



Southern Metropolitan Region
Palliative Care Consortium

ANNUAL REPORT
2018

SMRPCC Contact Details

Southern Metropolitan Region Palliative Care Consortium (SMRPCC)

Consortium Manager email: tanja.bahro@smrpcc.org.au

Website: www.smrpcc.org.au

Staff

Tanja Bahro, Consortium Manager: tanja.bahro@smrpcc.org.au

Tess Storr, Admin Officer: tess.storr@smrpcc.org.au

Robyn Reid, Motor Neurone Disease Project Worker: robyn.reid@smrpcc.org.au

Jane Newbound, Residential Aged Care Project Manager: jane.newbound@smrpcc.org.au

Stephenie Cook, Education & Training Coordinator: stephenie.cook@smrpcc.org.au

Consortium Chair

Rachel Bovenizer, CEO, Peninsula Home Hospice

327 Main St, Mornington, 3931

Phone 59 73 2400

Email: rachel@peninsulahospice.com.au

contents

- 1. chair's report 1**
- 2. introduction2**
- 3. our region3**
- 4. consortium activities7**
 - 4.1. medical treatment planning and decision act 7
 - 4.2. motor neurone disease shared care worker..... 8
 - 4.3. disability 9
 - 4.4. residential aged care 9
 - 4.5. training and education 10
 - 4.6. regional clinical forum 11
 - 4.7. monthly email update 12
 - 4.8. website 13
- 5. governance14**
- 6. financials15**

1. chair's report



Welcome to the Southern Metropolitan Region Palliative Care Consortium Annual Report 2018.

It has been a busy and productive year for the Southern Metropolitan Region Palliative Care Consortium (SMRPCC), and we have again engaged professionals within and outside the palliative care sector to improve palliative care in the region.

This year, we simplified the administration of the consortium by aligning the employment and fund holder functions of the consortium to Peninsula Home Hospice. The generosity of Calvary Healthcare Bethlehem allowed for a comfortable office for consortium staff.

There have been a number of significant changes in the way that the palliative care sector in Victoria is administered and changes in the law on medical decision making. The consortium has ensured that services in the region are well prepared to respond and adhere to these changes.

The education forums facilitated by the consortium for specialist palliative care staff to learn and explore issues related to their work, has again proved to be very successful. The networking opportunity for services to share information and resources to enhance service delivery outcomes and identify opportunities for collaboration in the region is an additional benefit.

My sincere appreciation goes to Shannon Thompson and Dr. Aisling Griffin, who made up the Executive group this year; again, they have shown their commitment to the SMRPCC and supported Tanja Bahro and staff to progress projects and further the regional networks that are so necessary.

Many thanks to the consortium staff for their hard work throughout the year for consistently providing a great service to member agencies and other stakeholders with dedication, flexibility, and humour.

A handwritten signature in black ink, appearing to read 'Rachel Bovenizer', written over a light-colored rectangular background.

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.

Voting Members

- [Alfred Health](#)
- [Calvary Health Care Bethlehem](#)
- [Peninsula Health](#)
- [Peninsula Home Hospice](#)
- [Palliative Care South East](#)
- [Monash Health](#)



Associate Members

- [Cabrini Palliative Care](#)
- [Bolton Clarke](#)
- [South East Private Hospital Pty Ltd](#)
- [South Eastern Melbourne Primary Health Network](#)
- [Southern Metropolitan Integrated Cancer Service](#)



The Victorian End of Life and Palliative Care Framework guides the development of our activities. Palliative care is now 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 an operational plan which enables the coordinated implementation of activities towards the priority areas.

3. our region

population

The total estimated population in the region in 2016 was 1,503,407 - a 14% increase from 2010 and a 3% increase from 2015. People over 65 years of age are more likely to receive palliative care and for this reason, this report will concentrate on this age group as well as residential aged care figures.

Population of 65 and over per LGA

| <i>LGA</i> | <i>population over 65</i> | <i>% of people > 65 in total population</i> |
|-----------------------------|---------------------------|--|
| <i>Bayside</i> | 18686 | 19% |
| <i>Cardinia</i> | 11195 | 12% |
| <i>Casey</i> | 13826 | 5% |
| <i>Glen Eira</i> | 21212 | 15% |
| <i>Frankston</i> | 20594 | 15% |
| <i>Greater Dandenong</i> | 21896 | 14% |
| <i>Mornington Peninsula</i> | 38146 | 25% |
| <i>Kingston</i> | 26082 | 17% |
| <i>Port Phillip</i> | 11576 | 5% |
| <i>Stonnington</i> | 5942 | 6% |

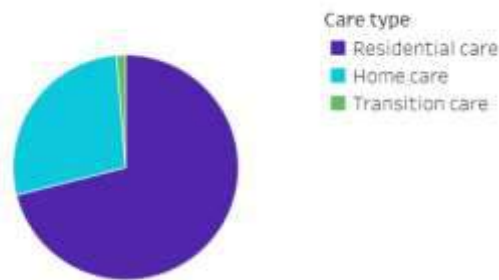
- Average life expectancy is 84.5 years for females and 80.8 years for males
- 7% of people are 75+, of those, 36% live alone
- Of the people over 65, 32% have one chronic health condition, 27% have two, and 23% three or more
- 45.3% of people over 65 were born overseas and 22.4% prefer speaking a language other than English
- 0.3% of people over 65 identify as indigenous
- Three in 10 people over the age of 85 and almost one in 10 people over 65 have dementia
- People with dementia account for 52% of all residents in residential aged care facilities
- There are 159 residential aged care facilities in the region and 13013 aged care beds
- More than 50% of residents in aged care have a diagnosis of dementia
- People living with a profound or severe disability aged 65+ high in:
 - Greater Dandenong 25.5%
 - Casey 21%
 - Glen Eira 21%

aged care

The charts below show a number of different statistics on care that is provided in the region (all data from www.gen-agedcaredata.gov.au). These figures give some details of the population that is most in need of the palliative approach and palliative care.

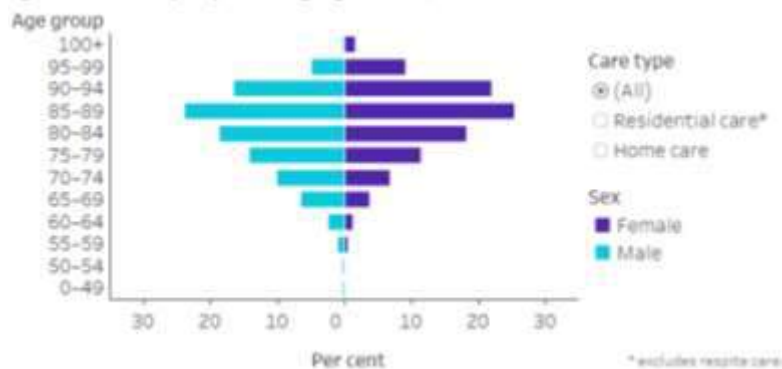
Almost 75% of aged care is provided within residential facilities, and more than 25% as home care. There are 159 Residential Aged Care facilities in the region and more than 11000 Aged Care beds.

Types of care used, 30 June 2017



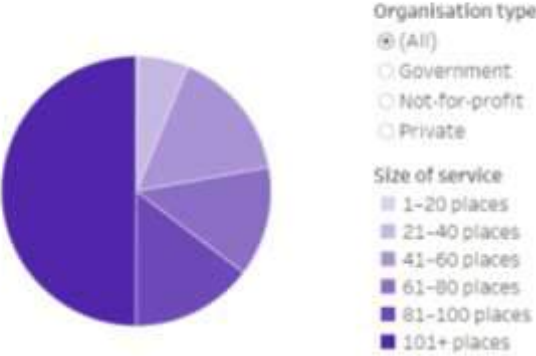
The chart below shows the distribution of age and gender amongst people receiving aged care.

Age and sex of people using aged care, 30 June 2017



In the southern metro region, most residential aged care is provided by private or not-for profit providers and in large facilities with more than 100 beds.

Places in residential care in Southern Metro by size of service and organisation type, 30 June 2017



.....

4. consortium activities



Tanja Bahro
Consortium Manager

The Southern Metropolitan Region Palliative Care Consortium collaborates with all specialist palliative care services, regional health organisations, acute, subacute and primary health services, Local Councils and community organisations in the catchment. We have a broad reach and limited resources; therefore, 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. medical treatment planning and decision act

Changes to the law of consent for medical treatment came into effect on the 12th of March 2018. These changes affect all health service providers, including aged care and required comprehensive review of systems and policy as well as awareness raising and training for clinicians in all settings. The consortium took a very active role, starting an information campaign in September 2017, with regular new items in the email update and culminating in a half day information session for service providers in the region. The workshop was held on the 5th of December and facilitated by Clare McNamara from the Office of the Public Advocate.

Eighty-two people attended this session, making it one of the biggest training events of the consortium so far.

There were at least 13 different types of professionals in attendance including nurses, unit managers, RACF staff, social workers, physicians, volunteers, quality staff, GPs, practice managers, counsellors, CNCs, client resource advocate and service executives.

Prior to the session commencing, approximately half the respondents knew somewhat how the laws around ACP were going to change but 55% said they did not know at all what their service would have to do to be prepared for the changes.

Up to 82% of respondents identified an increase in their knowledge/understanding of the changes to how consent will be obtained after the 12th of March and at least 71% of all respondents identified an increase in their level of awareness/understanding of the other learning objectives.

100% of respondents agreed that the session met their learning needs and was relevant to their work.

4.2. motor neurone disease shared care worker



Robyn Reid
MND Shared Care Worker

The Southern Region has on average 25% of the total number of MND clients in the state of Victoria.

The purpose of the MND shared care worker role is to increase access to palliative care for people living with MND and this has been achieved with a steady increase over the years. Currently 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. The MND shared care worker provides training, secondary consultation and resources to clinicians in the region who work with people with MND

Secondary consultation has included the topics of symptom management, respite care, secretion management, equipment, functional assessment and end of life issues as well as enquiries and for Top-up funding

Education on MND related issues continues to be vital for doctors, nurses, allied health workers, respite workers and volunteers. Sixty people attended education and training sessions by the MND SCW this year.

PEM program

In late 2017, another three health professionals completed the Program of Experience in Motor Neurone Disease and four applied to undertake the placement in late 2018. Inspired by the PEPA program, this initiative provides up to four palliative care staff throughout Victoria with the opportunity to undertake a four-day placement at Calvary Healthcare Bethlehem and the Motor Neurone Disease Association of Victoria. The purpose of the placement is to increase knowledge about the management of MND across the state and develop more meaningful relationships between the specialist MND services and palliative care providers.

4.3. disability

In 2018 we employed Sharon O’Hehir to update our initial report on the issues of palliative care in group homes. The disability sector has seen a number of changes with the introduction of the NDIS and privatisation of some previously state-run group homes.

We continue to provide training upon request for staff in group homes about what palliative care can provide and how to access it. This contact is also important to determine the need for information, which underlies the development of resources.

The SMRPCC Facebook page continues to post relevant information a couple of times per week. It has a 5-star rating and a group (44, up from 35 last year) of dedicated followers who regularly like and share posts. As a result, posts reach up to 140 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.



This year, 2 new fact sheets were developed:

- No 7 The process of Dying (2017)
- No 8 How to care and listen (2018)

4.4. residential aged care

Residential aged care continues to be one of the main foci of consortium work. In order to maintain communication with the sector, regular Palliative Approach Toolkit Support Initiative (PATSI) meetings are held, bringing together community palliative care, residential in-reach services and residential aged care.

Training workshops target topical issues as well as themes specifically requested by PATSI participants, including the one-day workshop focusing on the Medical Treatment Planning and Decision Act, which was primarily aimed at the RAC sector.

This year, the SMRPCC offered the region’s RACFs a new system to ascertain the efficacy of their palliative approach. By assisting a facility to audit the files of residents who had died in the previous 12 months, areas for improvement are identified and remedial actions planned and implemented. The Audit was initially developed by Jane Newbound from the North West Consortium and Carol Barbelor from the Gippsland Consortium. This was in a partnership agreement with Calvary Health Care Bethlehem, who assigned Carolyn Botto to provide clinical leadership in this project.

In 2018, nine facilities completed the audit (with an average of 10 deaths from each facility audited). All nine facilities have developed an action plan and a number have undertaken training.

In April, the SMR Consortium employed Jane Newbound as project manager to continue the work on current audits and engage further with the sector.

A number of general trends were identified where the palliative approach was sub-optimal:

- late identification of deterioration
- poor identification of the terminal phase
- inconsistent management of symptoms
- little to no symptom assessment at end of life
- poor communication with families before the terminal phase – lack of communication regarding deterioration or disease trajectory
- little to no bereavement or after death care for the families
- minimal evidence of specific spiritual or cultural care

Facilities that had positive audit results usually share the factors below:

- clinical leadership
- engaged management
- strong robust quality systems
- good relationship with GPs
- good relationship with support services (including community based palliative care services and residential in-reach teams)

The SMR Consortium is confident that the continuance of this initiative in 2018/19 will lead to further facilities undertaking the audit and as a result embedding best practice, improving end of life care for patients and their families.

4.5. training and education

Between July 2017 and June 2018, the SMRPCC delivered 19 education sessions to 490 participants across a number of areas.

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 regularly identifies a significant increase in knowledge for most of the participants. This year again, all participants stated that all sessions met their training needs and were relevant to their work.

Training need is established through analysing demand and responding to requests or preparation for changes in the external environment. This year, the areas where training was provided had the following content: Cultural diversity (3 sessions), Motor Neurone Disease (6 sessions), Palliative Care Conversations (3 sessions), Specific RACF content (3 sessions), Ethical Decision Making (for specialist palliative care (1 day) and two sessions that were open to all health providers in the region and had more than 80 participants in each session: Medical Treatment Planning and Decision Act and Clients with Severe Distress.

4.6. regional clinical forum



This year the SMRPCC delivered its fifth annual regional forum for specialist palliative care staff. The forum was well attended with 55 participants from all member services attending, the highest number so far for any of our clinical fora. This year's topic was: "Through the labyrinth – clinical decisions – ethical dilemmas". We were lucky to engage Beth Wilson, the former Victorian Health Services Commissioner to facilitate this day for us.

What made the forum so successful was the participation of member organisations, who shared their experiences of and ways of dealing with ethical dilemmas as well as the expert panel, who discussed a hypothetical case scenario. Our special thanks goes to Heather Gridley from the Australian Psychological Society and Lizzie O'Conner, a consumer, who were the external experts on the panel.

Key highlights of the forum:

- 41 participants completed evaluation forms – this is a response rate of 74%
- 61% of respondents identified an increase in their confidence to recognise an ethical dilemma in your work and in their confidence to define the difference between an ethical dilemma and a conflict situation as a result of attending the forum
- At the conclusion of the Forum, 39 respondents (95%) reported that they felt confident that they would recognise an ethical dilemma in their work, compared to only 25 (61%) at the beginning of the session.
- At the conclusion of the session 67% of respondents reported being familiar with organisational frameworks that address ethical decision making, compared to only 27% at the beginning of the session.
- 83% of respondents agreed they had sufficient time to network with their regional colleagues
- 90% of respondents said the Forum **fully met** their learning needs and 98% agreed it was **fully relevant** to their practice.

4.7. monthly email update



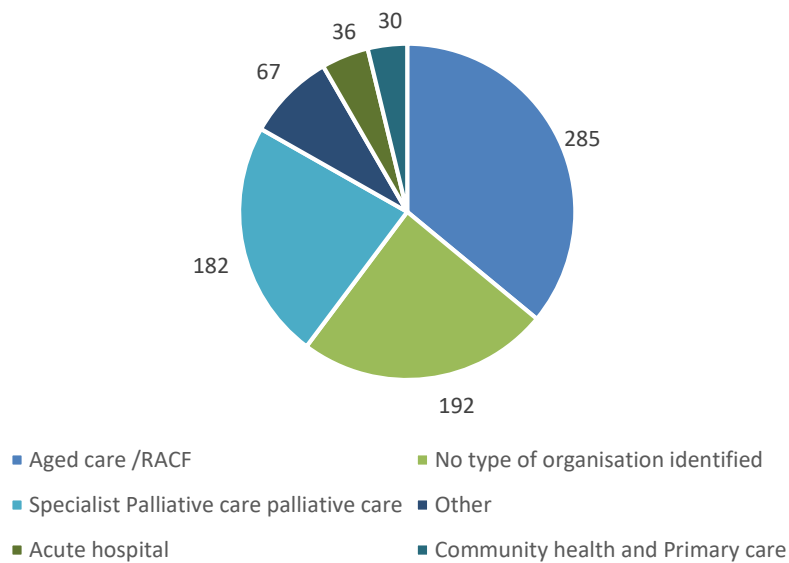
Stephenie Cook
Education & Training Coordinator

The SMRPCC began distributing a monthly email update in July 2013.

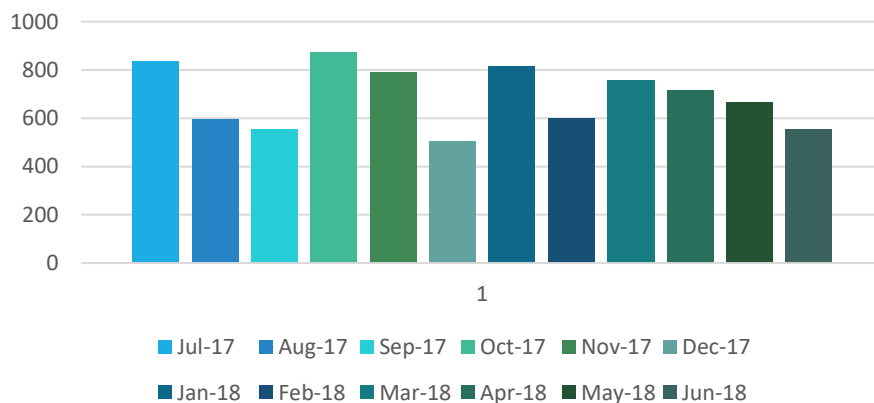
The Update is developed and delivered using the free on-line program Mail Chimp. It includes a training calendar with relevant training for health professionals in the region, which is one of our most popular features.

The Update is distributed each month and has grown by 120 subscribers during the year to a total of 728 individual subscribers. The usual recipient/viewer number is around 900 after the Update is forwarded to all staff within individual services.

Where do subscribers work?



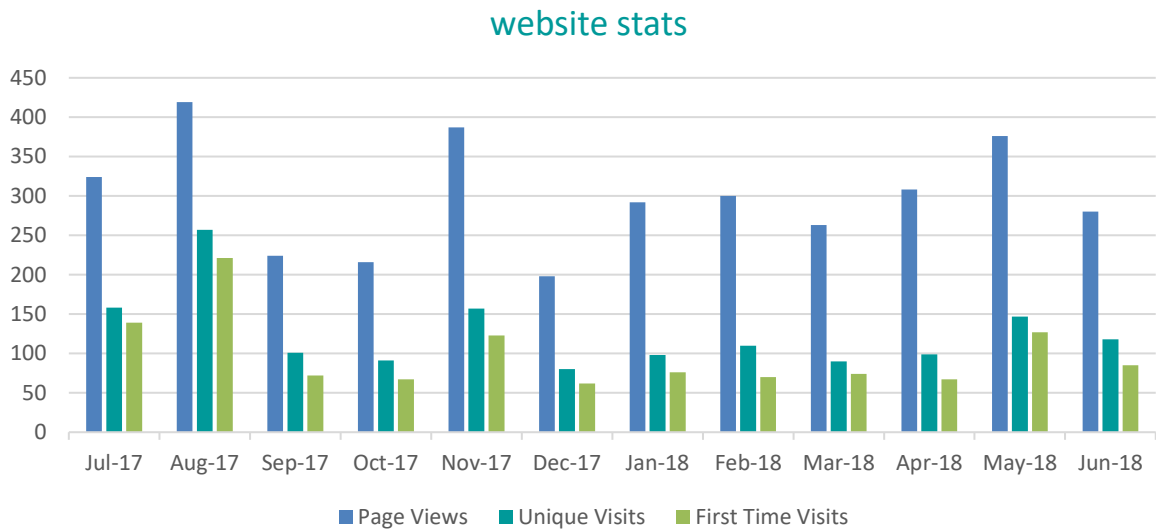
How many people open the email update?



4.8. website

Vale, the SMRPCC website that unfortunately died of old age this year. Before its demise, it continued 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 2017/18.

- Monthly Page Views - 298.9
- Avg. Monthly Unique Visits - 125.5
- Avg. Monthly First Time Visits - 98.6
- Avg. Monthly Returning Visits - 26.9



5. governance

The Consortium Executive group consisted of Rachel Bovenizer, Peninsula Home Hospice, the Consortium Chair, Shannon Thompson, Calvary Health Care Bethlehem and Dr. Aisling Griffin from Peninsula Health. Meetings are held regularly and their engagement with Consortium members provides effective sharing of information and ideas for the region.

The Consortium employed three staff with 1.6 EFT for the majority of the year and 3 staff with a 2.4 EFT since March 2018. Two experts have assisted us on a consultancy basis.

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.

6. financials

Financial statement available on request from tanja.bahro@smrpcc.org.au