

Southern Metropolitan Region  
Palliative Care Consortium

# Annual Report

2015 - 2016

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# 1. CHAIR'S REPORT

It has again been a busy and productive year for the Southern Metropolitan Region Palliative Care Consortium (SMRPCC). We have continued to successfully expand our networks to improve palliative care in the region.

Some of the highlights of our work include increased interest in our monthly email update with almost 600 subscribers, the production of a resource to support caregivers and the now well established annual clinical forum. The forum focus this year was chronic illness in palliative care and for the first time included chronic disease specialists external to the palliative care sector.

Collaboration and effective communication with all member agencies and other stakeholders has continued to be the key in achieving a regional approach to palliative care. We aim to give consistent messages and avoid duplication in the sector and are mostly successful.

At a planning day in 2015 we set our work priorities so that our limited resources were used to maximum effect, this resulted in stronger support to residential aged care facilities and the disability sector, built on the relationship with stakeholders, shared palliative care expertise and knowledge and identified where regional resources could be best used in the future. I would like to thank all who participated in the SMRPCC activities, the interest and cooperation demonstrated the importance of a team effort to achieve our goals.

A special thank you to Shannon Thompson, Joy Jarratt, Julie Murphy, Serle Harvey and Molly Carlile, the Executive group this year; again they supported the consortium manager and staff to progress projects and strengthen the regional networks that are so necessary.

The Consortium work, led by Tanja Bahro and her team; Tess Storr, Robyn Reid, Stephenie Cook and Sharon O'Hehir, has been significant and I offer my sincere appreciation for their hard work and for keeping things moving throughout the year with dedication and enthusiasm.



A handwritten signature in black ink, which appears to read "Rachel Bovenizer". The signature is written in a cursive style with a long horizontal stroke at the end.

**Rachel Bovenizer**  
Consortium Chair

# 2. INTRODUCTION

The Southern Metropolitan Region Palliative Care Consortium is an alliance of all funded palliative care services in the region and a number of associate member agencies with an interest in collaborating regionally on issues around palliative care. In 2015/16 the consortium continued to work on further implementing the Strengthening Palliative Care: Policy and Strategic Directions 2011–2015 on a regional level<sup>1</sup>.

Policy priorities remain to be

1. Informing and involving clients and carers
2. Caring for carers
3. Working together to ensure people die in their place of choice
4. Providing specialist care when and where it is needed
5. Coordinating care across settings
6. Providing quality care supported by evidence
7. Ensuring support from communities

## Voting Members

- Alfred Health
- Calvary Health Care Bethlehem
- Peninsula Health
- Peninsula Home Hospice
- Royal District Nursing Service Inc.
- South East Palliative Care
- Monash Health

## Associate Members

- Cabrini Palliative Care
- Healthcare South Eastern Private Hospital Pty Ltd
- South Eastern Melbourne PHN
- Southern Metropolitan Integrated Cancer Service

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<sup>1</sup> Department of Health (2011). Strengthening palliative care: Policy and strategic directions 2011–2015.

# 3. THE REGION

## REGIONAL DATA OVERVIEW



The Southern Metropolitan Region has the largest number of residents in Victoria. In 2011, the region had 1,336,333 residents, which is projected to increase by 15.6% to 1,545,077 in 2021.

The “2012 Regional health status profile of the Southern Metropolitan region” (Department of Health, Victoria 2012) states that the population age breakdown is similar to the Victorian average. However, it demonstrates that there is considerable variation between LGAs, with high percentages of children in Cardinia and Casey, high percentages of 25-44 year olds in Port Phillip and Stonnington, and much higher than average percentages of 65 plus residents in the Mornington Peninsula Shire.

The regional age breakdown for 2021 is projected to be similar to the Victorian average, but similar variations between the LGAs are projected to remain. Mornington Peninsula is projected to have 25.4% of its population aged 65 years and over at 2022.

According the ABS, 3554 expected deaths occurred in 2013 in the region, with 2569 of those being from malignant disease and 985 from non-malignant disease. Most deaths occur between the ages of 70 and 89 years, with the percentage of deaths from non-malignant illnesses increasing with age groups.

Palliative care engages with a large number of potential partners, both individuals and organisation. Below are some numbers to illustrate the complexity of the region:

### Numbers relevant to consortium activities

- 1,008 medical specialists
- 1,938 general practitioners at 479 general practices
- 11,509 residential aged care beds
- 1,148 pharmacists at 341 pharmacies
- 391 Schools
- 50 Supported Residential Services

### Agencies relevant to Consortium activities

- 1 integrated Cancer Service
- 1 Primary Health Network
- 10 local councils
- 14 public and 24 private hospitals
- 180 (approx.) group homes for people with disabilities
- 3 local hospital networks
- 3 Primary Health Partnerships
- 6 Community Health Service

# 4. CONSORTIUM ACTIVITIES

Networking and collaboration within and outside the consortium membership is one of the most important aspects of the consortium. Our strong links within the palliative care sector ensures that duplication is minimised and resources and information are distributed in the most effective ways. Collaboration with our external partners facilitates better coordination of service delivery and a greater understanding of palliative care in the community and therefore better health outcomes for clients.



**Tanja Bahro**  
Consortium Manager

## 4.1. MOTOR NEURONE DISEASE SHARED CARE PROJECT

Of all Victorian living with MND, 25% live in the Southern Metropolitan Region” MND clients referred to palliative care since the introduction of the MND Shared Care Worker has steadily been increasing. There are around 80 MND clients at home and residing in inpatient units for palliative care in the Southern Region in each quarter of the year.

Robyn provides secondary consultation regarding clients with MND and palliative care management. Issues include respite, secretion management, equipment, functional assessment and end of life issues. Other consultations have been for general enquiries and for MND top-up funding (through MND AV).

Education and training continue to be conducted across the Southern region for doctors, nurses, allied health workers, respite workers and volunteers.

Although there were 15 enquiries to participate in the Program of Experience in Motor Neurone Disease (PEM), only one application was received. The participant has completed the placement and reported they found the experience extremely valuable.

Robyn was also invited to speak at a community seminar for health professionals in the Southern Region on Fostering Hope in MND, which was very well received.



**Robyn Reid**  
MND Shared Care Worker

## 4.2. IMPROVING CARER'S QUALITY OF LIFE

A resource to help palliative care clinicians understand and address the practical and financial implications of caring for someone at end of life.

Financial, Legal and Practical issues can have a significant impact on the quality of life of carers. In particular, families with a long trajectory in palliative care, such as families affected by Motor Neurone Disease, can suffer if these issues are not addressed.

Robyn Reid interviewed Jan Campbell, a former welfare worker with SEPC and developed this resource for palliative care staff. It was reviewed by 20 palliative care staff in the region, who found the document very useful and made suggestions for further improvements. It was then edited and distributed widely. The resource is in an electronic format with hyperlinks to important websites, such as Centrelink, the cancer council, etc.).

- Topics include: The impact of care giving on practical aspects of life, including financial, legal, immigration concerns
- Children of carers and children as carers,
- The impact on health
- Reducing the impact of caring through carer education, respite, preparation for death and bereavement
- Carer assessment tools



*[ I learnt about the need for house titles to be in joint names, information around probate and also the community helping service, " Lotsa helping hands". The utility support scheme is also something I had not heard of before]*

*Reviewer comment*



### 4.3. DISABILITY PROJECT

While training around palliative care and disability continued with 11 sessions and 67 participants, this year, the Disability Project decided to trial a Facebook page and develop fact sheets on palliative approach topics relevant to group homes.

The SMRPCC Facebook page has had 40 posts since its launch in January 2016 and continues to have a 5 star rating and a small group (28) of dedicated followers who regularly like and share the posts.

The Disability and Palliative Care facts sheets developed by the Consortium are promoted on the Facebook page and via the monthly email update. All fact sheets are available for free download from the Consortium website.

So far, 5 fact sheets have been developed including:

- No. 1 - What is palliative care
- No. 2 - Advance care planning
- No. 3 -Care planning for palliative care
- No. 4 - Involvement of the coroner
- No 5 - Bereavement in a group home



*"I learnt about the need for house titles to be in joint names, information community helping service," Lotsa helping hands". The utility support scheme is also something I had not heard of before. "*

#### 4.4. RESIDENTIAL AGED CARE – PALLIATIVE CARE PROJECT

The PATSI (Palliative Approach Toolkit Support Initiative) program continued this year with three PATSI meetings in 2015/16. These meetings provide a forum for sharing, disseminating and promoting information on activities regionally and sub-regionally that support the implementation of the toolkit.

In order to strengthen links between the RACFs and community palliative care services, the initial round of PATSI meetings was held in each of the catchment areas, however, the attendance was lower than expected and the consortium decided to hold a regional PATSI meeting at Bunurong Memorial Park (thank you to the Southern Metropolitan Cemeteries Trust for their support). This meeting was highly successful, strengthening linkages and mutual collaborative relationships between the stakeholders themselves and their interactions with the facilities.

The consortium has also been an active member of a Decision Assist Linkage Project collaborating with The Peninsula Health Residential In-Reach team (Project Leader) and presented about the palliative Approach Toolkit to 57 interested facilities in the Mornington Peninsula sub-region.

#### 4.5. PEPA POST-PLACEMENT SUPPORT

Although the SMRPCC did not receive any funding to support PEPA participants in further learning, the consortium decided to continue to promote and deliver a wide variety of education and training opportunities through a variety of mediums including:

- the SMRPCC website
- a monthly email update
- personal emails to target participants
- regional networking meetings
- a regional clinical forum
- face-to-face information/education sessions

Participants who have completed a PEPA placement are still included in all communication about and promotion for training and educational opportunities.

Please see the *Education and Training* section below for further details of the educational opportunities provided for all SMR staff and PEPA participants.

#### 4.6. TRAINING AND EDUCATION

Between July 2015 and June 2016 the SMRPCC delivered 32 education sessions to 500 participants and covered 16 topics across 7 project areas. Please refer to the table below for the number of sessions delivered for each project area and the number of participants who attended.

In all education sessions coordinated and facilitated by the SMRPCC, participants are asked to complete pre and post session evaluation surveys.

To identify changes in understanding and/or knowledge participants are asked to rate up to 5 statements about their confidence and understanding of topics related to the program's learning objectives.

Review of the SMRPCC's evaluation data identifies that an increase in knowledge for 78% of participants and that all sessions were relevant to participants' work.

Project area	Number of sessions	Number of participants
Aged Care	6	45
Cultural Diversity	3	40
Disability and Palliative Care	11	67
Health Literacy	2	18
Health Promotion	4	140
Motor Neurone Disease	5	41
Specialist Palliative Care (Forum)	1	49
<b>Total</b>	<b>32</b>	<b>500</b>

***“It’s about making the patient comfortable. How to ask open questions. Listen to the client.”***

Palliative Care Conversations workshop participant commenting about learnings

***“Very relevant topic, excellent choices of speakers - knowledgeable. Good balance between spoken presentations, relevance of questions posed, participant interaction and active contribution. Great venue!”***

SMRPCC Clinical Forum 2016

#### 4.7. REGIONAL CLINICAL FORUM

This year the SMRPCC delivered its third annual regional forum for specialist palliative care staff. The Forum was well attended with 49 specialist palliative care staff/clinicians from all member services participating.

Key highlights of the Forum included:

- 78% response rate for evaluations (38 of the 49 attendees completed the pre/post evaluation form)
- 100% of evaluation respondents agreed with the following statement “I enjoyed today’s Forum and had sufficient time to network with my regional colleagues.”
- 78% of comments on the evaluation form were thank you messages and positive feedback about the Forum.
- 92% said the Forum was fully relevant to their work.
- The remaining 8% said it was partially relevant to their work.
- No one (0%) selected Not at all when asked to rate the degree to which the Forum was relevant to their work.

#### 4.8. TRAINING CALENDAR

The *Education & Training Opportunities Calendar* continued to be a key resource available on the SMRPCC website. The calendar is updated every month to include new education and training opportunities related to palliative care and the palliative approach.

Training programs listed in the calendar are colour-coded to assist viewers to easily recognise courses relevant to their role. The calendar provides links for the viewer to click to easily access further information about the program and/or to register their attendance.

The calendar is promoted each month through the SMRPCC Monthly Update where a direct link provides immediate access to the calendar. Each month the link ranks in the top 3 links accessed from the Update. Between July 2015 and June 31, 2016 the calendar was viewed 200 times via the link in the monthly email update.



2016 Regional Forum for Palliative Care Staff, Sandringham

#### 4.9. MONTHLY EMAIL UPDATE

The SMRPCC began distributing a monthly email update (the Update) in July 2013. The Update is developed and delivered using the free on-line program Mail Chimp.

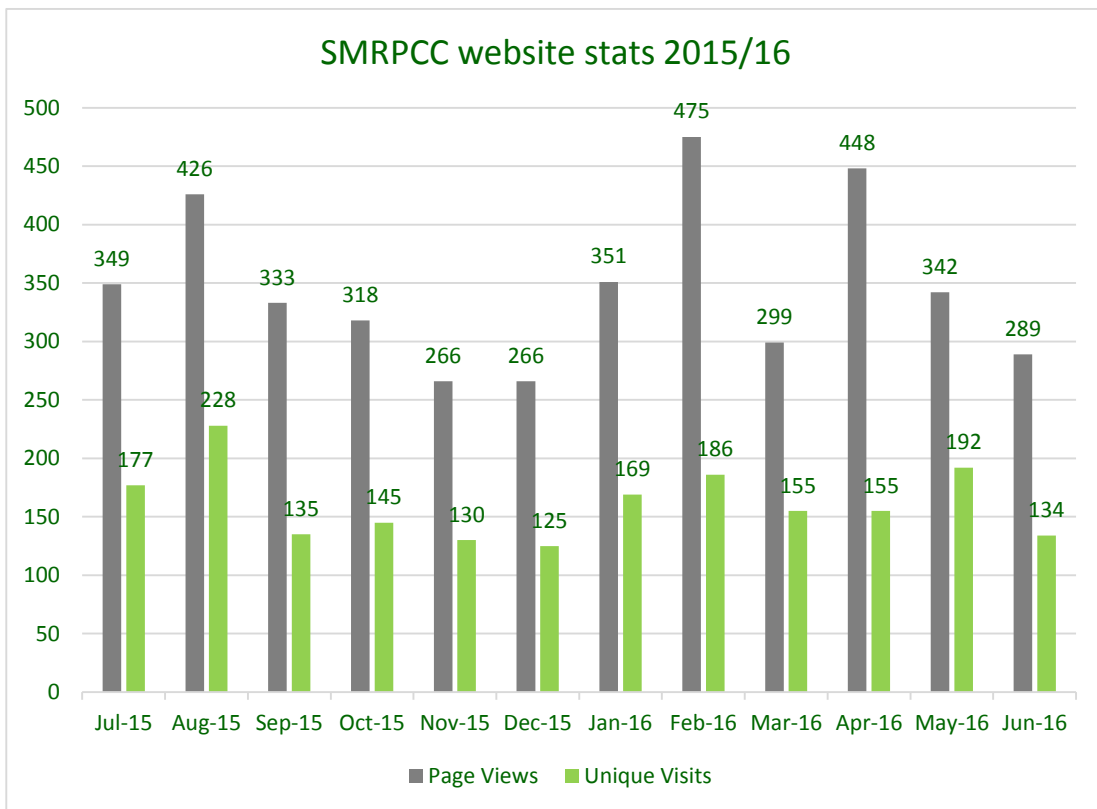
The Update is distributed on the 2<sup>nd</sup> Tuesday of each month and has grown by 300+ subscribers and now has 565 individual subscribers. Although the subscriber list includes 565 individual email addresses the USUAL recipient/viewer number is closer to 1000 when the Update is forwarded to all staff within individual services. Distribution of the Update to staff within individual member organisations is the responsibility of the Consortium representative (or a person nominated by them).



**Stephenie Cook**  
Education & Training Coordinator

#### 4.10. WEBSITE

The website contains relevant and up to date information for palliative care services and service users, including a training calendar that is updated on a regular basis. On average, about 350 people visit our website each month.



# 5. GOVERNANCE

The consortium executive group consists of Rachel Bovenizer, the Consortium chair, Shannon Thompson from Calvary Health Care Bethlehem, Joy Jarrat, RDNS (now associate member), and Serle Harvey (2015) and Molly Carlile (2016) from South East Palliative Care.

The consortium employed a total of four staff with approximately 1.6 EFT including

- Tanja Bahro, Consortium Manager
- Tess Storr, Aged Care Project Officer / Admin Officer
- Sharon O’Hehir, Disability Project Worker and
- Stephenie Cook, Training Coordinator

Robyn Reid, Motor Neurone Disease Shared Care Worker is employed directly through South East Palliative Care and reports to the Consortium Manager

Representatives from member organisations are listed in the table below. The Consortium adheres to the structures in the Palliative Care Decision Making Groups Role statements. The Consortium meets bimonthly, the Executive group monthly and the Clinical Advisory Groups are established for each project and meet on a needs base.

Agency	Role	Attendance
SMRPCC	Consortium Manager	100%
Peninsula Home Hospice	Consortium Member/Chair	100%
Calvary Health Care Bethlehem	Consortium Member/Executive	75%
SEPC	Consortium Member/Executive	100%
Alfred Health	Consortium Member	75%
Peninsula Health	Consortium Member	100%
RDNS	Consortium Member	100%
Monash Health	Consortium Member	75%
RDNS	Associate members	N/A
SMICS	Associate members	N/A
Cabrini Palliative Care	Associate members	N/A
South East Private	Associate members	N/A
SEM PHN	Associate members	N/A