



Grampians Region  
Palliative Care **Consortium**

# Annual Report

## 2011

*Strengthening Palliative Care*

# Grampians Region Palliative Care Consortium

## Members

Ballarat Health Services  
Ballarat Hospice Care Inc.  
East Grampians Health Service  
Djerriwarrh Health Services  
St John of God Healthcare  
Wimmera Health Care Group

## Non-voting members

Department of Health  
Grampians Integrated Cancer Service

*This report was prepared by:*

Pete Marshall, GRPCC Manager, in association with Fiona Watson.

*On behalf of:*

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*Copies of this report can be downloaded from the Grampians Region Palliative Care Consortium website at <http://www.grampianspalliativecare.com.au> or by contacting Pete Marshall – Consortium Manager, Grampians Region Palliative Care Consortium at the above email address.*

## Report from the Chair and Manager

The aim of the Consortium is to work with key stakeholders in the development of strategic direction and delivery of appropriate community palliative care services across the Grampians Region. To achieve its aims the Consortium has had to strengthen its relationship with its member agencies, in order to deliver meaningful collaboration in the areas of education, advocacy, research, quality, special projects, clinical issues and improvement in practice.

Towards the end of the financial year the Consortium accepted the resignation of its Manager Claire McKenna, and we acknowledge her commitment to palliative care in the region. The Consortium was without a manager for a three-month period, until the appointment of Peter Marshall, who joins the Consortium with an extensive knowledge of government policy development and health management.

The Consortium decided not to actively pursue new work on the regional strategic directions, but rather wait until members had an opportunity to examine the Department of Health's *Policy and Strategic Directions 2011 – 2015*. The work of the Consortium progressed in the interim period, building on the excellent programs already underway across the region.

Chair: Helen Watt, Clinical Director East Grampians Health Service  
Manager: Pete Marshall, Grampians Region Palliative Care Consortium

## Report from the Chair of Grampians Region Palliative Care Clinical Group (GRPCCG)

The group had an active year with the following highlights:

- **Mentoring Program**  
The Clinical Group recognized a need for a formalized mentoring program that meets the needs of palliative care specialists across our region. A number of needs and opportunities were identified for the professional development of staff within the interdisciplinary palliative care team in the Grampians Region. The key objective is continuous improvement and enhancement of the services and care offered to patients/clients. This project will be implemented in 2012 and is supported by the Grampians GRPCCG.
- **Biggest Palliative Care Breakfast**  
Breakfast sessions were held concurrently across the region via videolink to Ballarat, Djerriwarrh, Wimmera, and Central Grampians. In total we had 100 people attend from across different health care disciplines. This year's theme was Let's chat about dying, which presented many opportunities to make a positive impact on the lives of our loved ones and those in our communities.
- **GRPCT's Regional Conference**  
Conference was a great success. Copies of the conference presentations have been made available so that each service will have their own copy to keep. Also presentations are on the GRPCT website as pod casts. Over 220 people were in attendance. Feedback about the conference, venue and speakers was very positive and the enthusiasm from the participants was overwhelming.
- **PPAL Link Nurse**  
The clinical group supported the creation of a Paediatric Palliative Care Link Nurse for the Grampians Region, situated at Wimmera Hospice.

Chair: Jade Odgers, Manager, Grampians Regional Palliative Care Team

## Our History

As the community has become more familiar with palliative care and a little more comfortable with talking about death and dying, more people are choosing to die at home.

In anticipation of the need to expand palliative care services and provide educational opportunities for health professionals working in palliative care, a Grampians Regional Palliative Care Service Strategic Alliance was formed in 1998. Members of the alliance came from existing providers of community palliative care services, funded by the Victorian Department of Human Services (DHS). The alliance provided direction and advice to DHS in regard to funding allocation, service requirements and priorities of palliative care services within the Grampians Region.

In November 2004 DHS launched *Strengthening Palliative Care: A Policy for Health and Community Providers 2004 – 09*. The policy identified the need to review membership of the Grampians Regional Palliative Care Strategic Alliance to ensure appropriate representation from specialist palliative care services across the region.

In December 2004, the Grampians Region Palliative Care Consortium (the Consortium) replaced the alliance, with the addition of the inclusion of St John of God Healthcare, Ballarat.

In 2004 the policy supported the establishment of Palliative care consortia in all departmental regions. The role of the palliative care consortia is to:

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

Palliative care consortia comprise voting members from all funded palliative care services in each departmental region as well as other stakeholders from health and community services in a non-voting capacity.

In 2009 a Memorandum of Understanding (MOU) was developed between the Consortium and its agency partners for the period July 2009 – to June 2011. A new MOU has been developed for the period July 2011 – June 2015, which will replace the existing MOU.

The Consortium is integral to the development of strategic direction for palliative care within the Grampians Region. It consists of key representatives from specialist palliative care services, both inpatient and community, and is responsible for the strategic regional planning for people with life threatening illness. It also determines priorities for service development and funding as well as participating in the development of a service delivery framework and funding model. Through effective collaboration, internal and external of the region, the Consortium achieves effective strategic planning in palliative care, including advocacy, education, research, quality, special projects, clinical issues and improvements in practice.

To enable the Consortium to be a more effective resource to members, a restructure took place in 2010 that produced a clear delineation between clinical advisors, who meet monthly, and Consortium members, who meet every two months. This has enabled the Consortium to more clearly focus resources and implement policy across the region. The clinical group deal with practice issues, and the Consortium meetings focus on region wide priorities and allocation of resources.

## Our Region

The Grampians Region has a population of over 224,636, which is expected to rise to 252,315 by 2022 and covers an area of 48,000 square kilometres, from Bacchus Marsh to the South Australian border. More than half the population lives within the Ballarat district and Bacchus Marsh. The Grampians Region is one of eight Department of Health Regions and comes under 11 Local Government Areas, which are:

- Ararat Rural City
- Ballarat City
- Golden Plains Shire
- Hepburn Shire
- Hindmarsh Shire
- Horsham Rural City
- Moorabool Shire
- Northern Grampians Shire
- Pyrenees Shire
- West Wimmera Shire
- Yarriambiack Shire

The Department of Health's *Grampians Region Health Status*, demonstrates that the Grampians Region experiences particular socio-economic, demographic and health challenges, and towns within the region have some of the most disadvantaged populations. This has a direct impact on the allocation of resources and delivery of care within the region.

For example, in the Grampians Region:

- The number of people over the age of 65 will rise from 34,971 to 52,832 by 2022, an increase of 51%.
- There is a higher percentage of obese people than the State average with 21% of males and 20% of females obese.
- While 56% of the population are non-smokers, there are a greater percentage of smokers than the State average.
- There are more sedentary people.
- There are more people at high risk of drinking too much alcohol.
- Few people have had tests for bowel cancer, PAP smear and mammograms.
- 6.4% of the population are unemployed, which is higher than the State average and the highest percentage of unemployed throughout Victoria.
- The major causes of death are:
  - Cancer
  - Cardiovascular
  - Injuries (not surprising given that there are many farming communities)
  - Chronic Respiratory diseases
  - Neurological and Sensory disorders
  - Diabetes

## Projected future population distribution

Future planning for the Consortium needs to take account of possible changes in the population distribution across the region.

**Table 1:**

*Current and projected resident population by Local Government Area (LGA), 2009 and 2022*

LGA	2009	2022	% Increase/decrease
West Wimmera (S)	4,613	3,664	-20.6
Yarriambiack (S)	7,681	6,522	-15.1
Hindmarsh (S)	6,202	5,305	-14.5
Northern Grampians (S)	12,340	11,205	-9.2
Ararat (RC)	11,913	12,091	1.5
Horsham (RC)	20,042	20,527	2.4
Hepburn (S)	14,803	16,559	11.9
<b>Grampians</b>	<b>224,636</b>	<b>252,315</b>	<b>12.3</b>
Pyrenees (S)	6,885	7,759	12.7
<b>Victoria</b>	<b>5,443,228</b>	<b>6,409,575</b>	<b>17.8</b>
Moorabool (S)	27,896	32,959	18.1
Ballarat (C)	94,088	112,782	19.9
Golden Plains (S)	18,173	22,943	26.2

Population growth for the region to 2022 will be well below the Victorian average. However, the growth in population is heavily skewed to the LGAs closest to the Melbourne Metropolitan Area to the East of the region, and the Golden Plains LGA is projected to become a significant growth area.

And perhaps more importantly for palliative care, the projected increase in the aged population will be even more heavily concentrated in the East of the region, as illustrated in Table 2, below.

**Table 2:**

*Current and projected resident population by Local Government Area (LGA), Age 65+, 2009 and 2022*

LGA	2009	2022	% Increase/Decrease
Yarriambiack (S)	1,874	1,989	6.1
Hindmarsh (S)	1,542	1,644	6.6
West Wimmera (S)	946	1,060	12
Ararat (RC)	2,254	2,973	31.9
Horsham (RC)	3,391	4,504	32.8
Northern Grampians (S)	2,359	3,145	33.3
Hepburn (S)	2,658	3,852	44.9
<b>Victoria</b>	<b>738,131</b>	<b>1,072,540</b>	<b>45.3</b>
<b>Grampians</b>	<b>34,971</b>	<b>52,832</b>	<b>51.1</b>
Pyrenees (S)	1,395	2,115	51.6
Ballarat (C)	13,477	21,900	62.5
Moorabool (S)	3,300	6,043	83.1
Golden Plains (S)	1,775	3,608	103.3

## Aboriginal and Torres Strait Islander

Data regarding the Aboriginal and Torres Strait Islander population can be found in the recent Department of Health publication - *Grampians Closing the Indigenous Health Gap Plan, 2009–13*.

Approximately 0.8 per cent of the region's population is Aboriginal or Torres Strait Islander, which equates to approximately 1,762 people (ABS 2006 Census), with numbers being broadly distributed across the region in a similar proportion as the general population. Table 3 shows approximate numbers associated with each of the Aboriginal community-controlled organisations (ACCOs).

**Table 3:** *Aboriginal and Torres Strait Islander population in the Grampians Region*

ACCO name	Catchment area local government areas	Number of Aboriginal persons (approx)
Ballarat and District Aboriginal Cooperative	Ballarat City Council, Golden Plains Shire, Moorabool Shire, Hepburn Shire	1,200
Goolum Goolum Aboriginal Cooperative	West Wimmera Shire, Horsham Rural City Council, Hindmarsh Shire, Yarriambiack Shire	350
Budja Budja Aboriginal Cooperative	Ararat Rural City Council, Pyrenees Shire, Northern Grampians Shire	200

Other data shows that the Grampians Aboriginal and Torres Strait Islander population is significantly younger than that of the non-Aboriginal and Torres Strait Islander population. Approximately 79% of the Aboriginal and Torres Strait Islander population is under 44 years compared to approximately 56% of the non-Aboriginal and Torres Strait Islander population.

## CALD

A relatively small proportion of the Grampians Region has come from non-English speaking backgrounds. Community members now living in the Grampians Region, but born overseas, include people from Chile, China, Croatia, Egypt, Germany, Greece, Holland, India, Iraq, Iran, Japan, Kenya, Lebanon, Malaysia, New Zealand, Nigeria, Pakistan, Philippines, Poland, Somalia, South Africa, Sri Lanka, Sudan, Thailand, Togo, United Kingdom and Vietnam, Yugoslavia.

## Grampians Region Palliative Care Consortium

### Governance

Governance describes the way in which the Consortium operates within an agreed framework. This covers financial accountability, risk management and social responsibility. It is also about meeting stakeholder expectations, that is our agency members, and delivering a service against the agreed framework, jointly recommended by the Chair of the Consortium and its Manager.

### Committee of Management as at 30 June 2011

Chair: Helen Watt, Clinical Director, East Grampians Health Service

Members: Denise Hooper, Primary Care Manager, Wimmera Health Care Group  
Julia Meek, Director of Nursing, Djerriwarrh Health Services  
Michelle Veal, Manager Community Programs, Ballarat Health Services  
Donna Walter, Director of Nursing, St John of God Hospital Ballarat  
Carita Potts, Executive Officer, Ballarat Hospice Care Inc  
Melanie Hahne, Coordinator, Wimmera Hospice Care (Clinical Group representative)  
Bridget Wislang, Strategic Program Manager, Grampians Integrated Cancer Service  
John Koopmans, Department of Health  
Pete Marshall, GRPCC Manager

### Grampians Region Palliative Care Clinical Group

Chair: Jade Odgers, Manager, Grampians Regional Palliative Care Team

### Agency Members

In the Grampians Region the Palliative care consortium member agencies are:

**Ballarat Health Services** (BHS) Drummond Street North, Ballarat 3350. The catchment area consists of the whole of (but not limited to) the Grampians Health Region.

**Gandarra Palliative Care Unit** is a nine-bed inpatient palliative care facility providing end stage care and symptom management for patients and their families who have been diagnosed with a terminal illness. The multidisciplinary team comprises of medical, nursing, pastoral and volunteer support as well as allied health professionals such as occupational therapy, dietetics and social workers.

Patients and families are encouraged to actively participate in all aspects of the patient focussed multidisciplinary care and planning. The environment enables patients and families to maintain as much as possible their normal routine within a specialised setting.

The **Grampians Regional Palliative Care Team** (GRPCT) facilitates the ongoing development of palliative care services in the Grampians Region through education, collaborative strategic planning, preparation of written materials, policies and procedures, quality improvement processes and consultation. The GRPCT is committed to providing a variety of quality education to a broad range of health professionals who strive for better palliative care practices.

### Accreditation

In 2010 BHS received a four-year accreditation from the Australian Council on Healthcare Standards (ACHS).



**Ballarat Hospice Care Inc** (BHCI) 312 Drummond Street South, Ballarat 3350. The catchment area consists of the City of Ballarat, Hepburn Shire, Golden Plains Shire, Moorabool – West SLA, and west of the Ballan-Daylesford Road and Geelong-Ballan Road within the Moorabool – Ballan SLA.

Ballarat Hospice Care Inc provides home-based palliative care services that are patient-focused for people living with a life threatening illness. A multidisciplinary team of specialist health professionals and trained volunteers deliver quality end of life care with understanding and compassion through symptom management and medication. BHCI continues to support families following a death at a time when people are emotional and feel vulnerable.

Experienced palliative care staff provide expert pain and symptom management as part of any ongoing treatment, with emotional and other practical support services for patients and families. The focus is on providing quality of life, to end of life care, with palliative care an adjunct to ongoing treatment, which can be delivered from diagnosis to bereavement.

#### Accreditation

In 2011 BHCI was accredited by Quality Improvement Council Standards (QICSA) and Palliative Care Australia Standards.

**Wimmera Health Care Group** (WHCG) Baillie Street, Horsham 3400. The catchment area consists of the Statistical Local Areas (SLA) or the Rural City of Horsham and the Shires of Hindmarsh, Yarriambiack and West Wimmera.

**Wimmera Hospice Care**, auspiced by WHCG, is a palliative care service that supports people living with life limiting illnesses and their families and carers. The WHC team supports patients at home, in aged care facilities and in hospital. The team works closely with patients' local doctors, nurses and allied health care teams. The focus is not just on physical problems but also the emotional, spiritual and social issues that can occur as a result of illness. A bereavement support program is offered to families and carers and funding can be made available for specialist bereavement counselling.

#### Accreditation

Since 1975 WHCG has met the stringent patient care standards and is currently in a four year accreditation cycle with ACHS.

**East Grampians Health Service** (EGHS) Girdlestone Street, Ararat 3377. The catchment area consists of the Shire of Northern Grampians, the Rural City of Ararat and the Shire of Pyrenees including Skipton (ie. Beaufort and Skipton Health Service).

**Central Grampians Palliative Care** (CGPC) is a community-based service auspiced by EGHS, delivering health care and emotional support to patients, and their carers, living with life threatening illnesses. CGPC aims to work with patients, their families and carers to achieve a level of care that optimises an individual's quality of life and to enhance dignity and independence. The service liaises with a number of local health and community services to assist in personal care, symptom management, home help and transport. It also loans equipment and aids to enable independence to be maintained and to make home nursing care easier. EGHS has one inpatient palliative care bed.

#### Accreditation

EGHS was surveyed by ACHS during 2010 – 2011, resulting in continued accreditation until 2013.

**Djerriwarrh Health Services** (DHS) Grant Street, Bacchus Marsh 3340. The catchment area consists of the Moorabool – Bacchus Marsh SLA and east of the Ballan-Daylesford Road and Geelong-Ballan Road with the Moorabool – Ballan SLA.

**Djerriwarrh Palliative Care** (DPC) is a community-based service, auspiced by DjHS. The palliative care program offers co-ordinated care services for people with a terminal illness and support for their family at home. Care and support is offered including pain relief and management of other symptoms. It aims to be flexible and sensitive to the wishes and needs of clients and their families. A range of allied health services are available and a counsellor co-ordinates volunteer and bereavement services. DjHS has two inpatient palliative care beds.

#### Accreditation

DjHS had their accreditation with ACHS renewed until 2015.

**St John of God Healthcare** (SJOG) Drummond Street North, Ballarat 3350. The catchment area consists of the whole of (but not limited to) the Grampians Health Region.

SJOG is a member of the St John of God group, which operates an organisation-wide Palliative Care Strategy that embodies an holistic approach to palliative care as an integral component of inpatient, outpatient and community services. The focus is on building confidence and capacity to equip caregivers with the knowledge and skills to manage and care for people at the end of life. The ultimate aim is to offer patients, with the support of their families and other carers, the opportunity to die with dignity and respect while minimising pain and suffering.

The implementation of its Pastoral Services Strategic Plan 2010-2014 took place during the year. The main focus is on strengthening professional practice, information and education, and data collection.

The Murdoch hospital developed bereavement resource packages for carers, which have been introduced across all hospitals within the SJOG group. The packs include a range of resources including contact details for external support services to assist people in the lead up to and death of a loved one.

#### Accreditation

In 2010 – 2011 SJOG was accredited by ACHS.

**Grampians Integrated Cancer Service** (GICS) 804 Sturt Street, Ballarat 3350. GICS, auspiced by BHS, is a non-voting member. GICS is one of eight Integrated Cancer Services across the State that aims to improve the experience and outcomes for people affected by cancer through improved access to high quality, integrated, patient centred services close to home. GICS works closely with all stakeholders within the Grampians Region to work towards the continual improvement of cancer services.

**Department of Health (DoH)** Grampians Region. DoH is a non-voting member.

## Year's highlights

The Consortium continues to play an integral role in the development of significant projects that have progressed palliative care services within the region.

These include:

- **The Doctors Bag**  
The Doctors Bag, a palliative care resource manual, was published in the last financial year. Its success has gone from strength to strength with a national variation being produced by AGPN.
- **Nurse Practitioner Candidate in Palliative Care**  
Ballarat Health Services appointed a Nurse Practitioner Candidate in Palliative Care in 2009. Additional funding from the DoH has supported the finalisation of the training of the Candidate, who will now implement the program across the Grampians Region. It is anticipated that the Nurse Practitioner Candidate will conduct community visits and clinics, previously undertaken by Physicians. The Nurse Practitioner Candidate is mentored by physicians from GRPCT.
- **Rural Palliative Care After Hours Project**  
The project was completed at the end of the financial year and will be presented at the Australian Palliative Care Conference in Cairns in September 2011. The report highlighted two main elements of the Community Palliative Care Regional Service Delivery model:
  - Education, symptom management and support processes for patients and carers through the development of Guidelines for Patients and Carers.
  - An after hours nursing telephone triage service that provides local solutions to a complex problem through different delivery options.

The project has demonstrated the viability of an effective, equitable after hours service for community palliative care patients that is both sustainable and local. The final report recommended that the DoH provides adequate funding and project management support to enable consortia to successfully implement the community palliative care after hours regional service delivery model, across all services.
- **Integrated Renal Palliative Care Project**  
An initiative of Ballarat Hospice Care Inc. in response to feedback from patients, carers and renal and palliative care staff. The project assessed gaps in delivery of end of life care and planning for patients who are either ceasing dialysis, not commencing dialysis (conservative medical treatment option) deteriorating despite dialysis or patients with a dual diagnosis, for example cancer. BHCI collaborated with BHS's Dialysis Unit and a working party was established. A major outcome of the project has been an improvement in relationships between renal/palliative care physicians, nursing and allied health staff across the two organisations. It has been recognised that this project is a process of continual development.  
The project was presented at the Victorian Renal Nurses Conference in October 2010 and an abstract accepted for the Renal Society of Australasia in June 2011.
- **An Aboriginal Perspective on Palliative Care DVD**  
As a component of the Ballarat and District Division of General Practice's program Close the Gap a DVD was made, with input from the Ballarat & District Aboriginal Co-operative, with assistance from Ballarat Hospice Care Inc, Gandarra and the Consortium. An Aboriginal woman shared her Palliative Care experience as she cared for her husband. The DVD has succeeded, as it has been a shared process, highlighting lessons learned from health professionals' perspective as well as the challenges for the carer accessing mainstream health care. As story telling is an important aspect of Aboriginal culture, creating this oral history has been a powerful journey in itself.

- **Twilight Education Sessions**  
The Grampians Regional Palliative Care Team has produced a series of popular Twilight Education Sessions for clinicians both in the Grampians Region and further afield. Participants in the ongoing development of the program by requesting topics on their feedback sheets from previous sessions.
- **Mindful Connections Conference, 5 and 6 May 2011**  
Over 220 delegates attended this conference, organised by The Grampians Regional Palliative Care Team. The two-day conference, including pre-conference Master Classes and dinner provided a unique opportunity for local, regional and state delegates to hear from leading researchers and practitioners in a program of world-class keynote lecturers.
- **Rural Palliative Care Medical Purchasing Fund (RPCMPF)**  
Before the establishment of the RPCMPF the region had one 0.8 EFT Palliative Medicine Specialist. The workload was such that there was a reduced capacity to visit outlying areas in the region. The Consortium used the Medical Fund to support contributions from BHS to fund an additional full time Palliative Medical Specialist in the Grampians Region. This arrangement continues, meaning that an effective palliative care specialist service operates throughout the region with in-reach and consultancy services at BHS, and monthly visits to regional palliative care services in Bacchus Marsh, Horsham and Ararat.  
The Palliative Medical Specialists reported that the new workforce arrangements have provided:
  - improved response times to new assessments, resulting in more Ballarat patients being seen on the same day as they were referred.
  - Greater equity of services across the region
  - A more collegial working environment for specialists
  - A more sustainable working environment
  - Regional capacity building through increased upskilling of General Practitioners
  - Improved continuity of care for patients and families.
- **Training and education of care staff in Residential Aged Care Facilities, gap analysis**  
As part of the Rural Palliative Care National project, the Ballarat and District Division of General Practice explored the levels of palliative care training and education of staff of Residential Aged Care Facilities (RACFs) in the Ballarat and District in. A gap analysis found a desire for more education and training amongst staff, and a lack of regular opportunities for collegial support, networking or sharing of practice and experience in the region. It will be important for the Consortium to build upon these findings in the future. The report also recommended that the development of Advance Care Plans be given a high priority upon admission to an RACF, and agreed processes be developed for RACF staff when contacting a GP to request a visit, care guidance or clarification on a medication issue.

## Victorian Palliative Care Satisfaction Survey

This is the second year the Consortium has participated in the Victorian Palliative Care Satisfaction Survey (VPCSS). This project captures feedback from adult patients, carers and bereaved carers from both community and inpatient palliative care settings.

The VPCSS contains a set of *core* survey items for all respondents including Patient, Carer and Bereaved Carers. These fall into five categories with each drawing on a particular aspect of the palliative care journey.

- Accessing Palliative Care
- Experience of admission to this service
- People involved in the delivery of care
- Delivery of care by this service
- Experience in Palliative Care

Grampians Region palliative care services scored consistently higher on each of these measures, and additionally on the *Overall Satisfaction* score.

Top five performing items for Grampians Region were satisfaction with:

- Arrangements regarding meal times and visiting hours
- Necessary equipment to provide care safely for the patient
- Amount of peace and quiet
- The level of respect shown towards you as an individual
- Overall satisfaction with the care delivered by your palliative care team.

## The Future

The Department of Health's *Strengthening palliative care: Policy and strategic directions 2011–2015* will guide the work of palliative care services, consortia and government from 2011 to 2015. The priorities outlined in the policy will equip specialist palliative care services in Victoria to improve the quality and reach, as well as meet growing demand for palliative care in the community. This is will captured in the policy vision, which states:

*All Victorians with a life-threatening illness and their families and carers have access to a high-quality palliative care service system that fosters innovation, promotes evidence-based practice and provides coordinated care and support that is responsive to their needs.*

The Consortium will work with Health Services and agencies throughout the Grampians Region to ensure that people with life threatening illnesses, and their families and carers, will have access to appropriate seamless quality palliative care services, wherever they live.

## Consortium role

### Regional planning

As indicated in the Chair's report, changes in key personnel and a desire to leave changes in direction until after the release of the new Statewide priorities meant that major planning was deferred for this reporting timeframe.

- Aboriginal palliative care
  - The consortium supported the development of the Aboriginal Palliative Care DVD, and will continue to seek opportunities for future partnering relationships with the Aboriginal Co-operatives.
- PEPA post-placement support activities
  - PEPA activities continued to be well supported, and we look to expanding the opportunities for future training.
- Rural palliative care medical purchasing fund
  - The benefits gained by using this fund to support specialist capacity is well highlighted earlier in the report, and we look forward to continuing this arrangement into the future.

### Coordinating care

- After-hours palliative care
  - Grampians and Loddon Mallee Consortia have cooperated in jointly hosting one of the After Hours trials. The project worker has placed a particular emphasis on creating flexible arrangements that suit each individual service, with the result that there has been almost total engagement with the trial. The consortia have agreed to continue the development of this project into the next year.
- Culturally and linguistically diverse palliative care
  - No specific projects have been carried out within the reporting timeframe.
- Motor neurone disease regional workers/activities
  - The MND Shared Care Worker is situated with Wimmera Hospice, and had a busy year with patient contacts, support and education activities. Evaluation of the program has shown a significant increase of people with MND receiving palliative care since it was implemented.

## Determining priorities for future service development and funding in conjunction with the Department

The Grampians Region Palliative Care Consortium looks forward to the release of the new Statewide policy and strategic directions. New funding for palliative care in Victoria provides an ideal opportunity to expand and improve service coverage, and the consortium is keen to continue to work closely with the Department in achieving this.



## Financial Statement

### Wimmera Health Care Group\* Regional Palliative Care For Period June 2011

LY YTD Actuals Account		YTD Actuals	YTD Budgets	YTD Variance
<b>Income</b>				
	Victorian Palliative Care Nurse Practitioner	-30,000	0	(30,000)
	DHS Grant - PEPA Post Placement Support (One-off)	-10,000	0	(10,000)
-238,800	DHS Grants - Rural Medical Purchasing	-123,643	-123,643	0
	DHS Grant - Statewide Palliative Care	-106,840	-103,036	(3,804)
-100,649	DHS Grant - Statewide Palliative Care Strategic Framework		0	0
-10,688	Other Victorian State Grants - Motor Neurone	-19,250	-13,339	(5,911)
0	Palliative Care After Hours Project Support Funds (2nd yr of project)	-20,000	-10,000	(10,000)
<b>-350,137</b>	<b>Total Income</b>	<b>-309,733</b>	<b>-250,018</b>	<b>(59,715)</b>
<b>Expenses</b>				
10,331	10010. Basic Pay - Nursing	13,305	65,782	(52,477)
0	10020. Basic Pay - Administration and Clerical	2,876	0	2,876
54,227	10030. Basic Pay - Medical Support	31,165	0	31,165
0	10110. Sick Pay - Nursing	0	2,960	(2,960)
3,052	10130. Sick Pay - Medical Support	3,552	0	3,552
566	10610. Allowances - Nursing	765	1,954	(1,189)
1,350	10630. Allowances - Medical Support	1,749	0	1,749
4,122	14001. Annual Leave	3,776	4,204	(428)
0	14101. ADO Expense	0	6,572	(6,572)
9,883	14201. Long Service Leave Accrued Expense	-511	2,236	(2,747)
6,452	14401. Superannuation - SGC	5,098	7,762	(2,664)
3,183	14501. Workcover Premium	1,299	1,250	49
127	21012. Sutures and Staples	0	0	0
825	33101. Replacements and additions - Non-Medical equipment < \$1,000	0	0	0
0	33501. Leasing of Equipment	143	0	143
68	35001. Administration Expenses - Sundry	212	0	212
0	35011. Events and Functions	6,215	0	6,215
240,000	35023. Purchase of Services	158,130	134,000	24,130
189	35401. Publications - Books/Journals Inc Subscriptions	40	150	(110)
0	35626. Postal Services	50	0	50
944	35636. Printing and Stationery	4,305	2,500	1,805
653	35701. Telephone Services	695	600	95
636	35801. Staff Training and Development	1,462	16,000	(14,538)
6,351	35871. Travel and Accommodation	2,112	3,000	(888)
0	35881. Computer Consumables	169	0	169
0	Administration Fee	15,947	16,947	(1,000)
<b>342,959</b>	<b>Total Expenses</b>	<b>252,554</b>	<b>265,917</b>	<b>(13,363)</b>
<b>-7,178</b>	<b>Grand Total</b>	<b>-57,179</b>	<b>15,899</b>	<b>-73,078</b>

<b>Total Funds Available &amp; Held in Trust as at 30 June 2010</b>	<b>\$ 180,710</b>
<b>YTD Summary</b>	
Income	309,733
Less Expenses	-252,554
<b>Annual funding movement/(deficit)</b>	<b>57,179</b>
<b>Total Funds Available &amp; Held in Trust as at 30th June 2011</b>	<b>\$ 237,889</b>

\*Report Contains Filters

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