

Southern Metropolitan Region  
Palliative Care Consortium

ANNUAL REPORT  
2017

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Copies of this report can be downloaded from the Southern Metropolitan Region Palliative Care Consortium website at  
[www.smrpalliativecare-consortium.org.au](http://www.smrpalliativecare-consortium.org.au)

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# 1. chair's report

*Welcome* to the Southern Metropolitan Region Palliative Care Consortium Annual Report 2017.



This has again been a year of transformation for the consortium. In the external environment, there have been many changes including in the structure of the Department of Health and Human Services, planning for the roll out of the NDIS and the possibility of some legislative changes which have the potential to impact the palliative care sector.

The release of the Victorian End of Life and Palliative Care Framework states that it is 'everyone's responsibility in the healthcare, human service, social and community sectors to provide high-quality end of life care for their clients'.

This poses the question of how the palliative care sector can best place itself to support other health service providers fulfil their responsibility. In the Southern Metropolitan Region Palliative Care Consortium (SMRPCC) we have responded with a wide-ranging and effective project to raise awareness about palliative care and increase communication with generalist health providers to improve their ability to refer to palliative care and better understand end of life care.

Our ongoing activities include support for the Aged Care and Disability Sector, networking and collaboration with other agencies - including the South Eastern Metropolitan Primary Health Network, education and support around Motor Neurone Disease and our annual clinical forum which again was very successful.

Last but not least, we have consolidated consortium operational structures by combining the fund holder and employing organisation responsibility to one agency. This has reduced paperwork and improved efficiency.

I would like to thank the consortium team, Tanja Bahro, Tess Storr, Robyn Reid and Stephenie Cook for their ongoing commitment of effective and efficient programs, also Chris Pedley, who worked with us in undertaking the 'Palliative Care Conversations' project.

My special thanks to the consortium representatives, in particular those who serve on the consortium executive. Together we ensure that palliative care in the region will continue to improve in quality and accessibility.

A handwritten signature in black ink, which appears to read 'Rachel Bovenizer'.

**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 2016/17, the Victorian End of Life and Palliative Care Framework was released. This framework replaces the 'Strengthening Palliative Care Policy'. It is no longer specific to specialist palliative care services, but states that: Palliative care is 'everyone's responsibility in the healthcare, human service, social and community sectors to provide high-quality end of life care for their clients'.

The framework has five priority areas:

- delivering person-centered services
- engaging communities, embracing diversity
- coordinating and integrating services
- making quality end of life and palliative care everyone's responsibility
- strengthening specialist palliative care

The consortium has developed an operational plan that enables the coordinated implementation of activities towards the priority areas.

### Voting Members

- Alfred Health
- Calvary Health Care Bethlehem
- Peninsula Health
- Peninsula Home Hospice
- South East Palliative Care
- Monash Health

### Associate Members

- Cabrini Palliative Care
- Royal District Nursing Service Inc.
- South East Private Hospital Pty Ltd
- South Eastern Melbourne PHN
- Southern Metropolitan Integrated Cancer Service

### 3. southern metropolitan region



#### regional data overview

Data relevant to the provision of palliative care services include the size of the population, the age of the population and the ethno-cultural and linguistic background. These factors can impact on the demand and complexity of service provision.

#### population growth

The total estimated population in the region in 2016 was 1,503,407 - a 14% increase from 2010 and a 3% increase from 2015.

The table below shows the estimated resident population by LGA, 2001 to 2016 (ABS, 2017). Please note that these figures do not reflect the figures in the tables following. This table is an estimation of the population, while the following tables are based on the 2016 census.

LGA	2010	2011	2012	2013	2014	2015	2016	increase 2015 to 2016
Bayside (C)	95,594	96,119	96,958	98,199	99,752	101,227	102,737	1%
Cardinia (S)	71,830	75,831	80,451	84,623	88,153	92,430	97,625	5%
Casey (C)	254,471	261,282	269,447	278,358	288,553	300,408	313,521	4%
Frankston (C)	129,052	130,350	132,226	134,376	136,270	137,932	139,511	1%
Glen Eira (C)	136,515	137,152	139,234	141,453	144,039	146,410	149,012	2%
Greater Dandenong (C)	140,212	142,167	145,295	148,817	152,667	156,800	160,952	3%
Kingston (C) (Vic.)	147,407	148,304	150,487	152,392	154,352	156,461	159,023	2%
Mornington Peninsula (S)	148,542	149,271	151,600	153,760	156,194	158,454	160,862	1%
Port Phillip (C)	96,375	97,276	99,902	102,144	104,471	106,432	108,558	2%
Stonnington (C)	98,728	98,853	101,555	103,726	106,304	108,595	111,606	3%

Each LGA showed a population increase, with the greatest increases occurring in Cardinia and Casey.

## ethnicity/language

Ethno-cultural and linguistic background is difficult to determine from ABS census data, as there are a number of indicators that contribute to a person's ethnicity, culture and language. The determinant that is most likely to show a realistic picture is Country of Birth (COB). While most data analysis does not distinguish between immigration countries, the table below has grouped together the countries where English is the official language and opposed them to the countries where the official language is not English (non-main-English speaking COB). While these figures will not include children that are born in Australia to families from non-main English speaking backgrounds, it indicates with greater reliability the likely cultural diversity in the different LGAs.

The table below, based on the ABS Census 2015, shows the total population of each LGA in the region and the percentage of the population who were born in a country where English is not the main language.

<b>LGA</b>	<b>total population</b>	<b>% of non-main-English speaking COB</b>
Bayside	97,087	19%
Cardinia	94,128	17%
Casey	299,301	37%
Glen Eira	140,875	33%
Frankston	134,143	18%
Greater Dandenong	152,050	60%
Mornington Peninsula	154,999	13%
Kingston	151,389	28%
Port Phillip	100,863	29%
Stonnington	103,832	28%

The City of Casey has the greatest number of residents, while the City of Greater Dandenong has the highest percentage (60%) of people who were born in countries where English is not the main language.



## age

People over the age of 65 are more likely to be in need of palliative care and this population makes up the majority of clients in palliative care services. The combination of age and ethno-cultural diversity in a catchment will have an impact on the demand and complexity of care in a palliative care service.

The table below shows the total population numbers of people over 65 years of age, the percentage of the total population and the percentage of people over 65 who were born in non-main-English speaking countries as a percentage of the total population of people over 65 for each LGA.

<b>LGA</b>	<b>population over 65</b>	<b>% of people &gt; 65 in total population</b>	<b>% of population &gt; 65 COB non main-English speaking</b>
Bayside	18,686	19%	26%
Cardinia	11,195	12%	25%
Casey	30,673	10%	45%
Glen Eira	21,212	15%	49%
Frankston	20,594	15%	25%
Greater Dandenong	21,896	14%	68%
Mornington Peninsula	38,146	25%	20%
Kingston	26,082	17%	41%
Port Phillip	11,544	11%	42%
Stonnington	15,790	15%	38%

Mornington Peninsula Shire has the highest number and percentage of residents over the age of 65, exceeding the city of Casey which has a considerably greater number of residents. The lowest number of residents over 65 is in the Shire of Cardinia and the lowest percentage in the City of Casey.

The City of Greater Dandenong has the highest percentage of over 65-year old's who were born in a non-main English speaking country.

This data analysis will assist the SMRPCC and its member agencies to determine priorities for future quality initiatives.

## 4. consortium activities



**Tanja Bahro**  
*Consortium Manager*

The Southern Metropolitan Region Consortium works in collaboration with all specialist palliative care services, regional health organisations, acute, subacute and primary health services, Local Councils and community organisations. Because of the broad reach and limited resources, we aim to be as efficient and effective as we can to realise the vision of the Victorian End of Life and Palliative Care Framework across the region.

### 4.1 motor neurone disease shared care worker

Motor Neurone Disease is a complex disease that provides multiple challenges for palliative care health professionals. Since the introduction of the MND Shared Care Worker in 2009 MND clients referred to palliative care had been steadily increasing and are now stabilising. There are, on average in the Southern Region, 62 MND clients per quarter of the year receiving palliative care who reside in either the community or inpatient facilities.

In order to address the challenges and resources required to provide quality care to MND clients in palliative care, the MND shared care worker provides secondary consultation and support regarding clients with MND and palliative care management. Topics of support include respite, symptom management, equipment, functional assessment and end of life issues. Secondary consultations have been for general enquiries and assistance with MND top-up funding (through MNDV).

The Program of Experience in Motor Neurone Disease (PEM) is a valuable educational experience for health professionals. It aims to provide knowledge and skill development about MND best practice and participants return to their agencies as a resource for colleagues. The program provides a platform to network with the treatment teams at Calvary Healthcare Bethlehem and other agencies involved to coordinate and deliver quality, effective and appropriate care. In 2017, three participants from metropolitan palliative care agencies completed their placements. Managers of staff in palliative care agencies report an increase in skills and confidence post participation.

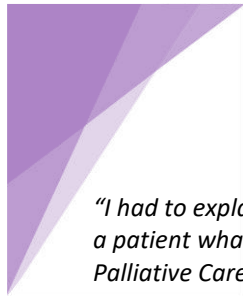


**Robyn Reid**  
*MND Shared Care Worker*

Education and training about MND related issues is provided to doctors, nurses, allied health workers, respite workers and volunteers. A total of 101 people attending training this year, 60 more than last year. A presentation on MND client and carer End of Life issues with respect to financial and legal affairs was presented to 40 palliative care professionals at the 2017 Annual SMRPCC Clinical Forum.

## 4.2 palliative care conversations project

In 2016, the Department of Health and Human Services released the 'Victoria's End of Life and Palliative Care Framework' and within this document determined their priority areas. Priority Four, 'Quality end of life and palliative care is everyone's responsibility', emphasises the responsibilities of the whole health sector to possess the skills to have appropriate conversations about end of life and understand how to initiate care and support for people with a terminal illness, their family and caregivers.



*"I had to explain to a patient what Palliative Care was when the doctor didn't have time (he had a meeting). The training made a difference as to how and what to say to the patient."*

To address Priority Four of the Framework, the consortium decided to undertake a project to roll out 'Palliative Care Conversation' training (developed in 2015) across the southern metropolitan region and evaluate not only the individual sessions, but also undertake a follow up evaluation to ascertain whether participation in the training resulted in practice change and to identify any additional barriers.

Between February and May 2017, 30 sessions involving 345 participants were conducted across the southern metropolitan region. There were significant improvements in each of the training learning objectives and 100% of participants found the session met training needs and was relevant to their work.

Follow up interviews (4-6 weeks post training) were conducted with 29% of participants. Of those interviewed, 85% identified their take home message from the training session, 73% had integrated the take home message into their practice and 77% stated that they had changed their practice as a result of the training. The initiative was delivered beyond scope, under budget and within the timeline. Outcomes exceeded expectations. The evaluation report and the training resource are available through the consortium.

## 4.3 disability project

The SMRPCC Facebook page continues to post relevant information once or twice per week. It continues to have a 5-star rating and a small group (35, up from 28 last year) of dedicated followers who regularly like and share the posts. As a result, posts reach up to 130 people per month.

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, 6 fact sheets have been developed including:

- No. 1 What is palliative care (2015)
- No. 2 Advance care planning (2016)
- No. 3 Care planning for palliative care (2016)
- No. 4 Involvement of the coroner (2016)
- No. 5 Bereavement in a group home (2016)
- No. 6 Advocating for people with a terminal illness in a group home (2017)

## 4.4 residential aged care

The Palliative Approach Toolkit (Queensland University of Technology) continues to be the most successful system to improve the palliative approach in residential aged care. This year the consortium facilitated toolkit training. This involved a compulsory session for managers of Residential Aged Care Facilities (RACFs), followed by two days training for a minimum of two nurses from each participating facility and a follow up workshop. Ten facilities in the region participated and 21 staff completed the toolkit training.

The PATSI (Palliative Approach Toolkit Support Initiative) program provides a forum for sharing, disseminating and promoting information on activities regionally and sub-regionally that support the implementation of the toolkit. Two meetings were held this year and it is now a well-established institution in the region and will continue in 2017/18.

Individual support and advice was given to 13 facilities and 7 facilities received staff training in their facility through the Palliative Care Conversation project.

The community palliative care services in the region continue to provide specialist palliative care support to residents in aged and supported accommodation and mentoring and guidance to staff in these facilities.

## 4.5 training and education

Between July 2016 and June 2017, the SMRPCC delivered 38 education sessions to 604 participants across 5 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 a pre-and post-session evaluation survey.

To identify changes in understanding and/or knowledge, participants are asked to rate up to five statements about their confidence and understanding of topics related to the program's learning objectives. Review of the SMRPCC's evaluation data identifies an increase in knowledge for 85% of participants and that all sessions were relevant to participants' work.

<b>Participants for project/topic area</b>	<b>Number of Participants</b>	<b>Number of sessions</b>
Palliative Care Conversations project	345	30
PCC sessions outside the project	70	2
Total for MND	101	6
Total participants for RACF	21	1
Total participants for Cultural Diversity	6	1
Regional Clinical Forum	51	1
<b>TOTAL</b>	<b>604</b>	<b>38</b>



## 4.6 regional clinical forum

This year the SMRPCC delivered its fourth annual regional forum for specialist palliative care staff. The forum was well attended with 51 specialist palliative care staff/clinicians and all member services participating. Key highlights of the forum included:

- attendance by 5 palliative care physicians
- 18 palliative care and associated services represented (all member services had staff who attended)
- reported increase in awareness of Consortium activities and QI & research projects being undertaken within the region:
  - Prior to the start of the forum only 15% of evaluation respondents could not identify *with complete confidence* at least 2 Consortium projects/activities. By the end of the forum this increased to 88% respondents.
  - Prior to the start of the forum, only 13% of respondents could identify *with complete confidence* 2 regional QI or research projects and by the end 76% felt *completely confident* to do so.
- learning needs were met for all participants with 79% identifying their learning needs were fully met and 21% identifying they were partially met
- The forum was identified as *fully relevant* to practice by 85% of respondents and partially relevant by the remaining 15%. No participants identified the Forum as not relevant.

## 4.7 training calendar

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

The calendar is colour-coded to assist viewers to easily recognise courses relevant to their role. It also provides links for the viewer to click and easily access further information about a 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 calendar ranks in the top 5 links accessed from the Update. Between July 2016 and 30 June, 2017, the calendar was viewed a minimum of 150 times via the link in the Monthly Email Update.

## 4.8 monthly email update



**Stephenie Cook**  
Education & Training Coordinator

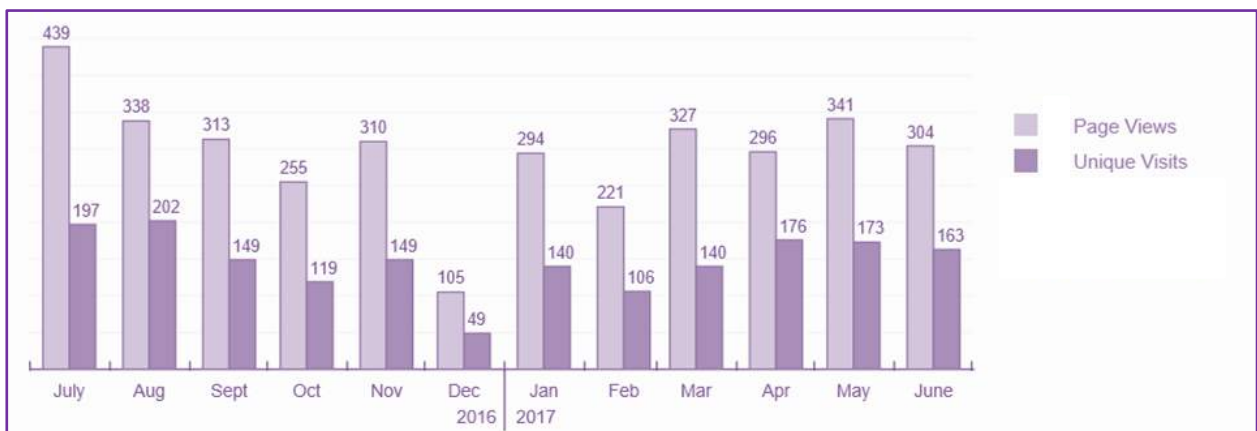
The SMRPCC began distributing a monthly email update in July 2013. The Update is developed and delivered using the free on-line program Mail Chimp.

The Update is distributed on the 2nd Tuesday of each month and has grown by 52 subscribers during the year to a total of 616 individual subscribers. Although the subscriber list includes 616 individual email addresses the USUAL recipient/viewer number is around 900 after the Update is forwarded to all staff within individual services. Distribution of the Update to staff within individual member organisations is the responsibility of that organisation’s Consortium representative (or a person nominated by them).

## 4.9 website

The SMRPCC website continues to be relevant for health professionals in the region. The email update refers readers to relevant information available on the website. Below are the stats for 2026/17.

	Page Views	Unique Visits	First Time Visits	Returning Visits
Total	3,543	1,763	1,480	283
Monthly Average	296	147	124	24



## 5. governance

The Consortium Executive group consisted of Rachel Bovenizer, Peninsula Home Hospice, the Consortium Chair, Shannon Thompson, Calvary Health Care Bethlehem (PCCN representative) and Molly Carlile from South East Palliative Care. Meetings are held regularly and their engagement with Consortium members provides effective sharing of information and ideas for the region.

The Consortium employed only two staff with 1.4 EFT plus two experts on a consultancy basis. The regional Motor Neurone Disease Shared Care Worker also reports to the consortium.

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.

<b>Agency</b>	<b>Role</b>	<b>Attendance</b>
SMRPCC	Consortium Manager	100%
Peninsula Home Hospice	Voting Member / Chair	100%
Calvary Health Care Bethlehem	Voting Member / Executive	60%
South East Palliative Care	Voting Member / Executive	20%
Alfred Health	Voting Member	80%
Peninsula Health	Voting Member	100%
Monash Health	Voting Member	80%
RDNS	Associate members	N/A
SMICS	Associate members	N/A
Cabrini Palliative Care	Associate members	N/A
South East Private	Associate members	N/A
SEMPHN	Associate members	N/A