



**BARWON SOUTH WESTERN REGION
PALLIATIVE CARE CONSORTIUM
ANNUAL REPORT
2021 – 2022**



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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
- 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.

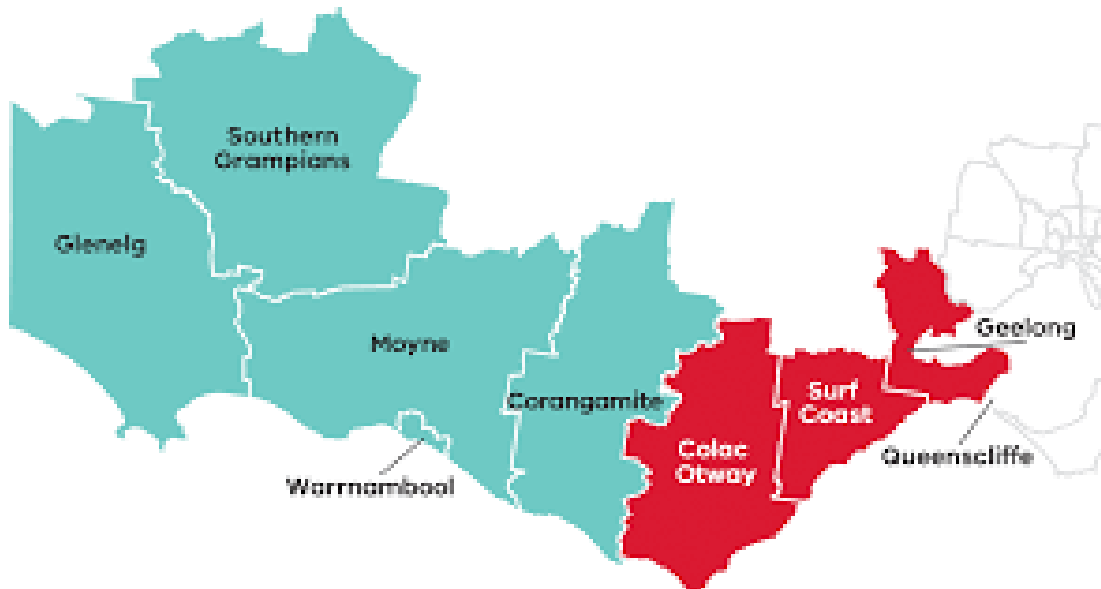


Fig 1. Map of Barwon South Western Region



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)	Total Population (2021 Census)	Increase/Decrease since 2016 Census)
Greater Geelong	233,431	269,508	+ 36,077
Surf Coast	29,972	36,278	+ 6,306
Queenscliff	2,853	3,054	+ 2,081
Colac-Otway	20,972	21,532	+ 560
Corangamite	16,051	15,813	- 238
Moyne	16,495	17,221	+ 726
Warrnambool	33,665	35,607	+ 1,942
Southern Grampians	15,944	14,824	- 1,120
Glenelg Shire	19,557	19,559	+ 2
% of Golden Plains Shire	2,325	2,365	+ 40

Fig. 3 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 (NESCs) (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 NESCs. 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 – 14, South West Healthcare – 6, Camperdown - 1, Colac Area Health – 1, Portland District Health – 1 and Western District Health Services – 1.

Pal@Home Program is part of the extensive palliative care services offered by Barwon Health. It is an inpatient bed substitution model supporting people to receive symptom management and end of life care in their home if this is their place of choice. Initially this program commenced as a pilot project in December 2019 which completed in October 2020. There were many positive outcomes from the pilot and an increase of patients dying in their place of choice. The program has now transitioned to a permanent program with ongoing funding from the Department of Health. Pal@Home has capacity to care for 6 patients with symptom management and end of life care needs in their home for up to 2 weeks. The service provides 24 hour care by nurses visiting each patient over 3 shifts with clinical oversight and management by a medical consultant.

Program Objectives

- Provide a rapid response for patients' to receive end of life care in their home.
- Provide palliative care patients with the option to receive end of life care in their own home with increased nursing support above the scope of the community palliative care service
- Improve patient and carer experience
- Reduce bed demand in acute and PCU
- Increase the number of patients' dying in their place of choice
- Reduce emergency department presentations and acute admissions for patients with life limiting illness in the final days and weeks of life.
- Provide increased time limited carer support in the home to facilitate timely discharge home from acute and PCU

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 Palliative Care Consultancy Service – the service is located at the University Hospital Geelong campus of Barwon Health. The service is made up of medical and nursing personnel who provide primary and secondary consultations within the hospital. The hospital palliative care consultancy service received 885 referrals and 1,671 contacts during 2020/21. South West sub-region team is located at South West Healthcare, comprising of medical, nursing and counselling services the team provides consultancy services to other hospitals in the South West sub-region when required.

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. The impact of COVID-19 resulted in some challenges to the utilization of the Shared Care model however, the principles and philosophies were maintained.

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, South West Healthcare, Portland District Health, Western District Health Service and Colac Area Health all provide bereavement counselling, and social support. The use of Telehealth has somewhat decreased across all services in the region due to a return of face to face patient visits and clinics. However, Telehealth is still utilized if it is a more appropriate means of patient assessment.

Barwon Health conducted a research project funded through Western Alliance on the use of Telehealth from a patient, carer, staff and volunteer perspective. An article was written on the results of this research and has been accepted by BMJ for publication. The article "Telehealth: Rapid Adoption in Community Palliative Care due to COVID-19 – Patient and Professional Evaluation" researched how the COVID-19 pandemic brought telehealth to the fore and presented a sudden shift from a predominantly face to face service model to one that needed to incorporate telehealth. Patients, caregivers and health care professionals reported both satisfaction with telehealth and barriers to its effectiveness. Summary of findings showed:

- Potentially more 'real time' exploration of the use of telehealth compared with previous data
- The majority of respondents felt comfortable with telehealth palliative care consultations and indicated the issues that needed to be discussed could be covered
- Patients were ambivalent about their preference between telephone calls and videoconferencing, Health Care Professionals very much favored the latter
- Both groups in the current survey reported issues when undertaking telehealth consultations however there were differences both in the proportion of respondents who had issues and the actual issues encountered.

In conclusion, the majority of both patients and Health Care Professionals indicated their preference was a model which incorporated a combination of face to face and telehealth consultations.

BSWRPCC

Organisational Chart

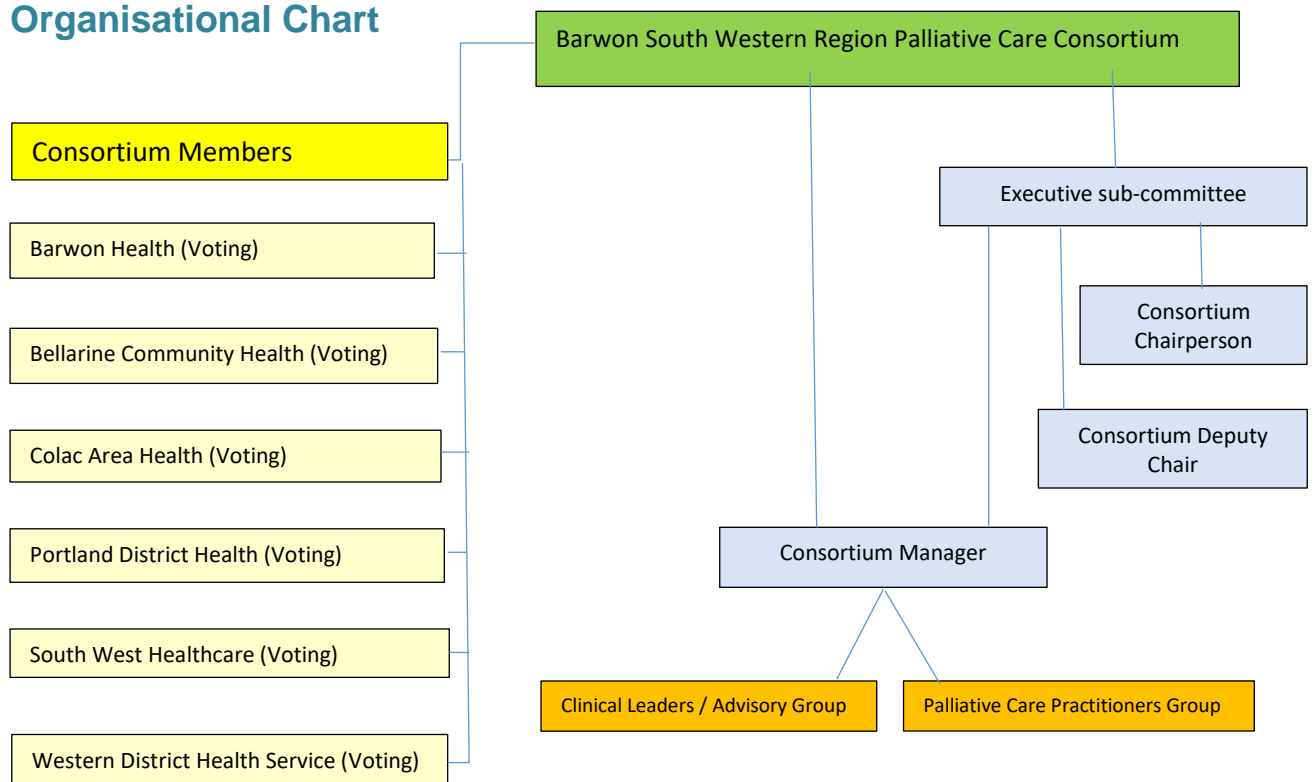


Figure 4: Barwon South Western Region Palliative Care Consortium Organisational Chart (Reviewed July 2019)

CONSORTIUM CHAIR'S REPORT 2021 – 2022

The Barwon South Western Regional Palliative Care Consortium continues to rise to the challenges presented by the ongoing pandemic. The goal of returning to 'normal' operations were achieved this year through the sheer determination of all Palliative Care staff to provide the highest standard of care to the people in our communities. With the focus on care delivery and the day-to-day pressures of staffing our services, we have not been able to take full advantage of the benefits and opportunities our Consortium membership offers us. Having said that we now turn our focus to developing new approaches to regain the benefits and purpose of our Consortium. The focus for FY 2022/23 is to reinvigorate the mechanisms that stimulate innovation, collaboration and camaraderie.

2021/2022 was not without its achievements. Below are some examples of the accomplishments of the BSWRPCC.

Information Management

It has been some time since 4 of our services begun using their new electronic medical record, PalCare. This new software has yielded great benefit to those services especially in terms of creating transparency for improved patients outcomes and the reporting functionality that allows for evaluation and service development. Barwon Health are just about to rollout this software in their program and are enthusiastic to gain the benefits that have been experienced by the others.

Service Delivery

The inpatient bed substitution modelled service, Pal at Home continues to offer a 24 hours visiting services to those patients in the Barwon Health area who would normally have required an admission to the inpatient unit. This unique service has been shortlisted for the Victorian Public Healthcare Awards. There are plans for additional services of this consortium to adopt a similar model of care delivery.

Inclusive Practice

An opportunity arose for a 12-month project to conduct a review against the Rainbow Tick Standards in order to identify opportunities for short and long term improvement for Palliative Care. Once these areas of improvement were found, the Project Officer was able to take action in real time in order to improve LGBTIQ+ patient safety and care. Additionally, recommendations were made for permanently embedding changes. The outcomes of this work will be shared so that all areas of the consortium may benefit from its findings.

Connecting with our community

As always the consortium celebrated and promoted the value of Palliative Care during Palliative Care week and Dying to Know Day. We engaged with our community to discuss matters relating to death and dying through local engagements and live social media events. The "Room 64" podcast series released another instalment and is now in its 4th season. This series highlights the stories that emerge through people's experience of palliative care. Through storytelling and personal experiences, this podcast explores palliative care and the difficult topics of death and dying with the goal of making everyone a little more comfortable about talking about what matters most. Another notable example of Palliative Care promotion was our presentation at the Oceanic Palliative Care

Conference 2021 on a Volunteer lead service inspired by a patient “Heidi’s Have a Go: How one patient changed our way of thinking”. To date more than 100 patients have experienced Have a Go.

I would like to acknowledge our Manager Myra McRae and our Data Integrity Officer for their ongoing support and dedication to the Barwon South Western Regional Palliative Care Consortium.

A handwritten signature in black ink, appearing to read 'Chris McCormick', written in a cursive style.

Chris McCormick
Acting 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

Across the region validated tools are used, 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.

All services across the region 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, Symptom Assessment Score, Phase and a Distress Thermometer into the palliative care software (PERM) used by Barwon Health, PalCare used by Colac Area Health, Portland District Health, Western District Health Service and South West Healthcare and MasterCare at Bellarine Community Health.

Up-to-date interdisciplinary care plans which reflect the wishes of clients and carers are contained within the PERM, PalCare and MasterCare 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 and shared these with the other palliative care services in the region. Education for carers on administering subcutaneous medications was initiated by South West Healthcare, including a medications diary and drug labels for syringes in the home for breakthrough pain.

Lists of respite services that may be appropriate for clients with life-threatening illness 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 conditions, 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 2021/2022 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.

There has been a significant decrease in the numbers of volunteers since COVID-19 across services with current restrictions preventing recruitment of new volunteers at Barwon Health however, recruitment recommenced in 2022 with 6 volunteers from other departments within the organisation to palliative care. South West Healthcare recommenced recruitment of new volunteers and engaged 9 in 2022 giving a total of 95 current and active Palliative Care Volunteers. Barwon Health have 64 current and active Palliative Care volunteers and maintains an innovative Volunteer Program which includes bereavement support, Dignity Therapy, Life Stories and Backyard Blitz which offers garden maintenance for palliative care patients, and "Have a Go" which 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. Virtual Reality has been well utilised as a form of diversion therapy since 2019. This technology allows patients to encounter immersive experiences. Patients are able to enjoy city tours, wildlife and Space experiences.

Early 2022 face to face volunteer visits to patients in the community and inpatient unit recommenced with the requirement of all volunteers to wear fitted N95 masks. Volunteers run monthly walking groups and coffee groups and bereavement phone support follow up 2-3 months post bereavement and offer input from supportive care and/or referral to bereavement groups. Bereavement care and support is provided by members of the supportive care team and has recommenced face to face support whenever possible. 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. Barwon Health recorded and released further episodes of "Room 64" podcasts which relies on volunteer input and is supported by the Barwon Health Foundation. Season 3 episode 4 was released in July 2021 in recognition of NAIDOC week "An Indigenous Perspective" Deeanna shared her mum's story of life and death, and how as a family they were able to say goodbye to Mary in their own home with love, flowers and a beautifully hand-painted coffin, according to Mary's wishes. Episode 5 featured Libby Maloney from Natural Grace Funerals "Honouring Loved Ones thru End of Life Planning".

Barwon Health recruited a Social Worker with qualifications in Music and Art Therapy to the Supportive Care Team early 2022. This has broadened the services being offered to patients on the palliative care program.

Each year Barwon Health palliative care ask for nominations from volunteers for the best/most creative/most patient centred referral for the "Have a Go" program. Anna Dowd Research Nurse on the palliative care team won the award for the idea of the Memory Bears which has really taken off with 40 bears made over 12 months. Some of the comments from the nominees were:

"Great ideas but I think the Memory Bears are by far the most personal and significant!"

"The memory bears are my favourite"

"I love the memory bears!"

"I like them all, but the work and thought that goes into the memory bear has my vote"

"# 1 gets my vote - hands down)"



This picture shows the most recent bear made which was going to the patient's 2 year old grandchild as a keepsake. The bear was made from items of clothing that the grandparent had worn to the child's parent's wedding.

There were several activities for National Volunteer Week 2022. Afternoon tea was provided to all palliative care volunteers at Café 45, McKellar Centre. Palliative Care staff were asked for their feedback on the value of the palliative care volunteers at Barwon Health and a PowerPoint was presented to the volunteers as part of National Volunteer week from the feedback.



A Huge THANK
YOU.pptx

Several activities were held across the region for National Palliative Care Week and Dying to Know Day. Further episodes of "Room 64" were recorded and released. Each day during the week a member from the Supportive Care Team at Barwon Health put a spotlight on a variety of roles within the team within the team. One focus was on Social Work & Creative Therapies and highlighted a consumer story. Trish was offered carer support using a mixture of social work, counselling and music therapy both during the time Max was alive and after his death earlier this year. This snippet focuses in on the music therapy aspect of the work done together.

"Music is something that Trish has been connected with throughout her life. From growing up listening to her father singing 1930s classics and her sister learning piano to the love of going dancing with her husband of 30 years, Max. Trish sang for many years in community choirs, a source of fun, joy, meaning and challenge. When Max's health deteriorated towards the end of his life, Trish's role as supportive wife, strengthened as his full-time carer. With increased stressors, responsibilities, and experiences of grief, all during a pandemic, came less motivation to sing.



Music therapy, now included as part of the community palliative care service at Barwon Health offers Trish a source of reconnection. After Max passed away earlier this year, Trish began the process of re-adjusting to life following deep loss. Processing the challenges of the last few years, she is finding space to reconnect with music again. After years without singing, what once came more freely, induced some concern, decreased confidence and doubt. Through providing a supportive space for Trish to find her voice again there is added motivation for reconnection with sources of meaning. Singing has proven positive impacts on experiences of anxiety, grief and loss by releasing stress, increasing breath control and grounding, and can improve mood by releasing 'feel good' chemicals. Through sharing music, attached to meaningful memories and singing favourite songs, Trish's confidence continues growing. She is now aiming to find a local choir to join and is reconnecting to an inner resource of rejuvenated strength, meaning and confidence."

Room 64 – a palliative care podcast is now in its 4th season and launched Episode 1 "Remembering Loved Ones through Lighthouse Friends" during National Palliative Care Week. This podcast featured a conversation with Tonya Court whose husband Richard was diagnosed with stomach Cancer in

2009. As a young family with 2 children Tonya and Richard were supported through their journey by the Barwon Health palliative care team. In this episode Tonya shared her thoughts and experiences about the patient-centred care of the palliative care team, the impact of death and grief on her young family, her life changes, and how she is connecting with others by starting a support group for young women with children whose partners have died called Lighthouse Friends.

As part of Dying to Know Day, Room 64, Season 3, Episode 5 featured Libby Maloney from Natural Grace Holistic Funerals in conversation with Barwon Health Palliative Care clinical nurse consultant Mel Davies, reflecting on end-of-life, and the importance of building confidence in families to honour the lives of the person they love through end-of-life planning. The podcast featured the music "Go" from Torquay singer/songwriter Gary Banks album "Live at the Courthouse".

A Before I Die wall was erected in the Geelong town centre, however, due to COVID-19 restrictions this was held over until November, 2021. A staff celebration was organised in the Piano Bar, Geelong for Barwon Health Palliative Care staff. The evening included a death trivia and funeral songs played live on piano.

South West Healthcare palliative care nurses were interviewed and had an article in the local newspaper. The nurses spoke about their role, what they enjoyed about it and how it makes a difference to quality of care, not just at end of life but throughout the palliative journey.

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 commenced a quality improvement project last financial year aiming to increase the number of Advance Care Directives (ACD) completed for patients engaged with the program. The project utilised volunteers to assist clinicians with the administrative aspects of completing an ACD and ultimately aimed to ensure that either a documented ACD or goals of care conversation has been undertaken to inform care ensuring that it is in keeping with patient wishes at all aspects of the trajectory and this has proven to be very valuable. This project operated for over 12 months and significant improvements in the number of Advance Care Directives completed along with enhancements of the confidence of the palliative care team was evident. Due to the impact of COVID-19 this work has been difficult to maintain due to the decrease in volunteers and therefore the administrative aspects are currently being carried out by clinicians until more volunteers are recruited in the future.

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'.

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.

The LGBTIQ+ Project Officer was appointed for a 12 months term by Barwon Health Palliative Care Services in August 2021. This project has achieved much in this financial year and will be completed in August 2022. The projects aim was to better understand the barriers facing members of the LGBTIQ+ and understand their barriers and unique needs to be able to truly provide patient-centred care the Barwon Health Palliative Care Program received financial support from Hospice Foundation Geelong to fund this role, resources, and equipment.

The achievements from this project to date are:

- Project commenced late August 2021 with the appointment of a Project Officer for 12-months, 0.8 FTE.
- Steering Committee created with representation across all part of the Palliative Care Program including CPC, ACT, PCU, PAH, and volunteers.
- Consumer Advisor Group formed with representation of people from the community with LGBTIQ+ lived experience.
- Built partnerships with other LGBTIQ+ organisations across the region.
- Developed a 1-hour LGBTIQ+ Inclusive Practice training module and delivered training to 136 staff and volunteers (as of June 30).
- Completed a re-refresh of the Barwon Health logo to create a “Be Proud” brand and also re-brand the Barwon Health heart logo in the colours that represent the LGBTIQ+ community.
- Presented at an IDAHOBIT event with other LGBTIQ+ leaders from the Geelong region.
- Created an LGBTIQ+ lived experience volunteer role
- Member of Steering Committee for National Palliative Care Project through peak body LGBTIQ+ Health Australia.
- Member of e-module co-design team with LGBTIQ+ Health Australia.
- Updated palliative care portion of the Barwon Health website to ensure language and visuals were more inclusive.
- Rolled out All Gender toilet signage in CPC and PCU to be more inclusive for trans and gender diverse people.
- Began work on developing an LGBTIQ+ specific resource for palliative care patients (work continued into next financial year, launch planned for next financial year)

This work is in alignment with the work underway at a national level addressing national legislative frameworks and identifying potential improvements. Jennifer Walsh who was appointed as the LGBTIQ+ Project Officer is reviewing these from a regional perspective and is a member of the national committee for LGBTIQ+ Palliative Care based in Sydney.

Virtual Reality continues to be well received by inpatients and community patients at Barwon Health. Each has their own unit with trained staff to operate them. Virtual Reality was chosen by a young patient as part of the “Have a Go” program. A life time wish to visit Paris with her husband, they both enjoyed a Virtual Reality tour of Paris and an Uber Eats voucher was provided to order French food and French Champagne.

Barwon Health Community Palliative Care partnered with St. Joseph’s College, Geelong early last financial year to create “Mac & Joe’s Kitchen”, and developed their own logo which is pictured here. St. Joseph’s students prepare meals for patients and carers in their school kitchen, supervised by food technician staff during their own time after school as part of their community service. The Barwon Health Foundation gave a grant to the Community Palliative Care program to purchase a freezer and insulated bags and ice blocks for the storing and transporting of food. Although this initiative was on hold due to COVID-19 restrictions it recommenced early 2022 and is extremely well received and enjoyed by patients and carers on the palliative care program and now additional funding has been received to purchase another large refrigerator. This program has proved very effective in developing rapport and trust with younger patients who initially were reluctant to engage with palliative care.



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 a community palliative care nurse on call for nursing visits until 8pm, Monday to Friday. On weekends, a palliative care nurse is on-call for nursing visits from 8pm on Friday

evenings until 8am Monday mornings. Visits overnight are restricted to Hamilton, with patients in the regional areas having access to after-hours support from Caritas Christi Hospice and if they require more than clinical advice they are advised to present to their local hospital.

South West Healthcare now provide visits by specialist palliative care staff as required 7 days per week to all 3 LGA's in their catchment area. Previously, on weekends it was a District Nurse if they lived in Warrnambool and the rest of the region only had phone support or had 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 was implemented in South West Healthcare Warrnambool and Barwon Health Geelong last financial year. The 7 day a week palliative care service provided by Barwon Health Geelong and South West Healthcare Warrnambool continues to significantly strengthen 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.

All services work collaboratively with their local Ambulance Victoria service in their communities. Ambulance Victoria assist in administering subcutaneous medications, verifying deaths at home, assist with patient falls and catastrophic bleeds. Fridge magnets, laminated Advance Care Directives and After Hours contact information are encouraged to be placed on the fridge and folders in the home include important information for Ambulance Victoria in regards to patient care.

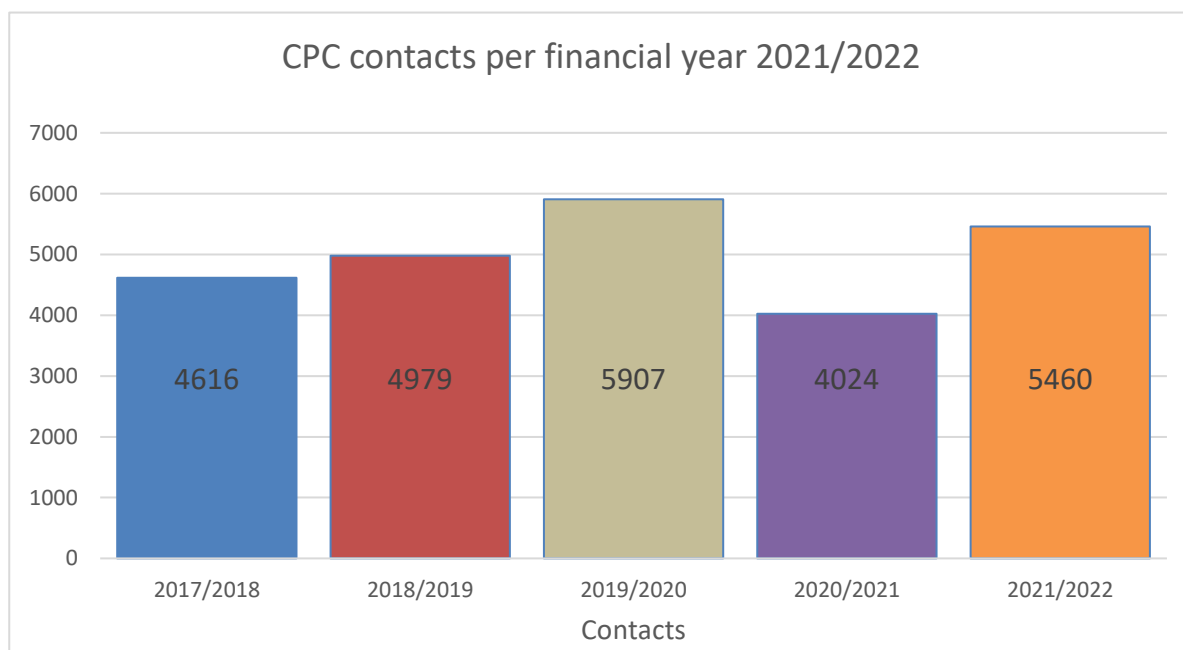


Fig 5. CPC contacts per financial year – Barwon Health 2021-22

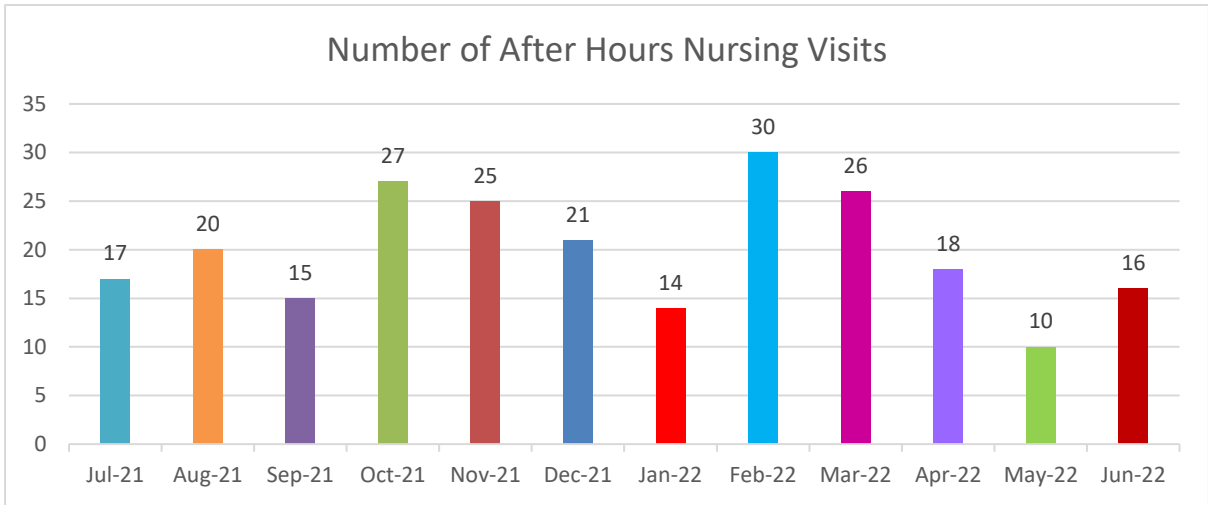


Fig 7. Number of After Hours Nursing visits - Barwon Health 2021-22

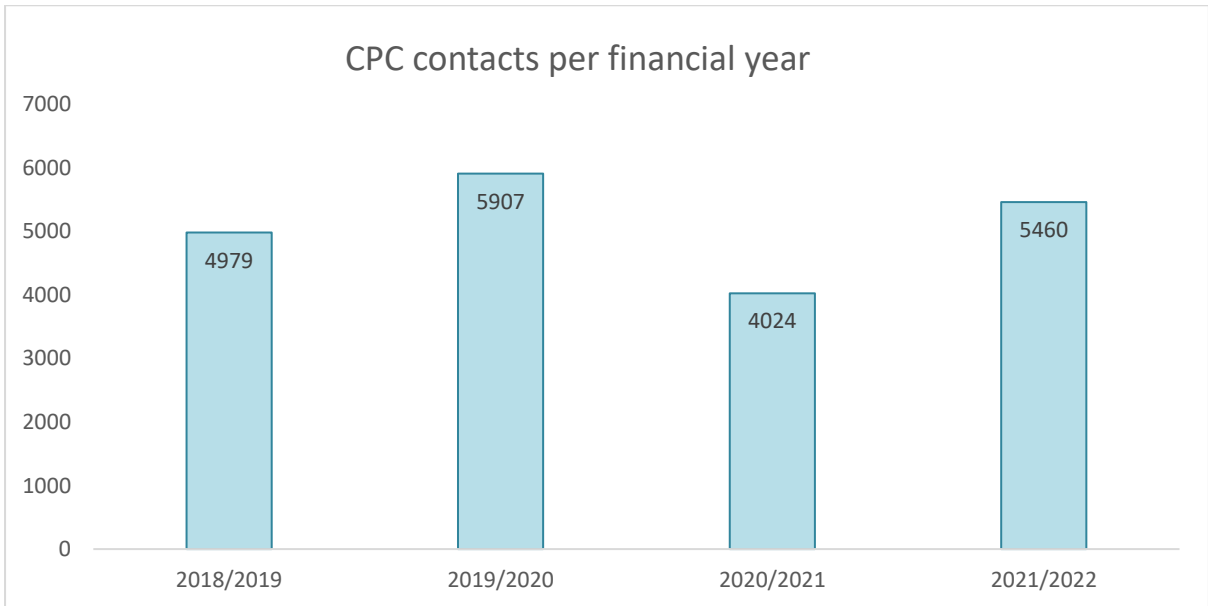


Fig 8. CPC contacts per financial year – South West Healthcare 2021-22

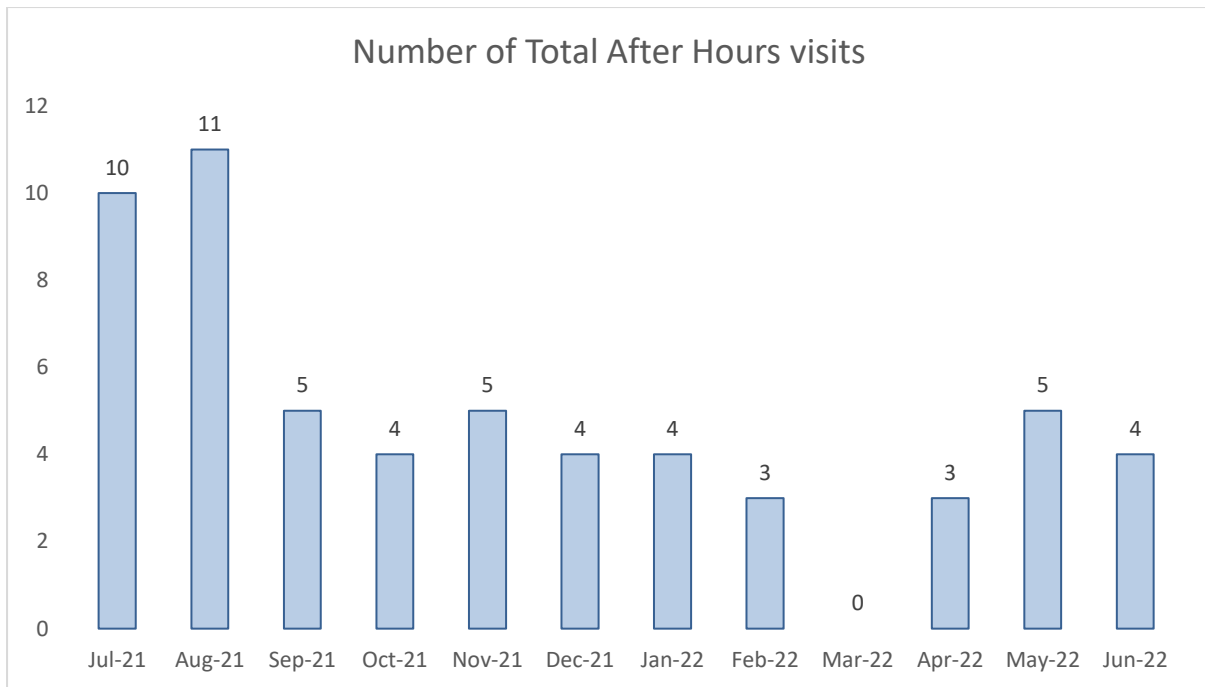


Fig 9. Number of total after hours visits – South West Healthcare

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 Clinical Nurse Consultant 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. Depending on needs and requirement of the sub region, other members of the multidisciplinary palliative care program provide support on an as needed basis.

Barwon Health have signed a contract with Palcare electronic management system and are in the implementation phase with an expected transition by September 2022. Five of the six services in our region will be then be using the same electronic management system. Bellarine Community Health are currently using MasterCare electronic management system. South West Healthcare, Colac Area Health, Portland District Health and Western District Health Service are now accessing PCOC reporting at both service and regional level to enable benchmarking and quality improvement initiatives.

The St Vincent's/Caritas Christi Hospice after-hours triage contract was renewed in June 2022 for three years (2022-2025) and includes all six palliative care health services in the Barwon South Western Region.

In October 2021 Christopher McCormick Manager of Inpatient Rehabilitation Centre, Pal@Home program and interim manager of palliative care Barwon Health, presented at the Barwon South West Region Integrated Cancer Services Annual Forum on the Pal@Home program which commenced in December 2019. The program is supported by DHHS to enhance care delivery options for palliative care patients, enable more patients to receive care, and die in their place of choice and to improve the patient and carer experience aligning with the Victorian Department of Health End of Life and Palliative Care Framework. The program has the capacity to care for up to 6 patients requiring symptom management and end of life care utilising a bed substitute model funded by sub-acute SWIES.

Some of the objectives met are:

- Rapid response, 100% of patients were admitted same day as requested within 4 hours of request, call for assistance, visit response only subject to travel time
- Care similar to inpatient setting: procedures and medications requiring frequent monitoring are able to be delivered at home, round the clock visiting similar to ward rounding, 2 nurses available to provide manual handling and safe medication administration
- Intensive nursing care: complex or technical nursing tasks, patients receive a minimum of 3 visits per day, respite overnight
- Reduced emergency admissions: Pal at Home admission in response to rapid deterioration in the community support the choice to remain at home: 97% of patients who wish to remain at home stayed at home.

South West Healthcare are expecting to offer Pal@Home by December 2022. They have a framework in place and are in the process of working through some minor issues early 2022-23.

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 the PC-RUN 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, Aged, and Disability Support Nurses in the Barwon and South West sub-regions offer education to RN's, EEN's, EN's and PCW's in aged care and care workers in disability services. As well as education, this role also incorporates direct clinical care of patients transitioning to residential aged care, supporting family members of residents in aged care, providing secondary consultation to staff in residential aged care, attending clinical meetings to support the palliative care needs of residents and provide education to staff specifically around end of life care.

The Palliative Aged and Disability Support Nurses continue to focus on offering education and supporting residential aged care and disability services to provide optimum end of life care. The Barwon sub-region is working collaboratively with the nationally funded Palliative Aged Care Outcomes Program (PACOP) and is successfully implementing the program in to several aged care organisations.

As a region the Palliative Aged and Disability Support Nurses are working collaboratively with End of Life Directions in Aged Care (ELDAC) to facilitate Palliative Care Needs Rounds and provide education on Advance Care Planning and 'having the conversation'.

The Palliative Aged and Disability Support Nurses incorporate the Program of Experience in the Palliative Approach (PEPA) education with PEPA placements encouraged at all workshops. PEPA workshops were held via virtual electronic platforms and returning to face to face late 2021. A general PEPA workshop was held in October 2021 in Geelong and further workshops are planned in Geelong and Warrnambool in 2022-23.

The main topics of education provided to residential aged care facilities are: recognising deterioration, terminal care, bereavement support, pain assessment and management, common medications used in the terminal phase, communication skills and Niki T34 and Bodyguard T34 syringe driver training.

Due to reduction in resources across palliative care services and an increase in workload face to face regional education has been scheduled to recommence in 2023.

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. Over the last 12 months training was made available both virtually and face to face when COVID-19 restrictions allowed however, this has proved challenging due to MACS having a low carer workforce.

Ad-hoc education sessions are provided to specialist Palliative Care staff and Community Nurses either virtually or face to face. Due to a lack of resources in both programs regular sessions have proven too difficult to maintain. The ad-hoc sessions covered topics such as Palliative Care Outcomes Collaborative (PCOC) training and Integrative Cancer Services and symptom management. Ad hoc education sessions for specialist and non-specialist staff from South West Healthcare were held however, greatly reduced attendance overall due to Covid-19 related staff shortages

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.

The GP Palliative Care Special Interest Group in Geelong has remained very active over the 2021/22 year. Monthly breakfast meetings recommenced in a face to face format and specific members of the palliative care multidisciplinary team at Barwon Health attend each month.

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.

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 education session, a discipline theme and an opportunity for broader discussion by staff from all disciplines of issues arising in palliative care more generally, such as any educational opportunities for staff and any specific issues from each of the palliative care services in the region.

All members of our consortium meetings voted to continue to hold all but the last meeting of the year virtually. Members felt the available electronic platforms for holding virtual meetings had greatly improved since COVID-19 and felt meetings are now proving to be much more time efficient.

Concerns around community transmission of COVID-19 in early 2020 necessitated sudden changes in healthcare provision. This included a shift away from direct patient contact to remote modes of consultation. Many patients therefore had an experience of interaction with both models of care in relative 'real time'. This represents a point of difference with previous studies that have reported on patient and/or HCP interactions with telehealth, as these studies have tended to evaluate pre-established or specifically developed telehealth programmes.



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The COVID-19 pandemic has brought the use of telehealth to the fore, as many people have been unable to interact directly with healthcare professionals. This has meant a sudden change from a face-to-face model of care to one that incorporates telehealth. Research conducted by members of the Barwon Health

Palliative Care team was published by BMJ Supportive & Palliative Care. Patients, caregivers and healthcare professionals reported both satisfaction with telehealth and barriers to its effectiveness. The use of telehealth continues in the community palliative care setting however, where possible face to face visits are provided.

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 palliative care services in our region are:

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 commenced a quality improvement project last financial year aiming to increase the number of Advance Care Directives (ACD) completed for patients engaged with the program. The project utilised volunteers to assist clinicians with the administrative aspects of completing an ACD and ultimately aimed to ensure that either a documented ACD or goals of care conversation has been undertaken to inform care ensuring that it is in keeping with patient wishes at all aspects of the trajectory and this has proven to be very valuable. This project operated for over 12 months and significant improvements in the number of Advance Care Directives completed along with enhancements of the confidence of the palliative care team was evident. Due to the impact of COVID-19 this work has been difficult to maintain due to the decrease in volunteers and therefore the administrative aspects are currently being carried out by clinicians until more volunteers are recruited in the future.

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'.

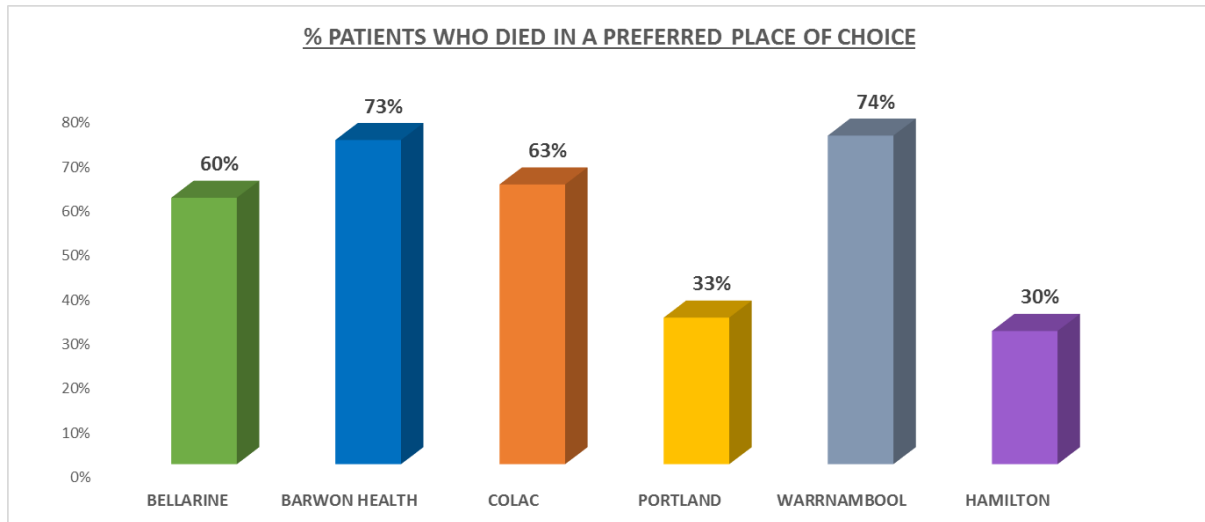


Fig 10. Percentage of patients who died in their preferred place of choice over a 3 months period (Aug, Sept, Oct 2021).

