



BARWON SOUTH WESTERN REGION

PALLIATIVE CARE CONSORTIUM

ANNUAL REPORT

2022 – 2023



PORTLAND
DISTRICT HEALTH



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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 '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 Department of Health and Human Services (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 Palliative Care Clinical Network (PCCN).

This framework is different to previous policies as 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 integrate 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 Consortia's 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 Western Region is an economic rural area located in south western Victoria. The Barwon South Western 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 (BSWR) 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 Western Region includes the local government areas of the City of Greater Geelong, Surf Coast Shire, the Borough of Queenscliffe, 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 BSWR:

- 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% in 2006 to 15.4% 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, BSWR actually has the largest proportion of residents born in main non-English speaking countries (NESC) (6.7%) and speaking a language other than English (LOTE) at home (6.7%) of all the Regional Advisory Councils, with most other municipalities in the region having only around 4.5% of LOTE speaking residents and similar proportions born in one of the main NESC. Italian is the most widely spoken

LOTE in the region, with over 3,000 speakers, or 0.8% of the population. Other languages with more than 1,000 speakers include Croatian (2,292) and German, Macedonian and Greek (each around 1,150).

1.2 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 program 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 six patients with symptom management and end of life care needs in their home. The service provides 24-hour care by nurses visiting each patient over three 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 Palliative Care units (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 807 referrals and 949 contacts during 2022/23. The South West sub-

region team is located at South West Healthcare, comprising of medical, nursing and counselling services and the team provides consultancy services to other hospitals in the South West sub-region when required.

All palliative care services in the BSWR 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 focused. 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, after-hours telephone support and, in some services, after hours home nurse visits.

Barwon Health, South West Healthcare, Portland District Health, Western District Health Service and Colac Area Health all provide bereavement counselling, and social support.

BSWRPCC Organisational Chart

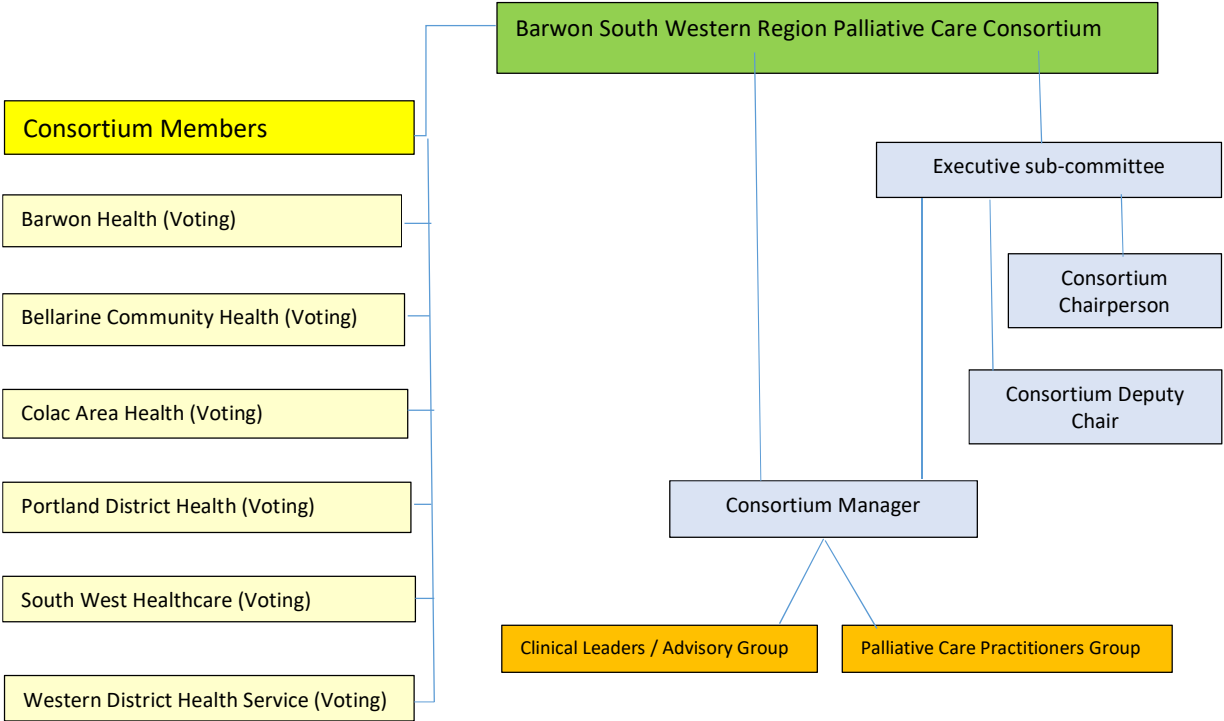


Figure 4: Barwon South Western Region Palliative Care Consortium Organisational Chart (Reviewed July 2019).

CONSORTIUM CHAIR'S REPORT 2022-23

At the end of last year, we reflected on the prospect of “returning to normal” post COVID and looked forward to the opportunity for the Barwon South Western Region Consortium to band together and work collaboratively and with innovation and camaraderie. We know now that the journey out of COVID is a slow and bumpy one and there is no doubt we are still feeling the effects of the pandemic on our services individually and as a region. Despite this, there have been a multitude of small wins which are gathering in momentum and lead us into the 2023-24 year with optimism and a sense of achievement. Below we celebrate some of those achievements for 2022-23:

Information Management

For much of the region, PalCare is now well embedded and continues to evolve with updates to modules a regular occurrence. As a late arrival to PalCare software, Barwon Health has been able to seek advice and guidance from the regional services and this has enabled us to “get up to speed” relatively quickly with the community module. Work will continue on additional modules of PalCare to support the transition from PERM for the inpatient and hospital based acute consult teams. We can now look forward to a strength in numbers approach to leverage future improvements as we join together for national Think Tank and PUG sessions, creating a louder voice for the Consortium and influencing future software updates.

Service Delivery

Across the region we have seen an expansion in the ambulatory clinic model to meet the needs of our patient cohorts. This model enables services to provide symptom management, support and education to a larger number of patients and carers, increases the availability of multidisciplinary input and promotes the practice of early referral to palliative care. We look forward to seeing what the coming year brings for further innovation to the way we deliver specialist palliative care across the region, and how we support our communities in the palliative approach.

Connecting with our community

Community connection has faced some serious challenges over the last few years and we have had to reinvent how we reach out and promote a compassionate community. Volunteer numbers have fluctuated but the most recent recruitment drives have been positive, heralding the return of our much valued unpaid workforce. Backyard Blitz, companionship home visits, Life Stories and Dignity Therapy have all seen an uptake in volunteer training and commitment and appear to be set to continue to grow into 2023-24. Room 64, now in its fifth season produced another range of episodes in an effort to “make everyone a little bit more comfortable about talking about death”. We heard from Cherished Pets, Pal@Home and Lighthouse Friends. Christine Brooks is a dedicated volunteer and I would like to recognise her for the amazing podcasts she produces. It would be fabulous to get her on the road and explore some regional stories in the future. Palliative Care Week and Dying to Know Day continue to be celebrated in a myriad of ways in the region with Death Cafes, a range of community education sessions and gatherings, and in-house celebrations for staff. Palliative Care Week 2023 saw the launch of Live the Life You Please, a “touching, compelling depiction of the importance of palliative care”. The film, which launched in 50 cinemas across the country, featured Russell Armstrong, Barwon Health Spiritual Care, and three patients from the Barwon region. Russell attended the national launch in Canberra and the opening session in Melbourne where he participated in a post film panel discussion. Locally, Village Cinemas Geelong hosted a screening and the post screening panel was hosted by Sarah Short, patient and carer Lance and Cecile, Julie from Kings Funerals and myself. If you haven't seen a screening, I highly recommend you look one up!

Finally, I would like to acknowledge the dedication of the Consortia Manager, Myra McRae and the Data Integrity Officer Naomi Costa.

Next year will bring many more changes and challenges no doubt but I have confidence in the strength of commitment in the Barwon South Western Region and look forward to being a part of the innovation and growth.

Melanie Davies
Acting Consortium Chair

PRIORITY 1: Person-centred services

Providing person-centred care is at the heart of what our services strive to do. We strive to ensure that our care is in keeping with the patients' identified needs and their wishes. The following discusses ways in which services across the BSWR can demonstrate this.

All services across the region use software that is embedded with validated and endorsed tools to assist the clinician with identifying the severity of symptoms and the patient's current phase (e.g. stable, unstable, deteriorating and terminal). Barwon Health has recently started using PalCare in place of PERM which is in line with all other services in the BSWR apart from Bellarine Community Palliative Care (CPC) who continue to use MasterCare. Bellarine CPC is currently looking into adopting PalCare also. The tools embedded in these programs assist in planning for patient care. The software also has the ability to develop care plans based on the identified issues that can then be shared with the patient, their families and other health care professionals who are involved in care. Care plans developed by specialised palliative care staff play an important role in reducing unplanned visits to GP's and presentations to a hospital for an issue that can potentially be managed at home. Well thought out and robust care plans are invaluable, especially for those patients who live in more rural and remote areas with limited access to health care professionals.

Caring@home is a South Brisbane consortium initiative that is now supported by the Australian Government. Caring@home provides evidence-based and practical information for health professionals to support the families and carers of people living with life limiting illness who choose to be cared for at home. Barwon Health has recently adopted a toolkit that helps carers manage breakthrough symptoms using subcutaneous medicines. Although having access to anticipatory medications has always been offered to our patients and their families, this toolkit provides a consistent approach to educating and assessing carers willing to administer medication. This will lead to reducing potential errors and give the confidence to carers that they can manage the care for their loved one as we know that the better supported carers feel then the more likely they are to remain in their own homes.

Barwon Health continued to support an in-home respite program which is managed by Cultura and funded by Hospice Foundation Geelong. Cultura provides palliative care trained staff to assist in the care of patients the home. In the 2022-23 financial year, Cultura received 10 referrals from Barwon Health to assist patient and families. Referrals mostly requested social support, in-home respite and domestic assistance. South West Healthcare has maintained their respite in the home service by Warrnambool's not-for-profit hospice service which is staffed by volunteers.

To celebrate Carers Week, the Colac Community Palliative Care team presented a carers information day which was sponsored by GenU. The information day was open to all carers in the community and feedback was reported as encouraging with the plan to offer the day again next year. Presentations were of a practical nature and included information presented by Carers Australia, Centrelink, local shires, carer gateways along with a lived experience presentation from a carer.

Training on facilitating Advance Care Planning and Directives for Community Palliative Care Nurse Specialists occurs during orientation, and refresher courses are offered throughout the year by the Barwon Health Advance Care Planning Team. Mandated training on Advance Care Planning occurs in the palliative care services throughout the South Western region for all Palliative Care Nurse Specialists. To celebrate Advanced Care Planning week, Barwon Health set up an information stall at both the McKellar Centre and University Hospital Geelong with the aim to engage consumers in conversations around Advanced Care Planning and to provide information. South West Health Care presented a foyer display and held an information session for residents and families at Mercy residential aged care facility. The South West Healthcare aged and disability support nurse holds dedicated workshops in the aged care sector to discuss Advanced Care Plan and directives.

Barwon Health resumed their face-to-face remembrance service, which provides an opportunity to remember and reflect on the death of loved ones. Readings are offered along with a candle lighting ceremony. This service is coordinated and facilitated by palliative care staff and is now offered on an annual basis.

Our volunteers continue to provide an invaluable service to our patients and their families. Some of the newer activities that our volunteers have been involved in under the management of Barwon Health's volunteer coordinator are hand casting and memory teddies. Our "Heidi's have a Go" program has continued to be a success over the 2022-23 financial year. The following is an email sent to us from a patient, Joy, who has now sadly died but undoubtedly memories made from this experience will serve as comfort to her bereaved sister, Carol.

Good morning Annie,

Attached are a couple of photos from the Murray River Paddle Steamer trip.

It was hard to get many as the Port of Echuca tourist attractions are closed midweek.

Carol and I braved the cold and had a wonderful time. I sat inside the cabin right next to the engine so I was cosy, and Carol out on the deck for a short time. The captain Richard gave a 30min commentary of the working life on the river when Echuca was a thriving port which I found extremely interesting.

Many thanks for arranging this trip for us.

Joy and Carol

Barwon Health Community Palliative Care have continued partnering with St. Joseph's College and more recently have also partnered with Christian College to continue to support the "Mac & Co" program. Mac & Co is a program where students prepare meals for patients and carers in their school kitchen supervised by food technician staff during their own time and after school as part of their community service. To ensure a consistent supply of food during the non-school period, Geelong Food relief have been able to provide the service with an ongoing supply. Providing food to carers and families can be seen as a small act of kindness that has a huge impact on families who can be struggling with financial strain, carer fatigue and issues with food wastage due to poor appetites.

Excitingly, Geelong Hospice Foundation recently approved a submission to fund a bereaved signing choir along with a project to extend Dignity Therapy (DT) training to areas beyond the Barwon region. DT is a well-researched therapeutic intervention that addresses some of the psychological, existential, and spiritual challenges for patients and their families facing a life-limiting illness. It invites participants to reflect upon matters of importance to them, elicit memories of key aspects of their life and its significance for them. It also offers wisdom and provides comfort to loved ones. One or two sensitively guided and semi-structured interviews with the participant are recorded and then transcribed. The transcription is skilfully edited, reviewed with the client, and then combined with a few photos to create a "Life Reflections" legacy document. DT allows participants to recognise the legacy they leave, identify unfinished matters they may wish to address, and offers a way of saying goodbye to family and friends through the legacy document. We look forward to these new and exciting initiatives which no doubt will have long and meaningful impacts on patients' and their families.

PRIORITY 2: Engaging communities, embracing diversity

In order to provide truly holistic palliative care we need to make sure that the services we offer are appropriate and relevant to the needs of our community. This requires that services understand the unique make up of their community on both a global and individual level. Furthermore, it requires services demonstrating to their community that we can provide care for patients and families from all walks of life.

“Aboriginal Cultural Awareness for Staff” and “Aboriginal Cultural Awareness for Managers” education continues to be mandated for all staff and managers at 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. Portland Area Health have a close relationship with Aboriginal Liaison workers and have recently included a local indigenous women’s artwork on their bereavement cards (as shown below).



The Barwon Health LGBTIQ+ Project Officer was appointed for a 12-month term by Barwon Health Palliative Care Services in August 2021. The project aimed to better understand the barriers facing members of the LGBTIQ+ community. Barwon Health Palliative Care Program received financial support from the Hospice Foundation Geelong to fund this role and resources. Achievements from this project were highlighted in the 2021-22 annual report. In addition to this, the LGBTIQ+ project officer developed an LGBTIQ+ specific resource for palliative care patients. We are hopeful that this resource can remain active, be shared far and wide and we look forward to collaborating with our stakeholders in the future to ensure this happens.

Barwon Health has continued to record and release further episodes of “Room 64” podcasts, which relies on volunteer input and is supported by the Barwon Health Foundation. To celebrate Palliative Care Week, Room 64 released a podcast that interviewed one of the Clinical Nurse Consultants from the Pal@Home program. The podcast continued to be a success over 2022-23 with regular guests being interviewed. Positive feedback has been received from patients and the community commenting on how valuable it is to hear about the lived experience of people both providing and receiving palliative care.

All services in the BSWR continue to celebrate national palliative care days using the opportunity to showcase and make visible to outsiders the important role we play in caring for patients and families. Despite the pandemic and subsequent workforce shortages, services were determined to continue marking these occasions. Barwon Health acknowledged Dying to Know Day by holding a Facebook live session at The Piano Bar, Geelong. The live session involved a panel of staff from the Advanced Care Planning team, the Palliative Care volunteer coordinator, spiritual care, specialist palliative care nurses and a Kings Funerals representative. It included a Q&A session, live music and performances. South West Health’s palliative care and advanced care planning team held a morning tea event titled “Conversation around planning for the future” on Dying to Know Day.

A number of different events across the region happened over Palliative Care Week 2023 including palliative care staff biography and events surrounding the release of the very successful

documentary titled “Live the life you please”. Barwon Health CPC were absolutely thrilled that their much valued spiritual care worker, Russell Armstrong starred in the film along with three community palliative care patients from the service. Russell was at the premiere opening of the film in Parliament House and was involved in the Q&A panel at the opening in Melbourne.

PRIORITY 3: People receive services that are coordinated and integrated

All specialist palliative care services in the BSWR work very closely with community nursing services, private hospitals, private community care providers, public hospitals, and aged care and disability service providers. All palliative care services in the region have developed and maintained close links with Barwon Region Aged care assessment service. All services use a consistent referral tool, which is available on the BSWR website, and palliative care services websites along with local Primary Health Care Network (PHN) websites. Maintaining and building relationships with these services ensures a coordinated approach to patient care. Services in the Barwon region have a long existing relationship with the palliative care nurse coordinators at SJOG and receive regular updates and communications during a patients stay. Barwon Health has a clinical nurse consultant who has extensive experience with caring and managing palliative care in the paediatric population and up until the COVID pandemic held a fellowship position with the Royal Children’s Hospital (RCH), which assisted in building the relationship between RCH and Barwon Health, ensuring that children and families could maximise their time at home by having a link available within the team to assist with the coordination of care.

The palliative care aged and disability nurse provides a valuable link between palliative care services and the Aged and Disability sector through the provision of education, secondary consultation and resource sharing. These nurses have been integrated to assist with the role out of PACOP (Palliative Aged Care Collaboration Outcomes Project), which is a program dedicated to improving outcomes in residents who are approaching the end of their life. The palliative care aged and disability nurse also focuses on assisting staff at facilities to recognise deterioration in residents by engaging staff in “palliative care needs rounds”. The aim of these rounds is to facilitate a case discussion and begin discussions around planning for care which often includes clarifying goals of care, anticipation and management of symptoms and ensuring that families have the latest information and are actively involved in care planning.

Regular education sessions are offered by all palliative care services in the region and are open to both specialist and generalist palliative care services. This year Barwon Health have started offering monthly education along with journal club sessions that are open to all staff.

The Barwon Health Pal@Home program continued to be a success during the 2022-23 year. Along with the continued achievements that were highlighted in last year’s financial report. The program’s success was acknowledged by receiving a two Victorian public health care awards in September 2022 that included “Improving Integration of Care for Patients with Chronic and Complex Conditions” and “Improving integration of care for patients with chronic and complex conditions”.

South West Healthcare have a framework in place for offering Pal@Home and are still in the process of working through some minor issues early in 2022-23.

As mentioned in the chair report, ambulatory clinics are becoming more available across the region. Barwon Health have been focusing on their palliative care clinic in the previous six months. This clinic is run by a Nurse Practitioner and captures patients early on in their palliative care experience. These patients generally have low symptom burden and are most often having oncology treatments congruently. The clinic focuses on patients and families gaining more of an understanding of the role that palliative care services provide, building rapport and beginning discussions around Advanced Care Planning. Once patients care needs are assessed as increasing then the patient’s care is moved into their home setting.

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 that also include important information for Ambulance Victoria in regards to patient care. Hamilton's community palliative care nurse consultant, Erika Fisher's application to present at The Palliative Care Oceanic conference was successfully accepted and her presentation, which will discuss this relationship between palliative care services and Ambulance Victoria, is titled "Community based paramedicine providing end of life care beyond the emergency health response".

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

As we move into a "COVID normal" life it has been great to see education rolling out again. Dedicated palliative care staff are keen to once again share their knowledge with the wider community. Education sessions are now offered internally in the form of in-services and journal clubs. Staff have once again started attending conferences face-to-face. Requests for education have been received and welcomed from services such as community nursing, aged and disability services and community organisations such as Probus and support groups.

The Palliative Care 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. This year a strong focus has been working collaboratively with the nationally funded Palliative Aged Care Outcomes Program (PACOP) and is successfully implementing the program to several aged care organisations. Another focus has been providing "palliative care needs" rounds which aligns with the work that End of Life directions for Aged Care (ELDAC) are doing. Needs rounds can be not only provide a case conference education session but can also assist with identifying deterioration and establishing goals of care.

The Motor Neurone Disease (MND) Shared Care Worker for BSWR 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. It has been a very successful first half of the year for the MND shared care worker who has provided multiple education sessions to staff currently involved in providing direct care to patients with MND.

The GP Palliative Care Special Interest Group in Geelong continues to remain very active with monthly breakfast meetings with invitations extended to specific members of the palliative care multidisciplinary team and guest speakers.

PRIORITY 5: Specialist Palliative Care is strengthened

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.

Barwon Health's "palliative care research group" which consist of a palliative care research nurse, palliative care nurses and a palliative care consultant were thrilled to have their research paper accepted in *The International journal of palliative nursing* in July this year. The paper looked at what factors influence a patient's ability to die at home if that was their wish. The paper was titled "Dying at home: enablers and barriers". The method was a retrospective medical record audit of eligible Community Palliative Care patients who indicated a wish to die at home. The article can be found here:

<https://www.magonlinelibrary.com/doi/full/10.12968/ijpn.2023.29.7.326>

Some of the key points highlighted from the study are listed below:

- **People requiring hospital admission towards the end of life are less likely to die at home,**
- **Two common reasons for hospital admissions were acute changes in condition and unstable or complex symptoms,**
- **Having a supportive family and access to anticipatory subcutaneous medication in the home is an important enabler for death at home,**

- **Living alone or having no carer equated to being twice as likely to die somewhere other than home.**

In order to continue to strive for improvement, Barwon Health has utilised our group of fabulous volunteers by engaging them in “patient rounding”. Patient Rounding is a process that allows us to capture feedback from patients and carers while they are actively engaged with the Community Palliative Care (CPC) program. It provides a “snapshot” of how patients and carers are travelling and allows the CPC team to attend to any changes that may be needed or issues that may have arisen.

South West Health (SWH) have developed a “Community of Practice” for likeminded services which includes SWH CPC staff (CPC counsellor, Volunteer coordinator, CPC Doctor, CPC manager and the aged care and disability support nurse) SJOG pastoral care worker, VSK representative Catherine Haldane, and Warrnambool and District Hospice in the Home representatives. The group meet quarterly and often have a guest speaker. This has been identified as a great networking opportunity and there has been plenty of sharing of ideas.