

Southern Metropolitan Region
Palliative Care Consortium

Annual Report

2014 - 2015

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1. CHAIR'S REPORT

In 2014/15, the Southern Metropolitan Region Palliative Care Consortium has again had a productive year progressing palliative care projects aimed at making regional improvements to services delivery and assisting members and other stakeholders to contribute this important work.

The MND shared care worker continues to be an integral part of the regional team, offering a specialised skill set to achieve improved palliative care outcomes for those diagnosed with MND. The strong working relationships with the consortium and clinicians has broadened capacity towards the complex management of this client group.

Through effective networking and collaboration, we are pleased to report on a range of projects that have raised community awareness about palliative care and provided generalist service providers with opportunities to expand their knowledge in a palliative approach to care.

Specialist service providers have also enjoyed working together with a common aim to achieve better outcomes for clients.

Some of the highlights this year

- A second successful annual clinical forum was well attended, where clinicians in the region shared their knowledge, innovations and challenges.
- The development of resources for improved afterhours service delivery
- Additional engagement with staff in residential aged care facilities through Link Nurse Support (Palliative Approach Toolkit Support Initiative (PATSI))
- Improved communication between specialist palliative care clinicians and staff in supported accommodation that promotes

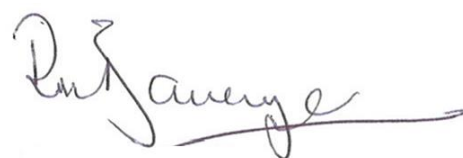
better end of life care to people with disabilities.

- The increased distribution of our popular resources for service providers (Palliative Care Conversations and Promoting Quality of Life – Speakers Kit)
- High uptake of our email information update, with up to 1000 people per month opening this resource.

We continue to be in a position to implement strategies that strengthen palliative care initiatives within our region and build upon the valuable collaborative relationships that have developed over time.

I would like to take this opportunity to thank our Consortium Members for their commitment to working together to achieve a bigger vision for the Palliative Care Sector and in particular; I acknowledge the Consortium Executive Committee for allocating time out of their busy days to attend the additional meetings required.

None of this would have been possible without the hard work of the consortium staff, Tanja, Tess, Sharon and Stephanie and Robyn, the MND shared care worker, thank you for your perseverance, flexibility and dedication over the last 12 months



Consortium Chair

2. INTRODUCTION

The Southern Metropolitan Region Palliative Care Consortium is an alliance of all funded palliative care services in the region as well as a number of associate members with a specific interest in collaboration. The consortium works towards implementing the Strengthening Palliative Care: Policy and Strategic Directions 2011–2015 on a regional level¹.

Policy priorities:

1. Informing and involving clients and carers
2. Caring for carers
3. Working together to ensure people die in their place of choice
4. Providing specialist care when and where it is needed
5. Coordinating care across settings
6. Providing quality care supported by evidence
7. Ensuring support from communities

Voting Members

- [Alfred Health](#)
- [Calvary Health Care Bethlehem](#)
- [Peninsula Health](#)
- [Peninsula Home Hospice](#)
- [Royal District Nursing Service Inc.](#)
- [South East Palliative Care](#)
- [Monash Health](#)

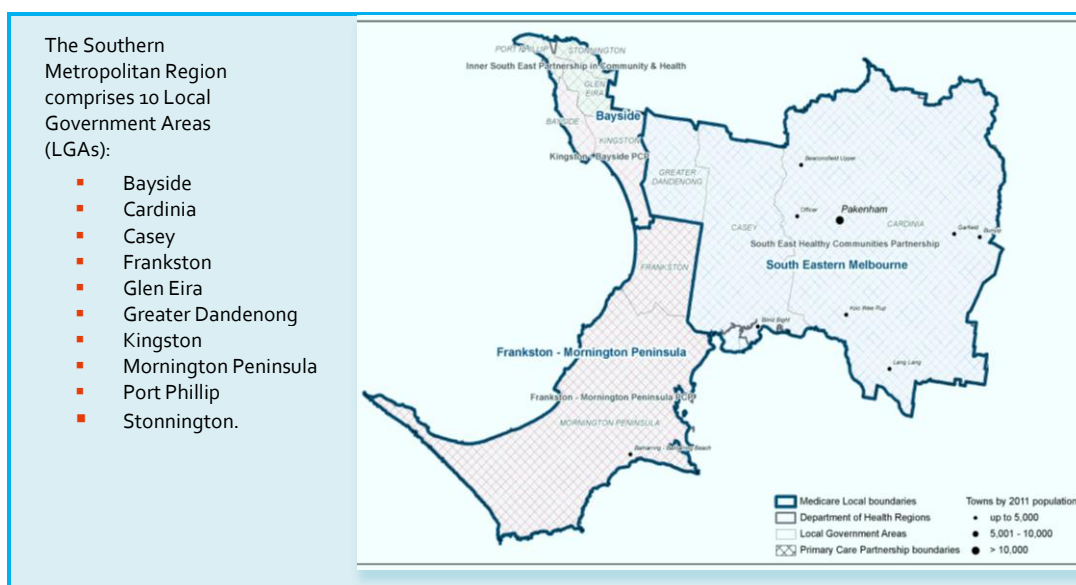
Associate Members

- [Southern Metropolitan Integrated Cancer Service](#)
- [Cabrini Palliative Care](#)
- [HealtheCare South Eastern Private Hospital Pty Ltd](#)

¹ Department of Health (2011). Strengthening palliative care: Policy and strategic directions 2011–2015. Draft policy for consultation.

3. THE SOUTHERN METROPOLITAN REGION

3.1. DEMOGRAPHIC INFORMATION



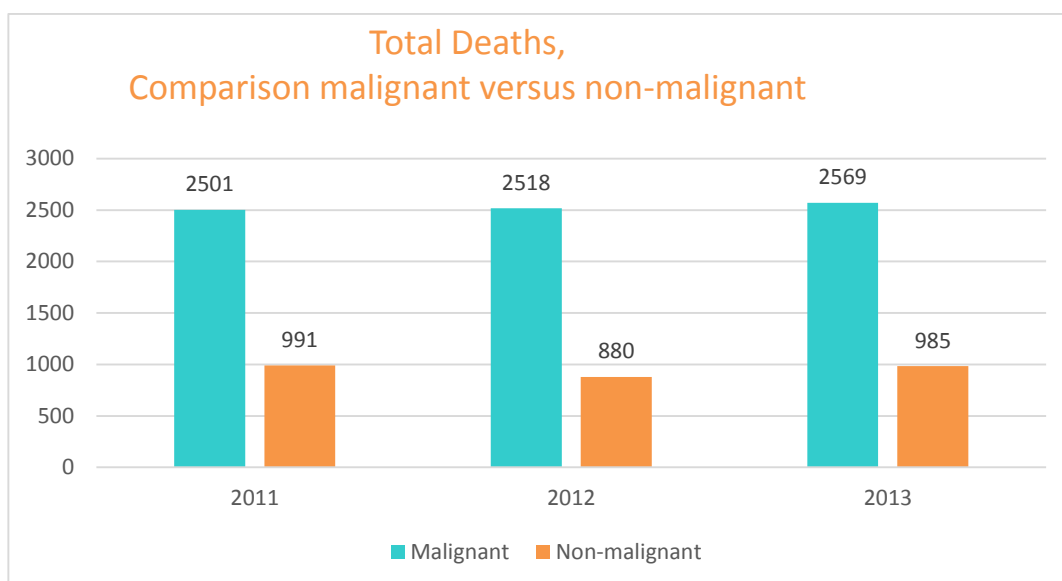
3.2. REGIONAL DATA

The last two annual reports featured a number of relevant statistics about the population in the region, including rates of people born overseas and rates of Aboriginal and Torres Strait Islander people as well as some health related statistics.

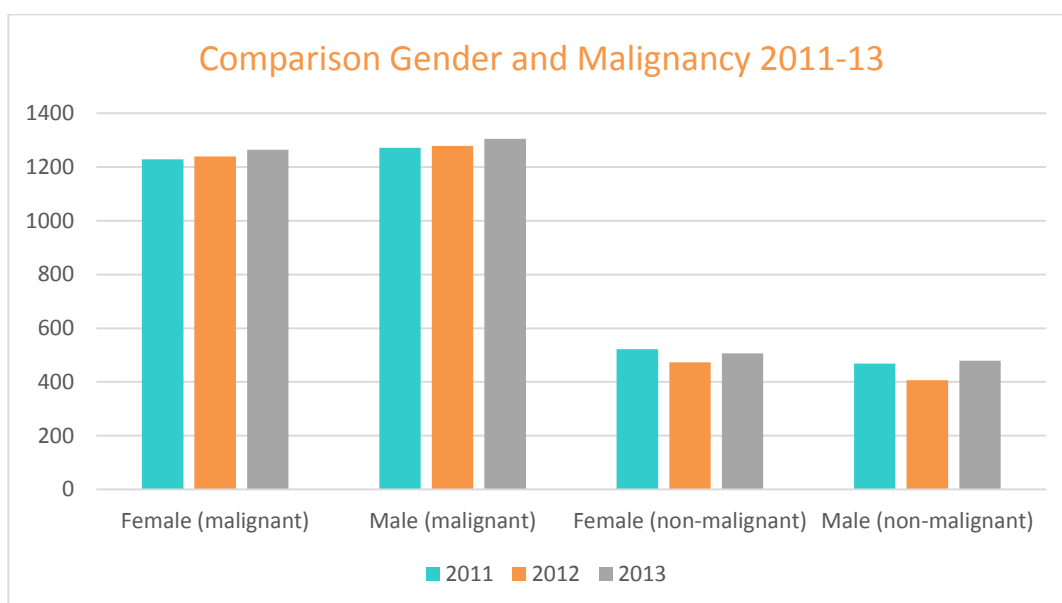
It is important to note that there is great diversity of population in different LGAs in the Region. As Palliative Care Services have distinct catchments, these differences in LGAs are relevant for service provision. While some LGAs show a high percentage of people over 65 years of age (an indicator for the need of palliative care) other LGAs have very high percentages of migrants with low English fluency and with a low socio-economic status. Both these factors can affect palliative care provision in the areas of access and quality of care.

This year, the consortium has participated in a data collection request to the Australian Bureau of Statistics for the statistics around deaths in the region from 2011-2013. On average, approximately 4500 people annually die from illnesses (both malignant and non-malignant) in the region.

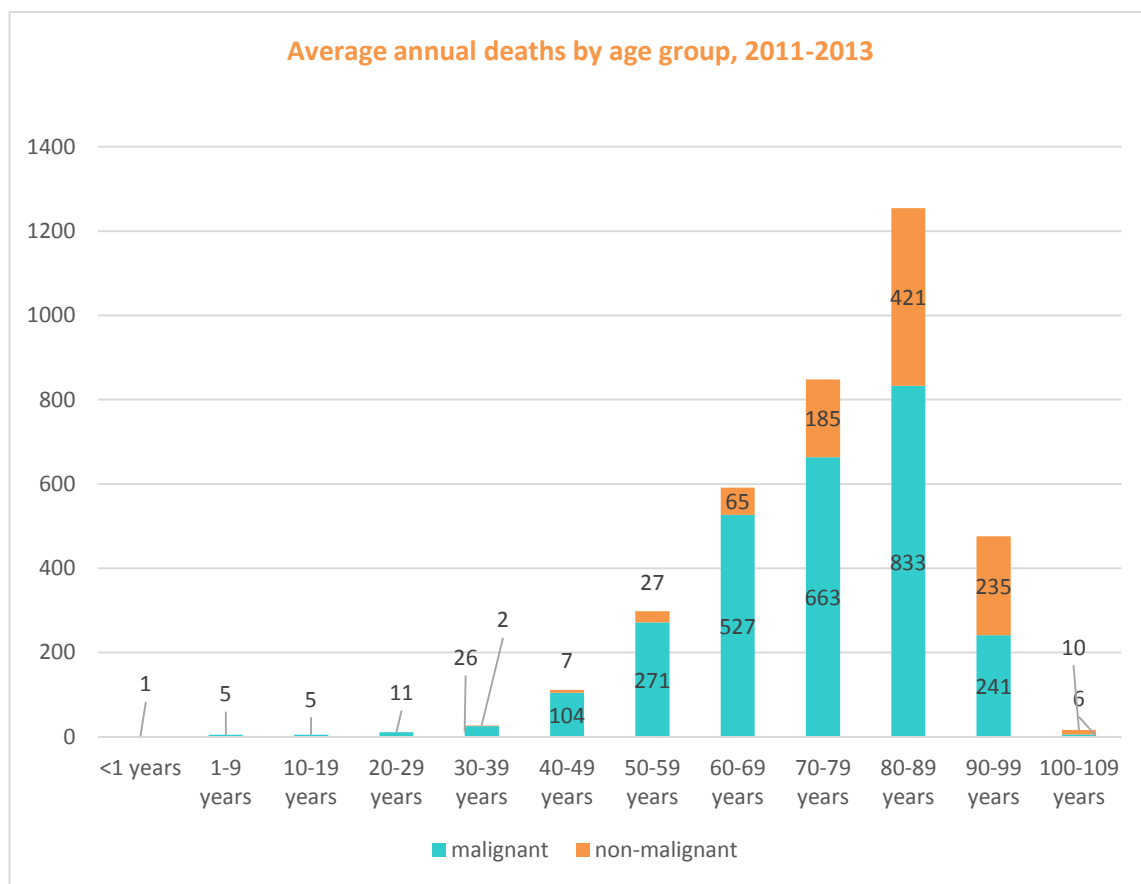
The following charts indicate deaths from both malignant and non-malignant diseases, deaths not related to illnesses are excluded from the data.



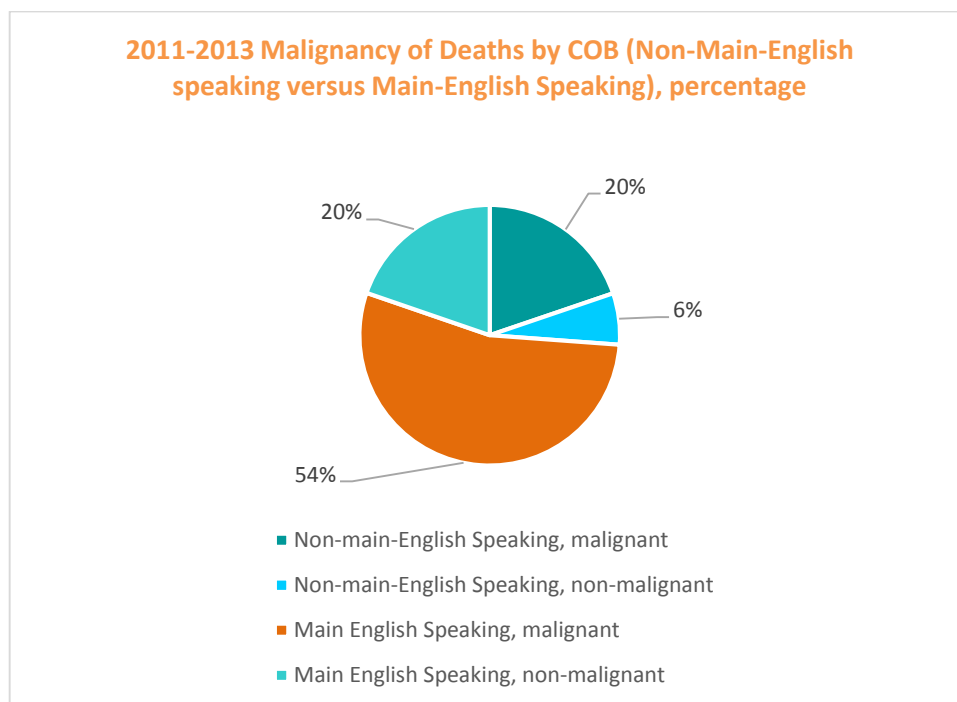
There do not appear to be significant trends in either numbers of deaths or malignancy in the region, however as this is only data from a three year period, this can be expected.



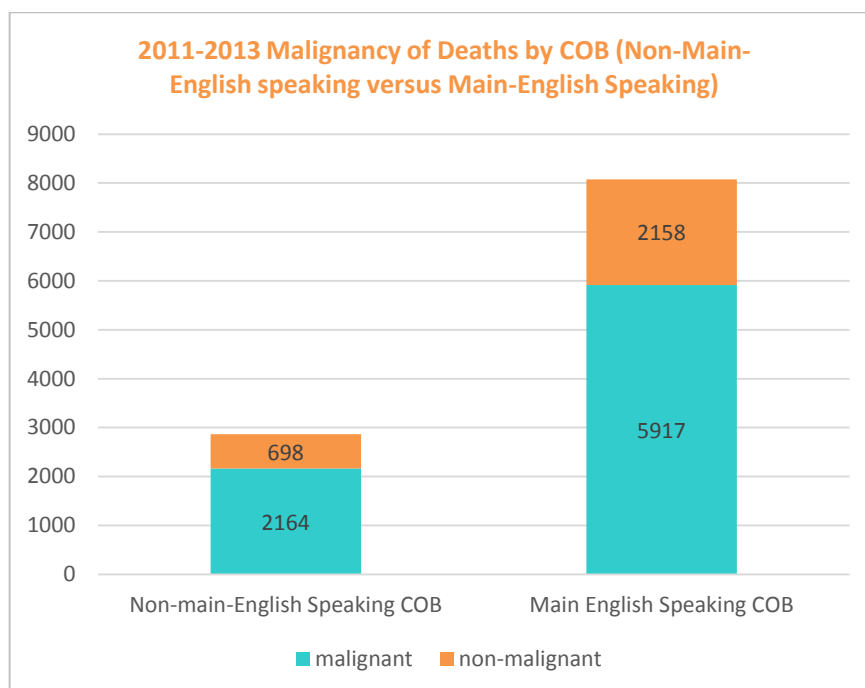
There are only very small differences in comparisons in gender / malignancy.



Most deaths occur between the ages of 70 and 89 years, with the percentage of deaths from non-malignant illnesses increasing with age groups.



There were approximately 90 different countries of birth included in the data. 26% of people who died of an illness between 2011 and 2013 were born in a country where English is not the main language.



People born in a country where English is not the main language are slightly more likely to die of a malignant illness.

Overall, this data shows a number of interesting correlations and can be used to assist with service planning. There are significant differences within the region in particular in regards to ethnicity, age and numbers of deaths in the three different community palliative care service catchment areas, with the Calvary Healthcare Bethlehem area having the highest numbers of deaths, the South East Palliative Care Catchment area having the highest rate of ethno-cultural diversity and Peninsula Home Hospice Service having the oldest community.

4. CONSORTIUM ACTIVITIES

The consortium enables collaborative approaches to quality improvement and capacity building in the region. We can serve as a project management mechanism for consortium members to support local and regional implementation of the Palliative Care Policy. Our activities articulate palliative care with broader health sector and community stakeholders and facilitate engagement of the general community.



Tanja Bahro
Consortium Manager

4.1. MOTOR NEURONE DISEASE SHARED CARE PROJECT

The Southern Metropolitan Region continues to have a stable population of MND clients and has among the highest numbers of MND clients registered with Motor Neurone Disease Victoria. For this reason, even though the consortium no longer receives funding for the Motor Neurone disease Shared Care Worker, we still manage the program in order to achieve maximum relevance for the region.

The most important role of the MND program is capacity building amongst clinicians to improve the response to the needs of MND clients and their families and carers. Therefore, education and training continues across the Southern Region around Motor Neurone Disease and Palliative Care communication skills and referral. Presentations were delivered to 156 health professionals including nurses, doctors, allied health and respite care workers.

Training around the issues for carers and how to support them is now available. This training module was developed as a response to the poor health outcomes for carers of people with MND, which is also mirrored in other carer populations.

The Program of Experience in MND (PEM) has now become a well-known education feature for Victorian Palliative Care clinicians. Calvary Health Care Bethlehem is a specialist service for people with MND, which generously provides vital placements for clinicians. Participants continue to rate the experience as very valuable, resulting in improved care for MND clients.



Robyn Reid
MND Shared Care Worker

4.2. PALLIATIVE CARE CONVERSATIONS

A resource to help palliative care services teach clinicians about referral to palliative care

In 2013 the SMRPCC developed an educational program/resource titled "Palliative Care Conversations." This program/resource is designed to be delivered by a palliative care specialist to health professionals who require introductory information about making palliative care referrals and the communications skills needed to effectively discuss palliative care with clients and family members.

The resource is delivered electronically to registered recipients and contains the all the information and resources to deliver the program including:

- facilitator's guide
- presentation
- running sheet
- pre-post evaluation questionnaire
- suggested handouts & resources
- handout with links to further training & information
- clinical practice guidelines

On the 31st of July 2014 a workshop, covering the purpose, use and content of the resource was delivered at the Palliative Care Victoria Conference: Living, Dying and Grieving Well. The workshop was delivered to 12 participants, six of whom registered to receive the resource.

There are 26 registered recipients of the resource, who have agreed to advise the SMRPCC when they deliver the program and to provide evaluation feedback following the delivery of the session.

Between July 2014 and June 2015, the SMRPCC received notification of 4 Palliative Care Conversations programs which were delivered to over 80 participant. All feedback confirmed that the program met the participants' learning needs and is relevant to their work.

4.3. DISABILITY PROJECT

The Disability Project aims to coordinate activities relating to people with a disability in particular those living in Group Homes. Throughout 2014-2015 much of the project work focused on providing training to Group Homes, in particular community based organisations with residents with a terminal illness. As well as providing training demand continued throughout 2014-2015 for information and resources that support the work of both palliative care and disability staff. The most common areas of information requested include:

- communication
- advance care planning
- palliative care services and referral information as well as
- legal issues such as consent, capacity, decision making and the person responsible and refusal of treatment

The Disability Project Worker also conducted a workshop "From Consent to the Coroner" at the 2014 Palliative Care Victoria Conference. With many residents ageing in place within Group Homes the disability project has also provided support to community agencies who are further developing their palliative care policies to ensure that their service provision allows residents to die in their place of choice.

It is extremely gratifying to see the excellent work that both palliative care and disability workers are doing across the region and their willingness to work together to find new and innovative ways to improve the palliative care journey of people with disabilities in Group Homes.



Sharon O'Hehir
Disability Project Worker

4.4. RESIDENTIAL AGED CARE – PALLIATIVE CARE PROJECT

Following on from regional Palliative Approach Toolkit Training in 2011 and 2013, the consortium implemented a program aimed to support trained Link Nurses in consolidating the Palliative Approach Toolkit in their Residential Aged Care Facilities (RACF). The program entitled PATSI (Palliative Approach Toolkit Support Initiative) provides a forum for sharing, disseminating and promoting information on activities regionally and sub-regionally that support the implementation of the toolkit. Reinforcing consistency in language and content of education/information sessions was also an important focus. Two meetings in each of the three specialist service areas were scheduled with the six meetings completed by 30 June 2015.

Key Stakeholders in the SMR's three specialist service catchment areas were invited to participate with the expressed intention of strengthening linkages and mutual collaborative relationships between both the stakeholders themselves and their interactions with the facilities.

After discussions with stakeholders (which include Community Palliative Care Services, Hospital Residential In-reach Teams and Medicare Locals) it was decided to include a small educational component in order to meet the RACFs expectations. Two topics of the toolkit were at the centre of this year's program - Family Meetings and End-of-Life Care Pathways.

Both written evaluation and verbal feedback confirmed an increase in capacity building and skill development as a result of the meetings.

Contributing factors to the success of the PATSI meetings included:

- relevant content resulting from discussions with stakeholders and facility staff promoted attendance
- participants valuing information and resources that built their capacity to deliver a palliative approach more effectively

- participants appreciating the opportunity to explore and discuss both the hurdles and enablers in their experience with strengthening the palliative approach
- strong support and collaboration with catchment stakeholders

The consortium has also been an active member of a Decision Assist Linkage Project collaborating with The Peninsula Health Residential In-Reach team (Project Leader), Peninsula Home Hospice, Frankston Mornington Peninsula Medicare Local and two local RACFs. Through this steering committee the project aims to establish a uniform palliative care management pathway in the catchment, increase GP engagement and access to palliative care medications after-hours, encourage the use of Map of Medicine, an online resource describing end-of-life management, and provide education to RACF staff.

We are looking forward to another year of collaboration, networking and support to foster the ever-growing awareness of the palliative approach in residential aged care in the region.



Tess Storr
Aged Care Project Officer

4.5. AFTER HOURS PROJECT

From June 2014 the After Hours Project continued with the community palliative care services working together to complete the identified/agreed activities.

In January 2015 the three community palliative care services requested support from the Consortium to finalise the project and prepare the report for this phase of the project. The report titled *After Hours Project: Phase 2 final report, March 2015* was signed off by the project members and the Consortium Executive in April 2015.

The report summarises progress of the project and includes the collection of documents and resources prepared by the project to support and improve regional after-hours services including;

- after hours triage algorithm
- minimum data set & lanyard to support clinical handover
- carer resources (home folder)

A copy of the report is available from the Consortium.

4.6. PEPA POST-PLACEMENT SUPPORT

For the first time, the SMRPCC did not receive any funding to support people who have undertaken PEPA placements in the past in further learning. However, we decided to continue to promote and deliver a wide variety of education and training opportunities through a variety of mediums including

- the SMRPCC website
- a monthly email update
- personal emails to target participants

Participants who have completed a PEPA placement are still included in all communication about and promotion for training and educational opportunities.

Please see the *Education and Training* section below for further details of the educational opportunities provided for all SMR staff and PEPA participants.

4.7. PEPA SUPPORT WORKSHOPS

Late in the financial year 2013/14, we were successful in receiving funding from the Program of Experience in the Palliative Approach (PEPA) to run additional training activities to support the palliative approach in aged care. The sessions were conducted between July and October 2014 and proved very popular with oversubscription and excellent evaluations.

We would like to thank Dr. Fergus McGee and Dr. Melanie Benson from Peninsula Health for their support in sharing their expertise.

A total of 8 sessions were held, covering the topics of:

- recognising and managing deterioration
- pain management in aged care
- communication skills and
- addressing cultural diversity

The 155 participants were all staff in aged care facilities and all reported an increase in skills and confidence in the training objectives.



4.8. TRAINING AND EDUCATION

Between July 2014 and June 2015 the SMRPCC delivered 33 education sessions to 508 participants and covered 10 topic areas. Please refer to the table below for a list of session topics, frequency of delivery and number of participants.

In all education, sessions coordinated and facilitated by the SMRPCC participants are asked to complete pre and post session evaluation surveys.

To identify changes in understanding and/or knowledge participants are asked to rate up to 4 statements about their confidence and understanding of topics related to the program's learning objectives.

Review of the SMRPCC's evaluation data identifies that the learning needs of all participants were partially or fully met and all sessions were relevant to then participants' work

Topic	Number of sessions	Number of participants
Conducting successful family meetings	2	44
Consumer participation in palliative care	1	8
Cultural diversity	8	118
Health literacy	1	16
Promoting QOL/ speakers kit	1	6
Pain management in aged care	2	39
Palliative care conversations	6	115
Palliative care for group homes	8	72
Recognise & manage deterioration	2	36
Regional forum for specialist palliative care staff	1	43
Writing for consumers	1	11
Total	33	508

“It’s about making the patient comfortable. How to ask open questions. Listen to the client.”

Palliative care conversations workshop participant commenting about learnings

“Thank you for a stimulating, well organised, very enjoyable day. I will definitely come again next year if it's on.”

SMRPCC Clinical Forum 2015

4.9. REGIONAL CLINICAL FORUM

This year the SMRPCC delivered its second annual regional forum for specialist palliative care staff. The Forum was well attended with 43 specialist palliative care staff/clinicians from all member services participating.

Key highlights of the Forum include:

- 77% response rate for evaluations (33 of the 43 attendees completed the pre/post evaluation form)
- 97% of evaluation respondents (n=33) **completely agreed** with the following statement *"I enjoyed today's Forum and had sufficient time to network with my regional colleagues."*
- Nearly half the respondents (15) included positive comments about the event
- 85% (28) said the Forum fully met their learning needs.
 - The remaining 15% (5 respondents) said it partially met their learning needs.
- 81% (27) said the Forum was fully relevant to their work.
 - The remaining 19% (6 respondents) said it was partially relevant to their work.
- No one (0%) selected *Not at all* when asked to rate the degree to which the Forum was relevant to their work and the degree to which it met their learning needs

4.10. TRAINING CALENDAR

At the beginning of the 2014 calendar year the SMRPCC launched its new *Education & Training Opportunities Calendar*. This calendar is accessible via the SMRPCC website and is updated every month to include new education and training opportunities around palliative care and the palliative approach. Training programs listed in the calendar are colour-coded to assist viewers to easily recognize courses relevant to their role. The calendar provides links for the viewer to click to easily access further information about the 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 link rates in the top 5 links accessed from the Update. Between July 2014 and June 31, 2015 the calendar was viewed more than 250 times via the link in the monthly email update.



Clinical Forum 2015, Sandringham Yacht Club

4.11. MONTHLY EMAIL UPDATE

The SMRPCC began distributing a monthly email update (the 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 to include 500 + individual subscribers. When the first Update was distributed in July 2013 there were less than 200 individual subscribers.

- all SMRPCC member representatives
- managers and/or administration officers in SMR residential aged care facilities
- individuals who have participated in education sessions or other activities coordinated by the Consortium
- individuals who have self-subscribed to receive the update

Distribution of the Update to staff within individual member organisations is the responsibility of the Consortium representative (or a person nominated by them). Although the subscriber list includes 500+ individual email addresses the USUAL recipient/viewer number is closer to 800 by the time the Update is forwarded to all staff within individual services.



Stephenie Cook
Education & Training Coordinator

4.12. CONFERENCES

The SMRPCC shares its work with other palliative care providers through a number of avenues. One of them is the participating in conferences.

In 2014/15 we had three conference presentations at the PCV conference in Melbourne:

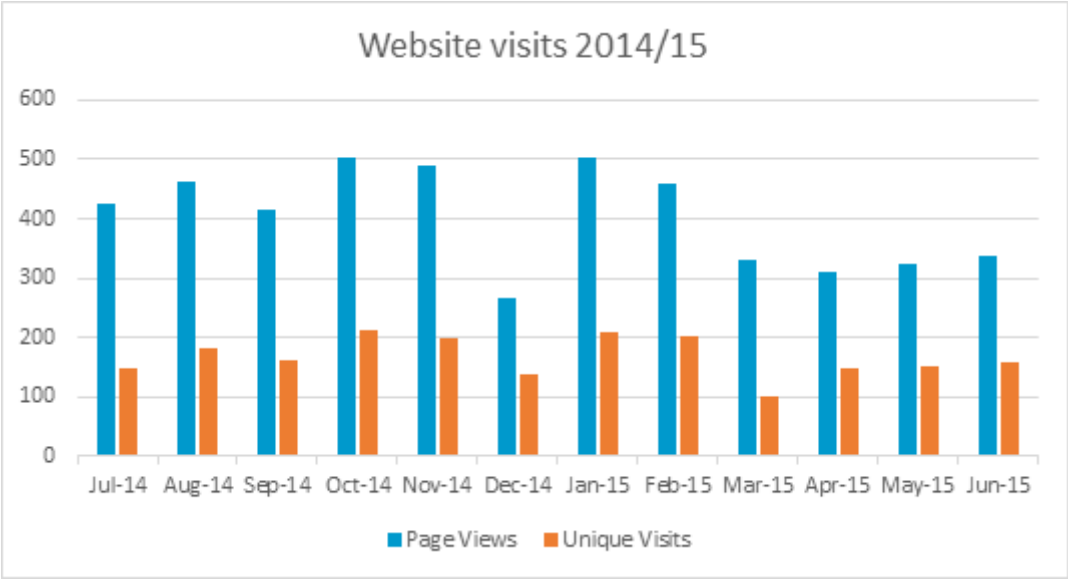
- *From Consent to the Coroner - Working with people with disabilities who live in group homes*
Sharon O’Hehir, Disability Project Worker
- *Palliative Care Conversations: Building capacity and improving client experiences*
Robyn Reid, MND Shared Care Worker & Stephenie Cook, Training Coordinator
- *Sexuality and Palliative Care*
Robyn Reid, MND Shared Care Worker



Robyn delivering a palliative care conversation workshop Sep 2014

4.13. WEBSITE

The website contains relevant and up to date information for palliative care services and service users.



The consortium executive group consists of Rachel Bovenizer, the consortium chair, Shannon Thompson from Calvary Health Care Bethlehem, Julie Murphy, RDNS (until March 2015), and Serle Harvey from South East Palliative Care.

In 2014/15, the consortium employed a total of five staff with a total of approximately 2.4 EFT. Tanja Bahro, Consortium Manager, Tess Storr, Aged Care Project Officer, Robyn Reid, Motor Neurone Disease Shared Care Worker, Sharon O'Hehir, Disability Project Worker and Stephenie Cook, Training Coordinator.

Representatives from member organisations are listed in the table below.

The SMRPCC 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.

Representative	Agency	Role	Attendance
Tatjana Bahro	SMRPCC	Consortium Manager Executive Member	100%
Rachel Bovenizer	Peninsula Home Hospice	Consortium Member Executive Chair	85%
Shannon Thompson or representative	Calvary Health Care Bethlehem	Consortium Member Executive Member	66%
Serle Harvey	SEPC	Consortium Member Executive Member	85%
Dr Michelle Gold	Alfred Health	Consortium Member	100%
Dr Aisling Griffin	Peninsula Health	Consortium Member	85%
Julie Murphy	RDNS	Consortium Member Executive Member	85%
Janet Walker	Monash Health	Consortium Member	85%

