



**BARWON SOUTH WESTERN REGION**

**PALLIATIVE CARE CONSORTIUM**

**ANNUAL REPORT**

**2020 – 2021**



## Table of Contents

<b>INTRODUCTION .....</b>	<b>3</b>
1.1 BSW Region Overview .....	4
<b>Diversity in the Region.....</b>	<b>6</b>
1.1 Palliative Care Services in BSW Region .....	6
<b>CONSORTIUM CHAIR’S REPORT 2020 - 2021 .....</b>	<b>10</b>
<b>PRIORITY 1: Person-centred services.....</b>	<b>11</b>
<b>PRIORITY 2: Engaging communities, embracing diversity .....</b>	<b>15</b>
<b>PRIORITY 3: People receive services that are coordinated and integrated .....</b>	<b>18</b>
<b>PRIORITY 4: Quality end of life and palliative care is everyone’s responsibility .....</b>	<b>23</b>
<b>PRIORITY 5: Specialist Palliative Care is strengthened .....</b>	<b>25</b>

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## INTRODUCTION

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

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

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

The framework will deliver actions on the following five priorities:

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

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

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

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

The role of the consortium includes:

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

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

## 1.1 BSW Region Overview

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

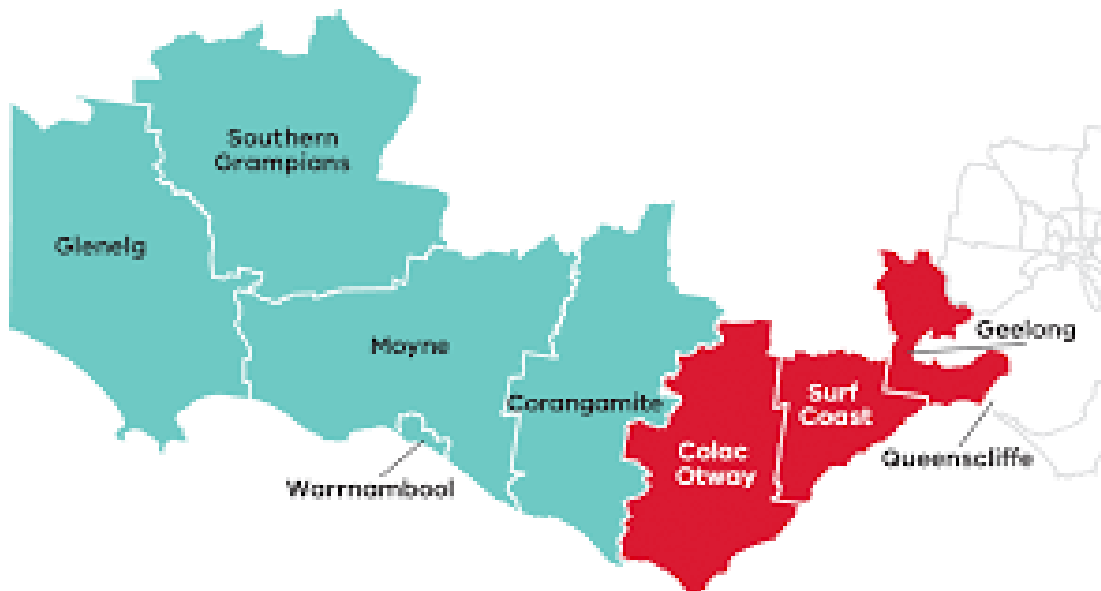


Fig 1. Map of Barwon South Western Region



Fig 2. Victoria State Map

Barwon South Western region comprises an area in excess of 40,000 square kilometres and approximately 392,000 residents as at the 2016 census with an approximate projected population of 464,813 by 2031. The Barwon South West region includes the local government areas of the City of Greater Geelong, Surf Coast Shire, the Borough of Queenscliff, Colac-Otway Shire, Corangamite Shire, Shire of Moyne, City of Warrnambool, Glenelg Shire, South Grampians Shire and Bannockburn and District located in Golden Plains Shire.

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

- Barwon Health (BH), Regional Health Service
- Colac Area Health (CAH), Rural Health Service
- Bellarine Community Health (BCH), Community Health Service

- Portland District Health (PDH), Rural Health Service
- South West Healthcare (SWH), Rural Health Service
- Western District Health Service (WDHS), Rural Health Service

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

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

**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 (NESCOs) (6.7 per cent) and speaking a LOTE at home (6.7 per cent) of all the Regional Advisory Councils, with most other municipalities in the region having only around 4.5 per cent of LOTE speaking residents and similar proportions born in one of the main NESCOs. Italian is the most widely spoken LOTE in the region, with over 3,000 speakers, or 0.8 per cent of the population. Other languages with more than 1,000 speakers include Croatian (2,292) and German, Macedonian and Greek (each around 1,150).

### 1.1 Palliative Care Services in BSW Region

Barwon South Western Region Funded Palliative Care Services

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

**Inpatient Palliative Care beds** are located as follows: Barwon Health – 14, South West Healthcare – 6, Camperdown - 1, Colac Area Health – 1, Portland District Health – 1 and Western District Health Services – 1.

#### **Pal@Home Program**

The 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 and completed in October 2020. Due to the many positive outcomes of the pilot such as the increase of patients dying in their place of choice, it has now transitioned in 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 increased significantly across all services in the region mainly due to a reduction in face to face patient visits and clinics.

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

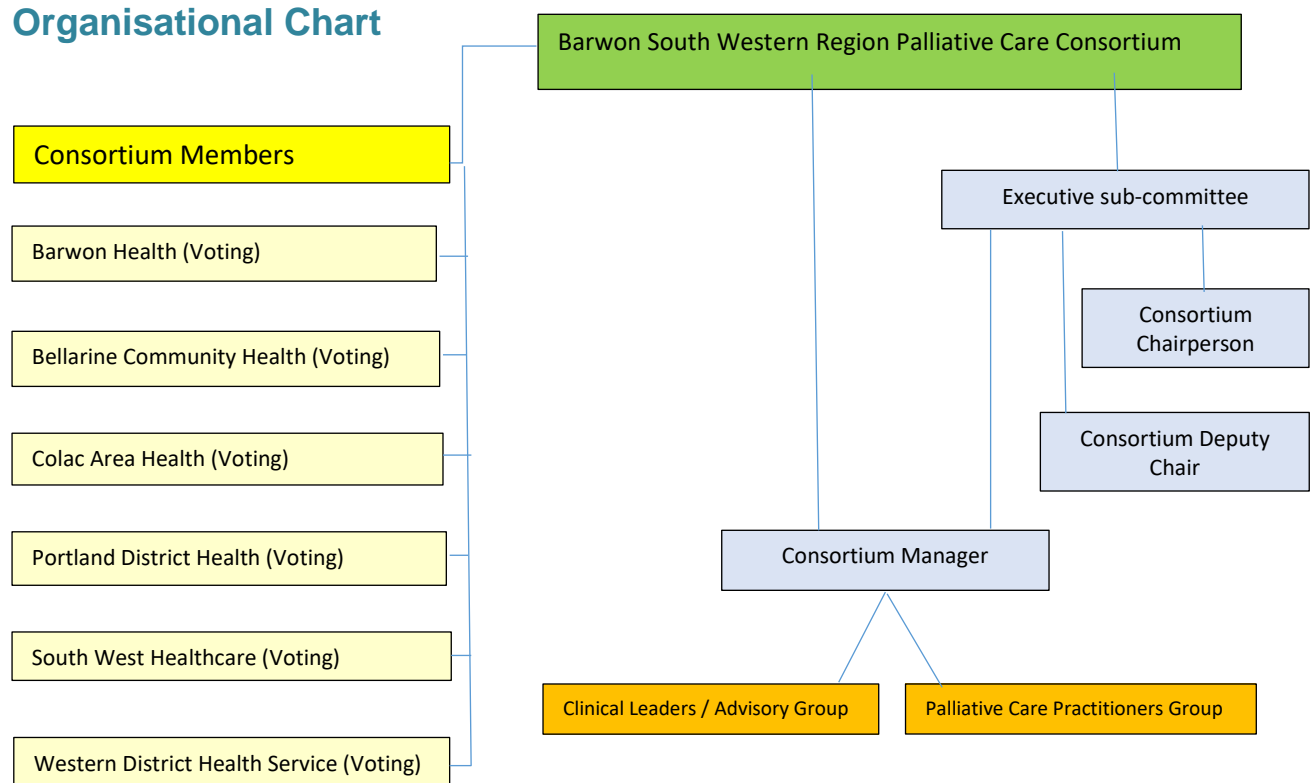


Figure 4: Barwon South Western Region Palliative Care Consortium Organisational Chart (Reviewed July 2019)

## CONSORTIUM CHAIR'S REPORT 2020 – 2021

The 2020 – 21 financial year has been a particularly challenging year for all Victorians and it was no different for the Barwon South Western Regional Palliative Care Consortium. The response to the pandemic and ensuring the safe delivery of care to people with life limiting illnesses and their families has been the focus for all 6 services. Services have demonstrated an incredible capacity for flexibility and innovation developing new ways of working to ensure clinical care is not compromised.

Despite the challenges presented by the global pandemic, the focus of BSWRPCC has continued to be on strategic and innovative planning along with providing regional education and clinical support – albeit in different ways at times. In particular, the highlights for the year include:

- The successful implementation of PalCare into four of the Barwon South West region services led by South West Health Care as an alternative electronic record management system to the Palliative Electronic Record Management (PERM) system previously in use. This has supported the four services to engage with PCOC and externally benchmark against other services.
- The ongoing implementation of the Pal@Home (PAH) service at Barwon Health with a successful pilot and transition to an ongoing 6 bed enhanced nursing service.
- Volunteer programs across the BSWRPCC have continued to thrive despite the challenges of the global pandemic and the cessation of face to face volunteering in some services for much of the first half of the year. Volunteer programs continue to be innovative and flexible and focussed on the provision of truly consumer centred care.
- The ongoing utilisation of telehealth with services expanding the use of this modality to ensure greater reach for regional education along with the provision of clinical services.
- A diverse of activities held across the Barwon South Western region celebrating National Palliative Care Week and Dying to Know day.
- Education has continued across the region albeit in a somewhat different format when compared to pre-COVID. Education has been provided in smaller face to face settings along with utilising the options for virtual engagement. Rather than looking at more formal didactic education sessions, education has been provided at the “bedside” or targeted to address particular needs identified by generalist staff.

Although the level of high quality clinical care, along with education and community engagement has continued throughout this last year in spite of COVID, there still remains some work to be done to achieve initiatives previously identified. Most significantly:

- The implementation of an electronic record system which supports PCOC benchmarking across the BSWRPCC. Currently, Barwon Health is exploring alternative systems to PERM which once identified and implemented will ensure that all of the BSWRPCC services are able to engage with PCOC.
- Ongoing work to further embed telehealth across the BSWRPCC to support clinical care and education.

Finally, as always I would like to thank Myra McRae, Consortia Manager, and Naomi Costa, Data Integrity Officer, for their ongoing tireless support to both myself and the consortium and its members during the past year.



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, Edmonton 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 in 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 2020/2021 all (100%) of palliative care program staff in the Barwon South Western region received education about appropriate respite services and eligibility criteria as part of palliative care induction programs and ongoing education. As part of their interactions with respite services all (100%) palliative care services in the region report having endeavoured to increase the level of knowledge about caring

for people with life-threatening illness within respite services by advocating on behalf of clients and ensuring their specific needs are understood by respite service staff and met wherever possible.

Volunteer programs have been running successfully across the region. South West Healthcare had changes to their volunteer status during the 2020-21 COVID-19 period with 9 resignations (inclusive of 2 deceased). 14 new recruits for proposed training 2021 plus 2 pending. They have a total of 92 current and active Palliative Care Volunteers. Barwon Health have an innovative Volunteer Program which includes bereavement support, Dignity Therapy, Life Stories and Backyard Blitz which offers garden maintenance for palliative care patients, 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. In addition, Virtual Reality has been 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.

During the COVID-19 pandemic, the volunteer programs have learned to be innovative in finding alternative ways to support patients and carers in our communities as the COVID-19 pandemic continues. When not able to provide face to face visits volunteers have been providing companionship via telephone, support and advice on how to stay connected with family and friends via apps on phone or devices. Utilising technology such as streaming concerts, religious services and virtual museum tours. Volunteers and staff have demonstrated incredible flexibility during COVID-19 and pivoted wherever they could to offer services virtually rather than face to face whilst abiding by restrictions. Bereavement care and bereavement is provided by members of the supportive care team by either face to face, video conference or telephone, whilst bereavement support is provided face to face in group settings when able or by individual phone calls by volunteers. In the changed environment associated with COVID-19 palliative care volunteers have significantly reduced and recruitment and training hasn't been available however, plans are in the process to recommence recruitment and training. 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 have recorded several episodes of "Room 64" podcasts which relies on volunteer input and is supported by the Barwon Health Foundation. A webinar "A palliative care and Rehabilitation" was held by the Barwon Health Foundation and the value and role of palliative care volunteers was highlighted.

There were several activities for National Volunteer Week 2021. A series of morning teas were held for all Barwon Health volunteers at local café Bear and Scoobs. Times for popping in for free coffee and cake were staggered over 3 consecutive days to maintain COVID-19 restrictions at the time. The Barwon Health Foundation held a virtual webinar on the new Adrian Costa Clinical Trials Centre, University Hospital Geelong in celebration of National Volunteer Week, whilst highlighting important ways the community can volunteer to advance the health of Geelong. A Fun Farm was held to celebrate National Palliative Care Week for palliative care staff and volunteers, with refreshments provided.

The Advance Care Planning clinic at Barwon Health commenced in 2016, continues to be utilised. The clinic is held three days each week by two members of the multidisciplinary team at the McKellar Centre. This new role is a resource available to support the palliative care program. All clinical staff at Barwon Health palliative care are trained to facilitate ACP with a couple of champions who drive this from nursing and allied health.

Barwon Health Community Palliative Care commenced a pilot project, Allied Health Clinic on the 1<sup>st</sup> of June, 2021. This clinic is specifically for community palliative care patients and provides an opportunity to be reviewed by a number of clinicians such as a dietician, physiotherapist and Occupational

Therapist to streamline the process and negating the multiple times patients need to repeat their story. An individually tailored clinic to meet the needs of patients is also offered depending on the patient's needs.

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 aiming to increase the number of Advance Care Directives (ACD) completed for patients engaged with the program. The project utilises volunteers to assist clinicians with the administrative aspects of completing an ACD and ultimately aims 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 has been operating for over 12 months and significant improvement in the number of Advance Care Directives completed along with enhancements of the confidence of the palliative care team is evident. However, the impact of COVID-19 has found this to be challenging for volunteers to maintain and the administrative aspects are currently being carried out by clinicians until the volunteer role is reinstated post COVID-19 restrictions as there is great value in this support.

Advance Care Planning as a key process in providing a palliative approach forms part of the education provided to aged care and disability services by the two Palliative Aged Care and Disability Support Nurses in the region. Residential Aged Care Facilities in general require ongoing support and education on 'having the conversation'.

Several activities were held across the region for National Palliative Care Week and Dying to Know Day albeit modified to comply with the requirements associated with COVID-19 when appropriate. As part of National Palliative Care Week Barwon Health in conjunction with Wighton Lawyers Geelong invited staff to complete their Wills and / or Enduring Power of Attorney at a discounted cost and there was good uptake from the palliative care program staff. There were several presentations offered to staff via a virtual electronic platform and all staff including palliative care, acute care, and sub-acute care were invited. Topics and presenters included Jill Carter, Clinical Nurse Consultant, Barwon Health on "Paediatric Palliative Care", Dr. Terri Hayes, South West Healthcare "Immunotherapy and the Palliative Care Patient", Madison Rush, Physiotherapist South West Healthcare "Shortness of Breath in non-malignant Palliative Care Patients".

A Before I Die wall was erected in the palliative care offices at Barwon Health this was initially intended for the public, however COVID-19 restrictions prevented this. A series of Dying to Know Day posts were uploaded on the Barwon Health social pages and a Facebook panel discussion was planned however, this was cancelled due to the pandemic restrictions.

Two "Room 64" podcasts were released one during National Palliative Care Week and the other for Dying to Know Day. The first being Season 3, Episode 2 "Palliative Care - It's More Than You Think". Christine Brooks (volunteer) interviewed Jennifer Walsh, Community Palliative Care Volunteer Coordinator, Nicky from "Wee Skitters" and Tamika from "Diamond Castings Geelong". Jennifer talked about the origination of "Heidi's Have a Go" program that evolved when a young patient on the palliative care program who was reluctant to engage with the palliative care service. When asked if there was anything she would like to do Heidi stated she would like to have a try cheese making and this then led to a really beautiful program where patients are supported to think about their legacy and what this means to them and it was originally named Heidi's Have a Go and now Have a

Go. This program is funded by the Hospice Foundation Geelong and has grown significantly in the last few years. A review article was written by Angela Daddow BA, BSW, MSW, Dip Ed. EdD and Moira Stanley, Social Work, Deakin University, Geelong and was published in Social Work in Health Care “Heidi’s legacy: community palliative care at work in regional Australia”. The question guiding the research was: How do staff perceive the design of ‘Heidi’s Have a Go’ has influenced patient wellbeing and staff-patient relationships? The data indicate that, from the perspective of the staff, the program facilitates trust in clinical relationships, as well as improving patient well-being, which affirms the program’s intentions.



Heidi s legacy  
community palliative

Nicky from “Wee Skitters” makes teddy bears from the fabric of clothing items belonging to deceased relatives. It is a memory that can be hugged and held, perfume or aftershave smells, stains or rips in the clothing are all kept intact giving the families a real sense of their loved one still being with them. Tamika from “Diamond Castings Geelong” has been making hand castings for a few years starting with castings for babies. However when her sister was dying of cancer she made a hand casting for her sister and family and now she offers this beautiful memory to patients and families on the palliative care program, Barwon Health. So much more than just a memory, the process includes lots of laughter and storytelling from the patient and their family.

The second Room 64 podcast released was Season 3, Episode 3 “Palliative Care at Barwon Health – A Conversation with Chief Executive Frances Diver”. Frances spoke about the role of palliative care in the wider organisation, as well as the importance of encouraging conversations in the community about death and dying. Frances stated that looking after people when they die is a critical component of what the organisation does and the palliative care service is important not only for consumers, families and carers that receive palliative care directly but also as a broader health service infusing the culture of the organisation. Frances recognised the many initiatives from the Barwon health Palliative Care service to stimulate conversations in the community and help people think about the kind of care they would like in the last few years of their life.

South West Healthcare made up carer/patient cuppa packs which included a coffee cup, biscuit, chocolate, a tea bag, coffee bag and a hot chocolate sachet accompanied by a personal hand written card. Bereaved carers received daffodil bulbs, a beautiful poem and letter from the palliative care program. The idea was for the bereaved carer to plant the daffodil bulb in recognition of their loved one in lieu of the traditional remembrance service. Palliative Care staff were treated to a team breakfast and a dinner was held for volunteers of the program.

## 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](http://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. Two members of the clinical and Allied Health team at Barwon Health palliative care have been liaising with the Wathaurong people aiming to developing relationships and identifying advance care planning needs of Aboriginal and Torres Strait Islander People.

An LGBTIQ+ Project Officer has been appointed for a 12 months term by Barwon Health Palliative Care Services. Conservative estimates from 2014 data from the Australian Bureau of Statistics are that at least 11% of the Australian population identifies as LGBTIQ+. By rough estimates, that would mean at any given time at least 20 LGBTIQ+ people are admitted to the Barwon Health Palliative Care program. To better understand the barriers facing members of the LGBTIQ+ and understanding 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 dedicated to:

- examining the gaps and barriers that exist for LGBTIQ+ people with a life limiting illness,
- engaging the voices of LGBTIQ+ consumers in the Barwon Health catchment area,
- conducting a self-assessment of the Palliative Care Program against the Rainbow Tick Standards,
- developing and delivering LGBTIQ+ inclusive training to staff and volunteers,
- developing inclusive tools and resources for staff and volunteers,
- evaluating the cultural safety of the paperwork, policies, and procedures,
- developing a volunteer role to support those who identify as LGBTIQ+,
- implementing LGBTIQ+ inclusive end of life care practices.

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.

Barwon Health Palliative Care and the Geelong Regional Libraries collaborated in 2020 to introduce Virtual Reality technology into the Palliative Care Unit with a view to supporting patients to utilise the technology to assist with pain management, relaxation and to travel to places they will not get the opportunity to do outside of the virtual reality space. This has now been offered in the community setting with community palliative care staff trained on the use of the technology. One patient Leonard Walsh a former engineer, recently enjoyed a virtual reality experience taking him to a space station. On the day Leonard was energised and engaged and the experience made such a difference to his quality of life. The device's library currently has 18 immersive options including city tours, wildlife and space experiences.

Palliative Care Postcards "A Celebration of Kindness in Palliative Care" were produced and distributed across all services in the region. The idea was for patients and carers to write their thoughts of appreciation of any kind. The cards were displayed on a board in the community palliative care offices.

Barwon Health Community Palliative Care partnered with St. Joseph's College, Geelong earlier this financial year to create "Mac & Joe's Kitchen", and developed their own logo which is pictured above. 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. Students make main meals, pastas, roasts, pizzas, biscuits, muffins and slices and also provide high protein/high calorie options for cachexia patients. This



has proven to be a very successful initiative and is well utilised and appreciated by carers and patients in the community.

In April, Jacqui White, Manager, Palliative Care at Barwon Health was selected by The Committee for Geelong to participate in the Leaders for Geelong Program. This community facing 15 month program develops personal leadership capacity through a unique learning experience and is designed to address the current social, economic and environmental issues of importance to the



Geelong city-region. This is of great value to the palliative care program and will improve engagement with other community leaders and connect communities.

### **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 visit 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 extended service has significantly strengthened the community palliative care services by providing additional support to patients and their carers enabling them to be cared for and to die in their own home if this is their wish. It has also provided reassurance and additional support to carers who may be struggling to sustain their carer role.

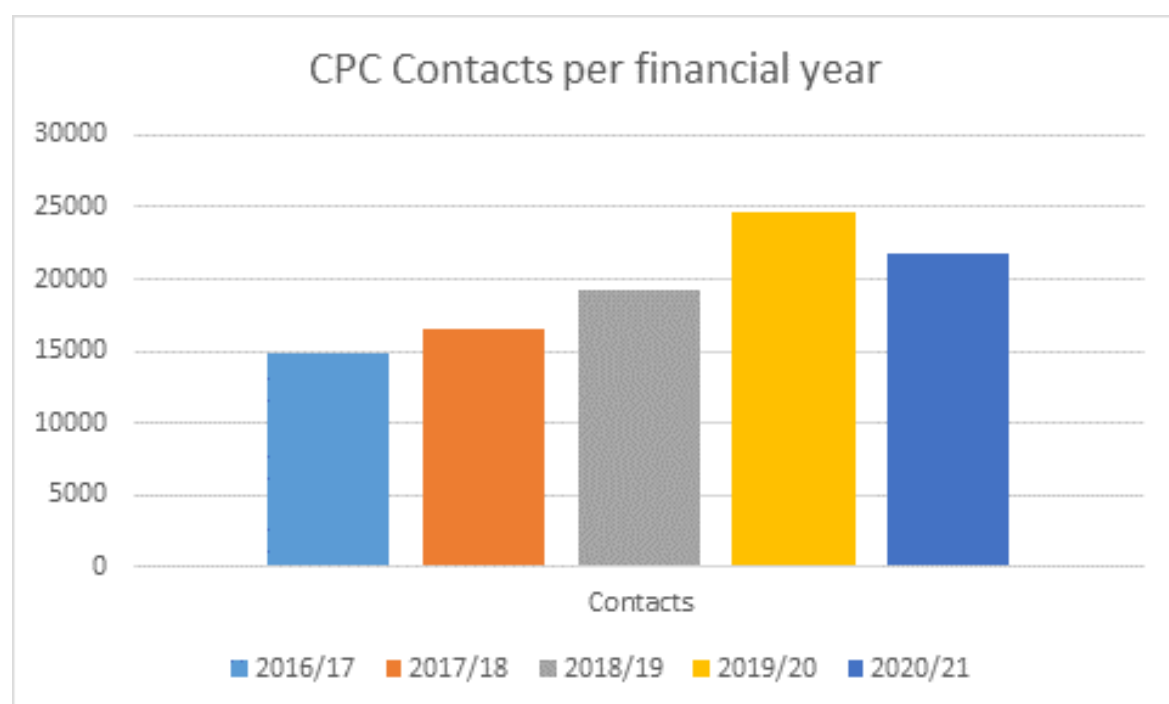


Fig 5. CPC contacts per financial year – Barwon Health

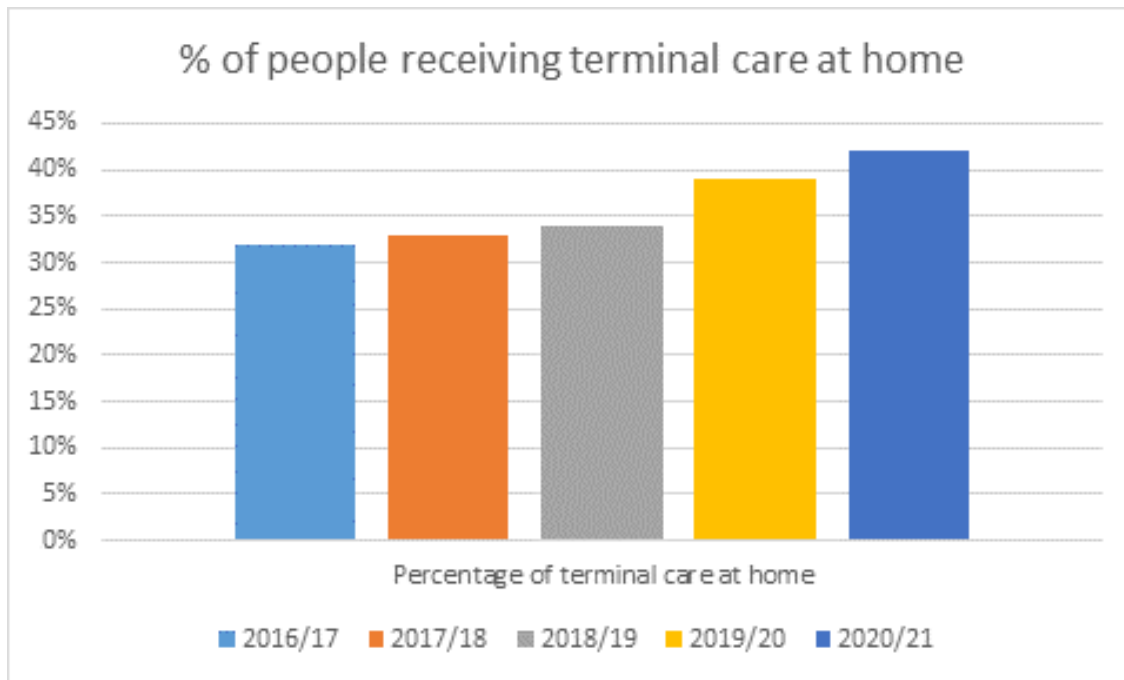


Fig 6. % of people receiving terminal care at home – Barwon Health

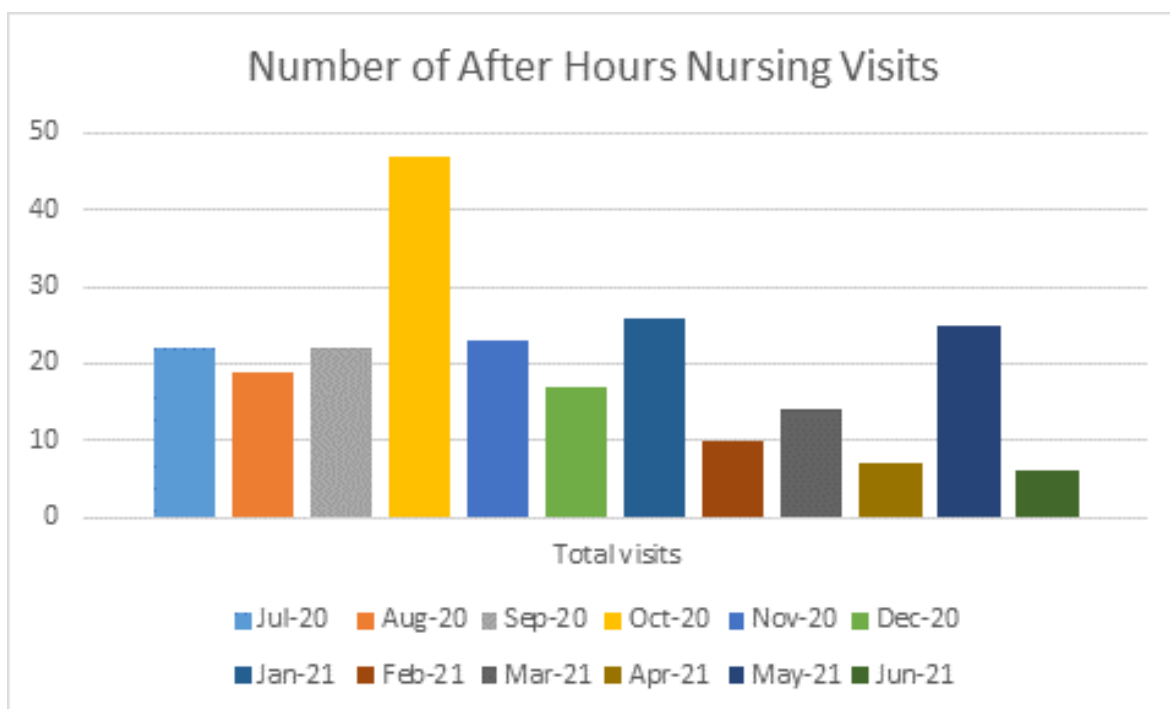
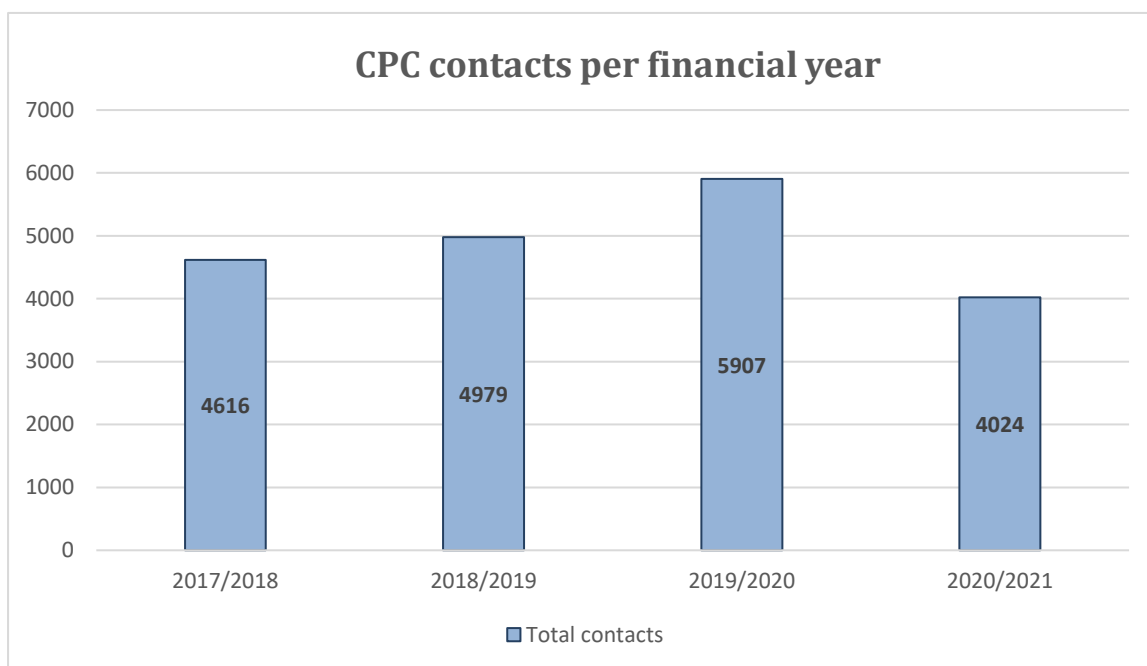
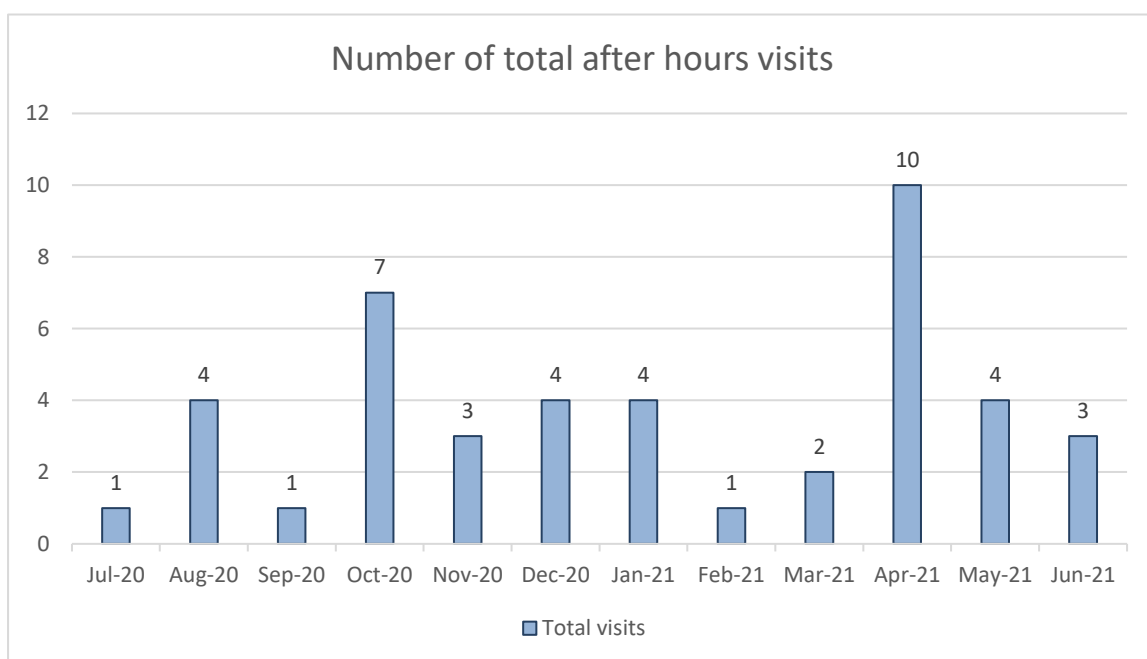


Fig 7. Number of After Hours Nursing visits - Barwon Health



**Fig 8. CPC contacts per financial year – South West Healthcare**



**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.

In November 2020 Colac Area Health, Portland District Health, South West Healthcare and Western District Health Service transitioned to PalCare electronic management system. Bellarine Community

Health transitioned to MasterCare from Unity in December 2020. Barwon Health continue to use Palliative Electronic Record Management PERM software and are currently scoping alternative palliative Care electronic medical record systems.

#### **Update from Andrea Janes, South West Healthcare on the transition from PERM to PalCare**

In 2020-2021 four community palliative care teams within the south west region implemented a new software program for their palliative care electronic medical record. Colac Area Health, Portland District Health, South West Healthcare and Western District Health Services all transferred from the previous system PERM to the new system PalCare. This integration allows all services to have the ability to have the palliative care software system integrated into the region's electronic medical record TrakCare.

Since implementation in November 2020, staff are reporting benefits of the change which include:

- Clinicians undertaking assessments and documentation at the point of contact and during the consultation with consumers
- PalCare clinical summary has a direct feed back into the patient TrakCare file
- Ability to undertake National benchmarking with the Palliative Care Outcomes Collaboration (PCOC)
- Scheduling of ongoing appointments can occur at the time of consultation
- Clinicians have access to more comprehensive patient information
- Multidisciplinary Team approach to documentation (Nursing, Medical, Allied Health)
- Wider range of validated tools and assessments

All four services are eagerly awaiting their first PCOC report, which is due later this year.

The St Vincent's/Caritas Christi Hospice after-hours triage contract was renewed in 2019 for three years (2019-2022) and includes all six palliative care health services in the Barwon South Western Region.

Data indicates after-hours support has been variable rather than less utilised across the Barwon South West region in the past two financial years. Variability of use can be attributed to the introduction of the seven-day week service, Pal@Home program and an increase in patients and acuity.

In total, there are 28 inpatient Palliative Care Beds located in Barwon Health, South West Healthcare, Portland District health Service, Colac Area Health and Western District Health Service.

Clients have access to an appropriate level of specialist palliative care in their region. Community Palliative Care services do not have waiting lists and all referrals are triaged upon receipt utilising an accepted triage tool. Currently services are awaiting the release of a standardised triage tool to be used across the State. Until this tool is available, services are using service specific triage tools.

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 in person or by virtual sessions when in COVID-19 lockdowns and are adapting well to the current climate. Palliative Care Outcomes Collaborative – Residential Aged Care PCOC-RAC has successfully been implemented in all three BUPA aged care facilities in the region, BUPA Bellarine Lakes, BUPA Barrabool and BUPA Portland. Ongoing discussions and forward planning is currently being undertaken to implement the PCOC-RAC in other residential aged care facilities in the region.

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 mainly held via virtual electronic platforms but are now transitioning back to a majority of face to face workshops. A PEPA workshop for Aged Care is planned for October 2021 in Geelong and a Cultural Awareness workshop is planned for October in Warrnambool.

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 syringe driver training.

Regional education has been planned and rescheduled several times during the 20/21 financial year due to COVID-19 lockdowns in Victoria. The region are planning to re commence in 2022.

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. In the current climate, training is available on an informal basis delivered virtually.

Monthly education sessions are provided to specialist Palliative Care staff and Community Nurses and are open to public and private hospital staff including health professionals in Bellarine Community Health, Colac Area Health and Hesse Rural Health and all post PEPA participants. Some education sessions were rescheduled to COVID-19 restrictions however, the following topics were

delivered when restrictions eased. Opioid Rotations, MND, PCOC Phase & Complexity, Cachexia Clinic & Research, Peace of Mind Foundation, Yarning about Palliative Care including a Smoking Ceremony with the Aboriginal Health Unit University Hospital Geelong, communication skills and Palliative Care in the Prison System.

A monthly palliative care journal club is accessible for palliative care and community nursing staff. The focus for community nursing education at Barwon Health at the request of the Community Nursing teams is to move from formal monthly education sessions to specialist palliative care clinical mentoring at the bedside. Palliative care Clinical Nurse Consultants at Barwon Health offer clinical support for Community Nursing staff.

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

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 2020/21 year. Monthly breakfast meetings continue on a virtual platform attended by specific members of the palliative care multidisciplinary team at Barwon Health.



## PRIORITY 5: Specialist Palliative Care is strengthened

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

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

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

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

*Inpatient Palliative Care Beds* are located in the following centres:

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

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

The PCCN-SCV consortia representative is a Joint Head of Palliative Care at Barwon Health and acts as a conduit between the services, and the consortium. A PCCN-SCV report is a standing agenda item at all consortium meetings, clinical leaders meetings and palliative care practitioners' group meetings. The consortium representative is in a position to table issues raised within the region to the PCCN-SCV for review.

Palliative Care service delivery is consistent and evidence based in the region. The work plan of the Clinical Leaders Group has ensured regular review of the ongoing validity of the evidence based clinical tools used by palliative care services across the region and this is a standing item on the Clinical Leaders Group meeting agenda's.

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

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

The region also has a Palliative Care Practitioners Group, which meets three times per year. This group is supported by the consortium and provides an 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.

The utilisation of Telehealth has greatly increased across the region particularly in clinics, medical and nurse assessment of patients in the community where appropriate. Telehealth is also being utilised to connect specialist teams in Oncology, MND, Royal Children's Hospital and local GP's to patients and staff. South West Healthcare have adapted their medical service to Portland District Health to allow a flexible approach to reviews through the use of weekly Telehealth sessions rather than monthly face to face visits.

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:

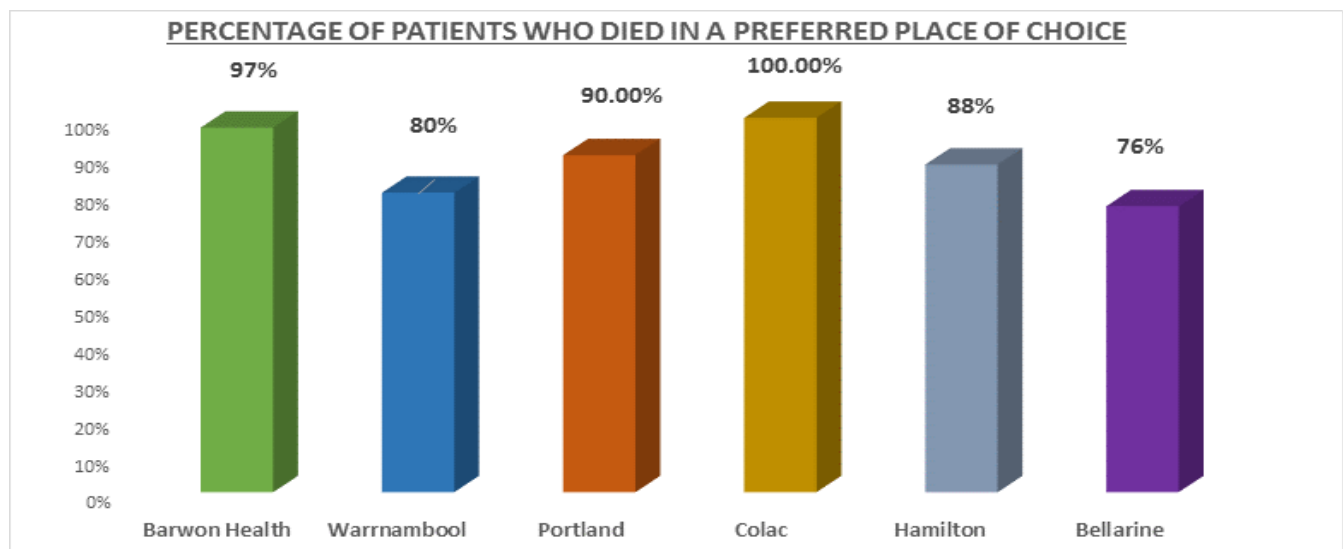


Fig 10. Percentage of patients who died in their preferred place of choice.