

Southern Metro Region Palliative Care Consortium

2020

ANNUAL REPORT



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Copies of this report can be downloaded from the Southern Metropolitan Region Palliative Care Consortium website at

www.smrpcc.org.au

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Message from the Chair

I am pleased to present to you the Southern Metro Palliative Care Consortium Annual Report for 2019/2020. It is a credit to the consortium staff and members that despite the significant challenges that we are all aware of, it has been a productive year.

The consortium has now been established for more than 15 years and we are reaping the benefits of sustained trusting relationships, both across the region and with the wider Victorian service sector. These relationships help us to link individuals and organisation to support better client outcomes and build the capacity of both our specialist and non-specialist palliative care services and in the community. They also enable us to share our expertise with organisations external to palliative care to encourage and support the way death and dying is included into their service provision.

This year, we strengthened our focus on older people, both within and outside residential aged care facilities. We visited all 160+ Residential Aged Care facilities in our region and developed a communication strategy to ensure relevant information is delivered and received across the sector. The communication strategy includes regular contact from the consortium aged care worker and sector-specific information in our monthly email newsletter which continues to have a high relevance for the region and helps maintain awareness of the issues around end-of-life.

COVID-19 meant that our activities had to move into the digital world, but we were well equipped for this change. The challenges of providing palliative care and a palliative approach to care during a pandemic, was enhanced by information sharing and coordination of resources. You can find the details of our work in this report.

There are many I would like to acknowledge and thank for working with us and supporting us. I want to thank the consortium members, both voting and associate, for their continuing support and engagement. I would also like to acknowledge Shannon Thompson who resigned her role as consortium representative for Calvary Healthcare Bethlehem. Shannon served on the consortium executive for several years and we thank her for her generous contribution of time and expertise that has impacted the success of our work.

I would like to express my thanks to the consortium staff who have again demonstrated their great commitment and expertise. Their willingness to work flexibly and creatively to ensure that the region was well informed and supported during the COVID-19 pandemic has been extraordinary. We are looking forward to hopefully better times and will continue our efforts to support the Victorian End-of Life and Palliative Care Framework.



Rachel Bovenizer, SMRPP Chair



Introduction

The Southern Metro Region Palliative Care Consortium (SMRPCC) is an alliance of all publicly funded palliative care services in the region and 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

- [Cabrine Palliative Care](#)
- [Bolton Clarke](#)
- [South East Private Hospital Pty Ltd](#)
- [Southern Metropolitan Integrated Cancer Service](#)

AlfredHealth



The South East Melbourne Primary Health Network no longer attends meetings but continues to work closely with the consortium through the consortium manager.

The Southern Metro Palliative Care Consortium collaborates with the regional palliative care services, more than 160 Residential Aged Care services and many other relevant health and community services in the region. In accordance with the Victorian End of Life and Palliative Care Framework, we support the specialist providers to deliver high quality palliative care and encourage other services to develop their ability to deliver the palliative approach through relevant information, training and resources.

Additionally, we work closely with other consortia, Palliative Care Victoria, Safer Care Victoria and the Centre for Palliative Care.

The SMRPCC Consortium Manager was the chair of the Victorian Palliative Care Consortia Network in 2019/20.



Access to Palliative Care

Most people would prefer to die or be cared for at home, however, most Australians still die in hospital. While significant effort has been invested to increase access to palliative care, there are still access barriers.

Several issues might impede access to palliative care. These range from lack of knowledge about palliative care, in the community as well as within the health sector, cultural and linguistic barriers, including cultural incongruence between provider and patient, misunderstanding of perceived need and practical issues, such as distance or an unsuitable home environment.

The Victorian End of Life and Palliative Care Framework lists several groups as requiring additional support to ensure access to palliative care. These include people living in aged and disability residential care as well as people from culturally and linguistically diverse communities amongst others.

Capacity in community palliative care may also be an access barrier. In May 2020, Palliative Care Australia and KPMG published a report that outlined the need for increased investment in palliative care, not only to improve end of life experiences for patients and their families, but also to deliver lower end of life costs to government.

Recommendations of the report included:




- increased funding and timely access to home and community based palliative care
- invest in specialist palliative care and integrated support in residential aged care
- increase palliative care in hospitals

The report uses existing data sources to analyse and model costs and benefits associated with palliative care reform and, based on research, assumes that 51% of all deaths can benefit from palliative care interventions.

The southern metropolitan region is made up of 10 Local Government Areas and there are large demographic differences within the region. The three community palliative care services (Calvary Health Care Bethlehem, Palliative Care South East, and Peninsula Home Hospice) cover three sub-regions and provide specialist palliative care support to the residential aged care facilities RACF).

Service catchment	CHCB	PHH	PCSE
Total population over 65	66,110	67,434	55,611
Population over 65 expected to die	2,354	2,401	1,980
Population over 65 expected to require palliative care (estimate according to KPMG report)	1,200	1,224	1,010

Included in the above figures are the deaths in residential aged care, but because of the RACF setting, it is important to develop an understanding of the scale of the palliative care need in this sector. The table below attempts to estimate these figures based on the available data¹.

	Facilities	Beds	Occupancy rate 91%	Estimated annual discharge	Estimated annual deaths (83%)	Expected pc need (51%)
	69	5,269	4,795	1,856	1,541	786
	46	4034	3671	1421	1179	602
	43	3648	3320	1285	1067	544
Total	158	12,951	11,786	4,562	3,787	1,931

The above figures alone almost match the total numbers of admissions to community palliative care in the region, demonstrating that the current calculation of the palliative care need (Palliative Care Resource Allocation Model) might underestimate the need for palliative care in the region. The current Aged Care Royal Commission and the horrendous fallout from the COVID-19 epidemic in Aged Care will reveal that there is a great need for comprehensive reform of service systems and models. The SMRPCC will continue to raise awareness for the issues around access to palliative and end of life care and advocate for increased resources where necessary.

References:

Australian Institute of Health and Welfare: <https://gen-agedcaredata.gov.au/>

PCA, Palliative Care Service Development Guidelines, Canberra, 2018

Palliative Care Australia and KPMG, 'Investing to Save – The Economics of Increased Investment in Palliative Care in Australia' Canberra, 2020

¹ The KPMG report states that approximately 83% of discharges from RACF are because of death and that overall in the population approximately 51% of deaths require palliative care.

SMRPCC COVID-19 Response

The consortium was well set up to commence working from home in March when the first lockdown started and has been working online ever since.

During this period, our role was to enable services to work as effectively as possible and to facilitate communication across palliative care services within and outside the region as well as inform and resource non-palliative care services.

For the residential aged care sector, our response was most urgent and our database of 380 direct contacts in RACFs enabled us to provide timely and relevant updates to the services most in need. We identified gaps in knowledge and resources and our Aged Care Program Manager, Jane Newbound, adapted existing guidelines and tools to the COVID-19 context for services within our region. These resources and tools were then shared across the state and with CareSearch. Due to her expertise in aged care and palliative care, Jane was invited onto the Safer Care Victoria Older Persons and Palliative Care Advisory Group.

Within the region, the frequency of consortium meetings increased to provide an avenue for information sharing and the Victorian consortium managers started meeting monthly to discuss issues and solutions.

We adapted some of our training to be facilitated online, with a participation rate higher than anticipated but below our normal rate of face-to-face sessions. We also promoted existing, and developed new, online training resources to support the sector.

Collaboration and goodwill between all agencies has been a hallmark of the COVID-19 response and we are proud to be part of the solution.



Aged Care

Residential Aged Care continues to be one of the main foci of consortium work. One of the challenges in this area is maintaining communication with the 160+ facilities in our region and we try to engage the services through a variety of methods. The consortium has worked to improve links between acute hospitals, palliative care consultancies, residential in-reach, community palliative care, medical specialists and GPs. We acknowledge that there is still a long way to go to enable the aged care sector to provide holistic and collaborative palliative care but look forward to the opportunity to continue working with and supporting this sector to ensure the best outcomes for our frail elders.

We continue to offer to facilities audits of deceased resident files (DRFA) to ascertain how each service can improve their own palliative approach. We undertook two audits in 2019/20 and 6 had to be rescheduled due to COVID-19. It is anticipated audits will recommence once the sector has returned to functionality.

Education continues to be sought by the sector and this year included:

- 'one-off' training sessions on specific issues for facilities that have a DRFA workplan
- targeted training days
- online education and meetings/Q&A's.

These educational activities have provided excellent opportunities for facilities to identify and address their specific learning needs.

We have also worked closely with six facilities who are participating in ELDAC projects² and collaborated with the state quality and education managers of two larger facilities, to review their organisations policies and documents, including advance care directives and planning.

COVID-19

In 2020, because of the COVID-19 pandemic, all site visits had to be cancelled. During this time, the following services have been provided by the project officer to support the sector:

- weekly aged care newsletters and emails to over 380 contacts on our aged care database
- development of '*Basic Clinical Guidelines COVID-19 Positive Residents*', which has been shared with other consortia and has now been accepted on to the CareSearch website
- guidance on how to get and set up a medication Imprest system
- promotion of the use of '*Medical Goals of Care*' in aged care
- participation in a variety of Safer Care Victoria and Department of Health and Human Services committees and working groups including '*Care of Older People Clinical Network*'
- online education or Q&As to facilitate discussion about Advance Care Planning, End of Life Care and Symptom Management in the context of the pandemic
- responding to specific requests for information or support from individual facilities (significant increase in this activity with an additional 20 to 30 requests per week)

² ELDAC = End of Life Directions in Aged Care is a federal program to improve the palliative care in Aged Care

Unfortunately, this pandemic has highlighted the challenges this sector has faced over the preceding years. We anticipate that once the pandemic has subsided, the sector will be in great need of support to recover.

There will be significant challenges in staffing (both numbers and skill mix) and confidence in the sector's ability to manage care of our frail elders. We will continue to support the sector with these challenges in the coming year.

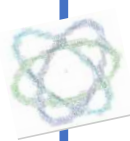
Aged Care Forum

The first Aged Care Forum was held in November 2019 with over 80 attendees. A variety of speakers helped provide an extraordinary day of education, networking and discussion.

Forum presenters and topics included...



Jane Newbound



Dr Barbara Hayes

Clinical Lead in Advance Care Planning,
Northern Health

*Medical Treatment, Planning
and Decision-Making Act and
Voluntary Assisted Dying*



Robyn Reid

MND Shared Care Worker,
SMRPCC

*Finding Hope – Mental Health
Issues in Aged Care*



Carolyn Botto & Lyle Oates

Aged Care Palliative Care Project,
Calvary Health Care Bethlehem

*Report on the Aged Care Project,
Calvary Health Care Bethlehem*

Disability

Since 2013, the SMRPCC has included the disability sector in its capacity building work. There are more than 150 disability group homes in our region that could benefit from knowing more about the palliative approach.

Our work in this area has included two reports identifying issues and gaps specific to group homes, a series of fact sheets for group home staff, a dedicated Facebook page to overcome issue of lack of staff access to computers and free training about the palliative approach.

This year, the disability sector was still grappling with the rollout of the NDIS as well as changes to the oversight of group homes with the Victorian Department of Health and Human Services disengaging from the sector.

Group homes are now largely managed by larger agencies and are no longer linked to regional networks. Despite persistent efforts, the consortium has been unable to obtain accurate contact details for group homes in the region. As a result, we have been unable to contact the group homes directly and are dependent on their initiative to maintain contact with the consortium.

Consequently, we have only provided one training session in the disability sector with 25 managers of group homes. We continue to promote relevant resources, including our fact sheet series via our monthly e-newsletter and Facebook page. Our Facebook followers continues to grow and has increased by 12% to 58.

We will continue to source and update contact details for group homes and look forward to reconnecting with the sector in 202/21.



Motor Neurone Disease

The MND Shared Care Worker (SCW) provides training, secondary consultation, and resources to clinicians in the region who work with people with MND, including aged care services. The purpose of this program is to increase access to palliative care for people living with MND. This has been achieved with a steady increase of referrals to palliative care from the commencement of the MND shared care worker role in 2010 until 2019.

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 for top-up funding.

This year education has continued with a total of 80 people attending face to face education across the southern region. Participants came from a variety of disciplines such as case managers, volunteers and home health care workers, nurses and allied health professionals.

MND podcasts

In 2018, there was a decline of people with MND in inpatient palliative care services due to a decline in overall inpatient beds in the region.

People with MND are often cared for in Residential Aged Care and staff in these facilities often require instant information and training about the condition. For this reason, we developed resources that can be easily accessed and are available as soon as a person with MND enters a facility. The MND podcast series commenced in the previous financial year but most podcast were developed in the current financial year.

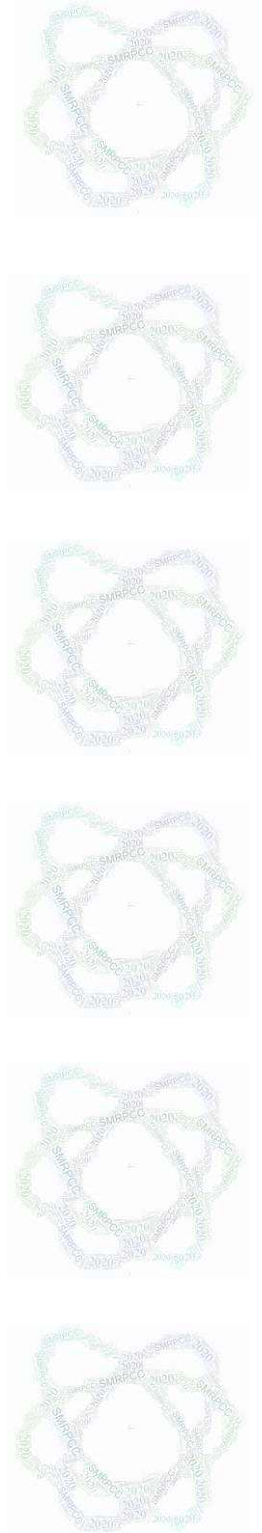
The MND podcast series has a total of 8 individual podcasts covering the following topics:

- Maintaining hope
- Sexuality, MND & palliative care
- Carers of people with MND
- Communication
- Front-temporal dementia
- Respiration and non-invasive ventilation
- Secretion management and dysphagia
- Presentation, diagnosis & clinical decision making

New podcasts were released and promoted via the SMRPCC monthly email update where there are also regular promotions of the entire podcast series.

Due to the difficulties in providing face to face education after February 2020 because of the pandemic, efforts have been directed to providing education via digital solutions including webcasts and on-line learning modules. Two activities developed include:

- *What is Palliative Care* webcast to help health professionals explain the benefits of palliative care, services available and how to access those services. This webinar can be used with clients as a way of introducing palliative care.
- Non-Invasive Ventilation (NIV) learning module which consists of a PowerPoint presentation and a comprehension test.



Education Data

This year, the SMRPCC delivered 48 education sessions, up from 35 sessions last financial year. This increase is mainly due to the activity in the aged care sector as part of the Deceased Residents File Audit (DRFA) project. Please see the aged care section of this report for further information about the DRFA project.

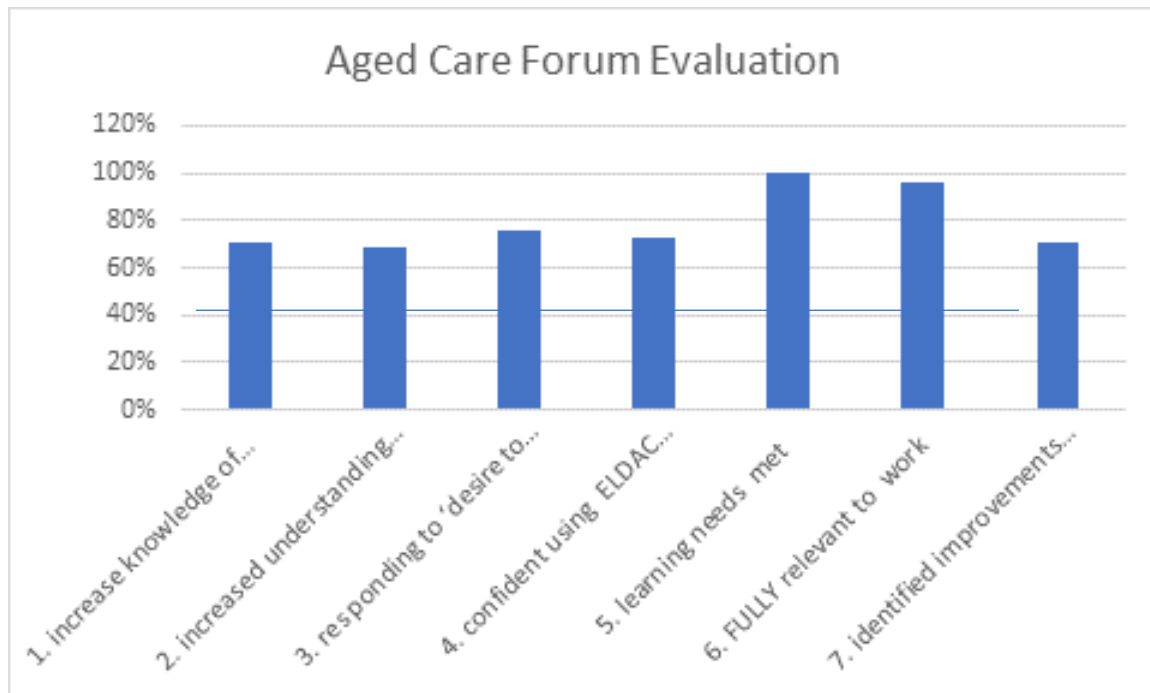
A total of 820 people participated in our education activities. This is an increase of 217 participants when compared to last year.

A variety of topics were delivered including:



In November 2019 we facilitated our first Aged Care Forum. This forum was well-received and had 81 attendees. The forum evaluation survey was completed by 79% of attendees and their feedback was exceedingly positive. Key outcomes (illustrated in the table below) included:

1. 71% of respondents identified feeling more confident with their knowledge of the Voluntary Assisted Dying legislation
2. 69% of respondents identified having a better understanding of Advance Care Planning for people who lack capacity
3. 76% of respondents identified feeling more confident responding to ‘desire to die’ statements from my residents
4. 73% of respondents identified being more confident using the ELDAC web site and accessing their resources
5. 100% of respondents said their learning needs were met
6. 96% respondents agreed that the Forum was FULLY relevant to their work
7. 71% of respondents identified improvements they would make to their practice as a result of attending the forum



Response to COVID-19

The COVID-19 pandemic significantly changed the delivery patterns of our education activities. From March 2020, face-to-face activities were prohibited and our most popular education activity, the *SMRPCC Annual Clinical Forum*, had to be cancelled.

We continued to provide education and support during the pandemic using new digital platforms such as webinars, podcasts and sector-specific communications.

Our first webcast titled *What is Palliative Care* was released in June and was watched by at least 45 people in that first month.

Our MND podcast series continues to be popular. Five new podcasts were released during this year and the complete series, which consists of 8 podcasts, has been played more than 400 times.

Sector-specific communications were also introduced to provide service providers and the workforce to maintain safety and standards during the COVID-19 pandemic. For further details of these communications please refer to the MND and aged care sections in this report.

Email Update

The SMRPCC introduced a monthly email update in July 2013. That first update had a subscriber list of 194 people. Since then the number of subscribers has continued to increase and now includes 687 individual subscribers.

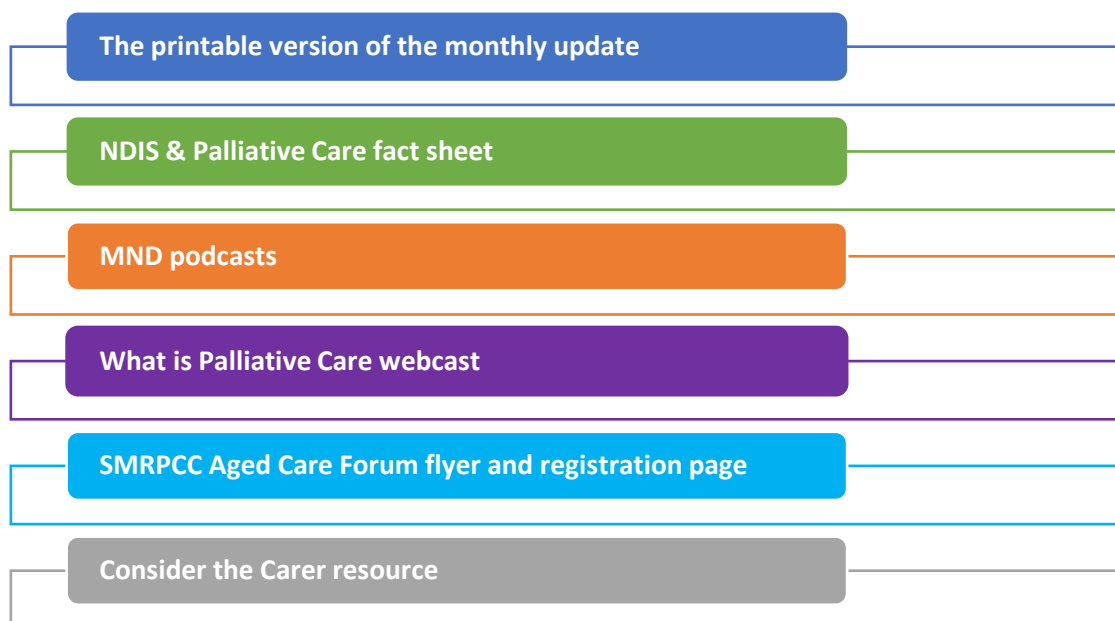
The update is opened an average of 726 times each month. This is 100 more opens each month than during the previous year.

Every month the update includes links to a variety of resources and education activities relevant to both palliative care and other health and community services in the region. The term 'click-rate' refers to the number of times a link is clicked to access the associated resource or activity. The average click-rate for this year was 25%, which is 5 times higher than the average click rate for those in the medical industry (who use Mail Chimp as their digital communication tool).

Activities and resources developed and/or delivered by the consortium proved popular this year with the following items rating in the top-5 clicks (during the month(s) they were promoted):

Email Update Items rated in the top 5 clicks

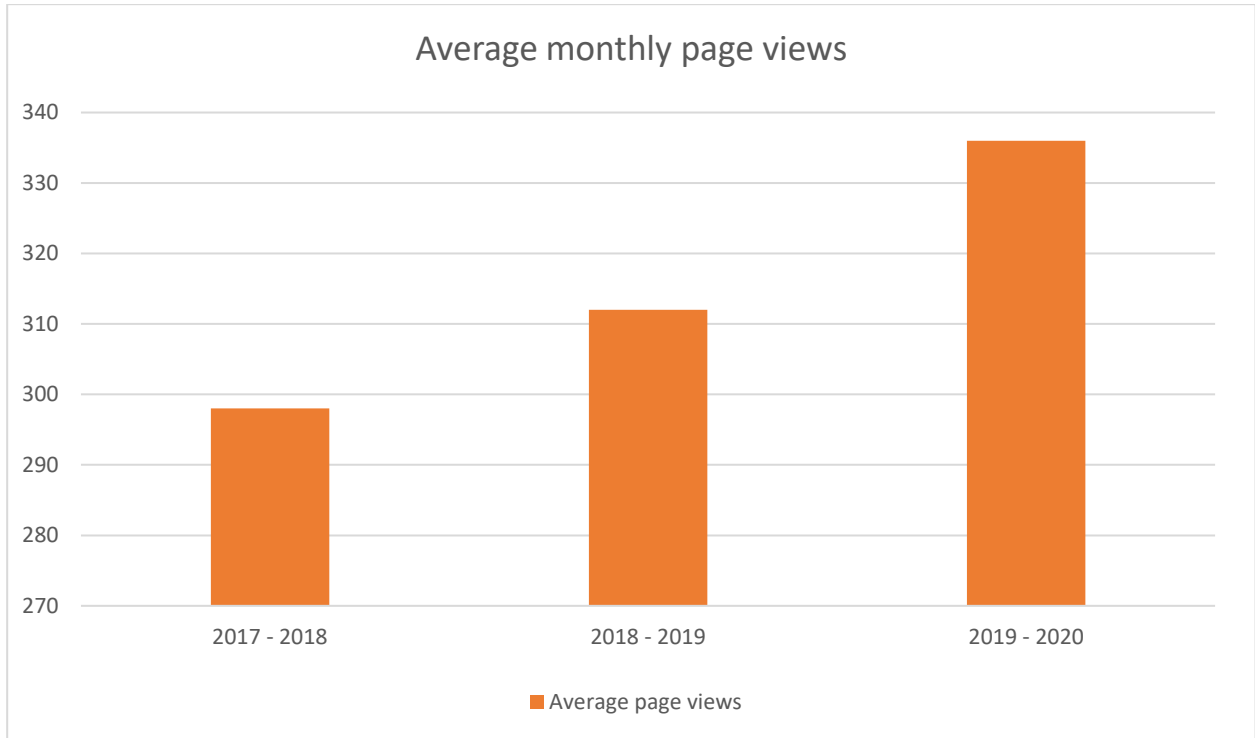
(during the month(s) they were promoted)



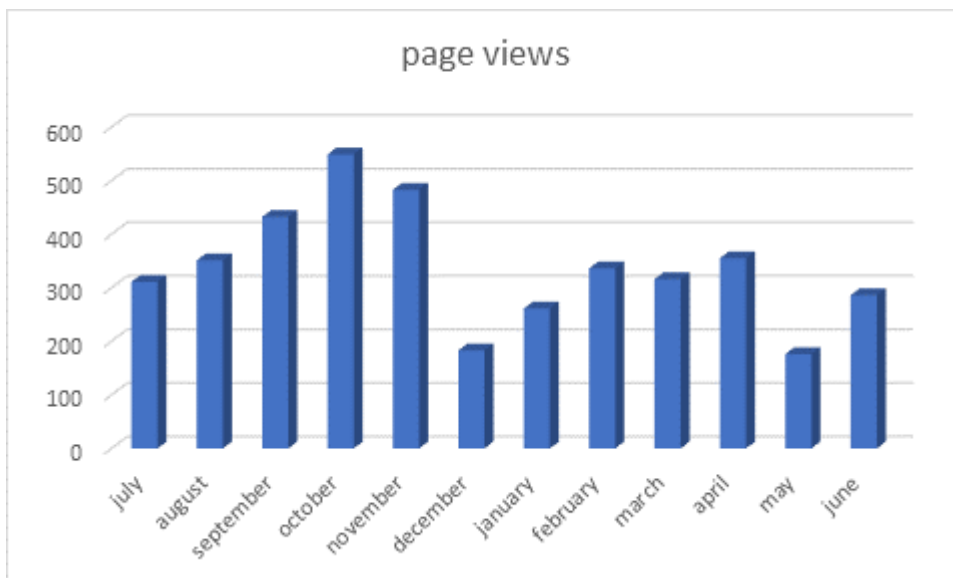
Website

The SMRPCC website continues to be an important source of information for health professionals in the region. The email update refers readers to relevant resources, news and events available on the website.

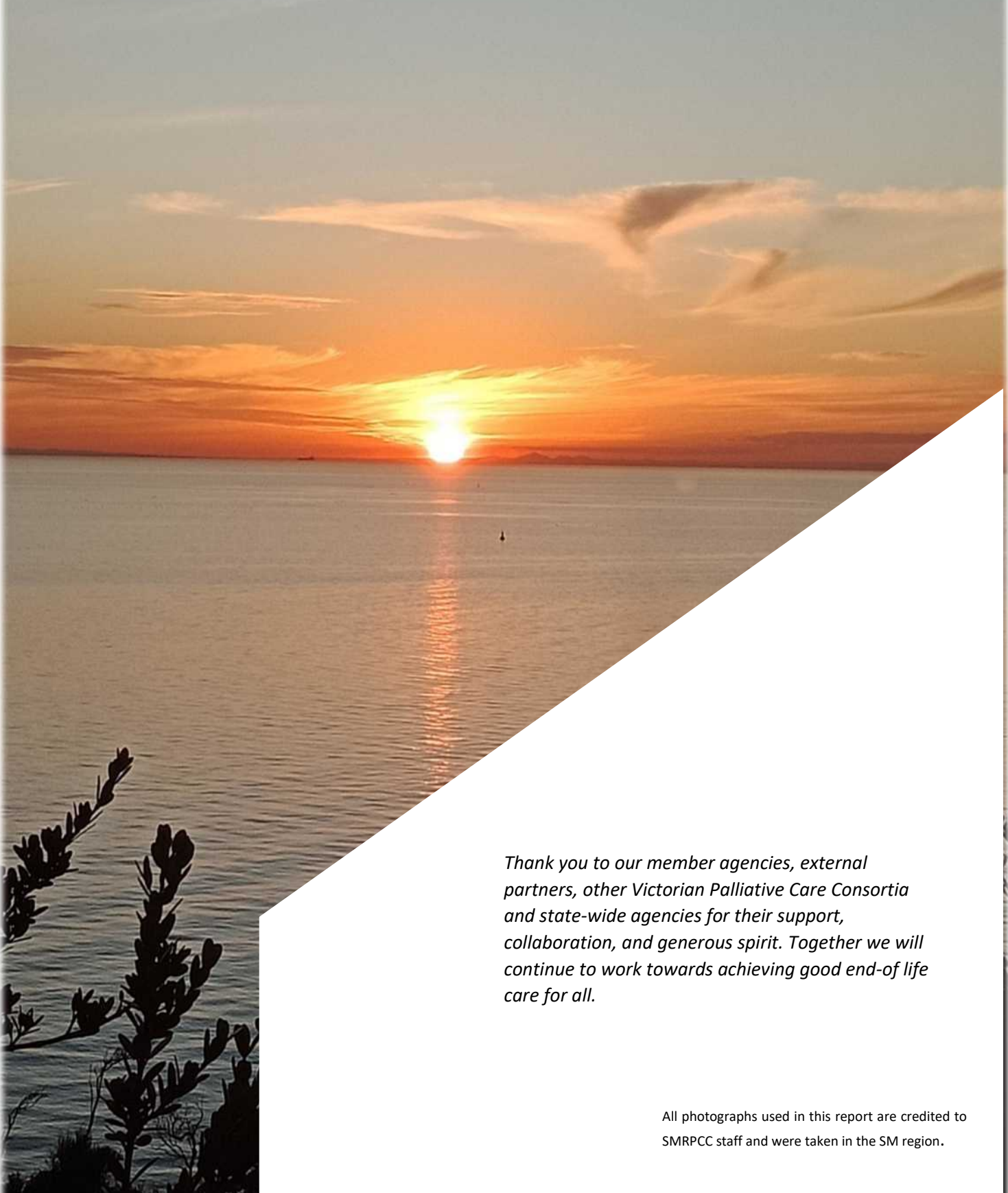
Every year, we have seen an increase in page views on our website.



Below are the website statistics for 2019/20 ...



Southern Metro Region Palliative Care Consortium



Thank you to our member agencies, external partners, other Victorian Palliative Care Consortia and state-wide agencies for their support, collaboration, and generous spirit. Together we will continue to work towards achieving good end-of life care for all.

All photographs used in this report are credited to SMRPCC staff and were taken in the SM region.