Grampians Region
Palliative Care **Consortium**

Annual Report 2014

Members:

Ballarat Health Services
Ballarat Hospice Care Inc.
East Grampians Health Service
Djerriwarrh Health Services
Wimmera Health Care Group
St John of God Hospital Ballarat
Department of Health (non voting)

This report was prepared by:
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Table of Contents

Contents

1. Chair's Message

Once again, 2013-14 has focused upon specific strategies to improve the quality of and access to palliative care services within the Grampians region. The report details a broad range of projects, all of which are aimed at supporting and enhancing the provision of quality palliative care. Our funded services are the backbone of this provision, and we are delighted to have supported the continued development and provision of high quality palliative care services within the Grampians community.

During this financial year the consortium has continued to make adjustments to internal efficiency and capacity by upgrading the administrative role and continuing to improve systems and processes pertaining to funding allocation and accountability. Financially, we are well positioned to implement core strategies in the near future that will build upon strengthening palliative care initiatives and services within our region.

I would like to take this opportunity to thank our Executive Consortium Members for their insight, dedication and expertise in the Palliative Care arena. I would also like to express my gratitude to Mr. Pete Marshall, Consortium Manager, and Mr. John Koopmans, Department of Health, for all of their help and support throughout the year.

Denise Hooper
Grampians Region Palliative Care Consortium Chair

2. The consortium focus in the context of the Grampians Region

The total area of land in the Grampians is 48,618 sq km, and only 1% (approx.) of land region is zoned for residential, business or industrial use, with most being rural (approx. 79%) or public reserve (approx. 20%).

Population growth in Grampians Region has been lower than average since 2000, and this trend is projected to continue to 2022. There are higher than average percentages of children under 14 years, and persons aged 45 plus, while the 15 to 44 age group is under-represented. The Aboriginal population is higher than average, but levels of cultural diversity are low.

The rate of volunteering is the highest of all regions. Grampians has higher than average low-income individuals and households and the highest percentage of unemployed throughout Victoria, but low levels of housing stress. The year 9 educational attainment is the lowest of all regions.

Grampians Region has the lowest GP ratio per 1,000 population, but the highest rate primary care occasions of service at over twice the Victorian average. Grampians Region ranks 2nd among regions for HACC clients aged 0–69 per 1,000 target population, and for those over 70 years of age, 26.3% are HACC clients.

In terms of health indicators, rates of asthma are higher than average across most of the region, as are rates of drug and alcohol clients and mental health clients. Some LGAs in the Wimmera have particularly high rates of overweight and obesity.

However, a breakdown into the broad areas of Wimmera (Horsham, West Wimmera, Hindmarsh and Yarriambiack LGAs), Central (Northern Grampians, Ararat and Pyrenees LGAs) and Ballarat (Ballarat, Hepburn, Moorabool and Golden Plains LGAs) shows significant disparities in local demographics.

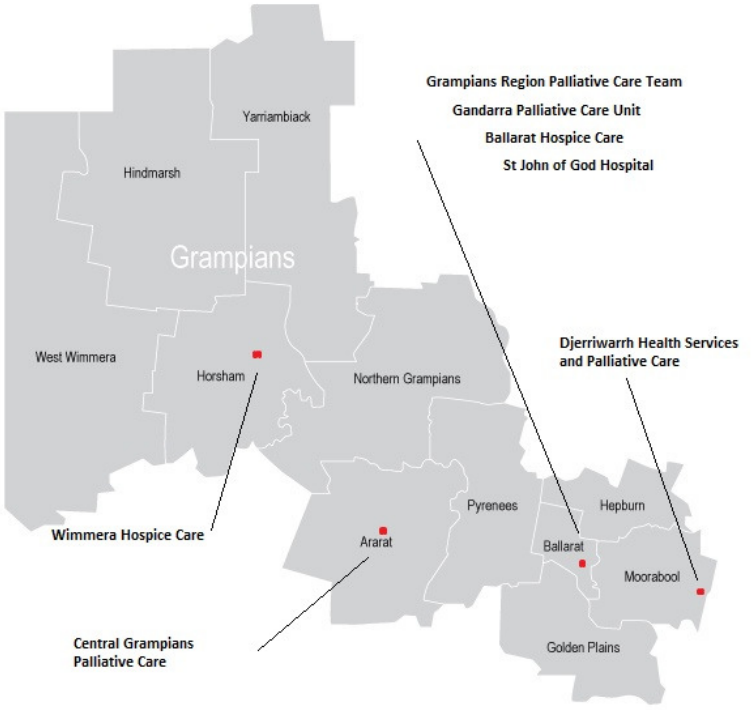
Table 1: *Population density and proportions of aged residents*

	Grampians Region	Wimmera	Central	Ballarat
Total population	220,878	16.5%	13.4%	70.1%
65+ (as % of popn)	16.4%	20.8%	20.6%	14.6%
Area sq. kms	48,618	28,222	13,370	7,026
% of Grampians area	100%	58.0%	27.5%	14.5%
Popn density (persons/sq km)	4.5	1.3	2.2	22.0

The Ballarat area has a vastly higher population density, accounting for 70.1% of the total population, but only 14.5% of the total land mass.

2.1 Factors impacting capacity to manage health issues into the future

The demographic data set out below (Table 2) shows that the Grampians region as a whole, and particularly LGAs in the central and western parts of the region, are facing significant issues that are likely to impact on the provision of palliative care.



A growing ageing population combined with reduced community working capacity lead to greater dependency.

This is currently reflected in high levels of people with need for assistance with core activities, and the percentage of persons aged 75+ who live alone, and exacerbated by high levels of disability support pension and age pension recipients, and high rates of those with profound disability living in the community.

On top of this, Grampians has a high rate of malignant cancers diagnosed, which is going to be one of the more significant drivers of increased need for palliative care.

Higher dependency ratios mean fewer people of working age. Dependency ratios for 2011 are higher than the Victorian average in all Grampians LGAs and are particularly high in Yarriambiack and Hindmarsh. This pattern will continue in 2021, with even higher dependency ratios. There is a

general trend toward higher dependency ratios both now and into the future as you move across the West of the region.

Table 2: *Current (2011) and projected percentage population over 65 years of age, and proportion under 15 and over 65, compared with proportion of working age population (Dependency ratio).*

	2011		2021	
LGA	**65+**	**Dep Ratio**	**65+**	**Dep Ratio**
Wimmera				
Hindmarsh (S)	24.1	0.71	29.7	0.86
Horsham (RC)	17.6	0.58	21.6	0.67
West Wimmera (S)	21.5	0.67	25.8	.071
Yarriambiack (S)	24.4	0.72	28.6	0.76
Central				
Ararat (RC)	19.7	0.60	23.8	0.69
Northern Grampians (S)	20.1	0.59	26.3	0.70
Pyrenees (S)	21.9	0.62	26.7	0.73
Ballarat				
Moorabool (S)	12.5	0.50	17.6	0.61
Hepburn (S)	18.9	0.57	23.6	0.66
Ballarat (C)	14.9	0.51	19.1	0.61
Golden Plains (S)	10.4	0.50	16.2	0.59
Grampians	**16.1**	**0.54**	**20.6**	**0.64**
Victoria	**14.0**	**0.48**	**16.7**	**0.53**

These issues are exacerbated by a high and growing proportion of people in the community who need medical and daily living support, as set out in Table 3.

Table 3: *Aged and disability characteristics, Grampians LGAs*

LGA	% with need for assistance with core activities	% with severe and profound disability living in community	% of persons aged 75+ who live alone	Disability support pension recipients per 1,000 eligible pop	Age pension recipients per 1,000 eligible pop
Ararat (RC)	7.1%	5.1%	39.8%	102.9	746.9
Ballarat (C)	6.0%	4.4%	42.5%	86.5	764.5
Golden Plains (S)	4.7%	3.9%	30.6%	55.1	766.3
Hepburn (S)	5.9%	4.3%	41.2%	97.3	760.4
Hindmarsh (S)	8.2%	5.1%	40.5%	107.5	684.7
Horsham (RC)	5.7%	4.2%	43.2%	81.9	728.6
Moorabool (S)	4.9%	4.2%	36.2%	56.7	736.2
Northern Grampians	8.2%	5.8%	43.8%	126.4	770.6
Pyrenees (S)	7.6%	5.9%	37.0%	127.4	764.5
West Wimmera (S)	5.9%	4.4%	41.5%	76.6	674.3
Yarriambiack (S)	9.1%	6.4%	41.4%	130.5	642.9
Grampians	**6.1%**	**4.6%**	**41.0%**	**85.7**	**746.1**
Victoria	**5.0%**	**3.8%**	**35.9%**	**54.8**	**704.5**

The consortium has focused many of the supported initiatives on the west of the region. While population numbers may be smaller than in the east (closer to Melbourne) the proportion of the population that is aged and/or disadvantaged (in many cases both) is very high. The Index of Relative Socio-Economic Disadvantage (IRSED) indicates that four of the ten most disadvantaged LGAs in Victoria are in the Grampians region: Hindmarsh; Northern Grampians; Pyrenees; and Yarriambiack. Add to this the decreased access to training and professional support for health and welfare staff that comes with small centres, and large distances to services, make this an issue of addressing the relative disadvantage experienced in the west.

The percentage of persons with need for assistance with core activities is higher than the Victorian average (5%) in Grampians region (6.1%). All LGAs have a higher than average percentage of persons with severe and profound disability living in the community, with the highest percentages in the west and central part of the region. The percentage of persons aged 75+ and living alone is also higher than average, but ranges from 30.6% in Golden Plains to 43.8% in Northern Grampians. The rate of disability support pension recipients is well above average in all LGAs other than Golden Plains and Moorabool. The regional rate of aged pension recipients is also above average, with the highest rates in Ballarat, Golden Plains, Hepburn, Northern Grampians and Pyrenees.

Table 4: *Total malignant cancers diagnosed per 1,000 population, and for males and females, in 2011, Grampians LGAs*

LGA	Males	Females	Total
Ararat (RC)	4.79	6.42	5.58
Ballarat (C)	5.98	5.21	5.59
Golden Plains (S)	6.37	4.90	5.66
Hepburn (S)	7.58	5.55	6.55
Hindmarsh (S)	7.49	6.48	6.98
Horsham (RC)	7.77	4.45	6.09
Moorabool (S)	5.01	5.83	5.42
Northern Grampians (S)	7.12	6.10	6.62
Pyrenees (S)	8.53	6.61	7.58
West Wimmera (S)	13.13	8.17	10.73
Yarriambiack (S)	7.21	8.46	7.83
Grampians	**6.45**	**5.56**	**6.00**
Victoria	**5.73**	**4.54**	**5.13**

The rate of malignant cancers diagnosed (Table 4) is higher for males, females and total persons in Grampians region compared with the Victorian average. The rates for total persons are highest in West Wimmera but are above the Victorian average in all LGAs.

The Central Grampians area in particular has higher than average rates on disability indicators, with each of the LGAs having higher than average persons with severe or profound disabilities, and higher rates of those needing assistance with core activities.

Grampians region does not stand alone on many of these indicators, as numerous studies have shown high levels of health inequality across areas of rural Australia. The challenge is exacerbated by limited resources spread across large geographical areas, and well-recorded difficulties in attracting skilled health care professionals.

The palliative care services in the Grampians region are committed to offering a high level of care, and the consortium is committed to supporting them in this regard.

2.2 The consortium focus

Given the above demographics, maximising the capacity and impact of available resources will be critical. In addition, the consortium has taken note of feedback by the Department regarding:

- improving access
- supporting clients to die and be cared for in their place of choice
- support provided to carers

The focus of consortium investment in services is directed at improving access and quality of care for patients and carers. All of these factors are most readily achieved by improving the capacity and the functioning of the funded services. In turn, the cornerstone of this will be engaged and committed staff that are professionally challenged but supported and not overburdened, and who can undertake professionally presented training that is both accessible and relevant.

The Grampians region has been well serviced by the regional team (GRPCT) in this regard, and the aim of the consortium is to provide resources that are complementary.

Additionally, services are time poor, with skilled staff at times struggling to meet the clinical load, let alone to have significant involvement in development of new initiatives. The Consortium is consciously focused on supporting capacity building within the funded services and lightening the load on clinical service staff wherever feasible. There are a number of ways that the consortium supports service capacity and professional development and job satisfaction of the staff. Some examples of these are:

- Training funding for the GRPCT (regional team) was specifically targeted at enabling the regional team to maintain their extensive training program while still dealing with an expanding clinical load.
- The consortium has long had a focus on distributing program money to the services to develop localised initiatives. When well supported, this allows service staff to expand their role into project management, and taking a leadership role within the service, which generally brings with it an increased understanding of the wider influences on health service provision. This in turn significantly enhances job satisfaction, but also builds and brings to the service a greater capacity for effective and sustainable program development, and a better informed and more engaged workforce.
- The consortium undertakes small but fiddly administrative tasks around resource development that have clear application for a wider field, and we provide small amounts of funding for either backfill or external expertise in the same circumstances, with the aim of enabling a service staff to maintain a maximum focus on the clinical role.
- The consortium has consistently subsidised the MND role so that it has at least some scope for carrying out a regional role. The funding has been used to allow for 1 day per week of employing the MND worker, and also has given scope for travel and training costs to be covered, both essential for a regional role. This has meant that the staffing of this initiative has been stable, and subsequently able to build a regional profile and a better understanding of MND cases and trends across the region.
- The training support initiative of the consortium is particularly focused on supporting travel to training and education from more distant locations.

2.3 Service Provision Satisfaction

The Grampians region achieved a relatively high response rate (41% cf. 29% statewide) to the 2014 Victorian Palliative Care Satisfaction Survey (VPCSS), with a high *Overall Satisfaction with Standard of Care* (mean 4.73 cf. 4.67 statewide).

The thrust of the *Priority to improve* items identified in this report is in relation to the carer situation. While not taking away from the need to further address these items, the following table indicates a general improvement in these items over the past 12 months (both based on solid response rates - 2013 was 40%). Additionally, the table shows that these items are a statewide issue, and that in that context the Grampians region is performing moderately better than the average.

Table 5: *Top five Priority to Improve items for Grampians Region Priority to Improve Ranking*

Item	2014 mean	2013 mean	Statewide 2014 mean
[Satisfaction with ongoing support] Opportunities to talk with other carers about your own situation (as a carer)	3.61	3.38	3.40
[Satisfaction with ongoing support] Level of training provided to carry out specific care functions (such as massaging, moving or bathing the patient)	3.89	3.89	3.85
[Agreement with] I am aware of financial assistance available from the government	3.80	3.75	3.59
[Satisfaction with ongoing support] To minimise financial burden	3.83	3.74	3.61
[Satisfaction with ongoing support] Level of access to psychological support services	4.07	3.98	3.99

3. Other Specific Groups

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 and Yugoslavia.

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 6 shows approximate numbers associated with each of the Aboriginal community-controlled organisations (ACCOs).

Table 6: *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.

The consortium welcomed the opportunity to provide an Aboriginal Health Worker scholarship for the PCV conference in July.

4. Consortium Membership and Structure

Committee of Management for 2012-2013

Chair: Denise Hooper, Director of Primary Care, Wimmera Health Care Group

Members:
Michelle Veal, Manager Community Programs, Ballarat Health Services (Deputy Chair)
Julia Meek, Director of Nursing, Djerriwarrh Health Services
Carita Potts, Executive Officer, Ballarat Hospice Care Inc
Peter Armstrong, Clinical Director, East Grampians Health Service
Pam Ryan, CNC Palliative Care, Djerriwarrh Health Services (Clinical Group representative)
John Koopmans, Department of Health
Pete Marshall, GRPCC Manager

5. Member Services

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-focused 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 (DjHS) - 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 Ballarat Hospital (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.

Accreditation - In 2010 – 2011 SJOG was accredited by ACHS.

5.1 Contact Details

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Web: www.ballarathospicecare.org.au

Central Grampians Palliative Care
Girdlestone Street, Ararat, 3377
PO Box 155, Ararat, 3377
Phone: 03 5352 9465
Email: cgpc@eghs.net.au
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Djerriwarrh Health Services and Palliative Care
Grant Street, Bacchus Marsh, 3340
PO Box 330, Bacchus Marsh, 3340
Phone: 03 5367 2000
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6. Consortium Manager's Report

The Grampians Region Palliative Care Consortium (the consortium) has focused attention on setting up sustainable planning and budgeting, and funding workload and management structures that are designed to provide stability and presence into the future. Consortium supported initiatives operating during 2013-14 across the following four categories all contribute to a population that have their understanding of palliative care enhanced and their palliative care needs being professionally addressed:

Support and training for staff

- Subsidised the MND role
- Overseas Trained Nurses project
- Training support
- Using PEPA funding for Grief and Bereavement training
- Renal project
- Extra funding to speed up and enhance the aged care palliative care initiative.
- Negotiations with Alzheimer's Australia Vic for the consortium to subsidise accredited training across the region. Training proposal established

Using and improving clinical tools

- Clinical tool audit, incl carers' needs and support (CSNAT)
- Symptom Action Plan review and re-development
- Triage Protocol Review

Client and carer resources

- Development of carer information resources
- Carer information small projects

Community information and engagement

- Funding for community initiated small projects
- Death Café initiative
- Service Banners
- Ongoing 'Big Breakfast' activity during Palliative Care Week
- Palliative care attitude questions
- Website redevelopment and inclusion of comprehensive palliative care information
- Support for the promotion of Advance Care Planning

The consortium is dealing judiciously with carryover funds, which are ultimately a time-limited resource. As such it is important that this funding is used to produce projects that support long-term change, or seed funding for initiatives that will be sustainable into the future.

The consortium made an early decision to distribute A/H funding directly to the services, and set up clear guidelines and contracts to manage that. New projects funded by carryover funding are also funded on the basis of evidence of thorough and sensible proposal development, and subsequently managed locally with consortium-developed agreements in place.

I would like to thank the auspice, Djerriwarrh Health Services for their flexibility and support as we have worked through some of the structural changes required. I would like to particularly thank John Koopmans our Grampians Health Department rep, for our regular meetings, but also for the quiet way that he goes about supporting palliative care in the region. And finally, I would like to thank

Denise Hooper of Wimmera Health Care Group, for the support that she has offered over the year in her role as consortium chair.

Pete Marshall, Consortium Manager

7. Implementation of the Strategic Plan

7.1 Clinical Advisory Group

The Grampians Consortium Clinical Advisory Group (CAG) had 9 meetings during 2013-14. Seven of those meetings had representation from all funded services. One scheduled meeting was cancelled due to competing commitments of staff in three services.

Pam Ryan (DjHS) continued in her role as chair of the CAG, which also carries with it the representative role for consortium meetings.

Given the distances travelled and time taken up in meeting at one regional venue, 6 of the 9 meetings were conducted via videoconference, and 3 were held face to face. The meetings invariably have a full agenda, and face to face meetings are used to enable a particular focus. While far from exhaustive, the following list provides a snapshot of broad areas covered by these meetings:

- Support and sharing around consistent use of clinical tools
- Nurse practitioner input and feedback from the PCCN
- Information and support for involvement in statewide initiatives and central data collection
- Input into consortium planning activity and data collection
- Information sharing and input into implementation of statewide initiatives funded through the consortium
- Development expertise and review of Grampians based consortium funded initiatives
- Concept development and design of future consortium funded projects

7.2 After Hours

Services have been directly receiving their after hours money for 2 years now, and are building upon the individual frameworks and the resources developed during the combined project of the previous 4 years.

The VPCSS scores for ‘Assistance for after hours or unanticipated situations’ have exactly matched the statewide figures of 4.33 for 2014 and 4.41 for 2013. The slight drop in satisfaction is cause for the consortium to take note and review both the after hours arrangements, and the support that we can provide for those.

During 2013-14, the consortium continued to offer funding support for small projects to incorporate the information kit into service systems thereby supplementing the training received by patients and carers from the services.

Ballarat Hospice has been committed to staffing their after hours service, and they are the only community service in the region that is large enough to effectively do this. It does though impose a significant cost burden, and so it is essential that it is well managed. The consortium has had an

ongoing role on the After Hours steering committee for Ballarat Hospice, as it has methodically worked through the stages of their After Hours Service Development Project.

7.3 Aged Care Palliative Care

The Palliative Aged Care Resource Nurse (PACRN) role in the Grampians region is very clearly a resource & consultancy role, and specifically not a clinical role. It focuses on supporting each facility's link nurse/s to complete self-directed, online training and education learning packages; assisting link staff to conducting training in their own facilities; and to building local sustainability for the palliative approach and EoL pathway.

This is a whole organisational approach and it is already well supported by many of the health services as revealed by the number or managers that have attended workshops and training sessions.

Significant achievements

- 110 RACF staff including the Managers of Aged Care Facilities, Registered and Enrolled Nurses, Clinical Care Coordinators, and Lifestyle staff attended one of the two PA Toolkit workshops held in the region
- Over 200 RACF staff have attended onsite in-service education
- 110 RACF staff including 35 Managers (either CEO, DON or NUM) attended either the Horsham or Ballarat workshop representing 51 facilities.
- 52 out of 54 RACFs were physically visited by PACRN.
- All RACFs have had substantive contact with the PACRN
- Education and engagement in the project with 26 external stakeholders.
- Direct Feedback received from participants in the workshops and inservices has been extremely positive. This was received from staff ranging from Managers to PCA level; and consistently indicates they feel supported in developing improved understanding of the 3 step processes: *Advance Care Planning*, *Palliative Care Case Conference* and how and when to implement an *End of Life Care Pathway*.
- Auditing of the process has that commenced in the facilities indicates that the 3-step process is in place at this early stage, with recommendations for ongoing support and management to further embed best practice palliative care in the region.

A work in progress

The 3 key processes that underpin the PA Toolkit have been implemented at varying degrees throughout the region. Prior to staff attending a PA Toolkit workshop it was difficult to obtain accurate data about what key processes have been in place and what support was required.

Once a rapport was developed and confidence gained, especially after attending a workshop, managers and staff were more readily able to recognise that they didn't have comprehensive systems in place to ensure each resident had been offered the opportunity to complete an ACP, and only a few facilities had any sort of formal family meeting.

As the process of palliative care case conferences was unpacked during education sessions, and more intensely at the workshops, most facilities agreed that they could improve their systems, and were open to discussing how they may implement these as part of structured regular process.

Facilities stated that they "did palliative care well" and were using an EOLCP. Discussion revealed however, that only 12% RACFs were: (1) using a form of Liverpool Care pathway, or (2) had implemented the Residential Aged Care EoLCP through their own research. The remaining RACFs

were using a variation of a palliative care pathway that devised by their own health service, and that did not change or adapt if the resident entered the terminal phase.

Future Directions

Ongoing site visits and education sessions will be necessary to assist each of the RACF in the Grampians region to fully implement the key processes, however the majority are examining their processes and contacting the PACRN as required, to attend and support them at steering committees and Palliative Approach working parties.

Sharon Gibbens (PACRN)

7.4 Disability Palliative Care Project.

Formerly a consortium contracted project, from the 2013-14 financial year funding for this initiative is going straight to East Grampians Health Service

Given the limited EFT allocated, the project had an initial focus on the central Grampians region which has a high level of disability housing. There are 29 Group Homes within the Stawell and Ararat region, and considerable effort has been put into more intensive support and interaction with those houses that are the most receptive to the palliative approach message, with the eventual aim that these houses and the staff in them will become accepted models for others.

This sub-regional focus has remained the core activity of the role, but in this funding period there has also been an expansion of contacts, including:

- PEPA workshop in the palliative approach for Disability care providers in Ararat on 26/09/2013 included carers from Horsham, Warracknabeal, Ararat and Ballarat.
- Attended State meetings of Disability Palliative Care Link workers
- Ballarat House Supervisors meeting, promoting link nurse role, Ballarat Hospice services and Bacchus Marsh Palliative Care Nurse contact.
- Presentation at twilight session Disability and Palliative Care on the 07/04/2014, (Grampians Regional Palliative Care Team).
- Promoted Disability/Palliative Care Link Nurse project at Clinical Practice meeting of Grampians Consortium.

A major project has been the production of an Experience Based Case Study that will become a resource for promoting some of the steps that facilitate the palliative approach within the disability sector:

- non-identifying experience based case study with staff involved in the care of a client accessing Palliative care services in the Grampians Region.
- Negotiate and enlist the services of a journalist to conduct the interviews of participating staff
- Liaise with journalist to review Case Study and develop draft
- Article, developed from Case Study, in Dept. of Human Services DAS statewide newsletter.

Other activities include:

- Information packs with local contact details for Palliative Care Service available within the area have been produced and distributed.
- An Advisory Group met regularly, with members representing the Dept. of Human Services, Central Grampians Palliative Care, Ballarat Hospice and Grampians Palliative Care Consortium.

- The confidential palliative care surveys continue to be distributed, and we look forward analysis that can be used to enable better access to Palliative Care Services.

7.5 Nurse Practitioner Activities in the Grampians Region

The Consortium decided that 2012-13 funding provided for the support and development of Palliative Care Nurse Practitioner (NP) and Nurse Practitioner Candidate (NPC) resources would be used to support expanded capacity in the Grampians Regional Palliative Care Team (GRPCT), who already had a nurse practitioner in place working in a regional capacity. This contributed to the employment at 0.7 EFT of a nurse practitioner, Regina Kendall, by Grampians Regional Palliative Care Team.

Beginning with the 2013-14 financial year, funding is going straight to the GRPCT. Activities of this position include clinical, leadership, education, research and mentoring.

The Grampians region is well served by a highly skilled nurse practitioner, who in turn is part of an active and effective regional team. Combined with the medical specialists and other palliative care specialists engaged by GRPCT, we have both clinical and educational expertise which is quite exceptional for a rural region.

7.6 PEPA

The consortium has methodically worked through our available list of past PEPA participants, and gained verification of current contact details, or alternatively determined that contact details were no longer valid, and services within the region did not have current details. Using this list, all past PEPA participants are included in information regarding education and training activities.

The consortium also created and verified contact details for all aged care services, and where possible, disability services. These were used to promote the two free PEPA workshops run in the region:

- March 20th – Aged and general health services
- April 3rd - Disability

The three PCPs in the region and the Grampians Medicare Local were also contacted, and ran notices in their newsletters to promote these workshops.

The Aged care palliative approach workshop was run by the GRPCT as it made sense to use their expertise for these workshops, with the consortium acting in a support role.

The consortium has secured PEPA funding to run Grief and Bereavement workshops for clinical staff in the region, and in conjunction with Grampians ML is piloting Grief and Bereavement workshops for GPs, with a specific focus on short session interventions and referrals for unresolved grief. GPs are difficult to reach with this type of training, but are the health care professionals most likely to encounter and potentially support and/or refer the target group in an appropriate setting.

7.7 Motor Neurone Disease

MND funding in Grampians region is used to pay for a 0.5 MND Shared Care Worker position based with Wimmera Hospice Care. The consortium recognises that this funding is insufficient to cover 1 day per week, and to enable travel and other costs associated with operating across a rural region, and boosts the funding by approx. $5,000 per year. It is always difficult to have a regional presence

when large distances are involved, and the consortium may need to increase this level of support in the future to maintain the viability of the initiative.

7.8 Clinical audit

Following the release of the PCCN endorsed tools document, the consortium worked with the regional clinical group to identify those tools that were both reasonably accessible (ie. without significant price or permission issues), and were either in current use by the services, or were seen as potentially the most useful to introduce for their service. The CSNAT did require permissions from the UK developers, and the consortium negotiated for the permissions to cover the Grampians region services. In turn, the services committed to introducing the following suite of tools into their clinical practice, and the consortium supported this by producing them in a replicable format:

- Problem Severity Score (PSS)
- Symptom Assessment Score (SAS)
- Australian-Modified Karnofsky Performance Scale (AKPS)
- Carer Support Needs Assessment Tool (CSNAT)

All services had significant input into a 6 month process managed through the clinical group, with the consortium able to produce and distribute clinical guidelines, assessment tools, and a guideline template for the four tools. The consortium then committed to supporting a process of clinical audit of the chosen tools after they had been in use for 6 months, and provided backfill funding for the services to undertake an audit of 20 records of the 4 core clinical tools, to be done in association with an audit of pain tool use as requested by the Dept.

The consortium developed both paper-based and electronic audit documents for the four tools, and the actual audit results were consolidated and utilized as a discussion document for services at subsequent clinical meetings. There is a commitment to continuing this process of tool implementation and evaluation with the ultimate aim of a consistent cycle of effective tool use underpinning continual clinical improvement.

8. Consortium Funded Initiatives

8.1 Funding for Regional Projects

A call for submissions from funded services for potential project and resource development funding led to support for the following initiatives being approved by the consortium.

Pop-up Service Banners

A number of the funded palliative care services in the region did not have suitable promotional resources, and in order to achieve a region-wide consistency the consortium co-ordinated and funded the design and purchase of a pop-up banner for each service provider. The bottom third of each banner was a section showing all of the services covered by the consortium.

Death Café

The consortium funded a proposal to hold and evaluate 3 of these events in Bacchus Marsh. Two of these have been held to date, and the evaluation of participants has endorsed the value of these. Updates on the latest event are shared at regional CAG meetings, and have spurned a lot of healthy discussion on this and other approaches to community engagement and initiating discussion of often difficult topics.

Carers DVD A practical guide for caring for people at end of life.
The combined Grampians Region and Loddon Mallee Region Consortium After Hours project produced an excellent resource called the "Carer's Safety and Information Kit for Palliative Care Services". The consortium supported an initiative to build on this valuable resource.

Carer package for safe administration of subcutaneous medications across Grampians Region.
There is currently no visual learning package available in Victoria to assist with education and support of carers in the administration of subcutaneous medications in the home setting. Due to limitation of afterhours services available across the region, if family have difficulty with administration they may need to take the patient to the emergency department. If appropriately supported when introduced to the carer, an education package including a DVD will support carers when administering subcutaneous medications in the home.

Integrating renal and palliative care
This is an ongoing project that the consortium has supported, and is discussed more fully in section 8.2.

Symptom Action Plans
The Symptom Action Plans (formerly known as *Guidelines for patient and carer) template and Explanatory Notes* were reviewed December 2013 – May 2014. As a result of this review and in preparation for ratification by the Victorian Palliative Care Clinical Network further work is required.

This initiative is explored more fully in section 8.6.

Telephone Triage Protocols Review.
The After Hours supporting documents were developed originally by Wimmera Hospice Care and further developed in 2010 as part of the combined Grampians Region and Loddon Mallee Region Consortium After Hours project. These current triage Protocols are supported by 'generic' triage protocols as developed by the then West Vic Division of GP, and are now no longer reviewed or maintained.

The Triage Protocols are also being trialed by The District Nurses Tasmania and this review would also incorporate their feedback.

8.2 Integrating renal and palliative care

Since 2009 Ballarat Hospice Care Inc (BHCI) and Ballarat Health Services Dialysis Centre (BHS-DC) have been developing a framework to integrate renal and palliative care to improve outcomes for patients in the Grampians region with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD). The framework is now well developed and early results demonstrate their effectiveness.

A nurse-led initiative between BHCI and BHS-DC was implemented for patients choosing a supportive care pathway, ceasing dialysis or deteriorating despite dialysis. A successful multi-professional collaboration and coordinated approach was established within the development of an implementation framework.

This framework addresses the continuum of care from pre-dialysis with an integrated palliative approach, whilst patients are still actively dialysing, to a post dialysis setting and EOL care.

The project currently successfully addresses five of the eight recommendations for renal nurses in the Australian and New Zealand Society of Nephrology (ANZSN) Renal Supportive Care Guidelines (2013), and the project has been presented at a number of specialist renal and palliative care conferences.

Funding provided through the Consortium for the remainder of 2013/14 and new funding for 2014/15 will enable BHCI to continue to address the original objectives of the project by:

- Maintaining and strengthening collaboration with satellite renal centres through cross training and promoting BHCI as a PEPA placement option.
- Developing a collaborative working relationship with the Renal Health Clinical Network and supportive care project team.
- Measuring outcomes of the POS-S-Renal Version assessment tool at BHS-DC as a method for evaluating the effectiveness of the "Integrating Renal and Palliative Care: A framework for implementation" in a regional setting
- Testing and adapting the "Integrating Renal and Palliative Care: A framework for implementation" for a rural setting including assisting rural renal nurses to implement the POS-S-Renal Version assessment tool.

A number of strategies will be used to ensure the success and system sustainability of the project including PEPA placements, cross speciality learning between renal and palliative care and education and training in relation to:

- Advance Care Planning and principles of palliative care,
- Quality of Life tools
- facilitating family meetings including identifying roles and participants, and
- critical reflection

A visit to the project by Dr Deirdre Fetherstonhaugh from the Centre for Palliative Care instigated a lengthy discussion on the difficulty of changing strongly entrenched patterns of professional behaviour within the dialysis units, which in turn are vital in producing change. The consortium reflection on that discussion is worth reproducing in part, as it illustrates our commitment to this project:

> Progress only occurs when you bring other critical professionals along on the journey. And this requires persistence and patience, and importantly - time. Too often, funders are seeking immediate results, and they pull funding just when the groundwork is starting to pay dividends. I am keen for the consortium to keep supporting this project, and also keen for it to be part of much needed change in this area.

8.3 Supporting the education program of the GRPCT

During the course of the 2013-14 financial year, the Grampians Region Palliative Care Team (GRPCT) provided 40 separate training events with over 1,000 total attendances. This is a huge effort by the GRPCT, and has a direct impact on the provision of quality palliative care within the region. The Consortium was able to provide a $25k of top up funding to support this great initiative. An overview of sessions provided illustrates the broad scope of training provided.

<u>Clinical Skills Workshops</u>

- For health professionals in general, and also specifically for Aged Care Staff and for Palliative Care Providers

Specific focus training

- Aged Care and Palliative Care
- Graduate Nurse Study Day
- Liverpool Care Pathway Study Day
- Master Class
- Pharmacology Study Day Series 3
- Syringe Driver Train the Trainer
- Writing for Publication

Twilight Sessions

- Palliative Care Chemotherapy & Radiotherapy
- A Funeral Director's Perspective
- The Role of Social/Welfare/Spiritual Work at End of Life
- Symptom Management in Palliative Care
- Mindfulness & Self Care
- End of Life Discussions
- Anxiety & Depression in Nursing
- Disability Services and Palliative Care- working together
- Complementary Therapies- Is there a role in Palliative Care
- Pain Management

Victorian Cancer Clinicians Communication Program:

- Emotional Cues Workshop
- Discussing Sexuality
- Talking About Death & Dying

While the bulk of face to face sessions were provided in Ballarat, sessions were also held at Horsham, Ararat and Bacchus Marsh, being the other key palliative care centres in the region. The twilight sessions are available via videoconference to multiple sites across the region, and indeed to many sites outside our region.

Helping to overcome distance barriers to training uptake

Distances in rural regions mean that travel to attend training can have an impact on the award conditions of palliative care and other professional staff, as well as taking a personal toll with the combination of a day focused on training sandwiched between hours of dusk and dawn driving on each side. The alternative of overnight stays is both costly and often not feasible for either professional staff or the services that employ them.

For the GRPCT-provided Pharmacology Study Day in Ballarat, which is vital training for all palliative care staff across the region, the Consortium provided funding for a coach which left Nhill at 5.30 am on the morning of the session, and picked up attendees at centres along the highway to deliver them to the training session, and then did the reverse trip at the end of the day.

An evaluation of the 25 health professionals who took advantage of this transport was totally supportive and comments illustrated how appreciative this group were, and more importantly, the impact that the bus had on attendance:

- *Made coming to study day decision very easy. Thank you.*
- *Very comfortable*
- *Great networking on bus, good sharing information, good refreshments – thank you!*

- *Much less tiring than driving and parking.*

8.4 Support for Professional Development

The consortium agreed to support better access for palliative care staff working with palliative care patients throughout the region to attend conferences, seminars or educational workshops to further their knowledge and skills in palliative care.

The aim is to provide support such that both staff and agencies, particularly those with less immediate access to training opportunities, take up a greater range of options. The consortium recognises that the staff are our most valuable asset, and that training is critical for the continued quality improvement of services.

The consortium has done this in the past by responding to particular events or circumstances, but has not had a documented process in place. This initiative aims to make more training opportunities viable, and reduce the need for case by case decision making regarding what might be funded. The initiative also covers backfill, as this is often the most critical factor in decisions to release staff.

Initial uptake for 2012-13 has been slow, and feedback indicated that although the initiative was discussed and reviewed on numerous occasions, staff will need time to fully engage with the concept and the process. Also, nursing managers indicated the new nursing award contains extra provisions for training support, which is being taken up as a first priority. However, there is evidence that awareness of the initiative is growing, and this is being reflected in more applications during the start of 2013-14.

8.5 Big Breakfast and the 'Attitude to Palliative Care' Questions

The 'Big Breakfast' event has been run during Palliative Care week for the past 5 years. The promotion is health service based, open to all staff and community that are in the health service on the morning, and has gradually grown in terms of both venues and attendances. This year there were six venues across the region, with a total of over 200 participants, one quarter of whom were non-clinical. It provides an ideal opportunity to display and distribute palliative care resources, but perhaps more importantly it provides a relaxed and non-threatening environment to open discussions about death and dying, and about the services provided by palliative care. The attitude questions were a new addition this year, and were a great prompt for discussion.

The 'Attitude to Palliative Care' questions are six validated questions from a study by Bradley, EH, Cicchetti et al (2000) which participants respond to with either Strongly agree / Agree / Neutral / Disagree / Strongly disagree. They were administered at each venue during the Big Breakfast promotion, and apart from being a great prompt for reflection and discussion, will be analysed and adapted by the consortium to gather important attitude trends across both time and across different groups.

Bradley, EH, Cicchetti et al (2000) 'Attitudes about care at the end of life among clinicians: A Quick, Reliable, and Valid Assessment Instrument' in *Journal of Palliative Care 1*6(1)

8.6 Symptom Action Plans

The *Guidelines for Patient and Carers* were developed to assist patients and carers in managing symptoms after hours. These 'Guidelines' are written specifically for each patient, kept in the home and give guidelines on what to do if an expected symptom develops and the use of as required medications.

These tools were originally developed by Wimmera Hospice Care and further developed in 2010 as part of the combined Grampians Region and Loddon Mallee Region Consortium After Hours project. The purpose of the document is to provide advice for symptom management only, using medications that have already been prescribed to the patient by their doctor or nurse practitioner. This document contains suggestions for how to manage symptoms. It is not a prescription for medications.

In the past 12 months these Guidelines have been reviewed by the Consortium CAG with funding support from the consortium.

Following the review, the templates have been updated, the supporting 'Explanatory Notes' revised and the tool given a new name: Symptom Action Plans. It is proposed to take these documents to the Statewide PC Group for ratification.

Trial of this revised tool is now underway across the region. We are also excited to see this tool being trialed with the District Nurses in Tasmania as part of their Hospice@Home program.

Ideally the templates will be adapted for use within the patient data management system. Quotes for this follow-on work have been received, but at this stage these costs are prohibitive unless they can be utilized across a significant number of services.

8.7 Community small grants

The Consortium set up a process to offer small grants for a maximum of $4,000 to community groups looking to manage a local initiative that meets the consortium strategic objectives. Background research on the experience of the Foundation for Rural and Regional Renewal (FRRR) and the Mercy Foundation, which both offer grants up to $5,000, is that over hundreds of small grants the average amount funded is approx. $2,500 - $3,000. This was the experience of the consortium as well, with the four successful applications averaging funding of approx. $2,700.

A requirement of any application was the involvement of their local palliative care service in planning and proposal development. Consortium small grants had the following focus:

> People with a life-threatening illness spend most of their time with family, friends and acquaintances in their own community at home, including disability and residential aged care facilities. Building community capacity in relation to life-threatening illnesses, dying, death and bereavement leads to better support and positive outcomes for people with a life-threatening illness.
>
> Grampians Region Palliative Care Consortium (GRPCC) provides small grants up to $4,000 to not-for-profit community groups in the Grampians region, for projects which strengthen awareness, capacity and resilience of communities regarding palliative care issues, including end of life care, death and bereavement.

Benefits of a community awareness approach to palliative care include avoiding unwanted hospitalisation/treatment, making and communicating appropriate care plans before future potential loss of decision-making capacity, appointing a decision maker for a person's best interests, putting in place enduring powers of attorney, making advance care plans, relieving family burden, dispelling myths and improved understanding of facts, personal peace of mind, autonomy and dignity at the end of life.

Even within the first round projects, this initiative has generated new and innovative partnerships between local communities and the palliative care services, and significantly 'value added' to the provision of excellent and responsive palliative care across the region, as can be seen from the table below.

Project Name	**Purpose of the Project**
Palliative Care/Advance Care Planning information session for Hopetoun Healthcare Awareness Group	Older residents to gain valuable information on pall. care from a professional
Wimmera Hospice Care Auxiliary, Lyn Bullock Memorial Quilt Auction	Quilt Auction & Display day with presentation by pall care professional
The forgotten ones: working with women affected by secondary cancer to improve their supportive care needs	Two forums for women affected by secondary cancer to find what supportive care is needed
Conversations with the Community about Palliative Care Messages	Use the light-hearted Australian marmalade 'Ashes' challenge as the vehicle to get Palliative Care messages across to communities.

Although we would like to have seen more applications, I believe it sets us up well for a second round of applications.

8.8 Orientation Program for Overseas Trained Nurses (OTN)

There have been an increasing number of overseas trained nurses migrating to the rural regions of Australia, including the Grampians region. Generally these nurses have no or minimal experience in palliative care, and are not familiar with symptom management or opioids.

In 2012, Wimmera Hospice Care received a Rural Health Continuing Education Stream 2 (RHCE 2) program grant from National Rural Health Alliance (funded by the Department of Health and Ageing) to pilot an orientation program for overseas trained nurses. An external evaluation of the RHCE 2 Program included the program as one of their case studies, and concluded that:

> The program was seen as highly relevant to practice and the feedback from the OTNs indicated improved cultural awareness of death and dying in Australia. Post completion of the program OTN participants indicated greater confidence in assessing and treating symptoms in dying patients. The resource enables the OTNs to focus on the perspective they bring to their role in the Australian health care setting. These learning materials would also work well in face to face training. The resource has potential to be used beyond the

Wimmera region and become a useful orientation resource for OTNs in other rural locations in Australia.

Funding by the consortium has enabled this project to be revised and replicated across the whole Grampians region in the past 12 months, with registered and enrolled OTNs participating from the region. The target groups were Registered Nurses and Enrolled Nurses who were employed by health services within the region; and had completed their nursing training overseas.

The consortium-funded rollout of the OTN project was targeted for Ballarat, and managed by the Regional Team as part of a joint initiative with Wimmera Hospice Care and the consortium. The program included a self-directed learning package and orientation manual and communication skills workshop.

There were 3 Key learning objectives:

- cultural awareness of death and dying in Australia and Wimmera;
- palliative care symptom management; and
- supports available to deliver palliative care in the region.

Participants were surveyed pre and post completion of the program, attitudes towards the end of life and confidence in palliative care knowledge and skills were self-assessed. Results of this indicated that this project has improved cultural awareness of death and dying and palliative care in Australia for overseas trained nurses in the Grampians region.

9. Other Core Activities

9.1 Review and upgrade the 'Doctors Bag' resource

Not all initiatives undertaken by the Consortium that consume a great deal of time and resources ultimately end up being fully developed, and the upgrade of the 'Doctors Bag' is a good example of this. The Doctors Bag is a printed resource developed for doctors by what is now the Grampians Medicare Local in conjunction with the Consortium and the Regional Team. It was professionally produced, and while it had a small amount of 'Grampians specific' contact information, for the most part it was generic and found a much wider audience, including being reproduced for Australia-wide distribution.

As a printed resource, clinical changes, particularly related to the drugs list are problematic, and the versions being distributed already had an 'update sheet' inserted. Almost universally this was described as a 'great resource' by doctors and other health professionals, but it needed reviewing, and the format had to be upgraded.

Both the consortium and the Grampians ML spent considerable time and resources on surveying broadly to try and determine the potential uptake of an upgraded resource, and concluded that it would be most appropriately developed as an app for smart phones, although at the same time many of the doctors who would still access the printed version with the insert also indicated that they would be unlikely to use an app in the situation (classically in the office of an ACF that they were visiting) that they used it.

Ultimately, it was the drug lists that were used by the doctors, and these were the very things that needed constant review, and were most likely to change. New apps were being developed by others

for those that would access the information this way, and it was with some regret that the upgrade of the Doctors Bag was discontinued.

9.2 Consortium website

The GRPCC website was established in 2008. The functionality was a Content Management System (CMS), enabling ongoing updates to page content but did not allow addition to the site of entirely new tabs or change to the design. The CMS excluded technical programming such as search features, online forms and databases. Information on the GRPCC website was limited in overall quality and anecdotal evidence also suggested limited member use.

In addition to the limited information quality on the GRPCC webpage, the existing CMS was directed largely to service provider use, rather than patients, families and carers or wider community use.

One major consideration of upgrading the website was that limitations on the staffing of the consortium meant that demand on website maintenance, website design and functionality needed to be 'low maintenance'.

The consortium undertook a major review of both other consortia websites, and also other health related websites that had the design and functionality that we needed into the future, then produced a brief and engaged a local website designer to re-develop our own website. This was done relatively seamlessly and populated with content that had been sourced, reviewed and checked thoroughly by the consortium project officer.

The renewed website went live in November 2013, and continues to be updated and utilised to the extent that it is now one of our major information tools. Analytics have been set up for the site, and show that we are getting 130 users viewing approx. 400 pages per month – ie ave of 3 pages per user. Three-quarters of these users are new to the site, and we are able to identify a close correlation of site visits with specific consortium activities such as advertising the small grants or promotion of resources or workshops during site visits to the ACFs.

It is gratifying to have our website as an expanding resource rather than an embarrassment.

9.3 Advance care planning

Palliative care services are widely viewed by other professional groups and even by health professionals as the 'obvious' group to be introducing advance care plans. The palliative care services however see that all too often it can be 'too late' when someone is admitted to palliative care, as at this point there is too much going on for the patient and their families and carers to be able to make considered decisions. This is not to say that palliative care does not have a role, but that ideally advance care planning will occur earlier, either within the community or within primary care.

The GP is the obvious place for initiation of discussion for many people, and in this context the consortium engaged with the Grampians ML in establishing a GP connection with advance care plans through the Patient Controlled Electronic Health Record (PCEHR), soon after it was announced that this capacity would be developed. The reasoning behind this was that although GPs were not early adopters of the PCEHR, elderly and severely ill patients were a group where they often had a quite

powerful connection, and also a group with complex health provider and medication interactions that would be well served by the electronic health record.

Uncertainty over the future of the PCEHR stalled this project, however this remains an opportunity to make the PCEHR meaningful to GPs and their patients, at the same time increasing GP initiation of advance care planning, and the intent is to develop it further in the future.

Within ACFs, the PACRN has advance care planning as one of the core focuses of her discussions and education.

10. GRPCC 2013-14 Financial Statement

Income	
GOVERNMENT GRANTS	
DH GRANT - PALLIATIVE AGED CARE LINK NURSE	77,750.00
DH GRANT - PALLIATIVE CARE NP & RMPF & St Framework Top-up	18,164.00
DH GRANT - PALLIATIVE CARE STRATEGIC FRAMEWORK	121,777.00
DH GRANT - PEPA POST PLACEMENT SUPPORT	30,400.00
Total GOVERNMENT GRANTS	**248,091.00**
OTHER INCOME	
Y7503- 57849 MND Share Care Wkr - Motor Neurone Disease	12,833.28
10% From Other Projects Income to fund Consortium Administrative Expenses	4,856.40
Total OTHER INCOME	**17,689.68**
Total Income	**265,780.68**
Expenditure	
Transfer 10% of Income to Consortium for Administrative Funding	4,856.40
EXTERNAL CONTRACT STAFF	30,051.77
GRANTS RECEIVED & PAID TO OTHER AGENCIES	238,200.00
REPLACEMENT AND ADDITIONS- Furniture and Fittings <$1,000	260.00
REPLACEMENT AND ADDITIONS- Computers and Comms <$1,000	25.50
OTHER ADMINISTRATIVE EXPENSES	6,952.74
COMPUTER - OTHER COSTS	5,114.00
RENTAL OF PROPERTY - OTHER	9,179.37
ADVERTISING RECRUITMENT	3,222.36
CONSULTANCY COSTS	
PUBLICATIONS - (BOOKS/JOURNALS) INC SUBSCRIPTIONS	77.27
LEGAL EXPENSES	3,200.00
PRINTING & STATIONERY	4,424.00
TELEPHONE SERVICES	3,002.65
MOTOR VEHICLE FUEL AND OIL	
STAFF TRAINING AND DEVELOPMENT	1,890.91
CONFERENCES REGISTRATION AND ACCOMM	2,433.73
CATERING FOR MEETINGS	1,753.18
TRAVEL EXPENSES- OTHER	6,855.08
ADMINISTRATION FEE	7,500.00
Total Direct Expenses	**328,998.96**
Salaries & Wages	
SALARIES	154,496.22
SUPERANNUATION EXPENSE	13,232.88
WORKCOVER - PREMIUM	903.35
Total Salaries & Wages	**168,632.45**
Surplus / (Deficit)	**231,850.73**
B/FWD - Total Program Surplus as at 30/6/2013	**566,494.22**
Total Program Surplus as at 30/6/2014	**334,643.49**