

Department of Health

health

Strengthening palliative care:
Policy and strategic directions
2011–2015
Implementation strategy

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Introduction

Strengthening palliative care: Policy and strategic directions 2011–2015 ('the policy') is a four-year plan to provide comprehensive and well-coordinated palliative care services for the people of Victoria.

The Hon. David Davis MP, Minister for Health, launched the policy on 26 August 2011. As part of the Victorian Government's election commitment, \$34.4 million over four years was announced for palliative care to meet growing demand and address gaps in service delivery, particularly in outer metropolitan Melbourne and regional Victoria. Of this funding, \$8.6 million was announced as part of the 2011–12 State Budget.

This implementation strategy sets out the actions that will be taken towards achieving the policy's vision, which is to ensure that 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.

The policy identifies seven strategic directions, with associated priorities. The strategic directions for 2011–2015 are:

- informing and involving clients and carers
- caring for carers
- working together to ensure people die in their place of choice
- providing specialist care when and where it is needed
- coordinating care across settings
- providing quality care supported by evidence
- ensuring support from communities.

For each priority stated, an action, or a number of actions, have been identified to help achieve that priority. The implementation strategy identifies performance measures, assigns responsibility for implementation, identifies evidence required and sets timeframes to commence implementation.

Audience

The primary audience for the implementation strategy is government-funded specialist palliative care services, the palliative care consortia ('the consortia'), statewide specialist services and the Palliative Care Clinical Network (PCCN) in Victoria.

The implementation strategy is also relevant to a range of other areas of the Department of Health and government (state, Commonwealth and local), as well as health, community and aged care providers (including both public and private acute and primary healthcare providers, general practitioners (GPs), Primary Care Partnerships, Medicare Locals and other private health services) who seek to provide high-quality care for people with a life-threatening illness.

Challenges

Our challenges are:

- Victoria's population is growing and ageing
- the way we live in old age, and the way we die, has changed
- meeting people's wishes to die at home
- addressing unmet need.

In Victoria demand for palliative care is growing at approximately 4.6 per cent per annum. People are living with more complex and chronic illness and comorbidities, including dementia. Most palliative care deaths (55 per cent) occur in acute hospitals while 25 per cent occur at home. In contrast, 56 per cent of people would prefer to die at home. It is demonstrated that up to 90 per cent of people in the terminal phase of their illness spend the majority of their time at home. Having a live-in carer significantly improves the chances of a person with a life-threatening illness being able to die at home.

There are 39 community palliative care services and 264 specialist palliative care beds across 31 services in Victoria. In 2010–11 community palliative care services provided 376,904 contacts to approximately 13,000 clients, while specialist inpatient palliative care services provided 91,000 days of care to 6,311 patients.

The Victorian Palliative Care Satisfaction Survey 2011 demonstrated that the overall statewide satisfaction with palliative care is 4.66 out of five; however, the survey also identified a number of key areas where services can improve. These areas are captured in the actions identified in this strategy.

Responding to the challenges

In order to meet the changing requirements of people with a life-threatening illness, palliative care services should be clear about their role in caring for people across different illness trajectories at the end of life. Palliative care services need to work with generalist and other specialist health, community and aged care providers to provide integrated care that meets people's needs.

We will meet these challenges by:

- ensuring all Victorians, regardless of age, ethnicity and socioeconomic status, have equitable access to specialist palliative care
- providing integrated care to meet people's needs
- clarifying palliative care's role across illness trajectories and at the end of life
- developing and planning for flexible models of care for the future
- raising community awareness about death and dying.

Expected policy outcomes

The policy is expected to produce the following outcomes for all people with a life-threatening illness and their families and carers:

- access to appropriate services, wherever they live in Victoria
- seamless, quality care that is informed by evidence and research
- support from their communities.

In 2011–12 the following targets have been set:

- community palliative care – 413,182 contacts (253,916 metropolitan, 159,266 rural)
- inpatient palliative care – 97,218 bed-days (57,743 metropolitan, 17,347 rural, 3,151 Department of Veterans' Affairs (DVA) metropolitan, 962 DVA rural, 14,303 private metropolitan, 3,712 private rural)
- consultancy, statewide services and research/education/training targets, which are negotiated with individual service providers.

1. Roles and responsibilities

Existing governance and accountability arrangements established by the Department of Health's palliative care team (PCT) will continue.

Primary responsibility for the implementation strategy rests with the PCT in the department's Wellbeing, Integrated Care and Ageing Division. A number of specific actions contained within the implementation strategy require shared responsibilities between the PCT, other program areas, palliative care services, consortia, statewide specialist services, the PCCN and other stakeholders who have carriage of particular actions:

- The PCT will seek expert advice about performance measures and prioritisation of actions from a range of existing groups including government-funded specialist palliative care services, consortia, statewide specialist services, the PCCN and other government programs.
- The consortia will provide the department with an annual strategic and/or operational plan that identifies regional priorities for the upcoming financial year.
- The consortia and statewide specialist services will provide the department with an annual report that reports activity against key performance measures and will also include activity against the initiatives identified in the implementation strategy. The department will address identified risk and/or accountability issues with the annual report's author organisation.
- Funded services are required to adhere to the *Policy and funding guidelines*, statement of priorities or service agreements, as applicable.

2. Stakeholder management

Engagement with stakeholders will continue based on existing relationships, whether through the PCT or with other program areas. The PCT and program areas will keep each other informed of relevant developments and issues (including copies of appropriate documents), as well as ensuring stakeholders are referred to the most appropriate contact point for resolution of required issues.

3. Communication

A communication strategy has been developed (see appendix).

4. Resources

The Victorian Government has committed \$34.4 million over four years to palliative care. The implementation strategy, and associated activity, will be funded by the PCT budget.

5. Monitoring and review

Informed and timely reporting is key to ensuring progress is recognised and that actions can be taken where required.

Policy implementation will be dynamic and reporting will monitor progress against the targets and milestones. The PCT will develop a policy implementation audit tool (PIAT) that palliative care services will use to report to the department as evidence of activity against the implementation strategy's performance measures.

Data will be collected through a range of sources including:

- the palliative care implementation audit tool (PIAT) – to be developed
- existing administrative datasets (VINAH, VAED)
- national quality improvement datasets (NSAP, PCOC)
- Victorian palliative care satisfaction survey (VPCSS)
- consortia annual reports
- consortia managers' project updates
- PCCN project reports
- statewide services annual reports
- statewide palliative care meetings (including progress reports)
- Australian Bureau of Statistics reports
- other relevant datasets (such as HACC and VEMD)
- a Victorian palliative care workforce supply and demand study (to be updated)
- *National palliative care strategy* indicators
- Aged Care Funding Instrument (ACFI) data
- ongoing communication and consultation with the palliative care sector regarding progress in implementing the policy.

6. Strategic directions

The strategic directions respond to the challenges in meeting growing and changing demand for palliative care. The strategic directions will guide the work of palliative care services and the consortia for the next four years.

Strategic direction 1: Informing and involving clients and carers

Priority: Provide information about palliative care that is tailored to the needs of clients and carers

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
1.1 Develop and implement an approach that provides accurate, consistent, timely and appropriate information about palliative care across Victoria and recognises that clients and carers may have different needs	<ul style="list-style-type: none"> • Clients and carers receive consistent information about palliative care that is timely and accurate and appropriate to their needs • Clients and carers receive information in a range of forms including web-based technologies • Information provided to clients and carers promotes health literacy and supports them to continue to ask questions about their care 	• Strategy to improve community awareness of palliative care and access to information developed	PCV	Annual report	2011–12
		• Information mapping conducted to identify resources required by clients/ carers throughout the palliative care journey	PCV	Annual report	2012–13
		• Information about MEPOA, EPOA, <i>Medical Treatment Act</i> , Centrelink, wills and estate administration incorporated in education strategies	PCV	Annual report	2012–13
		• PCV website redeveloped to provide information tailored to the needs of clients and carers	PCV	Annual report	2011–12
		• Paper-based resources are reviewed and updated	PCV	Annual report	2011–12

Priority: Actively involve clients and carers in the planning and delivery of their care

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
1.2 Ask clients and carers how they would like to be involved in the planning and delivery of their care. Work with clients, carers and other clinicians, particularly the client's GP, to develop an interdisciplinary care plan that reflects clients' and carers' wishes	<ul style="list-style-type: none"> All clients have an up-to-date interdisciplinary care plan that reflects their wishes for how they would like to be involved in the planning and delivery of their care Where appropriate, a copy of the completed care plan is provided to the client (and carer) and to other care providers, including the client's GP 	<ul style="list-style-type: none"> Clients and carers, including those from CALD backgrounds, are asked how they would like to be involved in the planning and delivery of care 	Palliative care services	VPCSS	2011-12
		<ul style="list-style-type: none"> 'Clinical tools and outcome measures' project completed and endorsed by PCCN 	CPC PCCN	Clinical tools and outcome measures report	2011-12
		<ul style="list-style-type: none"> Regional agreement to use consistent tools, as endorsed by the PCCN, across inpatient, community and consultancy services 	Consortia	Annual report NSAP #5	2012-13
1.3 Seek the views of clients and carers about their experience and satisfaction with palliative care services on an annual basis	<ul style="list-style-type: none"> Results of the survey are reported and action is taken to address issues identified 	<ul style="list-style-type: none"> VPCSS conducted annually Satisfaction survey reports provided to services and consortia 	PCV	VPCSS	2011-12
1.4 Take action to address issues identified		<ul style="list-style-type: none"> Services act on VPCSS feedback 	Palliative care services	PIAT	2011-12

Priority: Ensure that advance care plans inform client care

Actions	Impact	Performance measure	Lead	Evidence	Implementation commencement
1.5 Palliative care services provide care in accordance with clients' advance care plans or wishes	<ul style="list-style-type: none"> All clients of palliative care services have an advance care plan. There is consistency between clients' advance care plans and the interdisciplinary palliative care plan 	<ul style="list-style-type: none"> Client record identifies if ACP exists, 	Palliative care services	VINAH	2011-12
		<ul style="list-style-type: none"> Client record identifies if client's ACP wishes were followed or if not reasons why 	Palliative care services	PIAT	2011-12
1.6 Palliative care services provide information and support for clients and carers to help them develop an advance care plan if they do not already have one		<ul style="list-style-type: none"> Palliative care services provide information about ACP to all clients and carers (as clinically appropriate) 	Palliative care services	PIAT	2011-12
		<ul style="list-style-type: none"> Support is provided to client and carers to complete ACP if they agree 	Palliative care services	PIAT	2011-12
		<ul style="list-style-type: none"> Processes and protocols in place to ensure ACP is a core element of palliative care 	Palliative care services	ACHS accreditation PIAT	2011-12

Strategic direction 2: Caring for carers

Priority: Strengthen practical and psychological, social and spiritual support for carers of people with a life-threatening illness, acknowledging that their needs may change over time

Actions	Impact	Performance measure	Lead	Evidence	Implementation commencement
2.1 Assist carers with the costs of caring, for example, respite, equipment, medication and home modifications needed to support them and help keep someone with a life-threatening illness at home	<ul style="list-style-type: none"> Carers receive the support they need in a timely way and their out-of-pocket costs are minimised 	<ul style="list-style-type: none"> Unassigned Bed Fund (UBF) guidelines revised 	Dept of Health	UBF revised guidelines	2012–13
		<ul style="list-style-type: none"> Services comply with UBF guidelines and report expenditure to the department 	Palliative care services	Annual financial report to Dept of Health regions	2011–12
2.2 The needs of carers are assessed using a consistent approach. Carers who are assessed as requiring practical and psychosocial support receive appropriate services	<ul style="list-style-type: none"> Carers receive support that meets their needs 	<ul style="list-style-type: none"> Statewide assessment framework for carers developed and endorsed 	PCCN	Carer assessment framework	2012–13
		<ul style="list-style-type: none"> Services use a consistent approach to assess carers' needs (the statewide assessment framework) 	Palliative care services	PIAT NSAP #5	2013–14

Actions	Impact	Performance measure	Lead	Evidence	Implementation commencement
<p>2.3 Ensure access to a range of respite options to meet the needs of clients and their carers by:</p> <ul style="list-style-type: none"> • mapping available respite services • strengthening links between palliative care services and respite services • providing specialist consultation and advice to respite services about how to meet the needs of clients with a life-threatening illness • developing consistent statewide eligibility criteria for palliative care clients accessing respite 	<ul style="list-style-type: none"> • A range of respite services established • Respite services have increased knowledge about caring for people with a life-threatening illness • Clear and consistent eligibility criteria are developed and adopted by palliative care and respite providers 	<ul style="list-style-type: none"> • Respite services mapped 	Dept of Health	Respite mapping report	2012–13
		<ul style="list-style-type: none"> • Specialist consultation and advice about how to meet the needs of children with a life-threatening illness provided to paediatric respite services 	VPPCP	Annual report	2011–12
		<ul style="list-style-type: none"> • Respite eligibility criteria developed 	PCCN	Respite eligibility criteria document	2012–13
		<ul style="list-style-type: none"> • Information and education on respite, including providing care for children with a life-threatening condition, available regionally 	Consortia	Annual report	2012–13
		<ul style="list-style-type: none"> • Services use criteria to assess respite service eligibility 	Consortia	Annual report	2012–13
		<ul style="list-style-type: none"> • Increase in number of services receiving specialist palliative care consultation and advice 	Palliative care services, consultancy	VINAH	2011–12

Priority: Strengthen support for families of children and young people with a life-threatening condition

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
<p>2.4 Ensure access to a range of respite options to meet the needs of children and young people receiving specialist palliative care and their families by:</p> <ul style="list-style-type: none"> • providing access to a range of paediatric respite options (out of home and in home) • developing a centralised point of information on paediatric respite services, referral, equipment, case management and care planning • providing respite providers with information, education and clinical support to meet the needs and requirements of families with children with a life-threatening condition 	<ul style="list-style-type: none"> • Children and young people have: <ul style="list-style-type: none"> – timely access to aids and equipment – an up-to-date care plan – timely access to respite that meets their needs • Respite services have increased knowledge about caring for children and young people with a life-threatening condition 	<ul style="list-style-type: none"> • Very Special Kids House provide additional 883 days respite/end-of-life care 	VSK	Annual report	2011–12
		<ul style="list-style-type: none"> • A statewide clinician employed to coordinate and promote access to respite, case management and equipment 	VPPCP	Annual report	2011–12
		<ul style="list-style-type: none"> • Case management services and access to services reviewed 	VPPCP	Annual report	2011–12
		<ul style="list-style-type: none"> • Centralised point of information on paediatric services developed 	Information available on the internet (VPPCP or Better Health Channel)	Annual report	2011–12

Priority: Increase the availability of after-hours support to clients and carers in their homes, particularly in rural areas

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
2.5 Implement after-hours models of care across Victoria	<ul style="list-style-type: none"> More after-hours support (including telephone support and home visits where appropriate) is available to all clients and their carers 	<ul style="list-style-type: none"> Statewide after-hours framework developed 	Dept of Health	After-hours framework	2011–12
		<ul style="list-style-type: none"> After-hours model of care implemented in each region 	Consortia	Annual reports	2011–12
		<ul style="list-style-type: none"> Improved level of client and carer satisfaction with after-hours support 	Palliative care services	NSAP #5.5 VPCSS	2011–12

Priority: Provide consistent support and training to carers

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
2.6 Palliative care services use an agreed approach to training carers	<ul style="list-style-type: none"> Carers have increased knowledge about how to carry out the day-to-day care of their family member 	<ul style="list-style-type: none"> Consistent statewide approach to training carers endorsed 	PCCN	Carer training approach developed PCCN minutes	2013–14
		<ul style="list-style-type: none"> Palliative care services train carers using the agreed approach 	Palliative care services	VPCSS	2013–14
2.7 All volunteers receive structured education and training in providing support and in-home respite to carers	<ul style="list-style-type: none"> Volunteers have increased knowledge about how to support carers 	<ul style="list-style-type: none"> Improved level of client and carer satisfaction with volunteer support 	Palliative care services	VPCSS	2011–12

Priority: Ensure bereavement assessment and support is available to carers across Victoria

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
2.8 All carers are assessed for bereavement risk using a consistent approach	<ul style="list-style-type: none"> Carers receive bereavement assessment, referral and support that is appropriate to their needs 	<ul style="list-style-type: none"> Victorian bereavement framework and clinical guidelines developed and endorsed by the PCCN 	ACGB and CPC PCCN	Bereavement framework and clinical guidelines	2011–12
2.9 Carers who are assessed as requiring bereavement support receive appropriate services		<ul style="list-style-type: none"> Palliative care services use the framework and guidelines 	Palliative care services	PIAT	2012–13
		<ul style="list-style-type: none"> Palliative care services provide complex bereavement support or refer carers assessed as requiring complex bereavement support to the SSBS or a similar service 	Palliative care services	PIAT NSAP #8	2011–12

Priority: Provide support to carers from groups that are less likely to have access to palliative care, including Aboriginal and CALD groups

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
2.10 Models are developed that are based on research and evidence and address the needs of carers from groups less likely to have access to palliative care	<ul style="list-style-type: none"> Carers from groups that are less likely to have access to palliative care receive support that is appropriate to their needs 	Statewide carer model of support endorsed	PCCN	PCCN minutes	2012–13

Strategic direction 3: Working together to ensure people die in their place of choice

Priority: Raise the awareness of health, community and aged care providers about palliative care to ensure people are cared for and die in their place of choice

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
3.1 Palliative care services provide consultation and support to health, community and aged care providers that are caring for clients with palliative care needs	<ul style="list-style-type: none"> Public and private health, community and aged care providers have increased knowledge about how to care for people with a life-threatening illness and how to support someone with a life-threatening illness at home 	<ul style="list-style-type: none"> Consultation and support provided to health, community and aged care services 	Palliative care services	PIAT	2011–12
		<ul style="list-style-type: none"> Training, education and workforce development is focused on public and private health, community and aged care providers 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> Training, education and workforce development activity records participant's confidence and skill level in caring for people to live and die in their place of choice and the changes as a result of the training activity 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> Closer links with ACAS (possible protocol development explored) 	Consortia	Annual report	2012–13

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
3.2 The palliative care sector develops consistent and clear information for health, community and aged care providers about when and how to refer clients to palliative care; information for GPs will be developed as a priority	<ul style="list-style-type: none"> • Clients receive timely and appropriate referral to palliative care • Information and referral processes promoted by the palliative care sector are consistent with referral and coordination strategies across health, community and aged care providers 	• Regional health, community and aged care providers/networks mapped	Dept of Health Consortia	Mapping report	2011–12
		• Health, community and aged care providers/networks linked with palliative care consortia	Consortia	Annual report	2011–12
		• Improved client and carer satisfaction with timeliness and appropriateness of palliative care referrals/support	Palliative care services	VPCSS	2011–12
		• Increased percentage of referrals to palliative care services via SCTT or VSRT	Palliative care services	PIAT	2011–12
		• Develop links with Medicare Locals	Consortia	Annual report	2012–13
3.3 Clearly communicate palliative care clients' eligibility for HACC services	• Palliative care clients receive timely access to HACC services	• PCT contributes to review of HACC program manual	Dept of Health		2011–12
		• Palliative care client eligibility for HACC documented and distributed to palliative care services and HACC services	Dept of Health	HACC program manual	2012–13

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
3.4 Improve palliative care capacity in disability accommodation services	<ul style="list-style-type: none"> • People living in disability accommodation services who have a life-threatening illness are supported to be cared for and die in their place of choice 	<ul style="list-style-type: none"> • Disability/palliative care project officer employed in each region 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> • Disability accommodation services mapped 	Dept of Health	Disability mapping report	2011–12
		<ul style="list-style-type: none"> • Project officers develop relationships with regional Department of Health disability officers / accommodation services and encourage palliative care referrals to align with the Disability residential services palliative care guide 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> • Project officers develop relationships with non-government disability accommodation services 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> • Disability services' capacity to provide palliative care improved 	Consortia	Annual report	2011–12

Priority: Assist aged care services to care for people at the end of life

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
3.5 Undertake a statewide project to establish protocols and strengthen relationships between palliative care and aged care services, including residential, community and aged care assessment services	<ul style="list-style-type: none"> • State and regional palliative/aged care action plans developed • Joint resources to support the provision of end-of life care in aged care services developed 	• Regional palliative/ aged care action plans developed and implemented	Consortia	Annual report	2012–13
		• Statewide palliative/ aged care resources identified	Dept of Health	Resources available on internet	2013–14
		• Statewide palliative/ aged care action plan developed	Dept of Health	Palliative/ aged care action plan	2013–14
3.6 Establish an aged care palliative care link nurse in each region	<ul style="list-style-type: none"> • End-of-life care pathways in residential aged care facilities implemented • More aged care facility residents are supported to die in their place of choice 	• Aged care/palliative care link (support) nurse employed in each region	Consortia	Annual report	2011–12
		• Increase in number of residential aged care facilities supported to implement end-of-life care pathways	consortia	Annual report	2011–12
		• More residential aged care residents are supported to die in their place of choice	Dept of Health	VINAH	2011–12
		• Increase in number of aged care facilities accessing specialist palliative care appropriately	Dept of Health	ACFI data	2011–12

Strategic direction 4: Providing specialist palliative care when and where it is needed

Priority: Ensure people who need access to specialist palliative care are receiving care appropriate to their needs at the right time, in the place of their choice

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
4.1 Support community and consultancy palliative care services to increase activity to meet growing demand.	<ul style="list-style-type: none"> Improved equity of access to community, inpatient and consultancy palliative care services 	<ul style="list-style-type: none"> Community palliative care services provide care for an additional 1,153 people at home 	Community palliative care services	VINAH	2011–12
		<ul style="list-style-type: none"> Consultancy services respond to additional 1,185 new referrals 	Consultancy services	VINAH	2011–12
4.2 Implement the palliative care service delivery framework (SDF) across Victoria, with advice from the PCCN As part of this implementation: <ul style="list-style-type: none"> services will undertake self-assessment against the service capabilities detailed in the framework the service delivery framework will be used by palliative care consortia in regional service planning 	<ul style="list-style-type: none"> Clients have access to an appropriate level of specialist palliative care in their region There is clear information about the palliative care services that are available across regions and the capabilities of these services 	<ul style="list-style-type: none"> SDF implemented statewide 	Dept of Health	SDF	2011–12
		<ul style="list-style-type: none"> Services conduct and report self-assessment against the service capability framework to the Department of Health 	Palliative care services	SCF self-assessment report	2011–12
		<ul style="list-style-type: none"> Regional service planning is aligned with the SDF 	Consortia	Annual report	2012–13
		<ul style="list-style-type: none"> Strategies are developed to address gaps identified in the service's self-assessment process 	Dept of Health	Strategies document	2013–14

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
4.3 Work in partnership with Aboriginal health workers and their employing agencies to promote access to culturally appropriate palliative care services	<ul style="list-style-type: none"> • More Aboriginal people have access to culturally appropriate palliative care 	<ul style="list-style-type: none"> • Aboriginal palliative care clinical lead provides clinical leadership and support 	Health service or NGO	Annual report	2011–12
		<ul style="list-style-type: none"> • More Aboriginal people with a life-threatening illness receive palliative care 	Dept of Health	VINAH VAED	2011–12
		<ul style="list-style-type: none"> • Palliative care services receive training/education on providing culturally appropriate palliative care to Aboriginal people 	VACCHO Palliative care services	Annual report PIAT	2011–12 2011–12
4.4 Work with palliative care services and multicultural organisations to develop approaches that improve access for people from a CALD background Monitor access to palliative care by CALD groups	<ul style="list-style-type: none"> • More people from a CALD background access culturally appropriate palliative care 	<ul style="list-style-type: none"> • Research completed to inform the development of a palliative care cultural diversity plan 	PCV	Annual report	2011–12
		<ul style="list-style-type: none"> • Framework for culturally appropriate palliative care developed and implemented 	PCV	Annual report Culturally appropriate palliative care framework	2012–13
		<ul style="list-style-type: none"> • Palliative care cultural diversity plan endorsed by PCCN 	PCV PCCN	Annual report PCCN minutes	2012–13
		<ul style="list-style-type: none"> • Increase in number of people from CALD backgrounds receiving palliative care 	Dept of Health	VINAH VAED	2012–13

Priority: Provide a sustainable and equitable specialist bereavement support service for people experiencing complicated grief

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
4.5 Implement a consistent approach to bereavement risk assessment, referral and support by palliative care and specialist bereavement services across Victoria	<ul style="list-style-type: none"> • People assessed as experiencing complicated grief have access to specialist counselling from qualified counsellors 	<ul style="list-style-type: none"> • Palliative care clients assessed as experiencing complicated grief receive support from palliative care services or are referred to the SSBS or a similar service 	Palliative care services	VINAH	2011–12
		<ul style="list-style-type: none"> • Increase in number of appropriate referrals to the SSBS for complicated grief support 	SSBS	Annual report	2011–12
		<ul style="list-style-type: none"> • Bereavement framework and guidelines are endorsed by the PCCN and adapted for the broader population 	Dept of Health PCCN	PCCN minutes	2013–14
4.6 Enhance the capacity of the Statewide Specialist Bereavement Service to provide training, consultancy and advice to palliative care and other services that provide support for people experiencing complicated grief		<ul style="list-style-type: none"> • Increased number of training, consultancy and advice episodes provided by the SSBS 	SSBS	Annual report	2011–12
4.7 Enhance the capacity of the statewide specialist bereavement service to provide additional specialist bereavement counselling in metropolitan and rural areas		<ul style="list-style-type: none"> • Additional 767 bereavement counselling contacts provided for 118 new clients in rural regions 	SSBS	Annual report	2011–12
		<ul style="list-style-type: none"> • Additional 1,722 bereavement counselling hours provided to an additional 265 clients in metropolitan regions 	SSBS	Annual report	2012–13

Strategic direction 5: Coordinating care across settings

Priority: Integrate practices across hospital and community settings to ensure access to coordinated and consistent care at the end of life

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
5.1 Promote the integration of end-of-life care pathways across hospitals and community settings, prioritising people with non-malignant illnesses who may not otherwise have access to specialist palliative care when required	<ul style="list-style-type: none"> Health, community and aged care providers seek palliative care services' input into end-of-life care planning 	<ul style="list-style-type: none"> End-of-life care pathways (based on the Liverpool care pathway) promoted across Victoria 	Dept of Health CPC	End-of-life care pathways report	2011–12
		<ul style="list-style-type: none"> Increase in the number of providers who have implemented end-of-life care pathways 	CPC	Annual report	2011–12

Priority: Strengthen the role of the palliative care consortia in coordinating palliative care service provision and leading policy implementation in each region

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
5.2 Develop stronger links between the palliative care consortia, the PCCN and all other relevant stakeholders	<ul style="list-style-type: none"> Broadened the number and type of partnerships between palliative care consortia and other health, community, aged care and other providers and structures per region including Primary Care Partnerships and Medical Locals 	<ul style="list-style-type: none"> Identify the health, community and aged care networks in each region and how they link with palliative care 	Dept of Health regional contacts Consortia	Regional networks report Annual report	2011–12
		<ul style="list-style-type: none"> Strengthen/develop links between consortia and networks 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> Clinical advisory groups role statement identifies formal links with the PCCN 	Dept of Health consortia	Clinical advisory groups' role statement	2011–12
		<ul style="list-style-type: none"> Increase in the number of palliative care services completing the annual service coordination survey 	Palliative care services	Service coordination survey report	2011–12
		<ul style="list-style-type: none"> Develop strong and sustained links with Medicare Locals 	Consortia	Annual report	2011–12
5.3 Strengthen consortia governance and accountability processes and document them consistently	<ul style="list-style-type: none"> Palliative care consortia have documented governance and accountability processes in place that are understood by consortia members 	<ul style="list-style-type: none"> Consortia role statements, including governance and accountability processes, are reviewed and new statements developed as required 	Dept of Health	Consortia role statement	2011–12
		<ul style="list-style-type: none"> Role statements are implemented regionally 	Consortia	Annual report	2011–12

Priority: Use technology to enhance service coordination for all palliative care services

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
5.4 Encourage consistent and equitable IT solutions that facilitate coordination and consultation across all palliative care services	<ul style="list-style-type: none"> IT solutions are in place to support quality initiatives and connectivity 	<ul style="list-style-type: none"> After-hours framework 'recommended IT specifications' are available to palliative care services 	Dept of Health	After-hours framework	2011–12
		<ul style="list-style-type: none"> Partnerships and opportunities to promote IT connectivity are explored and developed 	Consortia Dept of Health	Annual report	2012–13

Strategic direction 6: Providing quality care supported by evidence

Priority: Develop consistent clinical care protocols that are informed by research and evidence

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
<p>6.1 Implement a program of work for the PCCN including:</p> <p>6.1.1 providing clinical advice to the department on the implementation of the policy and the SDF</p> <p>6.1.2 reviewing quality indicators and identifying quality improvement opportunities as part of monitoring quality data collection</p> <p>6.1.3 endorsing and adopting evidence-based clinical guidelines and protocols</p> <p>6.1.4 implementing evidence-based clinical tools at a service level</p> <p>6.1.5 identifying service delivery research priorities</p>	<ul style="list-style-type: none"> Established statewide program of work for the update of evidence into clinical practice Palliative care service delivery is more consistent and evidence based 	<ul style="list-style-type: none"> Workplan developed (including service delivery and research priorities) 	PCCN	Terms of reference PCCN minutes	2011–12
		<ul style="list-style-type: none"> Include 'provide clinical advice as required' in terms of reference 	PCCN	Terms of reference PCCN minutes	2011–12
		<ul style="list-style-type: none"> Quality improvement opportunities are identified and actioned 	Palliative care services Consortia	PCOC reports (if participating) Annual reports	2011–12
		<ul style="list-style-type: none"> Endorsement committee reviews and endorses evidence-based clinical guidelines and protocols 	PCCN	Criteria for submission of clinical documents	2011–12
		<ul style="list-style-type: none"> Project reports reviewed and endorsed 	PCCN	Reports provided to Dept of Health	2011–12
		<ul style="list-style-type: none"> Clinical tools implemented at the service and regional levels 	Palliative care services Consortia	PIAT Annual report	2012–13
		<ul style="list-style-type: none"> A PCCN consortia representative acts as a conduit between services, consortia clinical advisory group and the PCCN 	Consortia	PCCN minutes	2011–12
		<ul style="list-style-type: none"> Service and research gaps identified and brought to PCCN and PCRNV attention for action 	PCCN PCRNV	PCCN minutes PCRNV priorities VPCSS	2011–12

Priority: Support and build future palliative care research capability across academic and clinical services and its translation into practice

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
6.2 Enable clinicians to participate in research as part of their clinical work	<ul style="list-style-type: none"> Increased research capacity in clinical and academic settings 	<ul style="list-style-type: none"> Clinicians provided with opportunities to participate in research wherever possible 	Palliative care services	PIAT	2011–12
		<ul style="list-style-type: none"> Clinicians educated/ supported to participate in research 	Statewide academic services	Annual reports	2011–12
6.3 Develop strategies to ensure current evidence is published and communicated and is translated into practice and action	<ul style="list-style-type: none"> Palliative care research is published and communicated through means such as CareSearch 	<ul style="list-style-type: none"> PCRNV develop a research workplan 	PCRNV	Workplan submitted to Dept of Health	2011–12
		<ul style="list-style-type: none"> Research workplan is implemented: <ul style="list-style-type: none"> – research funding sought – research conducted – findings published 	PCRNV	Academic news-letters, e-news	2011–12
		<ul style="list-style-type: none"> Two community of practice forums held annually (include presentation of current evidence) 	PCCN	Attendance register Evaluation forms	2011–12
6.4 Undertake research that includes a focus on how to improve access to palliative care services for Aboriginal and CALD communities	<ul style="list-style-type: none"> Research and evidence is translated into clinical practice and builds community awareness and capacity Development of evidence that demonstrates how to improve access to palliative care services for Aboriginal and CALD communities 	<ul style="list-style-type: none"> Research undertaken to support the work of community and consultancy services to engage with, and improve access for, Aboriginal and CALD communities 	Palliative care services	VINAH PCOC reports (if participating)	2013–14
		<ul style="list-style-type: none"> Research and evidence is translated into clinical practice 	PCCN	PCCN minutes, newsletters	2011–12

Priority: Ensure all Victorian palliative care services provide quality care that is assessed against national standards and supported by a quality improvement culture

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
6.5 Palliative care services will maintain accreditation and participate in national palliative care outcomes and standards assessment processes	<ul style="list-style-type: none"> All palliative care services are accredited with a recognised provider Palliative care data contributes to monitoring and measuring quality care All palliative care services are encouraged to participate in NSAP and PCOC All palliative care services participate in the VPCSS 	<ul style="list-style-type: none"> Palliative care services accredited 	Palliative care services	Accreditation certificate	annual
		<ul style="list-style-type: none"> Palliative care services participate in VPCSS, NSAP and PCOC 	Palliative care services	VPCSS report NSAP report PCOC report (if participating)	2011–12
6.6 Provide ongoing support to palliative care consortia and their member services to develop region-wide clinical service improvement programs that link with the work of the PCCN	<ul style="list-style-type: none"> Rigorous and ongoing clinical service improvement is undertaken by palliative care consortia and their member services 	<ul style="list-style-type: none"> Each region has an active clinical advisory group 	Consortia	Annual report role statements	2011–12
		<ul style="list-style-type: none"> Consortia representative attends PCCN to report on clinical service improvement activities 	Consortia	PCCN minutes	2011–12

Priority: Continue to build and support the palliative care workforce to meet increasing demand for palliative care

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
6.7 Work with the Commonwealth Government, Health Workforce Australia and the Workforce Unit in the Department of Health to develop innovative strategies to educate, train and recruit more specialist palliative care clinicians (medical, nursing and allied health) and to build the capacity of the general health, community, aged care and disability workforce	<ul style="list-style-type: none"> The palliative care workforce grows sufficiently to meet demand The capacity of the health, community, aged care and disability services workforce to care for people with a life-threatening illness is enhanced 	<ul style="list-style-type: none"> Participation in the national Palliative Care Working Group (PCWG) 'workforce' initiatives 	Dept of Health	PCWG minutes	2011–12
		<ul style="list-style-type: none"> Palliative care workforce study updated and strategy to address gaps identified 	Dept of Health	Workforce study	2011–12
		<ul style="list-style-type: none"> Increase in number of medical trainees and medical trainee graduates 	VPMTF	Annual report	2011–12
		<ul style="list-style-type: none"> Regional workforce training and education initiatives 	Consortia	Annual report	2011–12
6.8 Work with the Nurse Policy Unit in the Department of Health to support the palliative care nurse practitioner program	<ul style="list-style-type: none"> Nurse practitioners are available across Victoria to meet the complex needs of people with a life-threatening illness and to provide leadership for other palliative care clinicians Career pathways for nurses in palliative care are strengthened 	<ul style="list-style-type: none"> Nursing and Midwifery Unit provides nurse practitioner scholarships in palliative care 	Dept of Health	Nurse practitioner scholarships	2011–12
		<ul style="list-style-type: none"> Nursing and Midwifery Unit documents a career pathway for nurses 	Dept of Health	Report	2012–13
		<ul style="list-style-type: none"> Nurse practitioner candidates are supported to meet and achieve endorsement requirements 	CPC	Annual report	2011–12
		<ul style="list-style-type: none"> Mentoring program for nurse practitioners and nurse practitioner candidates 	Dept of Health	Mentoring program report	2011–12

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
6.9 Evaluate, maintain and expand the palliative care scholarship program	<ul style="list-style-type: none"> The palliative care workforce is appropriately skilled to meet the needs of clients, and high levels of staff retention are maintained 	<ul style="list-style-type: none"> Palliative care scholarship program is evaluated, maintained and expanded 	PCV	Annual report scholarship program report	2011–12
6.10 Build on existing resources to strengthen the capacity of palliative care services to recruit, train and support volunteers	<ul style="list-style-type: none"> There is more sustainable foundation for the ongoing contribution of volunteers in palliative care Volunteers receive consistent recruitment, training and support 	<ul style="list-style-type: none"> Strategy to assist palliative care services to recruit, train and support volunteers developed 	PCV	Annual report	2011–12
		<ul style="list-style-type: none"> Training fund established 	PCV	Annual report	2011–12
		<ul style="list-style-type: none"> PCV volunteer training manual reviewed and endorsed by PCCN 	PCV PCCN	Annual report Minutes	2012–13
		<ul style="list-style-type: none"> Palliative care services supported to recruit, train and support volunteers 	PCV	Annual report	2011–12
		<ul style="list-style-type: none"> Volunteers recruited, trained and supported in a consistent manner statewide 	PCV Palliative care services	Annual report	2011–12
		<ul style="list-style-type: none"> Volunteer recruitment and retention increased 	Dept of Health	Workforce study	2011–12

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
6.11 Encourage workplace-based rotations through chronic disease specialties (for example, renal, cardiac and neurological specialties) and settings Agree and implement joint appointments between services and settings	<ul style="list-style-type: none"> Palliative care clinicians extend their clinical skills and knowledge in relation to palliative care and associated chronic disease 	Palliative medicine trainees undertake cross-sector training	VPMTM	Annual report	2012–13
		VPMTM collaborates with other medical training programs to promote joint training	VPMTM	Annual report	2012–13
		Consultancy services implement joint appointments, as required by the service capability framework	Consultancy services	SCF self-assessment report	2011–12
		Palliative care services promote joint appointments	Palliative care services	SCF self-assessment report	2011–12
		Community of Practice forums partner with other clinical networks in developing and presenting themes	PCCN	Terms of reference Forum minutes	2011–12

Priority: Ensure sustainability of the specialist paediatric palliative care workforce

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
6.12 Establish a paediatric palliative care training-in-place program across medicine and other disciplines, including: <ul style="list-style-type: none"> increasing the number of junior medical officer rotations to three per year training an additional paediatric palliative care medical specialist 	<ul style="list-style-type: none"> Paediatric palliative care specialist consultancy and advice is consistently available 	<ul style="list-style-type: none"> Four registrars trained in paediatric palliative care each year 	VPMTM	Annual report	2011–12
		<ul style="list-style-type: none"> Medical specialist trained in paediatric palliative care 	VPMTM	Annual report	2011–12
		<ul style="list-style-type: none"> Medical specialist rotation through VPPCP 	VPPCP	Annual report	2011–12

Strategic direction 7: Ensuring support from communities

Priority: Strengthen Victorians' awareness, capacity and resilience in relation to dying, death, loss and bereavement, and their ability to support people with a life-threatening illness and their carers

Actions	Impacts	Performance measure	Lead	Evidence	Implementation commencement
<p>7.1 Develop and implement a strategy that helps to build awareness and understanding of death, dying and loss across Victorian communities through:</p> <ul style="list-style-type: none"> • communication • partnerships • practical methods, tools and education strategies targeted to meet the needs of specific communities • strategies to enhance opportunities for palliative care service volunteers to engage with their communities • strategies to ensure people who are referred to palliative care are more prepared and are supported by their communities • links and communication mechanisms at a statewide level between palliative care stakeholders across health, community and aged care 	<ul style="list-style-type: none"> • Victorians are better able to support people with life-threatening illness and their carers 	<ul style="list-style-type: none"> • Links between palliative care consortia/palliative care services and health promotion officers (local councils, community health centres, PCPs) established or enhanced 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> • Statewide model/templates developed, endorsed by PCCN and implemented 	Dept of Health PCCN Consortia	Statewide model / templates Annual report	2012–13
		<ul style="list-style-type: none"> • Business case (including data and evidence) for palliative care service use developed 	Dept of Health	Business case	2012–13
		<ul style="list-style-type: none"> • Investigate and develop new models of volunteering that will build community capacity in death, dying and loss 	PCV	Annual report	2011–12
		<ul style="list-style-type: none"> • Regional activities undertaken to build community capacity to support people who are referred to palliative care 	Consortia	Annual report	2011–12
		<ul style="list-style-type: none"> • Palliative care peak body is linked with and communicates with other peak bodies 	PCV	Annual report	2011–12
		<ul style="list-style-type: none"> • Improvement in public awareness, capacity and resilience 	Palliative care services	VPCSS	2011–12

Appendix: Communication strategy

Introduction

The communication strategy describes how the PCT will communicate with those working in the palliative sector and those working with people with a life-limiting illness and their families and carers about the implementation of the policy.

Situation analysis

Strengthening palliative care: Policy and strategic directions 2011–2015 was launched on 26 August 2011. The government has committed \$34.4 million in new funding over four years for palliative care. The implementation strategy sets out the actions that will be taken to work towards achieving the policy's vision.

Communication objective

The communication objective is to ensure consistent, timely and accurate communication about the implementation of the policy including:

- keeping the target audience fully informed and up to date on the implementation of the policy, their responsibilities and relevant timelines
- providing stakeholders with relevant information about the implementation of the policy.

Target audiences

Key stakeholders

- Minister for Health and the Victorian Government
- Organisations delivering care to people with life-threatening illness
- People with a life-threatening illness and their families and carers

Primary

- Government-funded specialist palliative care services
- Statewide and academic palliative care services
- Palliative care consortia
- Palliative Care Clinical Network
- Department of Health areas responsible for delivering care to people with life-threatening conditions (such as aged care and disability)

Secondary

- Other government departments responsible for delivering care to people with life-threatening conditions
- Commonwealth agencies (such as HACC and aged care)
- Other health, community and aged care providers (including both public and private acute and primary healthcare providers, general practitioners, Primary Care Partnerships, Medicare Locals and other private health services)

Key messages

Key message	Target audience
The government is committed to strengthening palliative care services for people with a life-threatening illness.	Primary Secondary
Palliative care has a central role to play in meeting the needs of people with a life-threatening illness.	Primary Secondary
The implementation strategy details the key performance measures, lead agency and timeframe for all actions identified in the policy.	Primary Secondary
Palliative care services work in partnership with other health, community, aged care and disability service providers.	Primary Secondary
The government has committed new funding of \$34.4 million over four years to palliative care.	Primary Secondary
All actions outlined in the policy can be implemented through the new funding or through existing funding and initiatives.	Primary Secondary

Tools

Stakeholder group	Timing	Method	Information requirement/messages
Internal stakeholders	<ul style="list-style-type: none"> Initial briefing Status updates 		Initial briefing <ul style="list-style-type: none"> Overall process Intended outcomes Feedback/input and set of messages to address implicit and explicit concerns and confidentiality Updates <ul style="list-style-type: none"> Feedback on progress, issues and status
	<ul style="list-style-type: none"> 4 meetings per year 	Dept of Health regional contacts	<ul style="list-style-type: none"> Feedback on progress, issues and status Address stakeholder concerns
Primary stakeholders	Meetings/forums		
	<ul style="list-style-type: none"> 2 per year 	Palliative care statewide meeting	<ul style="list-style-type: none"> Feedback on progress, issues and status Address stakeholder concerns
	<ul style="list-style-type: none"> 6 weekly 	Consortia managers' meeting	<ul style="list-style-type: none"> Feedback on progress, issues and status Address stakeholder concerns
	<ul style="list-style-type: none"> 3 per year 	Consortia chairs' meeting	<ul style="list-style-type: none"> Feedback on progress, issues and status Address stakeholder concerns
	<ul style="list-style-type: none"> 6 per year 	PCCN meeting	<ul style="list-style-type: none"> Feedback on progress, issues and status Address stakeholder concerns
	Updates		
	<ul style="list-style-type: none"> 6 per year 	PCT update	<ul style="list-style-type: none"> Feedback on progress, issues and status
<ul style="list-style-type: none"> Annual 	Consortia reports	<ul style="list-style-type: none"> Feedback on progress, issues and status 	
Secondary stakeholders	Meetings/forums		
	<ul style="list-style-type: none"> 2 per year 	Community of Practice forum	<ul style="list-style-type: none"> Feedback on progress, issues and status
	Website		
	<ul style="list-style-type: none"> As required 	Dept of Health (palliative care)	<ul style="list-style-type: none"> Information about accessing palliative care services, statewide/regional leadership and services, programs, tools, funding and data, publications and resources
	Publications		
	<ul style="list-style-type: none"> Ad hoc 	Dept of Health publications	<ul style="list-style-type: none"> Stories outlining activity in palliative care will be published in: <ul style="list-style-type: none"> Continuing Care newsletter Wellbeing, Integrated Care & Ageing newsletter Inside Health Spotlight
	<ul style="list-style-type: none"> Ad hoc 	External publications	<ul style="list-style-type: none"> Stories outlining activity in palliative care will be published in: <ul style="list-style-type: none"> Palliative Care Victoria newsletter/Friday fax Other journals/newsletters as identified Health Victoria
	<ul style="list-style-type: none"> Ad hoc 	Media	<ul style="list-style-type: none"> Media will be engaged to raise awareness of events and major outcomes (such as targeted media releases, general media liaison)
	Network/database		
<ul style="list-style-type: none"> Ad hoc 	PCT stakeholder database	<ul style="list-style-type: none"> Database will be maintained to allow communication resources to be distributed electronically 	

Budget

The policy will be implemented with funds from the existing PCT budget.

Evaluation

Evaluation of the strategy will be undertaken by:

- analysing data from specialist palliative care services that report activity against targets
- feedback from target audiences and stakeholders through existing forums and committees about implementation of the policy and palliative care initiatives and activity.

Acronyms and abbreviations

ACFI	Aged Care Funding Instrument
ACGB	Australian Centre for Grief and Bereavement
ACHS	Australian Council on Healthcare Standards
CALD	culturally and linguistically diverse
consortia	palliative care consortia
CPC	Centre for Palliative Care
EPOA	enduring power of attorney
GP	general practitioner
HACC	Home and Community Care
MEPOA	medical enduring power of attorney
NGO	non-government organisation
NSAP	National Standards Assessment Program
PIAT	Policy implementation audit tool
PCCN	Palliative Care Clinical Network
PCT	palliative care team
PCOC	Palliative Care Outcomes Collaborative
PCRNV	Palliative Care Research Network Victoria
PCV	Palliative Care Victoria
SCTT	Service coordination tool templates
SDF	Service delivery framework
SSBS	Statewide Specialist Bereavement Service
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VPPCP	Victorian Paediatric Palliative Care Program
VAED	Victorian Admitted Episode Dataset
VEMD	Victorian Emergency Minimum Dataset
VINAH	Victorian Integrated Non-Admitted Health Minimum Dataset
VPCSS	Victorian Palliative Care Satisfaction Survey
VPCRN	Victorian Palliative Care Research Network
VPMTTP	Victorian Palliative Medicine Training Program
VSK	Very Special Kids
VSRT	Victorian statewide referral tool

