



**Southern Metro Region  
Palliative Care Consortium**

**2021**

**ANNUAL REPORT**

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Janet Phillips, CEO, Peninsula Home Hospice

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

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

[www.smrpcc.org.au](http://www.smrpcc.org.au)

# TABLE OF CONTENTS

- Message from the Chair .....5
- The Consortium .....6
- Palliative Care Workforce.....7
  - Doctors .....7
  - Nurses.....8
  - Allied Health .....8
  - Volunteers .....9
  - Aged Care .....9
- Motor Neurone Disease .....10
- Project Pool Funding .....11
  - Palliative Care South East: Transition to Specialty Practice .....12
  - Alfred Health: Exploring the Bereavement Experience .....12
  - Monash Health: Planning Ahead Together .....13
- Aged Care .....14
- Disability .....15
- Education and Training.....16
- Email update.....17
- Website .....18



## Message from the Chair

Welcome to the 2021 Annual report.

Despite the pandemic, the Consortium has had several positive outcomes as a result of innovative ideas, hard work and adapting to a new environment.

I would like to thank my predecessor, Rachel Bovenizer, for her strong leadership of the Consortium for more than ten years and who has now retired.

Robyn Reid, the MND Shared Care Worker, has also retired having been in the role since 2008. Robyn worked closely with health professionals and community care providers to ensure best care for clients with MND.

During the past year we all continued to navigate through the COVID-19 pandemic. Consequences of visitor restrictions to hospitals and Aged Care facilities had a significant impact on clinical workload across the sector. Throughout this time the Consortium has served as a place for resource sharing, support and a source of information.

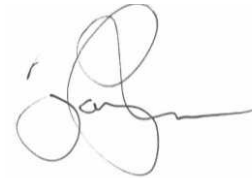
The Consortium has shown leadership in the timely response and critical support given to Residential Aged Care, transforming service provision to safely meet the needs of residents and their support network. The Consortium's response is highlighted in this report with meetings and training sessions being conducted virtually. Staff continued to stay connected with the wider sector and the Department of Health to ensure that information flowed in a timely manner to the relevant people.

Our continued advocacy raised awareness for palliative care, mainly in the Residential Aged Care and Disability Sectors.

Cultural diversity training continued in the region and extended to the broader sector in Victoria.

I would like to acknowledge the efforts and contributions of my fellow executive members, Aisling Griffin and Michelle Gold, who have been outstanding supporters of the Consortium. I would also like to thank the Consortium representatives who, despite their increased workload, continued to share ideas and collaborate for the advancement of palliative care in the region.

Thank you to the Consortium staff for their support, drive and ability to respond and adapt to rapidly changing environments. COVID-19 has challenged our flexibility and resilience in ways we never thought possible. I am delighted that the team has met these challenges with steadfast commitment to our work.



Janet Phillips, SMRPCC Chair  
CEO Peninsula Home Hospice



Janet Phillips, SMRPCC Chair

# The Consortium

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

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

**AlfredHealth**



**Peninsula Home Hospice**



**MonashHealth**

The Southern Metro Palliative Care Consortium collaborates with the regional palliative care services, approximately 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 SMR Consortium Manager was the chair of the Victorian Palliative Care Consortia Network in 2020.



**South Eastern Private Hospital**



## Palliative Care Workforce

The most recent Intergenerational Report<sup>1</sup> paints a picture of the future in Australia. It suggests there will be significant demographic changes with an ageing population. Between 30 June 2019 and 30 June 2031, the proportion of people aged 65 and over is projected to increase from 15.9% to 19.5%. The workforce participation rate is projected to decrease slightly at the same time. Healthcare costs are also expected to rise, partly due to advances in technology. These changes will pose significant challenges for the provision of palliative care.

The COVID-19 pandemic has resulted in a decrease in migration which could have a significant effect on the health workforce. This, in combination with the challenges in the Australian University sector, are factors that may impact on the palliative care workforce; however, it is too early to anticipate what impacts will be felt.

The Australian Institute for Health and Welfare released their report on the palliative care workforce in Australia in May 2021. Interestingly, this report covers only medical professionals and nurses and does not include the allied health or volunteer workforce, who are essential in the provision of palliative care.

### Doctors

The Palliative Care Australia (PCA) Service Development Guidelines set a benchmark of 2.0 full-time equivalent specialist palliative medicine physicians per 100,000 population. According to the National Health Workforce dataset (2018) there were 61 palliative care physicians in Victoria, with the clinical FTE per 100,000 population being the lowest in Australia at 0.6.

Table 1. Palliative care physicians by state

State or territory	Number of palliative medicine physicians	Average total hours worked per week	Average clinical hours worked per week	FTE number	Clinical FTE	FTE per 100,000 population <sup>(a)</sup>	Clinical FTE per 100,000 population <sup>(a)</sup>
New South Wales	91	39.9	30.0	90.9	68.3	1.1	0.9
Victoria	61	35.5	24.7	54.1	37.6	0.8	0.6
Queensland	49	40.6	34.5	49.8	42.3	1.0	0.8
Western Australia	30	37.0	31.8	27.8	23.8	1.1	0.9
South Australia	20	35.0	28.5	17.5	14.3	1.0	0.8
Tasmania	10	36.7	27.8	9.2	7.0	1.7	1.3
Australian Capital Territory	5	43.2	30.8	5.4	3.9	1.3	0.9
Northern Territory	5	36.6	34.8	4.6	4.3	1.9	1.7
<b>Total<sup>(b)</sup></b>	<b>271</b>	<b>38.3</b>	<b>29.7</b>	<b>259.2</b>	<b>201.4</b>	<b>1.0</b>	<b>0.8</b>

<sup>1</sup> Intergenerational Report, June 2021, Australian Government (<https://treasury.gov.au/publication/2021-intergenerational-report>)

## Nurses

In the area of nursing, Victoria is slightly ahead of NSW, Qld, SA and WA with 11.8 clinical FTE per 100,000 population. There are no benchmarks set by the PCA Service Development Guidelines because of the broad range of nursing areas, reaching from nurse practitioners and clinical nurse consultants to registered nurses without specific qualifications, as well as Division 2 nurses.

Table 2. Palliative care nurses by state

Employed palliative care nurses							
State or territory	Number of palliative care nurses	Average total hours worked per week	Average clinical hours worked per week	FTE	Clinical FTE	FTE per 100,000 population <sup>(a)</sup>	Clinical FTE per 100,000 population <sup>(a)</sup>
New South Wales	1,047	34.8	31.8	958.9	875.2	12.0	11.0
Victoria	999	31.6	29.0	831.8	762.2	12.9	11.8
Queensland	681	32.3	30.1	579.0	538.7	11.6	10.8
Western Australia	375	30.8	28.9	304.1	284.8	11.7	11.0
South Australia	230	32.5	29.9	196.6	180.7	11.3	10.4
Tasmania	94	32.2	31.4	79.7	77.8	15.1	14.7
Australian Capital Territory	65	35.6	31.9	60.9	54.6	14.5	13.0
Northern Territory	37	37.4	36.4	36.4	35.4	14.7	14.3
<b>Total<sup>(b)</sup></b>	<b>3,528</b>	<b>32.8</b>	<b>30.3</b>	<b>3,047.4</b>	<b>2,809.3</b>	<b>12.2</b>	<b>11.2</b>

## Allied Health

According to a recent report by Flinders University<sup>2</sup> the roles of allied health in palliative care are recognised in the Palliative Care Australia Service Development Guidelines, but data on supply and demand is limited. The Allied Health palliative care workforce may include, but is not limited to, art and music therapy, grief and bereavement counselling, occupational therapy, pastoral care work, pharmacy, physiotherapy, psychology, social work and speech pathology.

In the Southern Metro Region, all specialist palliative care services employ a range of Allied Health professionals, but the composition depends on the service model. Palliative care education in Allied Health is growing but remains limited and support for upskilling qualified professionals is needed. Allied Health specific research is slowly increasing and will inform palliative care practice. (e.g. bereavement practices, routes of medication administration, breathlessness, and functional decline).

In residential aged care, most clients are approaching end of life, but only 4% of allied health professionals working in aged care have qualifications in palliative care.

<sup>2</sup> Gravier S, Erny-Albrecht K. Allied health in Australia and its role in palliative care. Adelaide: CareSearch; 2020.



## Volunteers

There is no recent data available on numbers of volunteers specifically in palliative care. However, overall, there has been a significant decrease in volunteering during the pandemic<sup>3</sup>. In the area of volunteering, palliative care might be in a favourable position, considering that the average age of volunteers in palliative care was 64 at last count<sup>4</sup>. An ageing population could therefore have a positive impact on volunteer numbers. Volunteer roles are in the process of expanding in the region with two community palliative care services expanding their community liaison roles and another actively recruiting volunteers from migrant backgrounds.

## Aged Care

Arguably, amongst non-specialist palliative care, the aged care workforce has the greatest exposure to death and dying. The care this workforce provides has challenges around complex co-morbidity, frailty and cognitive ability of some residents. Knowledge about palliative care, particularly in the context of aged care and dementia, is essential. However, there is little training both for nursing and personal care attendant staff.

The recent Aged Care Royal Commission has shone a spotlight on the challenges of aged care in Australia and sadly little change in the sector can be observed since the recommendations were released. As was known previously, workforce attrition and turnover are the greatest challenges to establishing systems that support the palliative approach in aged care. An understaffed and underpaid workforce can lead to difficulties with the provision of adequate care or prevent attracting appropriately skilled staff.

The COVID-19 crisis in Victoria in 2020 had a significant impact on the sector. The aged care sector is heavily reliant on new graduates and new migrants to source sufficient staff. Anecdotally because of the pandemic, it is expected there will be both a loss of experienced staff in aged care as well as challenges in recruiting new staff due to the decrease of immigration and delays in students completing placements and being eligible to enter the workforce. Additionally, the senior experienced nursing staff are being recruited/ utilised as Infection Prevention & Control officers in their facilities, thus decreasing valuable (and already limited) nursing hours at the bedside. Unless these issues are addressed, there will be a greater call on palliative care and other support services to assist their colleagues in aged care.

## Considerations

This time of challenges also provides us with an opportunity to think differently. The traditional ways of thinking, such as including more palliative care education into graduate and post graduate courses and recruiting early career nurses might not be the only way to overcome workforce shortages. Pathways for mid-career nurses and doctors to encourage changes in speciality, short courses and placements for nurses and allied health and education outreach into general health care might be more effective approaches in maintaining and expanding the palliative care workforce.

Workforce retention is another way to maintain adequate staffing levels and we can now think of opportunities to achieve greater retention through improving management skills, increasing flexibility in employment and making use of the technologies we have learned to master during the lockdowns.

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<sup>3</sup> Research Briefing: The experience of volunteers during COVID-19, Volunteering Australia, 2020

<sup>4</sup> Palliative Care Workforce Study, Department of Health, 2013

# Motor Neurone Disease

Twelve years ago the Consortium received funding from the Department of Health in conjunction with Motor Neurone Disease Association Victoria to establish the Motor Neurone Disease Shared Care Worker position. We were fortunate to employ Robyn Reid, an excellent researcher and educator with a background in both nursing and social work. Over the past 12 years Robyn has been supporting staff who have clients with MND and upskilling the regional workforce in all aspects of the disease. In that time, she has also developed a number of inspired and useful resources and activities that are now applied beyond the region. Robyn's contributions include:

## Program of Experience in Motor Neurone Disease

... an annual placement program, organised in collaboration between the consortium, Calvary Healthcare Bethlehem and Motor Neurone Association of Victoria. The program was initially meant for staff in the SMR only but has since expanded to the rest of Victoria. As a result, there is now a network of portfolio holders for MND in palliative care services across the state.

## Palliative Care Conversations

... a train-the-trainer resource to support generalist health professionals to better understand the palliative care sector and to communicate effectively, especially when making a referral to palliative care. This 90-minute training session has been extensively evaluated, including in a Consortium initiative where 300 health professionals across the region were trained. It resulted in 77% of the participants changing their practice as a result of this short intervention.

## Consider the Carer

... a resource specifically designed for health professionals working in palliative care to better understand the full impact of the caring role and to develop prevention strategies. This resource was inspired by the insightful knowledge of Jan Campbell, a now retired former nurse and welfare worker at Palliative Care South East. The resource is now in its 3<sup>rd</sup> edition.

## MND Podcast Series

In order to support more health workers quickly when providing care for people with MND, Robyn wrote and recorded the MND podcast series. The eight podcasts (and written transcripts) are available through our website and more than 500 people have listened so far.

## NIV Learning Module

Withdrawal of non-invasive ventilation (NIV) is a challenge for services who support people with MND. In order to prepare and inform staff, Robyn developed comprehensive learning module for the services in our region

## Mindfulness & Meditation

Robyn also produced other resources to support staff health & wellbeing including a Mindfulness & Meditation webcast and a podcast on caring for your mental health & wellbeing

Thank You  
Robyn!



After 12 years with the Consortium, Robyn Reid decided to retire. We thank Robyn for her hard work, dedication and support over the years and wish her all the best for her retirement.

## Project Pool Funding

During the pandemic, it is difficult to interact with colleagues from other workplaces, making joint initiatives more difficult.

To advance the Victorian End-of Life and Palliative Care Framework, the SMRPCC usually undertakes initiatives in partnership with member agencies. The capacity of the Consortium to undertake service improvement projects, however, is limited. With restrictions on face-to face contact, the Consortium decided to encourage individual member agencies to undertake their own innovative projects and share any findings and resources with the other members. Small seeding grants were made available for funded member agencies to undertake initiatives that met the criteria determined by the Consortium:

- The project will work towards one or more of the goals of the Victorian End of Life and Palliative Care Framework
- The project findings, resources and other products will be shared with other providers
- The project will include a small evaluation report
- The project conclusion date will be negotiated between the applicant and the Consortium

The Consortium issued a call for applications and submissions were assessed by the Consortium Executive. Funding was provided for 3 projects, all of which started in 2021. All projects have regular contact with the Consortium Manager and report milestones to the Consortium meeting. A final project report will be tabled at the Consortium meeting upon finalization of each project and any resources / outcomes will be distributed to relevant agencies in the region as per the project plan.



Dromana Pier at sunset

The following initiatives were successful in their application:



### *Transition to Specialty Practice*

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There are some key challenges to nursing staff formalising their skills and practice with specialist qualifications. These include returning to study, undertaking online education and the financial commitment to further education. To address the identified gap in specialist palliative care educated nurses, Palliative Care South East partnered with the Gippsland Regional Consortium to engage the Australian College of Nursing to develop the Transition to Specialty Practice course. The partnership model supported access for nurses who have geographical challenges living in the regional and outer suburban areas to access the course without the impediment of travel. The financial support from the Southern Metro Palliative Care Consortium was instrumental in commencing the program.

The Transition to Specialty Palliative Care course is for registered nurses looking to advance their palliative care knowledge. It is a bridge for those who may wish to pursue post-graduate study but have not progressed that desire yet.

The pilot program was run over seven sessions (each 6 weeks apart) in a face-to-face format. Leaders within the palliative care sector provided mentoring and support for participants. The face-to-face sessions were complemented by an accredited online component co-ordinated by the Australian College of Nursing.

Evaluation of the program illustrated a high level of interest with feedback identifying the original hypothesis of returning to study was challenging for many nurses. A supported program with peer support and mentoring from senior nurses enabled individuals to advance their studies in a positive environment. 14 nurses are currently undertaking the pilot program with an intent to complete their full qualifications, making this pilot a great success.



### *Exploring the Bereavement Experience*

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With support from the SMRPCC, Alfred Health is undertaking a cross-sectional study, using an after-death follow-back survey. The survey will be completed by people who were bereaved either prior to or during the COVID-19 pandemic, where the deceased was a patient of Alfred Health services.

The study will investigate the impact of end-of-life and post-death experiences, and subsequent access to, needs for and experiences of bereavement support. It will assess grief and coping response, social support, prolonged grief disorder (PGD) and quality of life (QoL).

By describing grief experiences, support needs and uptake of bereavement care by carers/families of patients known to Alfred Health services, this study will have practice implications at a consumer, clinician and service delivery level. Models of care that are currently working well, as well as gaps in service delivery and opportunities for service and quality improvement will be highlighted.

The findings will be used to develop hospital-wide grief and bereavement guidelines, which will be shared with other palliative care services in the region.

This innovative pilot places a Clinical Nurse Consultant from the Palliative Care Consultancy into the general medical ward at Monash Health for a three-month period. The aim of the pilot is to identify general medicine patients at high risk of mortality within the next 3 months. These patients, together with their family members/significant others, will be actively engaged to ensure they have the relevant clinical information to make informed decisions regarding their medical treatment and receive appropriate services across the full cycle of care.

A Palliative Care Nurse Consultant (PCNC) will work in partnership with the General Medicine team and approach this cohort to discuss issues such as:

- ∂ current understanding of illness and treatment preferences
- ∂ patient's perception of their current quality of life and priorities for the future
- ∂ initiate discussions regarding appointment of Medical Treatment Decision Maker/Completion of Advance Care directive
- ∂ address gaps in community supports
- ∂ identify preferred venue of care

The PCNC will facilitate discussions between the General Medicine teams and patients and families to ensure any information/service gaps are addressed. The PCNC will also provide mentoring and direct support for generalist staff in effective communication strategies regarding end-of-life care discussions.

An algorithm will be developed to assist with identifying the most appropriate community supports that are integrated and timely. This algorithm will be shared with the Consortium and the process documented to assist other consultancies with the implementation of similar initiatives.



Somers, Western Port Bay

## Aged Care

Residential Aged Care continues to be one of the main foci of Consortium work and we continued to communicate through regular updates, phone contact and virtual meetings.

The sector is still seeking education on palliative care. This included one off training sessions, targeted training days at one facility (multiple sessions for the entire facility workforce) and more recently online education and meetings/ Q&A's. This has provided excellent opportunities for facilities to identify their specific learning needs. In addition, there has been close work with several facilities who are also participating in ELDAC projects (namely MiCare – 2 facilities, Lifeview Residential Aged Care – 3 facilities, Napier Street Aged Care).

We collaborated with the state quality and education managers of Vasey RSL Care and Lifeview Residential Aged Care to review their organisations policies and documents used including Advance Care Directives and Planning. Benetas invited the Consortium to provide education for all facility and clinical managers in the state and their regional managers. These collaborations have resulted in ongoing opportunities for engagement.

Because of the COVID-19 pandemic, site visits were rarely possible. Instead, the Aged Care Project Manager offered the following services to support the palliative approach:

Online education or Q&As to facilitate discussion about Advance Care Planning, End of Life Care and Symptom Management
Weekly Aged Care Newsletters and urgent updates to over 380 people on the aged care database.
Development of "Basic Clinical Guidelines for Covid19 Positive residents, which has now been accepted on to the CareSearch website
Facility preparation checklist (now on the CareSearch website)
Guidance on how to get and set up a medication imprest system
Use of "Medical Goals of 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"
Working with Safer Care Victoria to develop a simple tool for care staff - "Early Recognition of Clinical Deterioration in Aged Care" assessment tool.
Provision of an online education session "Introduction to Palliative Care in Aged Care" to the national interpreter service (over 500 participants)
Responding to specific requests for information or support from individual facilities (significant increase in this activity of between an additional 20 to 30 requests per week)

In March 2021 the Consortium conducted a survey to identify the presence of Health Service Permits (HSP or medication imprest systems) and ownership of a facility syringe driver. Of the 43 RACFs who responded to the survey, approximately 40% have their own syringe driver and 40% have a HSP. Interestingly it is not the same facilities that have both items. Future work will focus on encouraging and supporting facilities to implement a medication imprest system and look at increasing the capacity to provide continuous subcutaneous infusions (whether by syringe driver or an alternative delivery device).

Opportunities for the future include enhanced engagement with the providers of palliative care services including GPs (via SEMPHN) and the residential in-reach teams (via direct contact) and the member organisations of the Consortium. The focus will be on encouraging all services to develop a comprehensive and consistent approach to information or resources developed for the sector.

## Disability

It has been a difficult time to collaborate with disability services in 2020/21. Not only the pandemic, but also the issue with the NDIS now being in control of group homes which has imposed barriers to contacting the appropriate services and offering support.

Despite the challenges of accessing disability group homes, there has been a great interest in our fact sheet series, with VALID, a disability advocacy organisation promoting these resources, as well as LaTrobe University and LIVE Tasmania (service provider) requesting assistance and access to our reports on barriers to the palliative approach in group homes.

Our Disability Project Facebook page has a 5-star rating and a group of 72 of dedicated followers (19% increase from last year) who regularly 'like' and share posts. As a result, posts reach up to 160 people per month.

The Consortium prepared a submission to the Disability Royal Commission and responded to all requests for resources from group homes and other palliative care services.

## Education and Training

Lockdowns and the need for physical distancing have been challenges to the provision of education. In addition, health services have different priorities during the pandemic, with significant increases in referrals, staff shortages, especially in Aged Care, and the need to adapt service provision to ever changing conditions. Despite these challenges, online training enabled the Consortium to meet the need for training in a flexible and responsive way.

The start of the financial year saw a six-week training program for volunteers in specialist palliative care to enhance their presentation skills to engage better with the community. This course was delivered in conjunction with Karen Bolger from Calvary Health Care Bethlehem and had nine participants from two community palliative care services.



In October, we commenced a program of cultural diversity training. A series of five 50-minute modules was developed and delivered weekly via Zoom. While most participants were from the southern metro region, some participants came from as far away as Mildura, Horsham and Lakes Entrance. Due to continuing interest and successful evaluations, the program was repeated twice and then taken on by Calvary Health Care Bethlehem as an internal workforce development initiative.

While individual aged care facilities were still supported with face to face and online training (10 sessions), the program expanded its reach and delivered important training organised through other organisations such as the Department of Health, Safer Care Victoria and Leading Age Services Australia. The largest number of participants for one session was a national webinar for Aged Care interpreters on the importance for palliative care in aged care.

With more than 1,186 participants in 43 training sessions, we have expanded our training capacity once more.

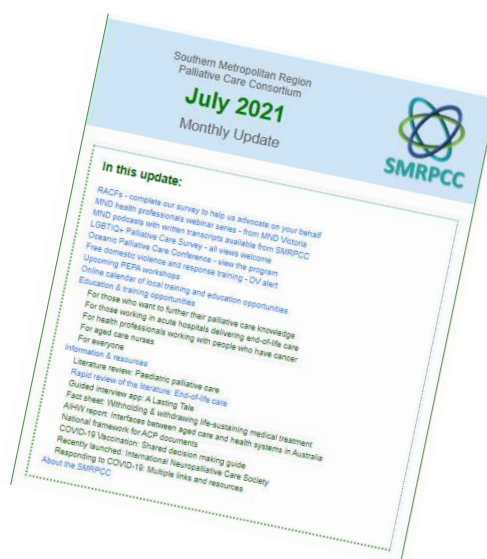
area	number of sessions	number of participants
Health Promotion	6	54
Cultural Diversity	17	79
Aged Care	20	1048
<b>Total</b>	<b>43</b>	<b>1181</b>



# Email update

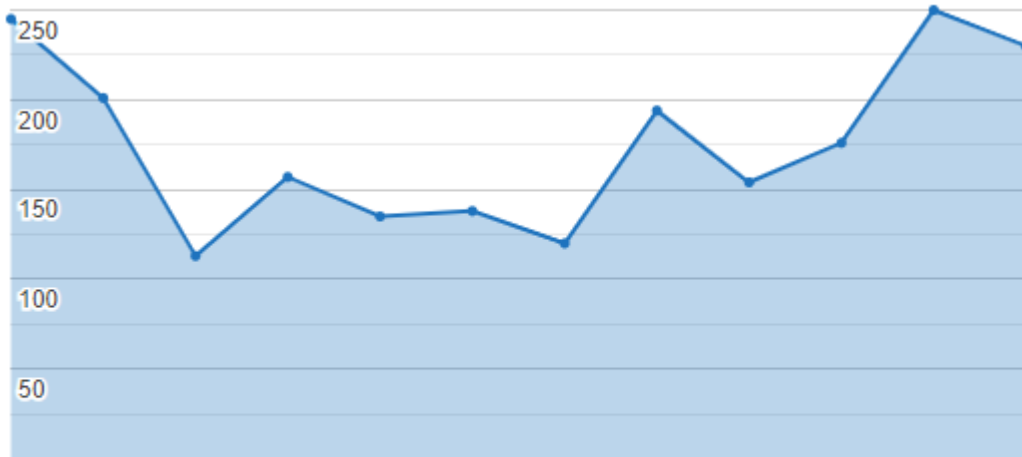
The SMRPCC email update is published once a month and has again gained in subscribers with 854 as at the end of the 2020/21 financial year.

On average, 737 people open the email update every month and there are 199 clicks on links included in each update. The current open rate is 86% and the click rate is 32%, both well above the standard in the health industry which is 32% and 16% respectively. These figures demonstrate the ongoing relevance of the email update in providing subscribers with pertinent information in an accessible format.



# Website

The SMRPCC website is updated regularly with new initiatives as well as training opportunities and resources and remains relevant to our users. In the financial year 20/21 there were more than 2,100 visits and more than 3,800 page views, a small increase to recent years. As this is an established website with a contained number of health professionals in this region, this is a good result.



Sessions  
2,113

Users  
1,750

Page Views  
3,846



Sessions  
4,849

Users  
3,835

Page Views  
9,753



## Southern Metro Region Palliative Care Consortium



The message stick, pictured above, represents a commitment of the SMRPCC to collaborate with Aboriginal Community Controlled Health Services and First Nations communities. The message stick was gifted to the Consortium by VACCHO in 2013.

The SMRPCC acknowledges the Aboriginal and Torres Strait Islander people as the first inhabitants of this nation and the Traditional Custodians of the land on which we work and live. We pay our respects to their Elders, past, present and emerging. We want to express our gratefulness for sharing the land, and our sorrow for the cultural and spiritual costs of that sharing.