



BARWON SOUTH WESTERN REGION

PALLIATIVE CARE CONSORTIUM

ANNUAL REPORT

2018 – 2019



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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.

1.1 BSW Region Overview

The Barwon South West is an economic rural region located in the south western part of Victoria. The Barwon South West region stretches from the tip of the Queenscliff Heads to the border of South Australia. It is home to Victoria's largest provincial centre, Geelong and the major centres of Aireys Inlet, Apollo Bay, Camperdown, Colac, Hamilton, Lorne, Port Campbell, Port Fairy, Portland, Torquay and Warrnambool.

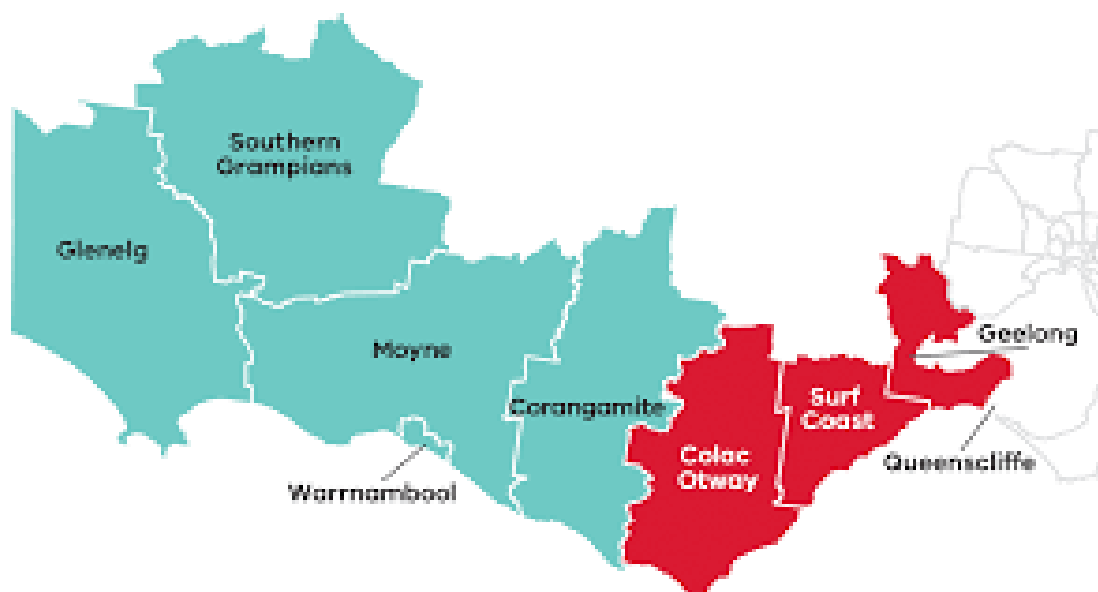


Fig 1. Map of Barwon South Western Region



Fig 2. Victoria State Map

Barwon South Western region comprises an area in excess of 40,000 square kilometres and approximately 392,000 residents as at the 2016 census with an approximate projected population of 464,813 by 2031. The Barwon South West region includes the local government areas 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.

There are six palliative care services located across Barwon South Western Region:

- Barwon Health (BH), Regional Health Service
- Colac Area Health (CAH), Rural Health Service
- Bellarine Community Health (BCH), Community Health Service
- Portland District Health (PDH), Rural Health Service
- South West Healthcare (SWH), Rural Health Service
- Western District Health Service (WDHS), Rural Health Service

The region's population structure is ageing at a rate 10% higher than the Victorian and Australian averages. It is anticipated that the proportion of people aged 65 or older is likely to increase from 21% in 2001 to 37% by 2051. The region's population aged 75 years and over is projected to rise from 7.9 per cent in 2006 to 15.4 per cent in 2036.

Local Government Areas	Total Population (2016 Census)	Projected Population 2031
Greater Geelong	233,431	296,360
Surf Coast	29,972	39,577
Queenscliff	2,853	3,061
Colac-Otway	20,972	19,969
Corangamite	16,051	14,212
Moyne	16,495	17,426
Warrnambool	33,665	38,708
Southern Grampians	15,944	14,824
Glenelg	19,557	18,267
% of Golden Plains Shire	2,325	2,409

Fig. 2 Population by LGA

Traditional Owners

There are approximately 4,700 Aboriginal and Torres Strait Islander people located in the Barwon South Western region made up of six major clan groups:

- Dja Dja Wurrung
- Djab Wurrung
- Eastern Maar
- Gunditjmara
- Wadawurrung
- Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk.

Barwon South Western Region Palliative Care Consortia respectfully acknowledge the Traditional Owners of the land in which it conducts its business, their Ancestors and Elders past and present and emerging.

Diversity in the Region

While regional municipalities generally have a high proportion of Anglo-Australian residents, BSW actually has the largest proportion of residents born in main non-English speaking countries (NESCOs) (6.7 per cent) and speaking a LOTE at home (6.7 per cent) of all the Regional Advisory Councils, with most other municipalities in the region having only around 4.5 per cent of LOTE speaking residents and similar proportions born in one of the main NESCOs. Italian is the most widely spoken LOTE in the region, with over 3,000 speakers, or 0.8 per cent of the population. Other languages with more than 1,000 speakers include Croatian (2,292) and German, Macedonian and Greek (each around 1,150).

1.1 Palliative Care Services in BSW Region

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, Camperdown - 1, 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 2018/19.

All palliative care services in the BSW region use a Shared Care Model of care. The Shared Care Model involves Community Palliative Care and Community Nursing teams working cooperatively and collaboratively to ensure the appropriate and best quality care is provided for Community Palliative Care patients and their families. Relationships between services are characterised by professional

respect, give due recognition to difference in skills and comply with professional codes of conduct. The needs-based model of palliative care is patient and family focussed. It is driven by the level and complexity of patient, primary carer and family needs rather than by organisational and service structures, organisational objectives or traditional patterns of service delivery. The model operates across clinical settings and incorporates care provided by primary and specialist providers.

All services provide advice, in home assessments, family support, loss and grief screening pre-death, bereavement follow up post death, phone assessments and After-Hours telephone support. Barwon Health, Portland District Health, Colac Area Health all provide bereavement counselling, social support. Barwon Health, Portland District Health and Colac Area health all utilize telehealth and reported that it works very well for patients living remotely who are low and stable. South West Healthcare commenced the use of Telehealth in 2019. Western District Health Service only use Telehealth with the Progressive Neurological Clinic. Bellarine Community Health do not currently utilize Telehealth with no known plans for introduction.

Organisational Chart

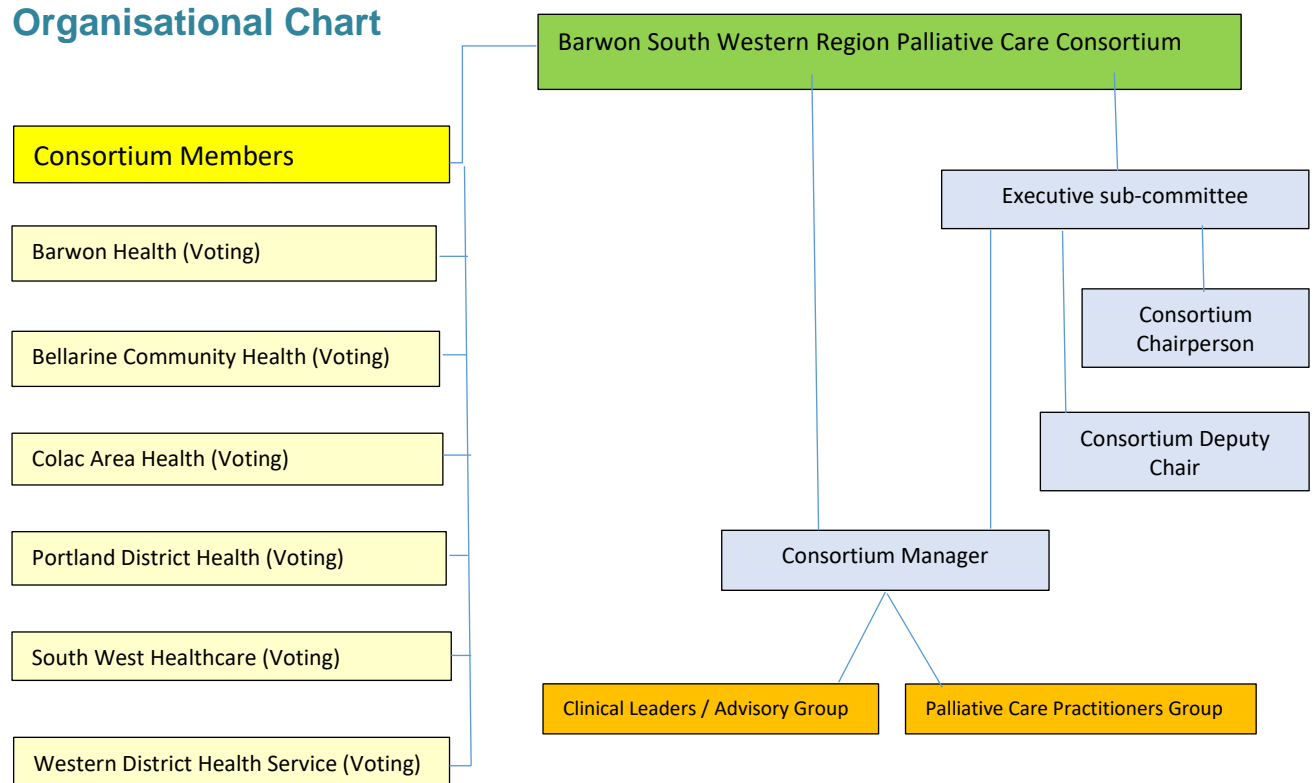


Figure 3: Barwon South Western Region Palliative Care Consortium Organisational Chart (Reviewed July 2019)

CONSORTIUM CHAIR'S REPORT

Consortium Chair Report 2018-19

The 2018-19 financial year has been an extremely busy and productive year for the Barwon South Western Regional Palliative Care Consortium.

The focus for BSWRPCC has been multifactorial and there has been a strong emphasis on strategic and innovative planning, collaboration with other Palliative Care Consortia's across the State and the provision of regional education and clinical support. In particular, the highlights for the year include:

- All Community Palliative Care and Regional Consultancy services across the region strengthening the provision of care during this financial year. Barwon Health and South West Healthcare commenced the provision of a 7 day per week face to face service whilst Western District Health Service introduced an on call service during weekend days with a view to enhancing care and ultimately supporting people to have their terminal care in their place of choice.
- Volunteer programs continue to run very successfully across the region with significant growth in terms of both volunteer numbers. Services are utilising volunteers in innovative and creative ways to provide a person centred approach to care. There is a strong emphasis on supporting volunteers to ensure that their roles are sustainable.
- A strong focus on the provision of relevant education to both specialist palliative care and generalist health care staff has resulted in a variety of educational opportunities made available across the region.
- A number of services across the region have worked this year to enhance the community capacity to support end of life care. Services have increased the activities available to community members during Volunteer Week, National Palliative Care Week and Dying to Know Day.

There do remain a few initiatives, which were not achieved for a variety of reasons, however they do remain on the agenda and work will continue to progress them during 2019 -20. These include:

- The ability to be able to externally benchmark our data via the Palliative Care Outcomes Collaborative (PCOC)
- The future of the Palliative Care Electronic Record Management (PERM) system in light of some of the services within the region transitioning to an alternate system for record keeping.

Finally, as always I would like to thank Myra McRae, Consortium Manager, for her ongoing tireless support to both myself and the consortium and its members during 2018-19.

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

Consistent validated tools are widely used across the region, as endorsed by the Palliative Care Clinical Network – Safer Care Victoria (PCCN-SCV), Palliative Care Outcomes Collaborative (PCOC) and Victorian Integrated Non-Admitted Health (VINAH) minimum data sets across inpatient, community and consultancy services.

As a region we agreed 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.

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. In addition Barwon Health has implemented Symptom Management Plans for specific symptoms to assist patients and carers.

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 continue to support 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 2018/19 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 which offers garden maintenance for palliative care patients, a much needed support. A new concept was developed this year when a young patient was not overly keen on the idea of receiving palliative care. Two staff members found a way to break down barriers by asking her what she would like to do and she replied she would like to learn to make cheese. Incredibly two volunteers were able to help her achieve this. Through the afternoon of making cheese the team were able to form a trusting relationship in a new and different way. The patient coined the phrase “Heidi’s Have a Go” and was happy for Barwon Health to continue to use the name in the more formal development of this program which has now flourished.

“Heidi’s Have a Go” provides the opportunity for people accessing palliative care to be able to identify bucket list items that they might want to tick off before they die and to be supported in achieving them. Patients have had the opportunity to engage in sausage making, Japanese flower arranging, glass blowing and even a visit to the gun range to re-engage with a much loved past activity. The most significant element of this legacy program is that clinicians have been challenged to do things very differently, to be truly patient centred and to truly accept that the patients are determining actions not the clinicians.

Barwon Health supports Bellarine and Colac palliative care volunteers through provision of specialist palliative care training. South West Healthcare support Portland and Hamilton with their volunteer programs.

There were several activities held across the region for Volunteer week in May 2019. Barwon Health’s Volunteer Services team hosted the annual National Volunteer Week Breakfast. Chon Witherden was awarded Minister for Health Volunteer Award – Improving the patient experience. Sue Ritter was awarded Outstanding Volunteer Achievement Award for Palliative Care in the Barwon Health Volunteer Awards.

South West Healthcare held a dinner for Volunteers at the Warrnambool RSL. Heike Fleischmann, Palliative Care Victoria’s Volunteer Engagement and Capacity Building Manager, was invited as the guest speaker. Warrnambool and District Community Hospice (WDCH) facilitated a dinner for their volunteers which included a graduation ceremony for seven new volunteers from Camperdown, Terang and Cobden. An end-of-life ancillary services grant from the Victorian Government enabled WDCH to expand their services in the Shire of Corangamite.

The Advance Care Planning clinic at Barwon Health commenced in 2016 and continues to be utilised well. 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.

Training on facilitating Advance Care Planning for Community Palliative Care Nurse Specialists occurs during orientation and refresher courses are offered throughout the year by the Advance Care Planning Team, Barwon Health. Mandated training on Advance Care Planning occurs in the palliative care services throughout the South Western sub region for all Palliative Care Nurse Specialists.

Barwon Health has commenced quality improvement project aiming to increase the number of Advance Care Directives completed for patients engaged with the program. The project utilises volunteers to assist clinicians with the administrative aspects of completing an ACD and is ultimately

aiming to ensure that either a documented ACD or goals of care conversation has been undertaken to inform care ensuring that is in keeping with patient wishes at all aspects of the trajectory.

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. Residential Aged Care Facilities in general require ongoing support and education on 'having the conversation'.

Several activities were held across the region for Palliative Care Week and Dying to Know Day in this financial year. Death over Drinks was hosted by Barwon Health Palliative Care on Tuesday 21 May at the Lord of the Isles Tavern with sponsorship from Barwon Health Foundation. Rebecca Bartel, Executive Lead, Institute for Health Transformation at Deakin University hosted the event and 40 people from the Barwon region attended. Amongst the lively discussion were people's choice of funeral song, thoughts on how people would like to be remembered and what might people want known about their funeral wishes. There was plenty of laughter, a few tears and lots of valuable conversations that guests pledged to continue having.

A breakfast was held for the palliative care team in recognition of great teamwork over the last 12 months. A movie night "The Last Cab to Darwin" in Geelong attracted many staff and families from the palliative care services.

During Palliative Care Week "Room 64" a podcast series was launched. The podcast was a collaboration between the Barwon Health Communications and Marketing team and Barwon Health Palliative Care including two volunteers, Dominic Black and Christine Brooks. The initial four part series touched on a range of issues for people and their families engaging with palliative care services. The aim of the podcast series was to raise awareness around death, dying and palliative care within the generalist community and to provide an opportunity to explore some of the misconceptions which currently exist. The podcast was well received with data demonstrating excellent reach both nationally and internationally. Story time for children on death, dying and bereavement was held in the Geelong Library again this year due to its great success during last year's Palliative Care week.

South West Healthcare held a remembrance service for their deceased patients. They also erected trees in the foyer of their building and people from the community were encouraged to put a butterfly in memory of their loved one on the tree. 300 butterflies were attached to the trees and the feedback was extremely positive from the community. Daily in-services were held on the palliative inpatient ward, school children were invited to visit the inpatient unit providing opportunities to talk to the patients and their families. An education session 'What is Palliative Care' was held in the Warrnambool hospital for generalist providers, which was well attended.

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.

“Aboriginal Cultural Awareness for Staff and “Aboriginal Cultural Awareness for managers” education continues to be mandated for all staff and managers of Barwon Health as part of their Reconciliation Action Plan 2015/16. The smaller services in the region also provide Aboriginal Awareness education to their staff and engage with local Aboriginal Cooperatives.

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 and Epworth Hospital in the Barwon sub-region.
- 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 via Caritas Christi Hospice ensuring 24 hour/7 days per week access to specialist palliative care support.

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. All Community Nursing services, regardless of size, work proactively with the relevant Specialist Palliative Care service to develop contingency plans for patients who are in the terminal phase to provide a nursing visit where possible. Health professional review is also provided by Ambulance Victoria on occasions when a community nursing visit is not possible after hours.

Barwon Health and Bellarine Community Health provide after-hours visits when required to palliative care patients by community nurses 7 days per week. Hesse Rural Health provide community palliative care 7 days per week to patients in Golden Plains and Surfcoast Shire however, there are insufficient funds to provide after-hours on-call nurse visits. Colac Area Health have a community palliative care nurse on call for after-hours visits for patients who are unstable or in the terminal phase 7 days per week between 8am and 8pm, thereafter community nurses are on call for after-hours visits. Western District Health Service have either community palliative care or community nurses on call for nursing

visits until 8pm, 7 days per week. After 8pm patients are required to contact CCH and if they require more than clinical advice they are advised to present to their local hospital.

South West Healthcare provide after-hours visits by community nurses when required. In the more remote parts of this region patients are either supported by GP's or community nurses after-hours or required to present to the local hospital. Portland District Health provide after-hours visits by community nurses only if they are already known to the community nursing service. Otherwise, patients in the Portland area are required to present to the Urgent Care Centre.

A seven day a week palliative care service including public holidays has been implemented in South West Healthcare Warrnambool and Barwon Health Geelong within this financial year. The extended service has significantly strengthened the community palliative care services by providing additional support to patients and their carers enabling them to be cared for and to die in their own home if this is their wish. It has also provided reassurance and additional support to carers who may be struggling to sustain their carer role.

Work is ongoing to enhance the regional consultancy services cross the region. In the Barwon sub-region the consultancy service has a Palliative Care Consultant, Registrar and two Clinical Nurse Consultants support to provide patient assessment and management, mentoring, education, service development and support to the specialist community palliative care services and the generalist services in the sub-region.

During 2018/19 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 continue to use Uniti software for the recording of clinical information. PERM software is no longer being supported by the vendor and therefore alternative electronic medical record software has been sourced for South West Healthcare, Colac Area Health, Portland District Health and Western District Health Service called PalCare. These services are currently working on the transition to PalCare and expect to be fully integrated by January 2020. Barwon Health and Bellarine Community Health are currently exploring alternative software options for their programs.

The St Vincent's/Caritas Christi Hospice after-hours triage contract was renewed in 2019 for a further twelve months (2019-2020) and includes all six palliative care health services in the Barwon South Western Region.

Data indicates after-hours support has been less utilised by clients and carers across the Barwon South Western Region in 2018/19. Total After-hours calls in 2017/18 were 1862 compared to 1836 in 2018/19. This may be a result of the commencement of the seven day week service in Barwon Health and South West Healthcare.

In total there are 28 inpatient Palliative Care Beds located in 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 incorporate 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 2018/19:

Registered nurses/Endorsed Enrolled nurses/Enrolled nurses-Palliative Approach workshops	2 workshops	44 attendees
A Palliative Approach in Aged Care and Disability Homes	2 workshops	32 attendees
Residential Aged Care Facilities in-services	19 in-services	185 attendees
Disability Services in-services	3 in-services	40 attendees

South Western sub-regional workshop attendance during 2018/19:

Registered nurses/ Endorsed Enrolled nurses/Enrolled nurses	2 workshops	40 attendees
Personal care workers and Disability services	2 workshops	16 attendees
Residential Aged Care Facilities education	24 in-services	126 attendees

Barwon South Western Region Palliative Care Consortia focuses strongly on providing regional education to specialist palliative care staff and the generalist healthcare providers. We are now in our second successful year of "Improving Outcomes in Palliative Care" which is a series of workshops utilising the skills and expertise of members of the multidisciplinary teams at Barwon Health and South West Healthcare. These regional workshops are held in Geelong and Camperdown four times each year, ensuring equity of access across the region to specialist palliative care, community nursing, acute and sub-acute, allied health, aged care and disability services providers. The ability to

videoconference these workshops has been well utilised by staff from Otway Health in Lorne and Apollo Bay and also Colac Area Health.

Some of the topics this year included “End of Life Interventions: benefit vs burden”, “Managing Family Dynamics: the good, bad and the ugly”, “Improving Patient Experience: Volunteers in Palliative Care”.

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 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. These education sessions are extremely well attended by all. Some topics have been ‘Interpreting Pathology Results’, ‘Voluntary Assisted Dying’, ‘Opioid receptors in Pain Management’ and ‘Allied Health in Palliative Care’.

A successful monthly education program continues to be provided to Community Nursing teams on-site this financial year. These sessions are provided by various members of the Barwon Health palliative care multidisciplinary team members including Nurse Practitioners, Supportive Care Team and Specialist Community Palliative Care Nurses. Some of the topics this year included Motor Neuron Disease, Ascites, Breathlessness, Non-Pharmacological Approaches, Pain Assessment and Management.

In conjunction with the Primary Health Network, South West Healthcare provide a variety of education sessions on a regular basis for specialist and non-specialist staff from South West Healthcare, Portland District Health and Western District Health Care.

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.

MND workshops are offered regularly across the region, Warrnambool had a full day workshop and there have been several held in residential aged care facilities across the region.

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-SCV consortia representative is a Joint Head of Palliative Care at Barwon Health and acts as a conduit between the services, and the consortium. A PCCN-SCV 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-SCV for review.

Palliative Care service delivery is consistent and evidence based in the region. The work plan of the Clinical Leaders Group has ensured regular review of the ongoing validity of the evidence based clinical tools used by palliative care services across the region and this is 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 are reviewed bi-annually. 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.

All consortium meetings are face to face and held centrally in Camperdown Hospital.

The region is continuing to engage 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 Cachexia Clinic at Barwon Health to ensure equitable access to specialist palliative care staff for this patient cohort.

Data was collected from a snapshot of a three months period on "preferred place of death" versus 'actual place of death' for palliative care patients in the region.

The results from the six palliative care services in our region are:

