



Southern Metropolitan Region Palliative Care Consortium Annual Report 2023

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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

Contents

Message from the Chair.....	1
The Consortium.....	2
Access to Palliative Care – Cancer Patients	3
Highlights	5
Advance Care Planning Lunchtime Sessions	5
Regional Clinical Forum 2023 Reconnect!	6
Motor Neurone Disease.....	8
Parkinson’s Disease.....	9
Aged Care	10
SMRPCC brochure and business cards.....	10
Disability.....	11
Education and Training	12
SMRPCC Lunchtime Sessions # 1 — February to April 2023	12
SMRPCC Lunchtime Sessions # 2 — May & June 2023	12
Electronic Media	14
Website	14
Email Update.....	15

Message from the Chair

As the chair of the Southern Metro Palliative Care Consortium, it is with pleasure that I present the annual report 2022/23. We have again contributed to implementing the goals of Victoria's End of Life and Palliative Care Framework in the region through collaboration, information sharing and improvement initiatives.

Our highlights this year included the series of regular online training sessions, which are becoming increasingly popular and well attended. These free sessions included topics such as the Palliative Approach in Aged Care, Motor Neurone Disease and related topics. As an online format, there is more accessibility to allow an interactive forum that keeps the sector connected and up to date clinically.

In collaboration with the SEMPLHN and Fight Parkinson's, we hosted two additional webinars. We would like to thank Dr Barbara Hayes and Jenny Price for facilitating two excellent sessions on Advance Care Planning for people with Parkinson's Disease.

Our Parkinson's resources that include a new version for Aged Care, continue to be well received by clinicians not only in our region, but statewide and nationally.

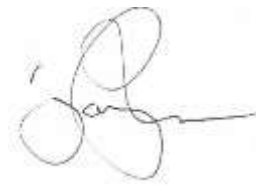
We were very excited to see the return of the Regional Clinical Forum after a long pause due to the global pandemic. The forum (held in July) was well attended with presentations on exciting new

innovations in palliative care across the member agencies.

Our consortium provides an essential forum for the Southern Metropolitan region. It is a way to communicate within and outside palliative care, provide a broader view on the sector and presents us with opportunities for collaboration and information sharing.

A special thanks to the SMRPCC Manager Tanja Bahro and her team for continuing to show dedication, passion and flexibility that allows the consortium to continue to provide excellent outcomes.

I would also like to thank the Department of Health in continuing to fund the SMRPCC to support the ongoing collaboration of the Consortium members.



Janet Phillips, SMRPCC Chair
CEO Peninsula Home Hospice



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.

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.



Access to Palliative Care – Cancer Patients

In January 2023, the Victorian Integrated Cancer Services published the report: “Palliative Care and Advance Care Planning: Current Practices in Victorian Cancer Services”.

This collaborative study aimed to understand current practices relating to palliative care referral and Advance Care Planning (ACP) in Victoria. The project included a literature review, a study of patterns of end-of-life care of more than 10,000 cancer patients across public and private, a qualitative review of 34 medical records and analysis of ACP in 73 health services operating 132 public and private hospitals to identify data-based gaps.

The data on ACP was surprising. Just over 10% of patients had evidence of a medical treatment decision maker and a little more than 11% had documented advance care directives. For Aboriginal and Torres Strait Islander patients and those born in Non-Main-English-Speaking Countries, the percentage was even lower.

Of the more than 10,000 cancer patients included in the study, 66.7% (n = 6827) died in an acute or palliative care bed in a hospital. 65.7% received an inpatient palliative care consultation or a palliative care approach to care during admission. 38.4% required specialist palliative care or a hospice bed during their illness.

Recommended targets

The project’s steering committee recommended the following palliative care and ACP targets (along with current levels for each indicator) for achievement within three years (Table 1).

Table 1: Recommended targets

Indicator	Current		Target
	N	%	
Specialist palliative care accessed ⁱⁱ	10,245	65.7%	≥ 80%
Specialist palliative care accessed ≥ 3 months before death	6728	15.4%	≥ 80%
Access to an ACP intervention (e.g. conversation and information)			100%
Timing of ACP intervention ≥ 12 months before death			100%
ACD documentation (current data – public hospitals only)	6325	11.7%	≥ 40%
Identification of the MTDM	6325	10.1%	100%

We know that referral to palliative care more than three months before death results in fewer emergency presentations, hospitalisations and hospital deaths. Only 15.4% of patients received their first inpatient palliative care episode three months or more before death. This means that more needs to be done to achieve referral to specialist palliative care earlier in the trajectory.

Only 8.2% (n = 835) of patients were recorded as having received direct contact from a community palliative care service in the 12 months before death. The report states: “The recording of out-of-hospital care in the VINAH dataset varied across organisations and was considered likely to be limited. Strengthening the data collection around community and ambulant/outpatient palliative care will enable all settings that provide palliative care to be captured in datasets and allow for more complete benchmarking over time.”

This excellent study developed 18 recommendations to try and improve access to advance care planning and palliative care for cancer patients in Victoria, which will hopefully be implemented in the next Victorian Cancer Plan.

Highlights

Advance Care Planning Lunchtime Sessions

In conjunction with SEMPLHN and Fight Parkinson's, SMRPCC invited A/Prof Barbara Hayes—Clinical Lead of Advance Care Planning and Palliative Care Consultant at Northern Health—to deliver two free online training sessions about Advance Care Planning. A/Prof Hayes was joined by Jenny Pace—Shared Decision-Making Team Leader ACP Program at Monash Health.

We planned these sessions in direct response to staff from Movement Disorders teams expressing concern about how to commence the ACP discussion.

A/Prof Barbara Hayes and Jenny Pace delivered two sessions:

- Session 1: ACP for Parkinson's Disease and other neurological conditions 28 June 2023
- Session 2: ACP—How to have the conversation 25 July 2023.

To reach as many people as possible, we offered two ways to join the sessions:

- Register beforehand and receive a Zoom link in a calendar invitation.
- Join the session on the day, using the Zoom link that was included in the advertising.

We recorded 45 attendees at the first session, which was on 28 June 2023, and 49 attendees at the second session, which was in the next financial year, on 25 July 2023.

Almost 100% of those who responded to the evaluation survey strongly agreed or agreed with each of those statements. Of those who responded:

- 96.55% strongly agreed or agreed that they learned something relevant for their work
- 96.55% strongly agreed or agreed that they enjoyed the session
- 96.55% said they would recommend the session to others.

Of those who responded, one person (3.45%) said they:

- disagreed that they learned something relevant for their work
- disagreed that they enjoyed the session
- neither agreed nor disagreed that they would recommend the session to others.

Nobody said they strongly disagreed with any of the statements above. Some of the comments received were:

Excellent session. It opened my eyes to how complicated the process and background of ACP is, and I look forward to learning more about having the conversation.

Thank you for organising this event!

Regional Clinical Forum 2023 | Reconnect!

We have decided to include the clinical forum in this year's annual report, even though the event took place in July. The reason for this is that it is an annual event, most of the planning occurred in 22/23 and we are planning another clinical forum in 23/24.

Until the start of the pandemic in 2020, the SMRPCC organised annual clinical forums for staff in member agencies. This year, 2023, was the first year since 2020 in which we attempted to run another forum — hence this year's theme: Reconnect!

To keep everyone safe, we hired 12 air purifiers, which were placed around the room. These were funded by the generous contribution of the SEMPLHN, who contributed financially to running the forum. With some doors and windows open most of the day, the air was cold but clean.



While more than 80 people registered for the forum, a total of 50 people attended. 40 attendees returned completed evaluation forms — a return rate of 80%.

Participants included a wide range of professions, as identified by those who completed the evaluations forms, with 10 role types identified by the 40 respondents. 55% of respondents were nurses, which is approximately in line the percentage of nurses who registered to attend (67%).



Key highlights of the day were:

- At the end of the day, 97.5% of those who responded said they were familiar or completely familiar with SMRPCC's programs. This was an increase of 42.5%.

- By the end of the day, there was a 75% increase in respondents who said they had a good or complete understanding of the improvement initiatives in the region.
- At completion of the day, 35 respondents said they had spent time networking with their palliative care colleagues in the region, compared to 11 at the beginning of the day.
- The venue was great – spacious with beautiful views – and the catering was well received. There were lots of opportunities to network.



When asked to identify key take-home messages, some comments were:

- We all need to collaborate more!
- The future is innovative and bright in palliative care - virtual reality.
- Many positive initiatives ongoing across various services in region - PeSAS was a wonderful tool.

When asked for any other comments, participants said:

- A great day!
- Well organised, thought provoking and nice balance between topics. Overall inspired.
- Good to see colleagues in person again.
- Thank you.



Motor Neurone Disease

In August 2022 we welcomed Jane Turton to the Motor Neurone Disease Shared Care Worker role, after our two previous MND Shared Care Workers both retired: Robyn Reid in August 2021 and Lee-Anne Henley in August 2022. Jane has extensive knowledge and understanding of MND and the issues people with MND and their carers face, having worked for many years in the area of progressive neurological conditions.

Jane has continued the work of our previous MND Shared Care Workers and provided training and support to Community Care Services and facilities caring for people with MND in the Southern Metro Region.

Jane's contributions include:

- Educating more than 143 staff in Residential Aged Care Facilities, Community Care Services, inpatient palliative care services and Community palliative care services, by providing 15 education sessions.
- Meeting with MND Regional Advisors bi-monthly to collaborate in providing education and support to service providers in the SMRPCC area who care for people with MND.
- Contributing to state-wide MND Shared Care Worker/ MND Victoria meetings.
- Providing successful interactive 'Lunchtime Sessions' in MND.



Parkinson's Disease

Last year, SMRPCC began a new program to help palliative care workers who are caring for people with Parkinson's Disease.

This year, our MND Shared Care Worker Jane Turton has continued to provide education and support around palliative care for people with Parkinson's Disease and Atypical Parkinson's Disease at the end of life.

Jane's contributions include:

- Adapting and renaming SMRPCC's resource *Parkinson's Disease — Issues for the Palliative Care Team* as *Parkinson's Disease — Issues for the Aged Care Team*, to make it more suitable for RACF staff. For a copy of these resources, contact Consortium Manager, Tanja Bahro: tanja.bahro@smrpcc.org.au.
- Providing education to Movement Disorders staff in both clinic and sub-acute domains—educating 97 staff over 8 sessions.
- Providing training through the Lunchtime Sessions about Parkinson's Disease at End of Life.
- Attending the World Congress on Parkinson's Disease in Barcelona to enhance her knowledge on Parkinson's Disease.
- Being accepted for a poster presentation for the Oceanic Palliative Care conference in Sydney in October 2023 on SMRPCC's Parkinson's Disease project.
- Working on a new resource to be published in the 2023/24 financial year, in response to questions from Movement Disorders Teams: *Deterioration in Parkinson's Disease - A guide for referral to Specialist Palliative Care*.



Aged Care

In October 2022, we welcomed our new Palliative Aged Care Project Manager, Sharon McAllister Boyles, to replace Jane Newbound, who left the Consortium in early 2022. Sharon has many years' experience in palliative care, in both community and inpatient settings.

Sharon has continued to prioritise assisting, educating and providing support to RACFs to help them navigate the many palliative organisations in the aged care sector.

Following a low uptake from RACFs of the Deceased Resident File Audit, we renamed the audit as the Palliative Improvement Program (PIP) and relaunched it. However, despite wide promotion, participation in the program has been lower than we anticipated. Sharon was able to provide education to 14 participants but only one RACF responded and completed an audit in the 2022/23 financial year.

There are several likely reasons for the low uptake of the Palliative Improvement Program. Ongoing aged care reforms, frequent COVID-19 outbreaks and understaffing have put pressure on aged care organisations. Facilitating change in these circumstances has been challenging.

We have engaged with the aged care sector in other valuable ways. Sharon initiated a weekly online drop-in session for clinical leaders where Sharon provides aged care clinical leaders and supervisors a platform via MS Teams to discuss and debrief on palliative care issues and questions they may have on education. This has been a valuable opportunity for face-to-face support.

We also engaged with the aged care sector through our lunchtime education sessions, which have become more popular each time we hold them. Sharon's Lunchtime Sessions, aimed at RACF staff, have been well received. Topics include Recognising Deterioration, Symptom Management at End of Life, Communication and Goals of Care.

SMRPCC brochure and business cards

To help promote SMRPCC and its activities in the region, we produced a brochure that explains SMRPCC and what it does. Jane and Sharon, as well as regional in-reach teams were able to leave the brochure, with a business card attached, at facilities they visited.



Disability

This year saw the establishment of the Victorian Disability and Palliative Care Network. Initiated by the Victorian Palliative Care Consortia, in particular the two initiatives in Loddon Mallee and North-West, this large network comprises many of the leading disability service providers, the consortia, and other relevant agencies.

Chaired by Heather McMinn from National Disability Services, this network has already undertaken a sector consultation and commenced advocacy around palliative care in supported independent living organisations. The network has helped to form relationships amongst its members and lead to several meetings between the SMRPCC and individual agencies.

As a result, the SMRPCC resources (fact sheets) have been promoted widely and have received very positive feedback. 39 managers of SIL services have received training in how to improve the palliative approach in disability services.



Education and Training

SMRPCC Lunchtime Sessions # 1 — February to April 2023

In late 2022, following the success of previous years, the consortium decided to run regular online training sessions for clinicians in the region with the aim of increasing skill level in the workforce, with minimal effort and cost. Using the expertise of consortium staff, we ran 16 sessions about palliative care in relation to:

- MND and Parkinson's Disease (4)
- Residential aged care (4)
- Cultural diversity (8)

Registrations ranged from 19 to 57 per session but attendance ended up being much lower, ranging from 11% to 33% of registrations. Overall, of the 501 registrations for the 16 Lunchtime Sessions # 1 (16 sessions), we had 118 attendees.

When asked (through a Survey Monkey survey), most said they didn't attend because they were busy at work, had forgotten, or had last-minute sick leave. When asked about the most suitable times for online sessions, most said from 12 pm to 2 pm on Tuesdays and Thursdays.

Participants were asked to evaluate the training sessions. Almost 100% of those who responded agreed or strongly agreed with each of those statements. Of those who responded:

- 96.72% agreed or strongly agreed that they learned something relevant for their work.
- 91.8% agreed or strongly agreed that they enjoyed the session.
- 91.81% said they would recommend the session to others.

Feedback was very positive, with many participants asking if the sessions had been recorded or if there were other ways to attend the sessions again. Comments included:

Very informative and broadened my understanding on the topic.

SMRPCC Lunchtime Sessions # 2 — May & June 2023

Responding to the feedback about suitable times, we ran the May and June Lunchtime Sessions at 12 pm on Tuesdays, Wednesdays and Thursdays. This time the sessions were about palliative care in relation to:

- MND and Parkinson's Disease
- Residential aged care

For Lunchtime Sessions # 2, registrations in each session ranged from 18 to 73, a significant increase from the February to April sessions. The high number of registrations indicated

interest remained high and our promotion methods (through channels such as PCV and SEMPHN) have been effective.

Similar to the February to April sessions, attendance was lower than the number of registrations. However, attendance was good and for the reduced number of sessions (8 this time), we sent 91 certificates of attendance.

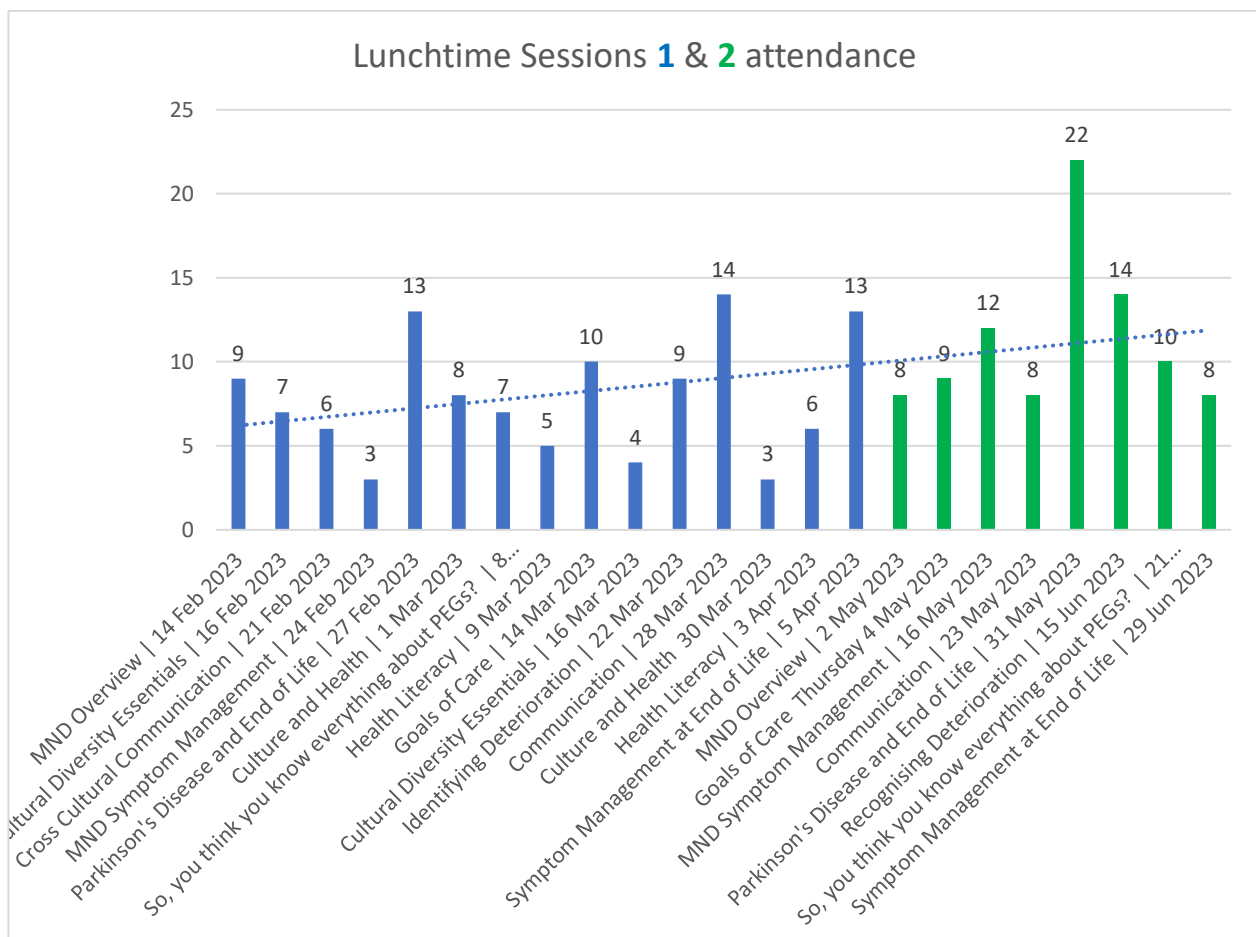
We asked participants to evaluate the training sessions. Of those who responded (about 50% of participants):

- 97.68% strongly agreed or agreed that they learned something relevant for their work
- 100% agreed or strongly agreed that they enjoyed the session
- 100% said they would recommend the session to others.

Feedback was again positive. Comments included:

This was a very professional presentation with helpful slides to assist with reviewing information. Case study was a great example of what is available to help in communication. Excellent tips to assist patients. Thank you!!

Once again, the sessions were very successful, with attendance increasing over time. Towards the end of June 2023, we began planning a third group of Lunchtime Sessions for August and September 2023.



Electronic Media

Website

Over the 2022 to 2023 period, we began an ongoing review of the website with the aim of keeping it relevant, correct, and easy to use. We tidied some pages and added new photos taken around the southern metro region.

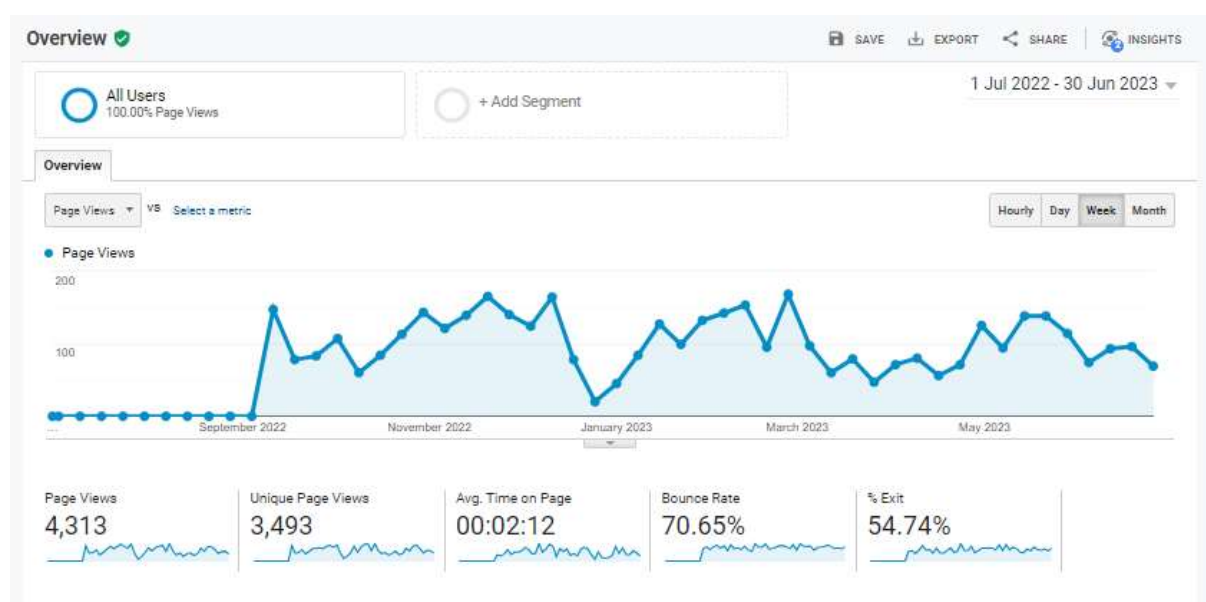
SMRPCC’s website remains a good source of information for the southern metro region. Health professionals can access relevant resources and information, either through the website, or by contacting consortium staff through the About Us page.

The Education and Training Opportunities calendar is updated regularly and includes links to education and training opportunities that are either online or accessible from the southern metro region.

In the 2022/2023 financial year there were more than 4,300 page views from more than 1,600 users — an increase from previous years. Due to technical difficulties, we were not able to access website data until mid-September 2022, so the actual numbers are likely higher.

The 5 most popular pages were:

- Motor Neurone Disease
- About Us
- Events calendar
- Residential Aged Care
- Consortium-developed resources

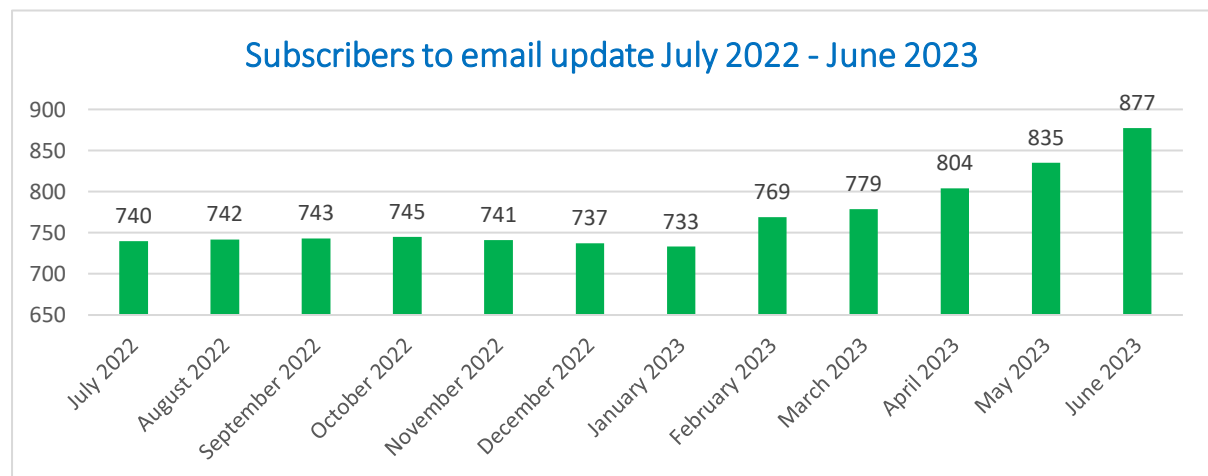


Email Update

We continued producing 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.

Subscriber numbers increased from 740 in July 2022, to 877 in June 2023. While some new subscribers used the sign-up form to subscribe themselves to the email update, most new subscribers had registered for the Lunchtime Sessions or the Regional Clinical Forum and said they would like to receive the update.

Of the new subscribers in the year to 30 June 2023, 133 were from the Lunchtime Sessions # 1 and # 2 and 15 were from the Clinical Forum registrations (more subscribed after 1 July 2023). Given that it is shared by organisations and between colleagues, the email update is distributed to more than 1,000 people each month.





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.

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