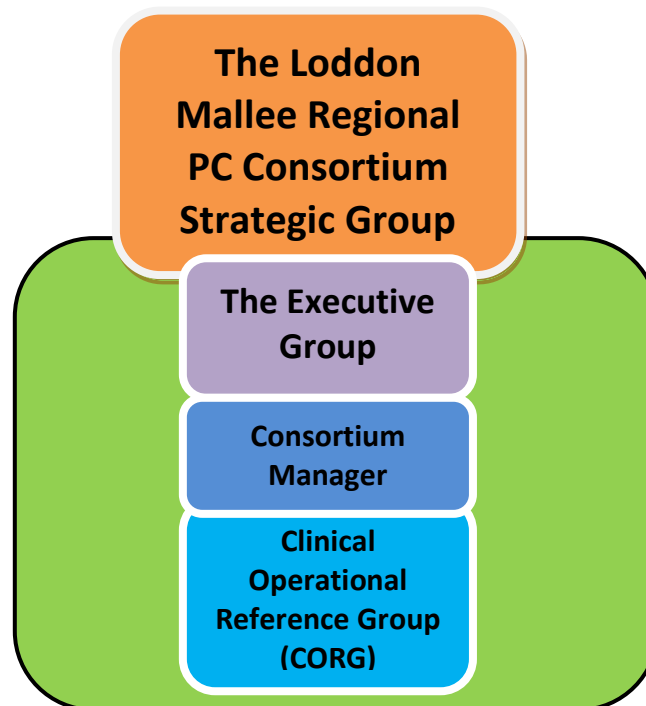
Consortium Manager
Manager, LMICS Bendigo
Department of Health, Bendigo
PC Physician Bendigo Health
Admin. Assistant, Consortium

2. ABOUT THE LODDON MALLEE REGION

The Loddon Mallee Region is one of eight Department of Health regions in Victoria, covering an area of 58,961 square kilometres in north western Victoria, with a population of 313,800 people in 2011. It is bounded by the South Australian border to the north-west, the Murray River to the north, and the Macedon Ranges to the south-east. The Region is the geographically largest area of the Department of Health regions, being 26% of the total area of Victoria. It includes two regional centres (Bendigo & Mildura), many rural townships, and expanses of sparsely populated rural areas. The Loddon Mallee Region includes ten Local Government Areas (LGAs), these being Mildura, Swan Hill, Buloke, Gannawarra, Loddon, Campaspe, Greater Bendigo, Central Goldfields, Mount Alexander and Macedon Ranges.



2.1 Organisational chart of the Loddon Mallee Regional Palliative Care Consortium (2010-2011)



2.2 Details of the Consortium Structure

2.2.1 Background

In 2005, the (then) Department of Human Services released *Strengthening palliative care: A policy for health and community providers 2004-09*. The policy aimed to strengthen service delivery for people with a life threatening illness, their families and carers and outlines a number of principles to guide the provision of services in Victoria. The Evaluation Report document outlined further recommendations to continue progress through 2010-2015.

To implement the policy and further integrate the palliative care service system, the Department provided funding to establish a total of eight regional consortia, three metropolitan and five rural, based on Department of Health regions.

2.2.2 Establishment of the Loddon Mallee Regional Palliative Care Consortium

In 2004 the Loddon Mallee Regional Palliative Care Consortium was established and operates as a partnership with a memorandum of understanding between members. The membership was originally drawn from a number of agencies that received specific palliative care funding (community & inpatient), and has over the years expanded to include other primary care services (such as rural health providers).

In 2004 the Consortium developed a regional plan through service mapping, data analysis and consultation with stakeholders to identify regional priorities. These have continued to be developed in the following context: that they should be considered on a regional basis, be achievable, produce tangible outcomes, and that they should guide progress toward the future vision for the palliative care service delivery needs of the community.

The Consortium's priorities (2004-2010) were identified as:

- Consumer Focus - supporting people requiring Palliative Care
- Specialist Palliative Care (SPC) & Service Delivery
- Workforce Development

- Community Capacity Building - Community Education, Community Development & Local Neighbourhood Support
- Service System Interface - Community/Acute/Sub Acute/Residential Care

The Consortium consists of representation of specialist palliative care providers across the Loddon Mallee region. Palliative care specialist providers work in a variety of settings including acute care, sub acute care and in the community. Palliative care in the Loddon Mallee Region incorporates a range of services including inpatient and community palliative care services and at least one hospital in-reach service.

Services are provided by a range of skilled service providers including:

- Nurses and medical practitioners both palliative care specialists and general in the community, hospital and inpatient palliative care settings who have access to allied health professionals - social workers, physiotherapists, occupational therapists, pharmacists, dieticians, volunteers and bereavement counsellors.

The Consortium consisted of three main groups the Strategic, Executive and the Clinical. In the period 2010-2011 eight out of twelve members of the Strategic group were funded agencies for palliative care and consisted of:

Table: 1 Agency and Representatives of the 2010-2011 LMRPCC

Service name	Description of service (profile)	Comments	Represented by
Bendigo Health Care Group	Public Health Service	Funded Community & Inpatient	Ms Elizabeth Hamilton, Executive Director, Community & Continuing Care
Boort District Hospital	Small Rural Health Service	Non-funded	Ms Judy Keath, Director of Nursing
Echuca Regional Health	Group B Hospital	Funded Community	Ms June Dyson, Director of Nursing
Kyneton and District Health Service	Small Rural Health Service	Funded Community	Ms Tracey Hynes, Director of Nursing (Chair)
Mallee Division of General Practice	Representing Division of GP's	Non funded	Ms Lydia Senior, CEO
Maryborough District Health Service	Group C Hospital	Funded Community	Ms Fiona Brew, Director of Nursing
Mildura Base Hospital	Group B Hospital	Funded Inpatient	Mr Trevor Matheson, Executive Director of Community Services
Castlemaine Health	Group C Hospital	Funded Community	Ms Ann Allenby, Director Clinical and Community Programs (Deputy Chair)
St John of God Private Hospital	Private Health Service	Non-funded	Ms Karen Laing, Director of Nursing (withdrew Aug.2010)
Sunraysia Community Health Service	Community Health Service	Funded Community	Mr Mick Goodrem, Manager Community Health Services
Swan Hill District Hospital	Group B Hospital	Funded Community	Ms Kathy Wright, Executive Officer Clinical Services
La Trobe University	Tertiary Education	Non funded	Mr Jon Willis, Senior Lecturer School of Public Health

2.2.3 The Consortium Strategic Group

In 2010-2011 this group was represented by executive members from specialist palliative care providers, non-palliative care funded health agencies, the regional Department of Health, representation from regional Division of GPs, La Trobe University, the Consortium manager, palliative care physician and manager of LMICS. Despite many changes since inception the aim of the Consortium has continued to be the provision of a strategic approach when considering projects and issues around provision of quality palliative care across the region. The Group meets bi-monthly and is guided by the Health Department's Role Statements.²

2.2.4 The Consortium Executive Group

This group was established in 2008 and consisted of Consortium members: the Chair, the Deputy Chair who is also the fund holder representative, a Consortium member from the Northern Sector, a program and service advisor from the department of Health Bendigo and the Consortium Manager. They met bi-monthly prior to the Consortium meeting and are guided by the Health Department's Role Statements.²

2.2.5 The Clinical Operational Reference Group (CORG)

The clinical operational reference group is a group of specialist palliative care providers from the funded services which has expanded to include nursing representation from a private hospital and an aged care facility, a nurse practitioner and a worker from the Motor Neurone Disease Project. This group is also guided by the Department of Health Role Statements² and promotes the clinical aspect of the SPCP principles with informed decision making, planning, implementation and coordination of care, and provides advice to the Consortium on clinical issues. The CORG meet bi-monthly. One of the members represents the Loddon Mallee region on the state-wide Palliative Care Clinical Network.

The first two groups have been renamed since the restructure in July 2011 to the Board and the Business Group respectively.

3. KEY INITIATIVES, PROJECTS AND HIGHLIGHTS OF THE YEAR (2010-2011)

3.1 Quality Programmes

3.1.1 Palliative Care Outcomes Collaboration (PCOC) is a voluntary, quality initiative which aims to assist palliative care service providers to measure the standard and quality of care which is a stated goal of the National Palliative Care Strategy. This is achieved by:

- collecting and analysing data
- reporting findings to service providers
- facilitating benchmarking activities between like services.

These strategies assist palliative care providers to improve patient outcomes by enabling the clinicians to accurately assess the quality of care they provide to their patients. The data reflects patient care and symptom management and supports clinicians in their treatment decisions, assists managers in their service planning and informs policy makers in funding and planning services.

In recognising their common goal to improve palliative care for patients and their families in Australia, PCOC has collaborated with two other National palliative Care Programs CareSearch and NSAP. CareSearch is an online resource that provides palliative care information and evidence to health professionals, patients and their families.

3.1.2 NSAP (National Standards Assessment Program) is a national framework for continuous quality improvement built on the Palliative Care Australia Standards for providing quality palliative care for all Australians (4th ed, 2005). Services register to undertake a formal self-assessment using the NSAP program, and are encouraged to formally assess themselves against the *Standards* every 2 years.

The Loddon Mallee palliative care services look for opportunities to strengthen their commitment to providing quality care to their patients and families and are supported and encouraged in this by the Consortium. While none of the services have commenced the NSAP programme as yet, NSAP will be on next year's agenda for the clinical group CORG as a priority opportunity to improve quality care. One service has commenced PCOC data collection on its clinic patients and plans to expand it to the community sector next year. Most other LM regional palliative services have investigated the possibility of commencing this quality initiative next year.

3.1.3 Victorian Palliative Care Satisfaction Survey (VPCSS)

This survey is funded by the Victorian Department of Health and is aimed at collating data collected from patients, carers and bereaved carers from the community and inpatient palliative care settings. The regional report indicates that overall patients and carers are fairly satisfied with service delivery with the top five performing items averaged at 4.7 (5 scoring excellent) and the top five priority to improve items averaged at 3.5. Activities to improve items are addressed by the CORG with the clinical participants of this group collaborating across the region to support each other in an effort to improve their service and standardise the care.

3.2 Loddon Mallee Regional Consortium Projects

3.2.1 Palliative Care Nurse Practitioner (NP) Project

The geographic diversity of the region and the concentration of palliative care specialists in the two larger regional centres of Bendigo and Mildura indicate that a 'one size fits all' approach to the development of a palliative care nurse practitioner model of the LMR will not work. Currently there are two palliative care nurse practitioners in the region, both of whom have developed models that address the sub-regional needs. A recent Aspex Consulting report and decisions made recently by the Consortium indicated that the role of nurse practitioner could potentially be included in the Multidisciplinary Consultancy Model. Plans are underway to recruit an implementation project worker who will examine this possibility.

3.2.2 Consortium Clinical Nurse Consultants (CNC) Projects

In 2009 the Consortium assumed the governance of the regional clinical nurse consultant role which became a precursor for consulting in both the North and South sectors across the LM region. In May 2011 Aspex Consulting were engaged to develop a multi-disciplinary service model for palliative care consultancy services in the Loddon Mallee region. The consultation process provides an opportunity to canvass views on the opportunities and challenges associated with further developing/enhancing a regional palliative care service and this includes a model for the role of a Clinical Nurses Consultant for the Loddon Mallee Region (*see Table 2, Logic Model*).



Table 2: Logic Model

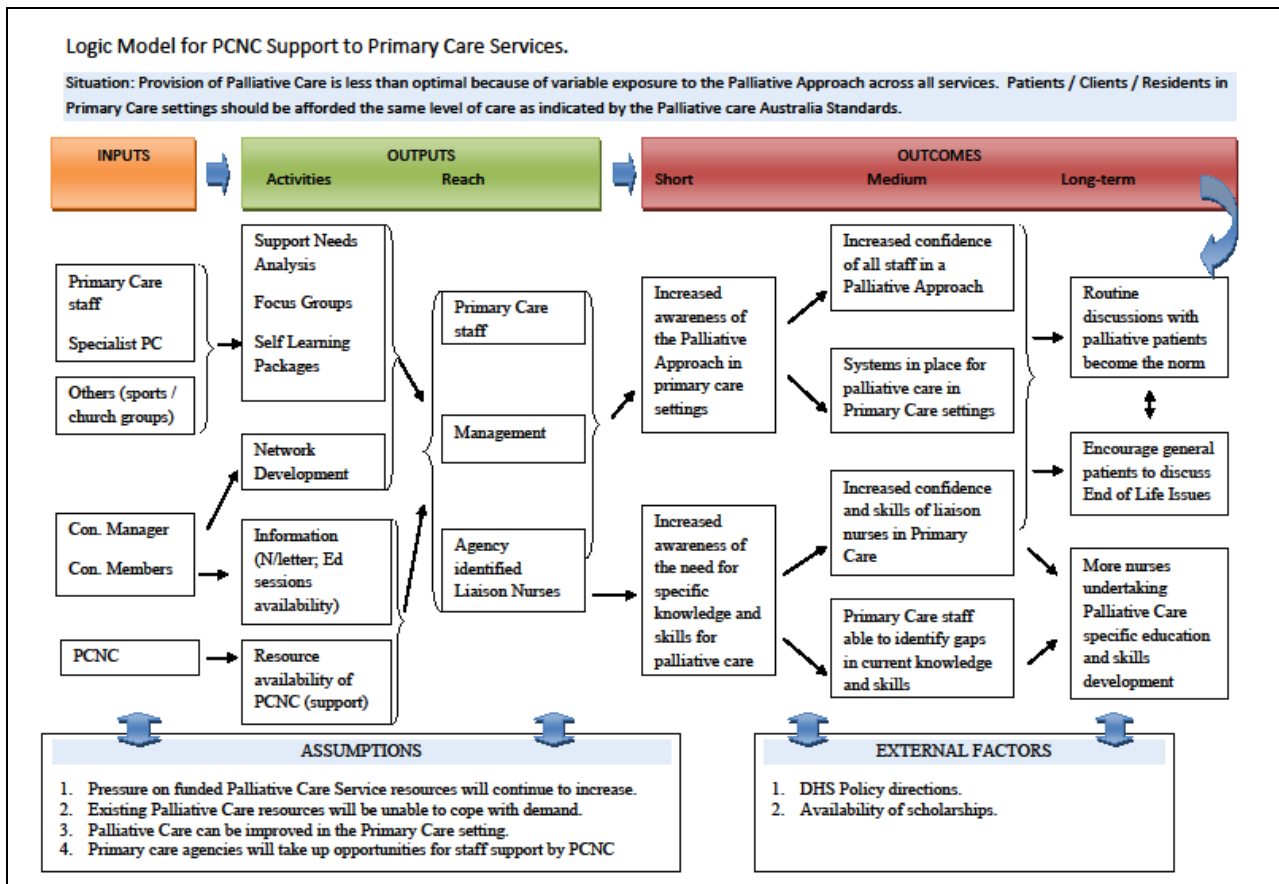


Figure 1: PalCare Voice newsletter (above)

CNC Newsletter: PalCare Voice

One outcome of the CNC role was the development of *PalCare Voice*, a newsletter that reports on current palliative care issues at a local, state, national and international level and is sent to all health agencies across the region as well as being available on the Consortium's website.

End Of Life Care Project (EOLCP)

Another notable outcome of the CNC role was the development and implementation of the Liverpool Care Pathway (LCP) on two acute sites in the region: Swan Hill District Health and Maryborough District Health Service. Improvement to end of life care was identified by many of the health service agencies visited by the CNCs in 2009. Of the available pathways, the Liverpool Care Pathway was considered to be suitable to meet the needs of the region: tested and refined, now in Version 12; able to be modified to meet local requirements; support from the Marie Curie Palliative Care Institute, Liverpool; existing database to collect data to support quality improvement processes; ability to benchmark with local, state, national and international services.

Through the EOLCP, the CNCs provided direct support to the agencies by facilitating meetings, discussing actual and potential issues, collating resources and developing training packages. The CNCs completed registration with the MCPCIL, and made adjustments to the EOLC Pathway.

This culminated in obtaining full compliance of the LM End of Life Care Pathway. Agencies were guided through process reviews and other Key Tasks. A major part of the Project was compilation of an accompanying Resource Toolkit and delivered training sessions to staff. The CNCs were fortunate to meet Debra Murphy, who was one of the initiators of the LCP, and current Associate Director of the Marie Curie Institute for Palliative Care (MCIPC Liverpool). Debra was in Melbourne as part of her trip to Australia, attending the Victorian End of Life Care Pathway State-wide Meeting on Tues 7th December 2010.



From Left: Merrill Cole LMRPCC CNC, Debra Murphy MCIPCL and Bertilla Campbell LMRPCC CNC

3.2.2 After-Hours Palliative Care Project

The After-Hours Project is a Victorian Palliative Care Department of Health Project which has been developed and implemented since 2009 and is ongoing. Access to after-hours support has been a requirement for all Victorian community palliative care services since 1997. In June 2009, the Department of Health funded two pilot projects. Both projects were tasked to explore delivery options for supporting community palliative care patients and carers after-hours.

The Grampians and Loddon Mallee collaborated on this project sharing the same project worker to develop and implement a regional service delivery model. This has been trialled and evaluated independently by Monash University across eleven regional services. This project has built and expanded on a model of care originally developed, implemented and championed by Wimmera Hospice Care. Successful implementation showed that it was possible to create sustainable processes that enabled patients and carers to better manage symptoms while provided with consistent, quality palliative care telephone triage support after-hours. Consistency of practice and service delivery is ensured by each service through:

- i. Implementing clinical telephone triage training
- ii. Using the Palliative Care Telephone Triage Protocols for Registered Nurses
- iii. Reporting directly to specific local or regional palliative care services
- iv. The development of service agreements, policies and protocols.

Both elements are linked by a range of tools, resources, clinical training and quality control measures. Key principles for have been developed that ensure consistency of practice while still allowing for individual service implementation.

Jane Auchettl Project Worker

3.2.3 LMRPCC Interim Planning Day Projects

In June 2009 an interim planning day was held in Swan Hill while awaiting the delivery of the 'refresh' Palliative Care policy. Subsequently a project officer, David Jenkins, was employed to deliver a number of projects.

Spirituality Project

This 18 month project was planned in collaboration with the Loddon Mallee Integrated Cancer Service (LMICS) and involved the development and delivery of the following sessions and initiatives:

- A three day education program 'Working with Spiritual/Pastoral Care in Palliative Care' in five workshops in four locations across the LM region to 50 participants
- A three hour workshop 'Spirituality and Deep Listening' in three locations across the LM region to 21 participants
- Spiritual care information and resource package has been placed on the LMRPCC website
- The development of a resource booklet has been undertaken by a consultant to LMICS and is yet to be finalised
- The planned 'virtual spiritual conference' was postponed given the possible creation of a regional Spiritual/Pastoral Care Co-ordinator position through the Healthcare Chaplaincy Council of Victoria Inc (HCCVI). (See full report on the LMRPCC website.)

Project management booklet

The project worker collaborated with the After Hours Project Worker to develop a booklet: *An introduction to project or event management* which aimed to support clinical palliative care staff in their project management endeavours. The booklet was also delivered as part of the resources for the After Hours Project and can be accessed on the LMRPCC website: www.lmrpcc.org.au

Website & funding applications

The project worker collaborated with other staff to develop the LMRPCC website and various funding applications including the Palliative Care Nurse Practitioner Project. A small working party worked with a local website developer Green Graphics to develop the new website, which coincided with the development of the new logo that depicts the colours most associated with the region: the blue of the sky, the green of the ranges and the yellow of the Mallee. All elements are bound together by the rivers that run through the region.



Figure 2: LMR Consortium Website (above)

4. REPORTS

4.1 Consortium Chairperson's Report

I am very pleased to provide this report for our inaugural LMRPCC Annual Report. Since its early beginnings the LMRPCC has undergone much change and evolutionary development and the 2010 /2011 year has been no exception to this. Although this report focuses only on the last financial year, I believe firstly that it's important to fully acknowledge the people who were involved in the initial phases of the development of the Consortium and the work that they achieved. Without the dedication and hard work of these people the LMRPCC would not be where it is today.

The 2010 / 11 year has seen the Consortium undertake a process of reflection and review. As a group we have worked to review the ways we work together and to develop a Consortium structure which respects and enables each member of the Consortium. From January 2011 through to April 2011 we undertook a formal review of the structure and functioning of the Consortium.

Following from this work we then developed a flattened Consortium structure which encourages a distributed leadership approach to all of our work. The Executive Group has been replaced by the Business Group which is responsible for the day to day support and management of the Consortium business and as direct line support to the Consortium manager. Further to this we have recognised the need to develop various work groups such as the Governance Group, the Meetings Group, the Mapping and Strategic Planning Group and ad hoc special projects groups as required. These work groups contribute to the overall work of the Consortium Board.

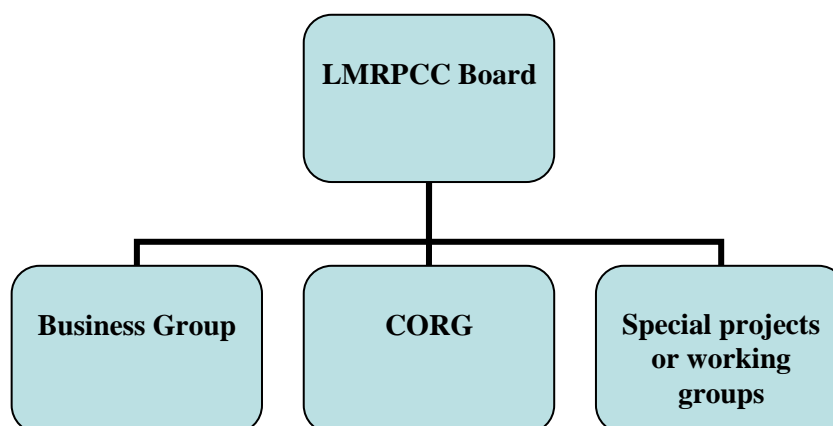
Finally I would like to acknowledge our Clinical Operational Reference Group (CORG) for their dedication in ensuring that the strategic decisions made at the Consortium Board are operationalised through their clinical leadership across the Loddon Mallee. I would also like to thank all of the Consortium members who have worked through many difficulties to ensure the Consortium's continued growth and strength.

This year has challenged the Consortium to think about the way we work and the environment we work within. The coming year will continue to pose new challenges for us all. I believe that the work that the Consortium has undertaken has built a strong foundation for continued growth and to deliver the strategic aspirations of the Strengthening Palliative Care Policy 2011-2015.

Tracey Hynes (Chairperson)



4.2 Organisational chart of the Loddon Mallee Regional Consortium (2011-2012)



4.3 Consortium Manager's Report

I am pleased to deliver the following report to the Annual Report of the Consortium. Given that the Consortium has experienced a very stimulating year with the challenges and complexities that go hand-in-hand with significant structural changes, it has been a very busy operational year.

This past year has seen the settling in of the CORG, the clinical arm of the Consortium. The group has worked on initiatives to standardise care across the region, supported state-wide projects such as the After Hours Project, the Carer's Satisfaction Survey and the Aboriginal and Palliative Care Project as well as local initiatives such as the Spirituality Training and Resource Project. The CNCs rolled out the End of Life Care Pathway in two regional hospitals in the acute units, educated aged care staff around the Aged Care Funding Instrument (ACFI) and the SCTT tool and with the support of the CORG developed a pre-screening tool to be used by non-palliative care staff before they refer a patient to palliative care. They also developed the PalCare Voice newsletter, and represented the LMR by delivering presentations at conferences in Cairns, Brisbane and Melbourne.

Links were forged and sustained with both LMICS and HCCVI on projects around supportive care and Spirituality, health promotion resources were developed and made available to all the regional palliative care services as well as a website and a project management booklet. 2010 was the year when links were made between Swan Hill, Echuca and Peter MacCallum Cancer Centre by site visits and video-link education sessions. Anecdotal responses from the staff have been most favourable about this new and valuable development.

There is more work to be done in many areas across the region but the following year will be dominated by the exciting formation of the Multidisciplinary Consulting Team. The Aspex Consulting Group has developed a model which will be implemented next year.

My special thanks not only to the Consortium Board for committing to the work of strengthening Palliative Care across the Loddon Mallee region but also to CORG to its continued effort of delivering excellent care and service daily.

Trish O'Hara, LMRPCC Manager

4.4 Consortium Business Group (Executive) Report

This year the Consortium Executive Group has evolved into the Business Group. This change has more clearly defined the role of the business group and its relationship to the Consortium Board.

The Business Group has met bi-monthly between full Board meetings to ensure that the everyday business of the Consortium is flowing. We take an active role in supporting the manager in her role and assist with decision making and problem solving. This year we have focused on enabling the reviews of the structure and functioning of the Consortium and operationalising the various projects which have been undertaken. We also receive financial reports and review any issues prior to them going to the full Board for ratification. This year the work of this group has greatly been assisted by the development of the other workgroups and together we function to enable to work of the whole Board.

Tracey Hynes (Chairperson) and Mick Goodrem (Business Group member)

4.5 Clinical Operations Reference Group (CORG) Report

The purpose of the group is to promote the strengthening palliative care policy and strategic directions 2011 - 2015 that was launched by the Department of Health in August this year. CORG provides information to the Consortium, reviews best practice and provides a forum for clinicians to discuss and resolve clinical issues.

A major project in 2010 and this year has been the "After Hours Triage Project". This project has enabled services to review and implement specific protocols for triaging palliative care clients. There have been many benefits for our services. There is a structured process for assessing clients' symptoms, and a more robust reporting of triage calls with reports being forwarded to clients, GP and to the palliative care nursing service. This has enhanced follow up reviews. It has also decreased the number of Registered Nurse call outs after hours. Most importantly it has enabled better advice for symptom management so our clients and carers have better symptom management.

Our services participated in the "Victorian Palliative Care Carer Satisfaction Survey". The results will enable each service to review of the strengths and weakness identified from the survey.

Early this year we held a project planning day with the focus being ideas/ project/ topics for our group to work towards. We have reviewed the use of oxygen in palliative and end of life care. Currently we are developing a simple Carer pack for common tasks required by carers. The Australian Council of Healthcare Standards has reviewed its criteria for bereavement support and so our next project will review how we provide bereavement support.

Loddon Mallee has two palliative care Nurse Practitioners, whom we have assisted in heightening their profile across the region.

We have actively co-opted other organisations that provide palliative care in Loddon Mallee to attend our meetings. This has included a St John of God Bendigo RN, a BUPA aged care worker and the liaison nurse from the Motor Neurone Disease Project. This has enabled better networking and a greater understanding of palliative care provision and services in our region.

The Loddon Mallee region also has a representative (from CORG) on the Department of Health Palliative Care Clinical Network. It is great that we are able to contribute both from a rural and small rural perspective.

Alison Lowe Chair of CORG

4.6 Attendance, participation and accreditation information 2010 - 2011

Agency	Attendance at Consortium meetings July 2010 – June 2011	Attendance at CORG meetings July 2010 – June 2011	Portfolios and participation in other decision making groups	Accreditation status
Bendigo Health • Community SPCS • Hospice	100%	100% 50%	Chair - MDT Advisory Group MDT advisory group	ACHS current
Boort District Health	86%	N/A		ACHS current
Castlemaine Health • Community SPCS	86%	100%	Deputy Chair - Business Group	ACHS current
Echuca Regional Health • Community SPCS	71%	83%		ACHS current
Kyneton District Health • Community SPCS	86%	100%	Chair - Business Group MDT Advisory Group	ACHS current
Mallee Health Care Network	43% & 1 X LO*	N/A		N/A
Maryborough District Health • Community SPCS	71%	50%		ACHS current
Mildura Base Hospital • Ward 4 PC	43% & 1 X LO*	17%		ACHS current
Swan Hill District Health • Community SPCS	86%	0% & 1 X LO*		ACHS current
Sunraysia Community Health Service • Community SPCS	71% & 1 X LO*	83% & 1 X LO*	Business Group	TQCSI current
La Trobe University	0%	N/A		N/A
St John of God	Attended one meeting: withdrew Aug. 2010			

Notes:

7 meetings of the Consortium were held during this period

6 meetings of CORG were held during this period

LO (Locked Out): member unable to participate due to technical problem with telephone or video link

5. CONSORTIUM ROLE: REGIONAL PLANNING

5.1 Aboriginal palliative care Project

The Victorian Palliative Care Health Department and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Palliative Care Project aims for Aboriginal people to have access to palliative care services and for palliative care services to provide culturally safe services to Aboriginal people. It has the following aims:

- to develop and increase the awareness and access to palliative care services
- to develop a long and lasting relationship between palliative care providers and Aboriginal Community Controlled Health organisations (ACCHOs) across the state of Victoria.
- to determine the most appropriate way to provide culturally specific services to Aboriginal people of our communities across Victoria.
- to undertake this work and ensure involvement of Aboriginal communities and palliative Care Community are present in policy, development and planning to meet the needs of Aboriginal people and families in palliative care.
- to encourage and support development and training for Aboriginal Health Workers, Aboriginal Medical Services or people who are working in health related programs through courses such as the PEPA (Program of Experience in the Palliative Approach) and PEPA workshops.

The Consortium is currently working with VACCHO, the Mildura Aboriginal Health Service and Mildura specialist palliative care services to strengthen their ties to offer the best possible and culturally aware support to Aboriginal communities in the journey to the end-of-life. Recent outcomes include:

- Representatives from these services have formed an advisory committee (yarning sessions) to explore the issues and to strategise (Action Plan) to meet the needs of Aboriginal communities.
- The advisory committee recently celebrated the acceptance of a Vision Statement outlining their commitment to this process. A framed copy of the Vision Statement, with artwork by Peter Peterson, was presented to each service (see photo below).
- The committee recently developed a culturally specific referral form.

VACCHO is working towards this aim: that all ACCHOs and specialist palliative care teams across the region and state will forge the same commitment.



5.2 Program of Experience in the Palliative Approach (PEPA) post-placement support activities

PEPA is designed to improve the skills, confidence and expertise of health practitioners who care for people who are dying and their families. This includes general practitioners, nurses, allied health and Aboriginal health workers.

PEPA has three core components:

- supervised clinical placements build workforce capacity and enhance links between specialist and generalist health care professionals
- workshops provide an introduction to the palliative approach
- post placement support activities provide professional development, networking and education opportunities.

Specialist palliative care services in the LM region continue to host participants in the PEPA program and more recently the Mildura Aboriginal Health Service hosted a reverse PEPA placement from a specialist palliative care service.

5.3 Health-promoting palliative care activities

This project was ongoing throughout the year with special emphasis on Palliative Care Week. Regional palliative care services availed themselves of the project officer's support in implementing initiatives and information on health promotion activities. Health promotion information can be found on the Consortium's website. In a survey 100% of respondents indicated that they found the developed resource kit useful and 75% carried out activities during National Palliative Care week.

5.4 Rural Medical Purchasing Fund (RMPF)

This fund aims:

- to provide rural regions with funding to purchase additional specialist medical palliative care in order to address gaps in access to specialist medical palliative care
- to build capacity for rural regions to become self-sufficient in providing specialist medical palliative care

The LM region is fortunate to have the services of physician Dr Odette Spruyt and her specialist team from Peter MacCallum Cancer Centre in Melbourne supporting palliative care patients, clinical and general staff, and GPs in Mildura, Swan Hill and Echuca. Dr Spruyt's team attend clinics and deliver education via video-link as well as support staff with a dedicated mobile phone number. In the southern sector of the region, particularly in Bendigo, Castlemaine and Kyneton, staff and patients are supported by Dr Becky Chapman, palliative care physician from Bendigo Health. Dr Chapman supports staff by attending multidisciplinary meetings and local GPs by delivering education seminars.

A recent recommendation from Aspex Consulting, and a subsequent decision by the Consortium will see a re-formation of the RMPF arrangements to augment the incoming regional multidisciplinary consulting team.

6. CONSORTIUM ROLE: CO-ORDINATING CARE

6.1 Culturally and Linguistically diverse (CALD) palliative care

While there has been no specific CALD project developed for the LM region, the Consortium remains committed to encouraging all aspects of palliative care service delivery to be mindful of the needs of the cultural and linguistic diversity of its patients and families. Every effort is made to consider the relevant issues when the Consortium's regional strategic plan is developed.

6.2 Motor Neurone Disease (MND) regional workers/activities

Following collaboration between the Department of Health Palliative Care and the Motor Neurone Disease Association of Victoria a shared-care MND nurse in the LMR has provided education to allied health, medical and nursing staff as well as volunteers and community carers across the region. Eilish Whelan from the Bendigo Community palliative care service works six hours a week supporting clients, visiting clients across the region with the regional advisor Eric Kelly and still manages to attend state-wide meetings and a MND conference in NSW.

7. OTHER CONSORTIUM INITIATIVES

7.1 Education Sponsorship program

The Consortium developed an education sponsorship program and offered \$500.00 to staff from non-funded primary health care facilities and RACs across the region. This sponsorship is aimed to support staff wanting to engage in palliative care training at a relevant facility. Staff from Rushworth Hospital and Kyabram Health took advantage of this program in 2010-2011.

7.2 Linkages

Loddon Mallee Integrated Cancer Services (LMICS): The Consortium encourages communication and interaction with those services whose core business overlaps palliative care. The Consortium has developed a close relationship with LMICS. A number of members serve on both the Consortium Board and the LMICS governance group. The Consortium manager has worked closely with the LMICS manager in supporting the Supportive Care Reference Group by acting as its inaugural Chairperson. This group is actively involved with the enhancement and development of supportive care cancer services and consumer and community participation in the LMR. LMICS collaborated with the Consortium on a spirituality training and resource package that was delivered across the region (See LMICS website: www.LMICS.org.au)

Healthcare Chaplaincy Council of Victoria Incorporated (HCCVI)

The HCCVI is committed to providing quality leadership and education in the strategic development, promotion and provision of spirituality, chaplaincy and pastoral care in Victorian healthcare services. The HCCVI is committed to ensuring that chaplaincy, pastoral and spiritual care services are available, accessible and responsive to the needs of all Victorians through strategic directions based on:

- Fostering partnerships with other community agencies, organisations and healthcare providers
- Extending the influence of pastoral and spiritual resources as significant contributors to the health and wellbeing of individuals and communities
- Ensuring the professionalism of pastoral and spiritual services through evidence based best practice models of education / training and service delivery
- Creating sustainable practices that are accessible, available and realistically resourced.

The Consortium represented rural interests on both the state-wide and local advisory groups.

7.3 Training, Education, Research and Workforce Activities

Education sessions both formal and informal are delivered by all specialist palliative care staff in the Loddon Mallee to the staff of health facilities and residential aged care units across the LMR. Some palliative care services support social work, medical and psychology students by supervising placements. Equally importantly the Consortium recognises the importance of ongoing training of the regional palliative care staff and to these ends six members of staff were supported financially to attend the National Palliative Care Conference in Cairns, in total there were twelve representatives from the LMR. Palliative care services have attended seminars held by the GP Division of Practice and by the Grampians and Hume Video-tele links.

Representatives from the Consortium have presented at conferences in Melbourne, Brisbane and Cairns. The LM region has been involved in research projects such as the state-wide Victorian Carers Satisfaction Survey and the Monash-led evaluation of the After Hours Palliative Care Project.

Table 2: Projects and Initiatives and their relationship to the Strengthening Palliative Care Policy Principles 1-7.
Delivered 2010-2011 under the guidance of the Loddon Mallee Regional Palliative Care Consortium

Projects & Initiatives	Informing and involving clients and carers (1)	Caring for Carers (2)	Working together to ensure people die in their place of choice (3)	Providing Specialist Palliative care when and where it is needed (4)	Coordinating care across settings (5)	Providing quality care supported by evidence (6)	Ensuring support from communities (7)
MND	√	√	√	√	√	√	
CNC Projects:							
• ACFI					√		
• EOLCP	√	√	√	√	√	√	√
• Promotion of SCTT tool			√	√	√	√	
• Pal Care Voice Newsletter	√	√	√		√	√	
• Pre-screening assessment tool	√		√	√	√	√	
Spirituality	√	√	√	√	√	√	
Website	√	√	√		√	√	
After Hours	√	√	√	√	√	√	√
Carer's satisfaction survey	√	√	√	√	√	√	√
Aboriginal and Palliative Care	√	√	√	√	√	√	√
Nurse Practitioner	√	√	√	√	√	√	
RMPF	√	√	√	√	√	√	
Link Nurse Model	√	√	√	√	√	√	
Health Promotion	√	√					√

8. FUTURE DIRECTIONS

The release of the Strengthening Palliative Care Policy 2011-2015 in August 2011 preceded the Consortium's strategic planning day in November 2011 in timely fashion. Armed with the new policy the Consortium enjoyed a day of planning with Echuca hosting the day. A combination of clinical and strategic members attended the day facilitated by Joy Humphreys. A strategic plan is yet to be written but at the top of the list will be the implementation of the Multidisciplinary Consulting Model that was recommended by Aspex Consulting and subsequently endorsed by the Consortium.

The establishment of a regional multidisciplinary team will be a bonus to this region in steering best practice and building capacity in non-palliative care health providers. It will be an exciting time to watch this project form and develop. The recruitment of a project worker to implement the model is in progress at the time of this report.

The CORG will start the new year with a planning session to identify its priorities for the year's clinical initiatives as it looks forward to the formation of the multidisciplinary team which will add to the clinical leadership of the Loddon Mallee region.

9. FINANCIAL REPORT

To follow.

References:

1. Department of Health (2011). Strengthening palliative care: Policy and strategic directions 2011 – 2015.
2. Department of Health (2009). Palliative care decision making groups: Role statements

NB both documents can be found at: http://www.health.vic.gov.au/palliativecare/documents/1_summary.pdf