

Southern Metropolitan Region Palliative Care Consortium Annual Report 2022



SMRPCC Contact Details

Southern Metropolitan Region Palliative Care Consortium (SMRPCC)

Consortium Manager tanja.bahro@smrpcc.org.au

Website www.smrpcc.org.au

Staff

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

Penny Fletcher, Admin & Comms Officer penny.fletcher@smrpcc.org.au

Jane Turton, Motor Neurone Disease Project Worker jane.turton@smrpcc.org.au

Consortium Chair

Janet Phillips, CEO, Peninsula Home Hospice

327 Main St, Mornington, 3931

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

Contents

Message from the Chair.....	1
The Consortium.....	2
Our Region	3
Motor Neurone Disease.....	5
Parkinson’s Disease.....	6
Aged Care.....	7
Education and Training	8
Cultural diversity.....	8
Self-compassion	9
Electronic Media	10
Website and Facebook.....	10
Email Update.....	10

Message from the Chair

It gives me great pleasure as Chair of the Southern Metropolitan Region Palliative Care Consortium to present our 2022 Annual Report.

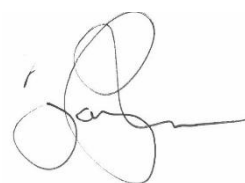
While Covid-19 has remained a challenge for the communities and health sector over the past twelve months, the Consortium has continued to inform, educate and maintain important networks to support the provision of palliative care.

We welcomed St John of God as a new Consortium member and re-engaged with the South Eastern Melbourne Primary Health Network, in particular through the Federal Government's Greater Choices at Home program.

This report summarises what we achieved in response to the COVID-19 pandemic and other pressing challenges, such as the palliative approach in a fractured aged care system and the increased demand for community palliative care. These achievements ranged across our program areas, and included development of important resources, the provision of vital workforce development and collaborating within the region and state-wide.

The Consortium showed a combination of adaptability, innovation and resilience while remaining true to our core goal of implementing the Victorian End of Life and Palliative care Framework.

I would like to thank the Consortium membership for their continued engagement, my fellow executive members, Dr Aisling Griffin and Dr Michelle Gold, for their contribution, as well as the Consortium staff. I look forward to continuing our work into 2023.



Janet Phillips, SMRPCC Chair
CEO Peninsula Home Hospice



Janet Phillips, SMRPCC Chair

The Consortium

The Southern Metropolitan 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. This year we welcomed a new member agency, St John of God Health Care, and were pleased to reconnect with the South Eastern Melbourne Primary Health Network (SEMPHN).

Voting Members

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

Associate Members

- Bolton Clarke
- Cabrini Palliative Care
- South Eastern Private Hospital
- Southern Metropolitan Integrated Cancer Service
- South Eastern Melbourne Primary Health Network (SEMPHN)
- St John of God Health Care

The Southern Metropolitan 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.



Our Region

According to the 2021 Australian Bureau of Statistics Census, the Southern Metropolitan Region had a population of 1,582,719 residents. Similar to regions across Australia, this number is only a slight increase from the 2016 Census and is lower than expected in projections.



Due to pandemic related immigration circumstances in Australia, this number has likely increased significantly since borders have opened and will increase further, making it difficult to base resource allocation decisions on a census that was undertaken while many temporary migrants had left the country.

Table 1: Population by LGA

LGA name	under 65	65 and over	total persons	% under 65	% 65 and over
Bayside	81,092	21,245	102,337	79%	21%
Cardinia	104,919	14,602	119,521	88%	12%
Casey	330,720	38,733	369,453	90%	10%
Frankston	117,942	22,867	140,809	84%	16%
Glen Eira	126,751	23,934	150,685	84%	16%
Greater Dandenong	135,610	24,561	160,171	85%	15%
Kingston	130,576	28,991	159,567	82%	18%
Mornington Peninsula	124,868	45,522	170,390	73%	27%
Port Phillip	89,855	13,653	103,508	87%	13%
Stonnington	88,592	17,686	106,278	83%	17%

The table above shows the population of the 10 Local Government Areas (LGAs) in the region by age group.

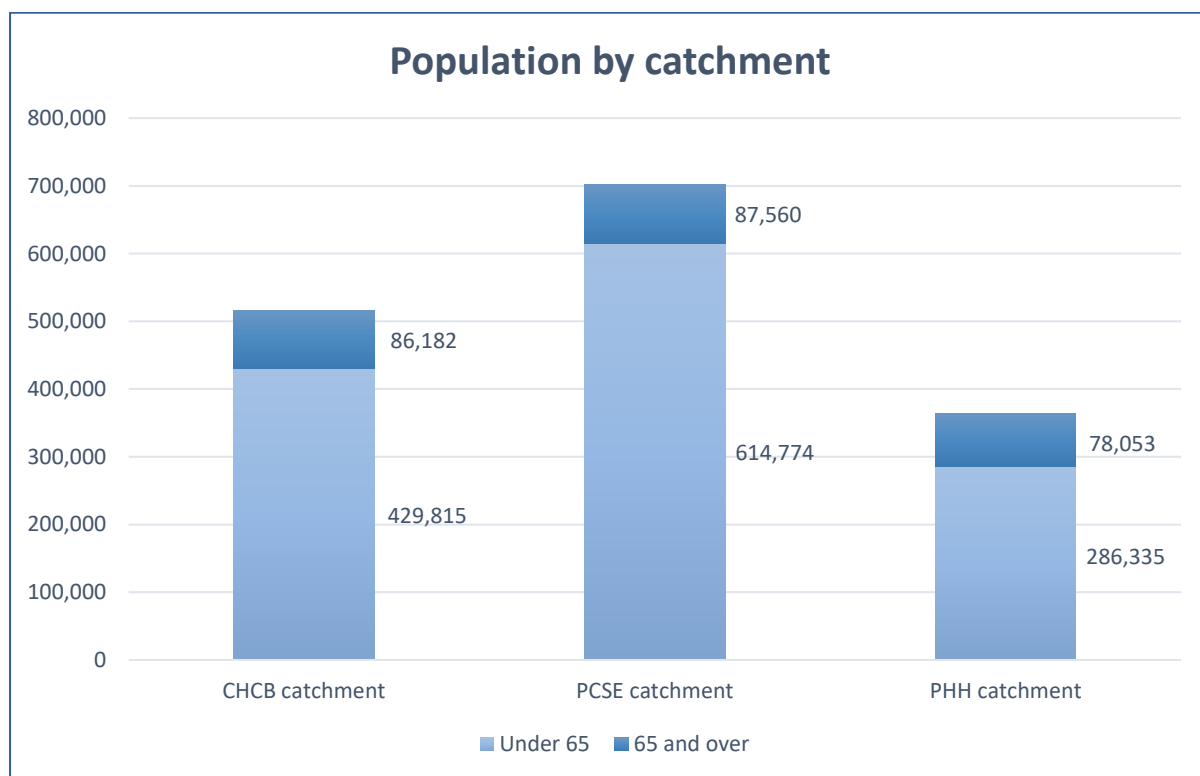
There are significant differences in demographic data between the LGAs of the region. This does not only relate to age, where the Mornington Peninsula Shire and the City of Bayside have the highest percentage of people over 65, while Casey, Cardinia and Port Phillip have the lowest, but also to socio-economic status and ethno-cultural diversity, as demonstrated in previous annual reports.

Within the community palliative care space, there are three catchments in our region: Calvary Healthcare Bethlehem (Port Phillip, Stonnington, Glen Eira, Bayside and part of Kingston), Palliative Care South East (Casey, Cardinia, Greater Dandenong and part of Kingston), and Peninsula Home Hospice (Frankston, Mornington Peninsula and part of Kingston).

The chart below shows population by age group for the catchment areas. However, the data is not perfectly accurate because the Kingston LGA is shared by all three community palliative care services. The ABS publications don't show data by postcode, so the Kingston data was simply divided by three.

The chart demonstrates that while there are large differences in population numbers in the catchments, the number of people 65 years and over is similar in each catchment.

Chart 1: Population by catchment



Motor Neurone Disease

After 12 years with the Consortium, we farewelled our first ever Motor Neurone Disease Shared Care Worker, Robyn Reid, when she retired.

We were pleased to introduce our new MND Shared Care Worker, Lee-Anne Henley, in August 2021. Lee-Anne has extensive experience as a palliative care clinician and educator. She has significant understanding of the issues that people with MND and their families face.

During her time with the Consortium, Lee-Anne continued Robyn's hard work and provided training and support to people living with MND in the region and beyond. Lee-Anne's contributions include:

- Developed the Motor Neurone Disease (MND) Aged Care Information resource to assist staff in aged care facilities understand MND, how it progresses, and its management. A very practical resource, it includes a list of contacts and resources for health professionals and an example of a nursing care plan for someone with MND.
- Revised and updated the Motor Neurone Disease (MND) Orientation Package for Palliative Care Staff, which was sent to all Palliative Care services in the region.
- Education of more than 80 staff in Residential Aged Care Facilities, Disability Group Homes, Community Care Services and Community Palliative Care Services.
- Education at a national online training day for 85 staff at MND Australia about how to have a palliative conversation.
 - The day focused on communication skills, such as how to discuss end of life and palliative care, as well as decision making, dealing with emotions and supporting carers. Staff were able to practice these skills in break-out rooms. Post-training evaluations showed participants felt they greatly improved their palliative conversation skills and their confidence in having these conversations.
- Lee-Anne contacted and supported MND Advisors to help them provide assistance for services in the SMRPCC area who are caring for people with MND.
- Contributed to state-wide MND Shared Care Worker meetings.
- Contributed to helping almost 60 people with MND who have been attended to by Specialist Palliative Care Services in our region.



Parkinson's Disease

This year, the SMRPCC introduced a new initiative. People with progressive neurological conditions (other than MND) require special considerations at end of life. We were lucky to both recruit Lee-Anne Henley for this one-day per week role and garner the support of Dr Jim Howe, an eminent neurologist with extensive experience in palliative care.

To find out what training and resources the services in the region need in relation to Parkinson's Disease and atypical Parkinson's Disease, we sent a survey to all specialist palliative care services in our region. The results of the survey showed a strong desire from palliative care staff for evidence-based resources, guidelines, and education about the management of Parkinson's Disease and atypical Parkinson's diseases.

In response to the survey, we developed a valuable resource for workers in palliative care – 'Parkinson's Disease - Issues for the Palliative Care Team'.

This resource is a summary of information for specialist palliative care staff who are caring for people with Parkinson's Disease (PD) in the palliative stage. It was researched and written by Lee-Anne, with special thanks to Dr Jim Howe (Consultant Neurologist), Robert Wojnar (Pharmacist at Cabrini Hospital) and Victor McConvey (Fight Parkinson's) for their invaluable input and editing.

SMRPCC shared the Parkinson's Disease resource with specialist palliative care services, hospitals, MND services, and aged care networks in our region. It is available on request by contacting Consortium Manager Tanja Bahro at tanja.bahro@smrpcc.org.au.

Lee-Anne also delivered education sessions on Parkinson's Disease for staff working in community palliative care services.

After one productive year with the Consortium, Lee-Anne too has retired.

Thank you, Lee-Anne, for your excellent work. We wish you all the best in retirement.



Aged Care

Supporting and informing the aged care sector remained one of our main priorities in 2021/22.

Our weekly emails provided current information and helpful resources to more than 300 individuals in the sector, mainly facility managers and educators. As a result of this regular contact, each week we received between 20 and 30 requests for specific information and support from individual facilities. We were pleased to be able to respond to all these requests.

The training we provide in the aged care sector is targeted at three main areas: to increase commitment to palliative care at management level, to support existing initiatives, and to follow up on deceased residents' file audit programs. We provided 9 sessions with 96 participants in 2021.

We know that medication management systems in aged care facilities significantly improve timely access to essential palliative care medications. Accordingly, the Consortium decided to make five grants available to facilities to implement IMPREST systems. Due to staff shortages in aged care, only one facility was able to make use of this offer. However, we anticipate that the supporting resources we developed will be used by facilities in the future.

Jane Newbound, our Aged Care Program Manager, left the Consortium in early 2022. In her time with us, Jane developed significant relationships in the sector, provided invaluable information on both the palliative approach and pandemic related issues, and developed essential tools and resources for the sector. Her participation on state-wide committees was invaluable and resulted in a greater understanding in aged care issues, both for policy makers and palliative care specialist services.

Jane is an unwearrying advocate for aged care residents and her knowledge and passion will live on in our work. Thank you, Jane.



Education and Training

We started the financial year in July 2021 with two cultural diversity sessions about cross cultural communication and continued with a mixture of sessions covering different project areas such as aged care, MND and disability.

Sessions relating to cultural diversity included 'Culture and Health', 'Health Literacy', 'Working with Culturally Diverse Teams', and a series of cultural diversity sessions. We delivered nine sessions about aged care, including 'Introduction to Palliative Care' and 'Recognising and Responding to Deterioration'. Our MND Shared Care Worker delivered seven sessions relating to MND and one session, together with Victor McConvey from Fight Parkinson's, about Parkinson's Disease.

September was a busy month, with seven sessions delivered to 64 participants. After a break in January, February was also busy, with another seven sessions delivered to 221 participants. This high number of participants was mostly due to a series of cultural diversity sessions (124 participants) and to the 85 MND Australia staff who took part in a 'Talking about Palliative Care' training day.

Most of our sessions — 25 out of 32 — were delivered online, with some face-to-face sessions held in residential aged care facilities and in-house at Calvary Health Care Bethlehem. Although the total number of sessions delivered in the 2021-22 financial year was less than the previous year, and we had fewer participants, we were happy to be able to continue delivering relevant and useful sessions, despite the limitations caused by the pandemic and minimal staffing for several months.

Post-session evaluations showed 99% of participants agreed the material was relevant to their practice and 98% of participants reported improved knowledge or confidence. We received positive comments from participants that the sessions met staff needs, increased knowledge and provided practical examples of language to use with patients.

Cultural diversity

Recognising and addressing the issue of cultural incongruence between clinicians and clients is essential in palliative care. As health service providers it is our responsibility to cater for all clients. Services in the southern metro region are committed to ensuring that their staff are well prepared to provide care to a diverse population.

The Consortium is in the beneficial position of being able to offer cultural diversity training that is specific to palliative care, in-house and at no cost.

Pre-pandemic we delivered all our training in face-to-face sessions. We started our cultural diversity training program during the pandemic, so we moved to a system of online training. Online training has benefits, such as greater accessibility, and disadvantages, such as less interaction between participants.

The Cultural Diversity program is made up of five 50-minute sessions. Participants can choose to attend one, several or all the sessions below:

- Cultural Diversity Essentials
- Cultural Diversity and Health
- Cross-cultural Communication
- Health Literacy
- Working with Culturally Diverse Teams.

In 2021/22, we had 233 participants attend the 15 sessions on offer. These sessions included slightly altered programs for graduate nurses at Calvary Healthcare Bethlehem and for interns at Peninsula Health.

Evaluations of the initial online sessions showed that while the sessions were just as effective — 96% satisfaction rate — people still preferred face-to-face sessions.

Self-compassion

In February 2022, the SMRPCC decided to offer Self-Compassion Training for Healthcare Communities (SCHC). This is a 6-week adaptation of the empirically supported 8-week Mindful Self-Compassion (MSC) program, designed to begin the cultivation of the skills of self-compassion. SCHC was developed by Kristin Neff, PhD and Christopher Germer, PhD. The program was developed to allow time-poor health professionals to learn key practices that can be applied ‘on the spot’ in challenging times. It was facilitated by Suzanne Peyton, an experienced mindfulness teacher and palliative care nurse.

“I loved every aspect of the program. Suzanne did a fantastic job facilitating this program. I have learnt a lot from the sessions and I’m grateful for the life lessons that the program offered to me.”
— Participant

To ascertain interest in self-compassion training, the SMRPCC conducted a survey with palliative care staff in the region. When 28 health professionals expressed their interest, we decided to run the 6-week program, starting in early May.

A couple of weeks before commencement of the program, only a few people had enrolled in the course, so the SMRPCC Consortium Manager contacted the Loddon-Mallee and Grampians consortia to offer available places to palliative care staff in their regions and to cover the costs per participant. The course commenced on 5 May 2022, with 24 participants.

The program evaluation was very positive and showed that those who attended some or all the sessions experienced significant benefits, including their ability to manage stress. All participants said they would recommend the program to others.

“I think this course should be taught once a year to nurses and health professionals to prevent burn out.” — Participant

Electronic Media

Website and Facebook

SMRPCC’s website continued to be a valuable source of information for the southern metro region. Health professionals were able to access relevant information and documents, either directly through the website, or by emailing the Consortium Manager.

Our calendar, which we update regularly, includes links to education and training opportunities that are accessible from the southern metro region or online. Due to technical difficulties, we cannot provide the website data for 2021/22, however, we don’t expect large changes from previous years.

The Facebook page also continues with no significant changes and a small (67), but active, number of followers.

Email Update

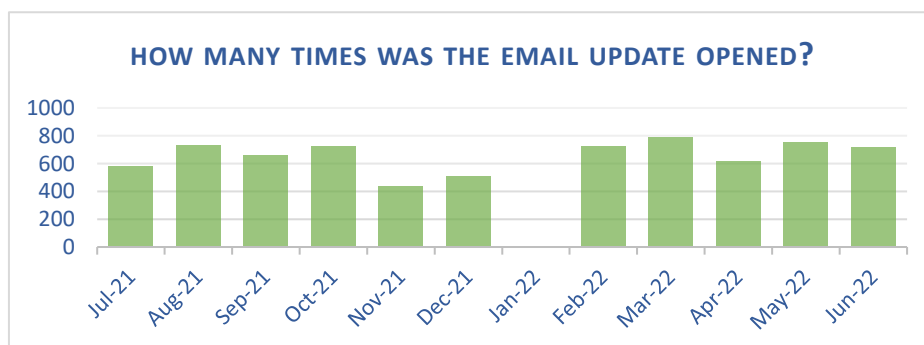
Since 2013, we’ve created and delivered SMRPCC’s monthly email update, using the free online service Mailchimp. The email update includes information about upcoming events, local and online training opportunities and useful resources. We have more than 700 subscribers. Once it is shared by organisations and with colleagues, it is distributed to approximately 1,000 people each month.

Interaction with the email update remains strong. Our robust open rate indicates the subject line is clear and meaningful — the number of times the email was opened increased from 578 in July 2021 to 713 in June 2022. Our strong click rate indicates the message content is relevant to subscribers — the number of clicks per email update increased from 240 in July 2021 to 607 in June 2022. These figures demonstrate the ongoing relevance of the email update in providing subscribers with pertinent information in an accessible format.

After 8 years producing our monthly email update, Stephenie Cook moved on to new and exciting ventures, sending her final email

update in December 2021. For all your hard work and great ideas, thank you, Stephenie!

We didn’t send the email update in January, while we looked for a new editor. Penny Fletcher has now started as the new Communications Officer and we are looking forward to continuing our work into 2023.





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.

SMRPCC Annual Report 2022