



**BARWON SOUTH WESTERN REGION
PALLIATIVE CARE CONSORTIUM
ANNUAL REPORT
2016 – 2017**



Table of Contents

INTRODUCTION.....	3
BACKGROUND ABOUT THE BARWON SOUTH WESTERN REGION.....	5
CONSORTIUM CHAIR’S REPORT.....	7
PRIORITY 1 Person-centred services.....	8
PRIORITY 2: Engaging communities, embracing diversity.....	10
PRIORITY 3: People receive services that are coordinated and integrated.....	11
PRIORITY 4: Quality end of life and palliative care is everyone’s responsibility.....	13
PRIORITY 5: Specialist Palliative Care is strengthened.....	16
Appendix 1: BSWRPC Financial Report 2016/17.....	18

*This annual report was prepared by: Myra McRae
On behalf of: Barwon South Western Region Palliative Care Consortium
Telephone: 03 4215 5662
Email: myra.mcrae@barwonhealth.org.au
Web: www.bswrpc.org.au
Copies of this report can be downloaded from the website*

INTRODUCTION

The Barwon South Western Region Palliative Care Consortium was established in 1998. Its objectives were determined by the Department of Human Services policy document, *Strengthening Palliative care: a policy for health and community providers 2004-09*. This policy was reviewed in 2009-10 and led to the development and release of the Department of Health, *Strengthening palliative care: Policy and strategic directions 2011-2015* in August 2011.

In July 2016 the Victorian Government released the 'Victoria's end of life and palliative care framework – A guide for high-quality end of life care for all Victorians'. The implementation framework developed by the DHHS in consultation with service providers across the sector guides the delivery of the 'end of life and palliative care framework' for government-funded specialist palliative care services, palliative care consortia, state-wide specialist services and the PCCN.

This framework is different to previous policies in it recognises that if we want sustainable and responsive palliative care in Victoria we can no longer leave the responsibility with Specialist Palliative Care Services.

The framework will deliver actions on the following five priorities:

1. Deliver person-centred services:
2. Engage communities, embracing diversity
3. Coordinate and integrating services
4. Make quality end of life and palliative care everyone's responsibility
5. Strengthen specialist palliative care

The framework articulates clear expectations, enabling a broader range of staff to respond to people's end of life care needs in our diverse community.

The Barwon South Western region palliative care consortiums' key functions in implementing the Framework include:

- Leading the implementation of relevant aspects of the framework in the region
- Monitoring and reviewing the implementation of the framework in the region
- Facilitating the integration of care for people with a life-threatening illness and their carers' and families across the service system
- Working to optimise the community's access to quality palliative services
- Enabling more efficient and cooperative use of resources that supports an integrated approach to care for the patient

The role of the consortium includes:

- Undertaking regional planning in line with departmental directions
- Coordinating palliative care service provision in each region
- Advising the department about regional priorities for future service development and funding
- In conjunction with the Palliative Care Clinical Network (PCCN), implementing the service delivery framework, and undertake communication, capacity building and clinical service improvement initiatives

The function of this annual report is to report the activities of the consortium and detail implementation of the framework by the Barwon South Western Region Palliative Care Consortium over the last financial year.

BACKGROUND ABOUT THE BARWON SOUTH WESTERN REGION

The Barwon South Western Region covers the LGA's of the City of Greater Geelong, Surf Coast Shire, the Borough of Queenscliff, Colac-Otway Shire, Corangamite Shire, Shire of Moyne, City of Warrnambool, Glenelg Shire, South Grampians Shire and Bannockburn and District located in Golden Plains Shire. The total Estimated Resident population (ERP) for the region at 30th June 2016 was 407,971. Estimated Resident Population (ERP) is considered to be a more accurate population figure which is updated annually not every five years as the census data is.

Local Government Areas	Total Population	Increase/Decrease from 30/6/2014	% Increase/Decrease from 30/6/2014
Greater Geelong	235,343	+5923	+2.52%
Surf Coast	29,839	+898	+3.01%
Queenscliff	3,069	+52	+1.69%
Colac-Otway	20,294	+39	+0.19%
Corangamite	15,735	+64	+0.41%
Moyne	16,309	+80	+0.49%
Warrnambool	33,797	+1769	+5.2%
Southern Grampians	15,751	-0	0%
Glenelg	19,167	+9	+0.05%
% of Golden Plains Shire	12,432	Data not avail	Data not avail

Figure 1: Data from profile.id.com.au

Geography

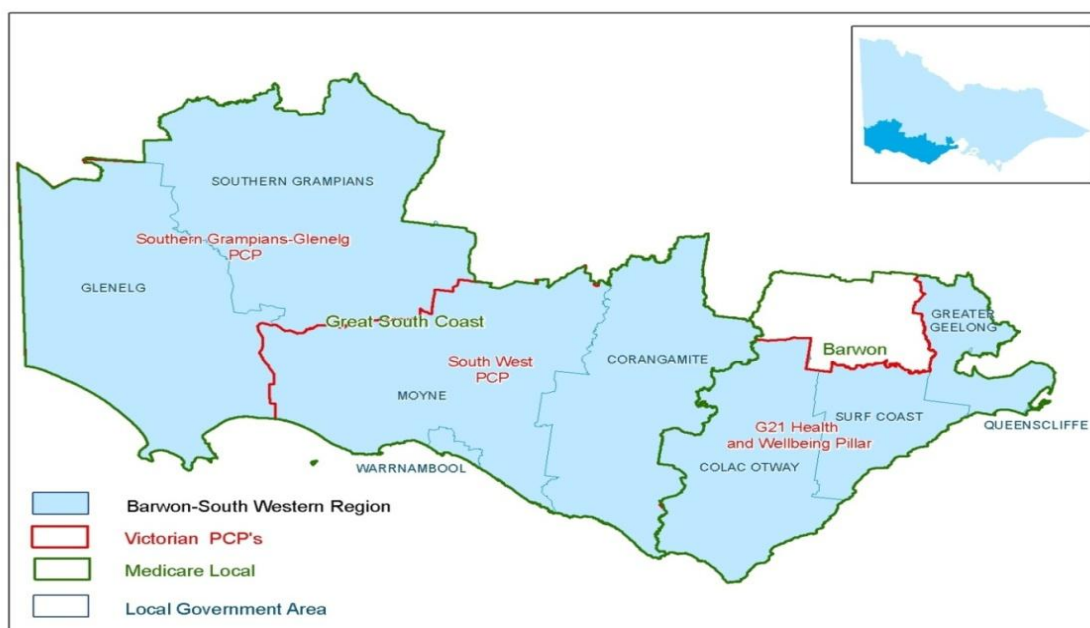


Figure 2: Map of Barwon-South Western region and administrative areas, Department of Health

BSWRPCC

Organisational Chart

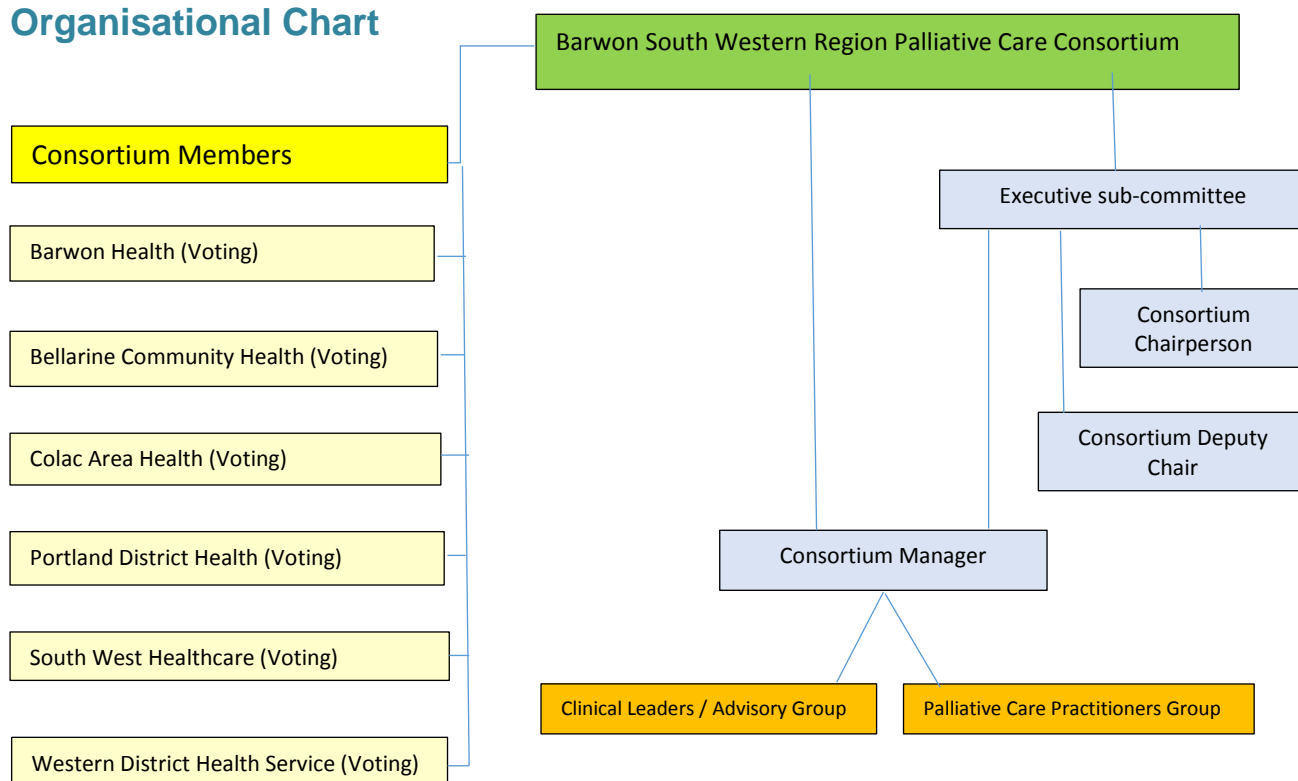


Figure 3: Barwon South Western Region Palliative Care Consortium Organisational Chart (Reviewed July 2015)

Barwon South Western Region Funded Palliative Care Services

Community Palliative Care services are located at Barwon Health (Geelong), Bellarine Community Health (Point Lonsdale), Colac Area Health (Colac), Portland District Health (Portland), South West Healthcare (Warrnambool) and Western District Health Service (Hamilton).

Inpatient Palliative Care beds are located as follows: Barwon Health – 16, South West Healthcare – 6, Colac Area Health – 1, Portland District Health – 1 and Western District Health Services – 1.

Regional Palliative Care Consultancy Teams – the teams are located as follows: Barwon sub-region team provides services to specialist palliative care teams at Bellarine Community Health, Barwon Health and Colac Area Health. South West sub-region team provides services to the specialist palliative care teams at Portland District Health, South West Healthcare and Western District Health Services. Each team is multi-disciplinary, with a mix of medical, nursing, allied health, psychology, pastoral care and bereavement personnel making up the team. Services involve a mix of primary and secondary consultations to clients and palliative care team members, GP’s and acute health service staff both public and private, primary consultations are also available in the form of one to one patient assessments with subsequent advice and/or an opinion being relayed to the referrer.

Hospital Based Palliative Care Consultancy Team – this service is located at the University Hospital Geelong campus of Barwon Health. The team is made up of medical and nursing personnel who provide primary and secondary consultations within the hospital. The hospital based consultancy team received 808 referrals during 2016/17.

CONSORTIUM CHAIR'S REPORT

Consortium Chair Report 2016-17

The 2016-17 financial year has been a year of significant changes for the Barwon South Western Regional Palliative Care Consortium. The Consortium has farewelled Julie Jones, Consortium Chair and Heather Robinson, Consortium Manager during the year. Alongside these personnel changes, the Victorian End of Life and Palliative Care Framework was released heralding exciting opportunities for innovation and forward thinking strategies.

Subsequently, this is my first report as chair of the Consortium and I must say it has been a steep learning curve and both a great pleasure and privilege to be able to work alongside the members of BSWRPCC since commencing in my role in August 2016. Despite the changes, the BSWRPCC has maintained a busy work schedule with a range of activities. In particular, the highlights for the year include:

- The consolidation of the successful partnership between Barwon Health and the Multicultural Aged Care Services (MAC's), this program continues to provide options for patients and families to receive additional respite care within their own homes with the ultimate goal of supporting people to receive their end of life care in their home if this is their wish
- The launch of the Barwon Health Palliative Care Volunteer program, Backyard Blitz*, during National Palliative Care week in 2017
- The provision of educational opportunities offered by VACCHO to provide workshops to Palliative Care staff to increase their awareness and knowledge of Aboriginal culture across the region
- Comprehensive educational opportunities offered across the region.
- Active involvement of the Consortium in the *Improving Respite Services in the Barwon South Western Region* project

There do remain some initiatives, which were not achieved this year for a variety of reasons, however they do remain on the agenda and work will continue to progress them during 2017-18. These include:

- The ability to be able to externally benchmark our data via the Palliative Care Outcomes Collaborative (PCOC)
- Functional improvements to the regional Palliative Electronic Record Management (PERM) system to support greater access to data

Finally, I would like to thank Myra McRae, Acting Consortium Manager, for her tireless support to both myself and the consortium and its members during 2016-17.

Jacqui White
Consortium Chair

PRIORITY 1 Person-centred services

- A person's care is individualised
- Families and carers are supported and valued
- People have information that supports decision making
- People have opportunities to develop their advance care plan

There is a regional agreement to use consistent validated tools, as endorsed by the Palliative Care Clinical Network (PCCN), Palliative Care Outcomes Collaborative (PCOC) and Victorian Integrated Non-Admitted Health (VINAH) minimum data sets across inpatient, community and consultancy services.

There is also regional agreement to embed the reporting of the CSNAT tool to assess carer needs, Resource Utilisation Groups – Activities of Daily Living (RUG ADL), Australian-modified Karnofsky Performance Status (AKPS), Problem Severity Scores, Edmonton Symptom Assessment Score, Phase and a Distress Thermometer into the palliative care software (PERM) used by 83% of community palliative care services in the region. There are no plans underway at the time of this report for Bellarine Community Health to utilise PERM as their electronic management system.

Up-to-date interdisciplinary care plans which reflect the wishes of clients and carers are contained within the PERM software. A Patient Care Plan and a Health Professional Care Plan are created at the completion of each assessment. The number of completed care plans within the region is 100% for all clients. These are a mix of 83% electronic and 17% paper care plans covering all clients. All care plans are provided to the client's GP and other care providers as required.

Lists of respite services that may be appropriate for clients with life-threatening illness have been developed and are available in each palliative care service in the region. Information and education on respite availability, including provision of care for children with a life-threatening condition is provided to families and carers by all (100%) community palliative care services across the region as part of standard admission packages for all new clients. All Specialist Palliative Care services have access to the eligibility criteria of the respite services available to clients allowing them to offer tailored advice to clients.

Barwon Health have supported an in-home respite program which is managed by the Multicultural Aged Care Services (MACS) and funded by Hospice Foundation Geelong which makes available palliative care trained staff to provide care in the home when there is a high need. South West Healthcare has maintained their respite in the home service by Warrnambool's not-for-profit hospice service, staffed by volunteers, which provides care for local people who wish to die at home.

In 2016/17 all (100%) of palliative care program staff in the Barwon South Western region received education about appropriate respite services and eligibility criteria as part of palliative care induction programs and ongoing education. As part of their interactions with respite services all (100%) palliative care services in the region report having endeavoured to increase the level of knowledge about caring for people with life-threatening-illness within respite services by advocating on behalf of clients and ensuring their specific needs are understood by respite service staff and met wherever possible.

Volunteer programs are running successfully across the region. In the South West sub-region volunteers provide bereavement support to families and carers and engage in fundraising activities in conjunction with local community groups. Barwon Health have an innovative Volunteer Program which includes bereavement support, Dignity Therapy, Life Stories and Backyard Blitz*. The Backyard Blitz * program is an initiative financially supported by generous donations from Hospice Foundation Geelong, The Geelong Fidelity Club and Freemasons Foundation Victoria. The program provides support to Palliative Care patients with garden maintenance tasks including; weeding, gardening and lawn mowing. Members of the Community Palliative care team generate referrals to the program. A team of Volunteers will then visit the patient's home on a mutually agreeable date and complete the work, which required. . The program evolved in response to patients reporting they felt distress at not being able to maintain their gardens. The lack of support for home and garden maintenance was subsequently identified as a gap in service delivery for patients who were unable to afford to fund this service privately. Although the service has only been active since May 2017, feedback to date received confirms that the provision of this type of assistance has a profound positive impact on quality of life for both the patient and their family.

In 2016 Respecting Patient Choices, Barwon Health commenced an Advance Care Plan outpatient clinic for community palliative care patients. There are two clinics each month, one clinic is held at the Andrew Love Cancer Clinic in University Hospital Geelong, which coincides with Barwon Health's Cachexia Clinic, the other clinic is held at the McKellar Centre. This service has been utilised well since commencement.

Community Palliative Care Nurse Specialists receive training on facilitating Advance Care Planning discussions during orientation and refresher courses are offered throughout the year by Respecting Patient Choices, Barwon Health. Some of the smaller services in the South Western sub-region have introduced mandated training on Advance Care Planning conversations for all nurses.

The Palliative Aged and Disability Support Nurse in the South West sub-region has designated hours for assisting aged care and disability services staff to undertake Advance Care Planning conversations. Advance Care Planning as a key process in providing a palliative approach forms part of the education provided to aged care and disability services by the two Palliative Aged Care and Disability Support Nurses in the region.

PRIORITY 2: Engaging communities, embracing diversity

- All communities and groups have access to end of life care and planning
- Improved engagement with community leaders to enable them to connect their communities to end of life care
- Communities understand the services available for end of life care and bereavement support

Barwon South Western Region Palliative Care Consortium and its member services have excellent links with local government, community health and primary care partnerships. Local government links are most commonly with Home and Community Care programs which are most relevant for palliative care services. All consortium member services have community health as part of their health services which supports excellent relationships.

Barwon Health, Colac Area Health, Western District Health, South West Healthcare and Portland District Health have volunteers working within the services and these together with clinical staff act as ambassadors in the community helping to ensure people with life-threatening illnesses receive information about the Palliative Care services available to them within the Barwon South Western region.

In rural and regional communities knowledge of palliative care and supportive services for people with life-threatening illness is often higher due to a high degree of stability across medical practitioners and palliative care providers.

Educational strategies have included a significant amount of palliative approach education provided to community nursing, community and residential aged care staff and residential disability staff across the region in the last financial year thus increasing community awareness and understanding of palliative care.

The Barwon South Western Region Palliative Care consortium website lists services, their locations and their services available across the region www.bswrpc.org.au . Information is also available online from Palliative Care Victoria, Palliative Care Australia and the Department of Health and Human Services.

In 2016/17 the Consortium supported opportunities offered by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to provide workshops to palliative care staff increasing awareness and knowledge of Aboriginal people's culture. These workshops were well attended and excellent feedback was received from attendees. VACCHO are intending to continue these workshops in 2017/18.

In 2016 Barwon Health implemented mandated online education entitled "Aboriginal Cultural Awareness for staff" and "Aboriginal Cultural Awareness for managers" as part of their Reconciliation Action Plan 2015/16. Cultural sensitivity and awareness training is available to staff in the smaller health services across the region and strong links developed with Aboriginal Liaison Officers.

PRIORITY 3: People receive services that are coordinated and integrated

- People experience services that are coordinated and designed locally
- The primary, hospital, palliative and aged care sectors connect effectively to respond to care needs
- Early discussion, referral, planning and coordination occurs

All specialist palliative care services in the Barwon South Western Region are very closely linked with community nursing services, private hospitals and private community care providers, aged care and disability service providers. All palliative care services in the region have developed and maintained close links with BRACAS.

Links include:

- St John of God Hospital and Epworth Healthcare Radiation Oncology in Warrnambool in the South West sub-region
- St John of God Hospital in Geelong, Geelong Private Hospital and Epworth Hospital in Barwon sub-region.
- Ballarat Base Hospital
- Through the Palliative Aged and Disability Support Nurse program links have been established with public and private residential aged care facilities and public and private residential disability services across the Barwon South Western Region.

An After-hours model in all six palliative care services across the Barwon South Western region provides all community palliative care patients and carers access to specialist palliative care telephone triage advice and support after-hours.

All specialist palliative care services in the region have links with at least one and often more community nursing services. While specialist palliative care telephone triage is available to all patients/carers in the region, nursing visits after-hours are not available across the whole region. Availability of visits is dependent on the capacity of the Community Nursing service providing care in a particular area. There are outlying areas where after-hours visits are not feasible or safe predominantly due to lack of mobile phone coverage or because of the significant distances staff on call would need to travel resulting in an inability to respond to other calls. For some smaller services who were able to provide after-hours nursing visits previously have experienced challenges due to staffing issues.

During 2016/17 Barwon Health, Colac Area Health, Portland District Health, South West Healthcare and Western District Health Service have continued to use the Palliative Care Electronic Management (PERM) clinical palliative care software. Bellarine Palliative Care service use Uniti software for the recording of clinical information. The St Vincent's /Caritas Christi Hospice after-hours triage contract was renewed in 2015 for a further three years (2015-2018) and includes all six palliative care health services in the Barwon South Western Region.

Data indicates after-hours support has been more utilised by clients and carers across the Barwon South Western Region in 2016/17. Total After-hours calls increased from 1664 in 2015/16 to 1809 in 2016/17.

There was a decrease in the number of after-hours visits in 2016-17 which may be due to Specialist Palliative Care Nurses implementing good contingency plans; ensuring medications are available in the home for Caritas Christi Hospice to provide advice to patients and carers after-hours. The in-home respite service provided by the Multicultural Aged Care Service (MACS) has alleviated some patient and carer stress through the provision of practical support in the home. Specialist Palliative Care staff receive regular education and support to assist them in providing clear advice and education to patients and carers regarding medications and symptom management and therefore instilling confidence in patients and their carers. An explanation for the reduction in the number of after-hours visits provided could be in part due to the challenges faced by some smaller services in providing after-hours nurse visits due to challenging staff issues.

The new data provided by Caritas Christi Hospice 'Advised to call an ambulance/present to ED' has prompted Barwon Health Palliative Care to undertake two separate research projects further exploring ED presentations by Community Palliative Care patients and the supports required by patient and carers to remain at home.

Specialist Palliative Care community services are placed in appropriately sized population centres across the region in Barwon Health, Colac Area Health, Bellarine Community Health, Western District Health Service, South West Health Care and Portland District Health.

Inpatient Palliative Care Beds are located in the following centres: Barwon Health, South West Healthcare, Portland District health Service, Colac Area Health and Western District Health Service.

Clients have access to an appropriate level of specialist palliative care in their region. Community Palliative Care services do not have waiting lists and all referrals are triaged upon receipt utilising an accepted triage tool.

There is clear information about the Palliative Care services available within the region. Information regarding the capabilities of these services is available from a number of sources including the palliative care services, the health services in which they are based, general practice, medical specialists, local government and community health centres.

PRIORITY 4: Quality end of life and palliative care is everyone's responsibility

- Knowledge is increased across the healthcare sector to provide safe, quality care
- End of life care is consistent across the healthcare system
- Healthcare staff are equipped to communicate and deliver the benefits of palliative care
- Organisations actively support their staff in the delivery of quality end of life care

The work of the sub-regional Palliative Care Teams at each end of the region supports clients/carers and specialist and non-specialist Palliative Care staff thus increasing the likelihood that people will die in their place of choice.

The Palliative and Aged and Disability Support Nurses in the Barwon and South West sub-regions provide education on the Palliative Approach Toolkit resources, key processes and clinical care domains. The education is provided to RN's, EEN's, EN's and PCW's aged care and care workers in disability services.

The Palliative Aged and Disability Support Nurses also incorporates the Program of Experience in the Palliative Approach (PEPA) education. PEPA placements are promoted and encouraged at all workshops.

Barwon sub-regional workshop attendance during 2016/17:

Registered nurses/Endorsed Enrolled nurses/Enrolled nurses attendees	6 workshops	74
Personal care workers, Disability services attendees	4 workshops	39
PEPA sponsored workshops: 1 x general, 1 x disability, 1 x aged care, 1 x GP attendees		85
Residential Aged Care Facilities education attendees	18 in-services	192

PEPA education workshops were held in the region during 2016/17. General, Aged and Disability workshops were well attended with excellent feedback.

A Reverse PEPA was delivered in The Birches Residential Aged Care Facility, Hamilton.

South Western sub-regional workshop attendance during 2016/17:

Registered nurses/ Endorsed Enrolled nurses/Enrolled nurses attendees	4 workshops	94
Personal care workers and Disability services attendees	3 workshops	41
Residential Aged Care Facilities education attendees	3 in-services	39
Registered Nurses in Aged Care and sub-acute attendees – Dementia and Palliative Care	2 workshops	49

The Supportive Care Team (SCT) at Barwon Health provides a range of formal and informal education to specialist and non-specialist palliative care staff and community programs. The SCT

facilitated a Dignity Therapy workshop with Professor Dr Harvey Chochinov which was open to all interested health professionals with attendees from as far afield as Western Australia.

Four regional lectures were provided by Barwon Health's Medical Specialist in Palliative Care Dr. Ian Grant in Camperdown enabling equitable access for all health care staff across the region. Each lecture was well attended by GP's, allied health, RN's and EENs/ENs from the majority of health services across the region. Topics included 'Updating Skills and Knowledge in Palliative Care' 'Non-malignant disease and Palliative Care', 'Pain and Symptom Management in Palliative Care' and 'Advanced Clinical Assessment Skills'. Four more lectures are being scheduled for 2017/18.

Communication skills training in conjunction with the Cancer Council Victoria is provided to staff and managers. Regular training opportunities are offered to the staff from Multicultural Aged Care Services (MACS) who provide respite services to community palliative care in the Barwon sub-region. Monthly education sessions are also provided to specialist Palliative Care staff and Community Nurses and have also been open to public and private hospital staff including health professionals in Bellarine Community Health and Colac Area Health.

The Motor Neurone Disease (MND) Shared Care Worker for Barwon South Western Region provides education across the region to GP's, Specialist Palliative Care, Community Nurses and Residential Aged Care staff on the assessment and management of symptoms associated with MND.

" Mary an Aboriginal woman was referred to Community Palliative Care with a diagnosis of Progressive Bulbar Palsy. Living in residential aged care, she was refusing medications, and assistance from staff.

The MND Shared Care Worker for BSWRPC had a lengthy discussion with Mary and she was able to calmly communicate her feelings. Fears of choking and of being alone in the dark, a preference for non-pharmacological management of her anxiety and her love for the outdoors were listened to. The MND Shared Care Worker with support from the Aboriginal Liaison Officer developed an individualised care plan for Mary.

A psychologist was engaged to offer hypnotherapy and meditation techniques. Mary's husband stayed with her each night until she fell asleep and during the day he would take her for drives in the country. Volunteers took Mary for regular walks in her wheelchair.

The things that were important to Mary as a person were recognised and she was able to be cared for according to her wishes.

After Mary's death the MND Shared Care Worker held debriefing sessions with the staff involved in Mary's care which assisted in identifying quality improvement activities in the facility."

This is an example of well-coordinated, individualised care. The family and staff were supported and valued, the integration of services responded to the individual needs of the patient and the staff were actively supported to provide end of life care ensuring end of life care is everyone's responsibility.

The Community Clinical Nurse Consultant offers monthly on-site training sessions to Community Nursing teams and includes topics such as ‘Commonly used Palliative Care drugs’, “Assessment and Management of Symptoms” and “Communication Skills”.

Nurse Practitioners provide monthly education to the Specialist Palliative Care Nurses specific to recent changes to best practice in palliative care. These education sessions often include guest speakers from various organisations such as CanTeen or Carers Support to raise staff awareness of the services available to patients in the community. Regular education is provided by South West Healthcare to the health services in the South West sub-region in conjunction with the Primary Health Network to staff in acute, aged, Specialist Palliative Care and Oncology.

PRIORITY 5: Specialist Palliative Care is strengthened

- Models of home-based care are effective and efficient
- The specialist workforce is used effectively
- Specialist palliative care is accessible locally

Regional service planning is aligned with the Service Delivery Framework and supported with a signed memorandum of understanding between all the consortium members listed below.

- **Barwon Health**
- **Colac Area Health**
- **Bellarine Community Health**
- **Western District Health Service**
- **South West Healthcare**
- **Portland District Health**

Specialist palliative care community services are placed in appropriately sized population centres across the region, see the list above.

Inpatient Palliative Care Beds are located in the following centres:

Barwon Health, South West Healthcare, Portland District Health Service, Colac Area Health and Western District Health Service

Regional Palliative Care Consultancy Team: Each team is made up of specialist palliative care medical, nursing and/or supportive care staff. One team is located in the South West sub-region and supports the palliative care services at Portland District Health, Western District Health Service and South West Healthcare. The other team is located in the Barwon sub-region and supports the Palliative Care services at Colac Area Health, Bellarine Community Health and Barwon Health.

The PCCN consortia representative is a Nurse Practitioner based at Barwon Health and acts as a conduit between the services, the consortium, the clinical advisory group and PCCN and is a consortia representative of the Clinical Leaders Group. A PCCN report is a standing agenda item at all consortium meetings, clinical leaders meetings and palliative care practitioners' group meetings. The consortium representative is in a position to table issues raised within the region to the PCCN for review.

All evidence-based clinical tools recommended by the Palliative Care Clinical Network have been implemented by palliative care services in the Barwon South Western Region. The most recent being the Carer Needs Assessment (CSNAT) tool.

During 2016/17 there have been no recommendations for the update of evidence into clinical practice from the PCCN.

Palliative Care service delivery is consistent and evidence based in the region. The work plan of the Clinical Leaders Group has ensured ongoing implementation of the Bereavement Framework and a regular review of the ongoing validity of the evidence based clinical tools used by palliative care

services across the region and the PCCN issues are a standing item on the Clinical Leaders Group meeting agenda's.

The Clinical and Advisory groups are combined in the Barwon South Western region. The Clinical Advisory (Clinical Leaders) group role statement, terms of reference, membership, meeting format and frequency were reviewed early 2017. The format is a mix of standing items and continuing work on issues supported by the PCCN, meetings are quarterly. The Agenda standing items are based on the following principles:

- Consortium decisions will be based on good clinical practice
- Facilitate collective problem solving in the implementation of Victoria's end of life care and palliative care framework
- Develop resources that promote good clinical practice
- Report on issues raised by the Palliative Care Clinical Network

The region also has a Palliative Care Practitioners Group which meets three times per year. This group is supported by the consortium and provides an opportunity for broader discussion by staff from all disciplines of issues arising in palliative care more generally, the palliative care software in use in the region, educational opportunities for staff and any specific issues from each of the palliative care services in the region.

The region is engaging in capacity building projects supported by funding from the Infrastructure and Equipment Grant received in 2017. Telehealth capability is being utilised and further developed for use in the Breathlessness Clinic at Barwon Health to ensure equitable access to specialist palliative care staff for this patient cohort.

A pilot project exploring the value of Personalised Health Care in supporting Community Palliative Care patients was conducted during 2016/17 financial year. The outcome of this pilot is that Personalised Health Care will be implemented as an additional means of monitoring and supporting appropriate patients in the low and stable phase.

Appendix 1: BSWRPC Financial Statement 2016/17

	FY 2016-17 Actuals	FY 2016-17 Budgets	Variance
Revenue			
DHHS Palliative Care Consortia Funding	127,590	127,590	-
Consortium Contributions:			
Barwon Health	82,048	82,048	-
Bellarine Area Health	14,561	14,561	-
Colac Area Health	9,348	9,348	-
Portland District Health	8,846	8,846	-
South West Healthcare	27,816	27,816	-
Western District Health Service	7,430	7,430	-
PEPA and Other Income	12,537	2,201	10,336
Total Revenue	290,176	279,840	10,336
Labour			
Standard	(108,793)	(145,134)	36,341
Overtime	(2)	0	(2)
Allowances	(1,672)	(1,199)	(473)
Penalties	(187)	(1,841)	1,654
On-costs	(14,069)	(17,624)	3,555
Total Labour	(124,723)	(165,798)	41,075
Non-Labour			
Purchased Services	(90,877)	(85,934)	(4,943)
Food Costs	(1,279)	(2,000)	721
Domestic Services	(298)	(68)	(230)
Repairs & Maintenance	(1,009)	0	(1,009)
Administration Expenses	(9,613)	(11,756)	2,143
Management Fees	(52,232)	(50,371)	(1,861)
Transfer Pricing Expenses	(13,566)	(13,566)	0
Total Non-Labour	(168,875)	(163,695)	(5,180)
Grand Total	(3,421)	(49,653)	46,232