



Annual Report

2018-19

GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM

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

CONTENTS

<i>CHAIRPERSON'S REPORT</i>	4
<i>CONSORTIUM MANAGER'S REPORT</i>	5
<i>THE GRAMPIANS REGION</i>	6
<i>POPULATION SUMMARY</i>	6
<i>SPECIALIST PALLIATIVE CARE IN THE GRAMPIANS:</i>	6
<i>SERVICE PROVISION:</i>	7
<i>SERVICE PROVIDER PROFILES:</i>	8
• <i>EXECUTIVE MEMBERS GROUP</i>	9
• <i>CLINICAL ADVISORY GROUP</i>	10
• <i>DATA COLLECTION</i>	10
• <i>STAFF:</i>	10
<i>THE GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM:</i>	11
<i>CORE ACTIVITIES STRENGTHENING OUR FOCUS:</i>	11
• <i>A NEW STRATEGIC PLAN</i>	11
• <i>STRATEGIC PLAN OUTCOMES SUMMARY</i>	12
• <i>PROJECT SUMMARY:</i>	14
• <i>ACADEMIC ACHIEVEMENTS</i>	16
<i>GRPCC STRATEGIC PRIORITIES</i>	17
<i>FINANCIAL REPORT</i>	18

CHAIRPERSON'S REPORT

2018/2019 has been an exciting year for the consortium with the recruitment and consolidation of a new manager and progress made with the important Aged Care and Disability Services project. We have continued the work of previous years in workforce and professional development, engaged with the sector and strengthened the support for carers.

We have developed a new strategic plan based on the Victorian Government End of Life and Palliative Care Pathway and state and national policies on palliative care. It is hoped this will provide clear direction over the next five years.

There remains a strong commitment for consortia members to ensure we continue to look for new ways to better support our communities to make end of life care everyone's business. I would like to thank fellow consortium executive members for their ongoing support and commitment.

We are particularly grateful to the previous chair Michelle Veal for her strong leadership during a challenging period.

The establishment of a joint Aged Care and Disability Position is an exciting opportunity to continue the support of Residential Aged Care Services across our region and allow those living within Disability Services to be cared for in place.

There has been a strengthening of our relationship with our partners across the region and in particular Grampians Integrated Cancer Services, Disability Residential Services and Justice Health.

We look forward to the year ahead, new auspice agency, new office space but the same drive to ensure those within our region receive the care they need, when they need it, close to home.

Peter Armstrong
Consortium Chair

CONSORTIUM MANAGER'S REPORT

Since commencing in the position as Manager in September 2018, the Consortium has been productive and engaged with health services and key stakeholders from across the Grampians Region.

The main priority has been to redevelop the Grampians Region Strategic Plan to align core activities with the five priorities identified in the Victoria Government's Victoria "End of life and Palliative Care Approach Framework".

The Consortium's draft Implementation Plan will guide work planning and key actions to ensure accountabilities against the core components that Palliative Care Consortia are expected to achieve. This, of course, is to make advances and improvements in the Palliative Approach for patients, clients, community members across this vast region for the coming year.

The Consortium's team consists of three staff part time staff. Myself as Manager, Christine Hocking as Administrative Assistant and Sharon Gibbens as the Grampians Palliative Aged Care Resource Nurse. I would like to specifically thank Christine Hocking for her persistence and commitment to the Consortium whilst the manager's position was vacant for the 18 months prior to my arrival and for her support when I started with the Consortium.

This year a decision was made to review the role of the Palliative Aged Care Resource Nurse from a clinical resource education role to a strategic change management position with the aim of achieving organisational 'buy in' with management of Residential Aged Facilities and Disability Accommodation Homes. Despite the best efforts, skills and endeavours, a continued clinical education focus was not effecting sustainable change in imbedding a Palliative Approach.

Recruitment to the newly defined role has been completed with Pauline Fay commencing on 1 July 2019 at the new Palliative Care Aged and Disability Coordinator. The role will also include additional funding to include disability sector's accommodation services across the Region.

Strengthening stakeholder engagement across all areas has been my focus this year working with and alongside clinical teams, community services and non-government organisations. Building capacity in the Palliative Approach remains a priority and requires further resources to ensure equity for all across this vast Region.

I would like to thank my Chair, Peter Armstrong, for his ongoing support and commitment to the Consortium.

Brenda Green
Consortium Manager

THE GRAMPIANS REGION

The Grampians Region is one of the eight regions across the state and is one of four provincial areas. The Grampians Region covers the area from Bacchus Marsh in the east to Serviceton and Kaniva near the South Australian border in the west. From Patchewollock in the north to Lake Bolac in the south.

It is a geographically diverse region spanning 47,980 square kilometres with contrasts in open spaces, majestic mountain ranges, areas of undulation and significant drought. Its communities are just as varied. They include small and remote farming communities to major regional centres of Ballarat and smaller satellite towns of Horsham, Stawell and Ararat. The Grampians Region has three sub-regions: Wimmera, Central Highlands and Ballarat.

POPULATION SUMMARY

Comprising eleven local government authorities and at the 2016 Australian Census, its population was 243,909. Almost half the population is in the City of Ballarat and is projected to grow to 261,679 by 2021. The Ballarat area has a vastly higher population density, accounting for 72.6% of the total population, but only 14.5% of the total land mass.

In relation to health care, the Region has the lowest General Practitioner ratio per 1,000 population but has the highest rate of primary care occasions of service and this equates to over twice the Victorian average. It ranks second among regions for Health and Community Care Program (HACC) clients aged 0–69 per 1,000 target population and for those over 70 years of age, 26.3%.

	Grampians Region	Wimmera	Central	Ballarat
Total population	243,909	14.8%	12.6%	72.6%
65+ (as % of popn)	18.5%	22.5%	23.6%	16.7%
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)	5.02	1.3	2.3	25.2

(Current ABS data–June 2017) Population density and proportions of aged residents

SPECIALIST PALLIATIVE CARE IN THE GRAMPIANS:

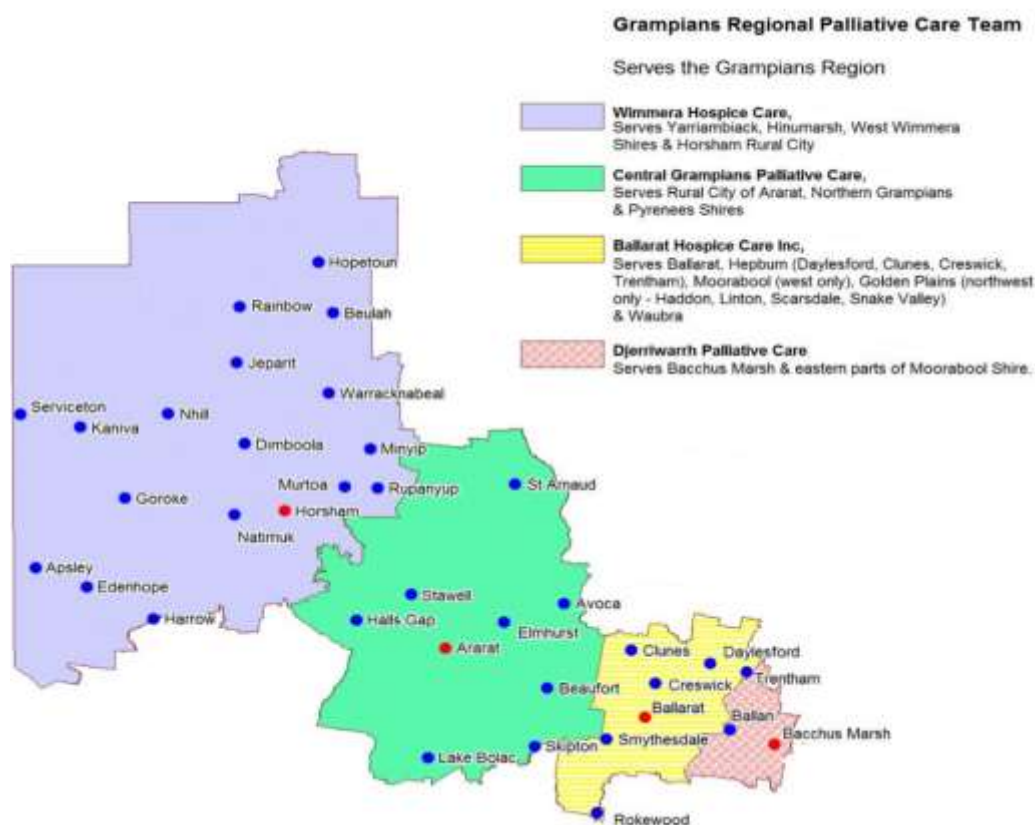
The Grampians Region has five services funded to deliver palliative care throughout the Region and they form the Executive Membership for the Consortium:

- **Wimmera Health Care Group** provides hospice and palliative care with the Wimmera Cancer Centre is a community palliative care service supporting people living with life limiting illnesses and their families and carers. Its team supports patients at home, in aged care facilities and while in hospital. The Wimmera Hospice Care team works with the patient's local doctors, nurses and allied health care team to provide care.
- **Central Grampians Palliative Care** located at East Grampians Health Service is a free community based palliative care service offering health care and emotional support to people and their carers living with a life-limiting illness. Our focus is to offer a service that will enhance a person's dignity and independence.

- **Ballarat Health Services Grampians Regional Palliative Care Team** includes elements of education, collaborative strategic planning, preparation of written materials, quality improvement processes and clinical consultation and patient assessment throughout the Grampians region, clinical leadership, promotion and participation in palliative care research and evaluation, a clinical resource to multidisciplinary teams throughout the Region and contributes to strategic planning for palliative care services.
- **Ballarat Hospice Care Inc** is a not-for-profit organisation providing home-based palliative care, including 24-hour support and an equipment loan service, provided by staff and volunteers to patients in the comfort of their own home.
- **Djerriwarrh Health Service** Palliative Care Team provides co-ordinated care services and support in the home. The service aims to be flexible and sensitive to the wishes and needs of clients and their families. The service has a counsellor, who co-ordinates volunteers and bereavement, social work services to families using the Palliative Care Service. Trained volunteer support workers are available as required.

SERVICE PROVISION:

Each organisation provides specialist palliative care service throughout the Grampians Region as set out in Table 1 below:



SERVICE PROVIDER PROFILES:

The profile of each specialist palliative care service is summarised below:

Agency	Service profile	Staffing	Area in Square km	Palliative Care Beds
Ballarat Health Service	Grampians Regional Palliative Care Team (GRPCT-Consultancy Team)	Team Manager 0.8 EFT PC Physician 1.2 EFT CNC 3.2 EFT Nurse Practitioner 1.7 EFT Admin 1.6 EFT	49,000	
	Gandarra Specialist inpatient Unit	11 inpatient beds		11
Ballarat Hospice Care Incorp	Community Palliative Care service	RN 6.35 EFT 1.89 EFT support staff	8,434	
East Grampians Health Service	Community Palliative Care Service	Team Leader RN: .8EFT RN .2 EFT X2 = .4 EFT RN .4 EFT X 4 = 1.6 EFT Social Worker .4 EFT	13,581	1
Djerriwarrh Health Service	Community Palliative Care Service	Grade 4 RN: 1.05 EFT Grade 3 RN: 2.31 EFT Social Worker: .42 EFT	2,111	2
Wimmera Health Care Group	Community Palliative Care Service	Team Leader RN 1 EFT Nurse Practitioner 1 EFT RN 1.1 EFT	37,0002	1

SERVICE PROVIDER CONTACT DETAILS:

Grampians Region Palliative Care Consortium
Manager: Brenda Green
Phone: 0428 737 330
Email: gpcareconsort@gmail.com
Web: www.grampianspalliativecare.com.au

Ballarat Hospice Care Inc.
312 Drummond Street South, Ballarat, 3350
PO Box 96, Ballarat, 3353
Phone: 03 5333 1118
Email: admin@ballarathospicecare.org.au
Web: www.ballarathospicecare.org.au

Central Grampians Palliative Care
East Grampians Health Service
Girdlestone Street, Ararat, 3377 PO
Box 155, Ararat, 3377
Phone: 03 5352 9328
Email: cgpc@eghs.net.au
Web: www.eghs.net.au

Djerriwarrh Palliative Care
Djerriwarrh Health Service
Grant Street, Bacchus Marsh, 3340 PO
Box 330, Bacchus Marsh, 3340
Phone: 03 5367 9137
Email: palliativecare@djhs.org.au
Web: www.djhs.org.au

Gandarra Palliative Care Unit
Ballarat Health Services
102 Ascot Street South, Ballarat, 3350
PO Box 577, Ballarat 3353
Phone: 03 5320 3895
Email: mareek@bhs.org.au
Web: www.bhs.org.au

Wimmera Hospice Care
Wimmera Health Care Group
Baillie Street, Horsham, 3400
Phone: 03 5381 9363
Email: hospice@whcg.org.au Web: www.wimmerahealth.com

Grampians Regional Palliative Care Team Ballarat Health Services
102 Ascot Street South, Ballarat, 3350
PO Box 577 Ballarat 3353
Phone: 03 5320 3553
Email: info@grpct.com.au
Web: www.grpct.com.au

THE GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM: GOVERNANCE

EXECUTIVE MEMBERS GROUP

The Consortium governance is provided by the Executive Members Group consisting of a representative of each specialist palliative care service providers. The Executive Members meet bi-monthly. The Chair is Peter Armstrong, Director of Clinical Services from East Grampians Health Service.

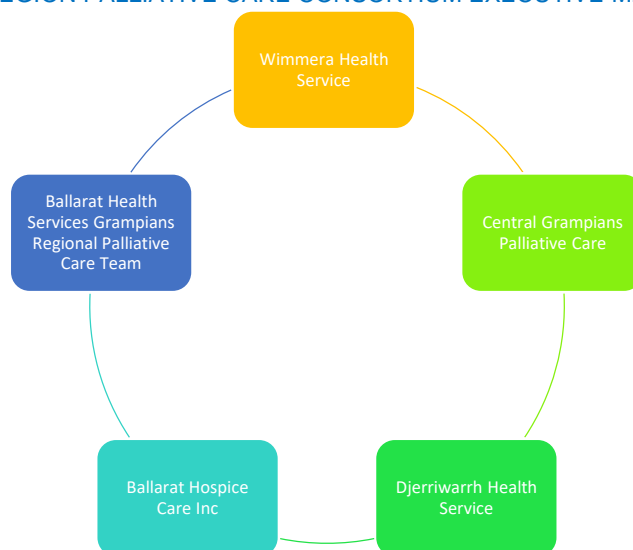
Committee of Management for 2018-2019

Peter Armstrong, Director of Clinical Services, East Grampians Health Service
Michelle Veal, Operations Director Community Programs, Ballarat Health Services
Carita Clancy, Executive Officer, Ballarat Hospice Care Inc
Tony Tuohey, Director of Primary/Community Care, Wimmera Health Care Group
Annie Carr, Executive Director of Acute and Subacute Services, Djerriwarrh Health Services
Jade Odgers, Clinical Group representative
John Koopmans, Department of Health & Human Services
Brenda Green, GRPCC Manager

Collaboration is evident and the development of the new Strategic Plan will strengthen the goodwill and synergies between member organisations.

The Executive Members continued to meet regularly throughout the year with participation consistent across member organisations.

GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM EXECUTIVE MEMBERS



CLINICAL ADVISORY GROUP

The Executive Group is supported by the Clinical Advisory Group with representation by one palliative care clinician per community palliative care service. The Advisory Group Chair is Jade Odgers, Team Leader of the Grampians Regional Palliative Care Team (Consultancy). The Clinical Advisory Group also meets bi-monthly.

The Clinical Advisory Group met regularly throughout the twelve-month period and provided support and a collaborative approach to:

- Support and sharing around consistent use of clinical tools
- Feedback from representation on external advisory groups
- Information and support for involvement in state-wide initiatives and central data collection
- Input into consortium planning activity and data collection
- Information sharing and input into implementation of state-wide initiatives funded through the consortium
- Information sharing around implementation of the new Advance Care Directives & the MTPD Act 2016
- Concept development and design of future consortium funded projects

DATA COLLECTION

In addition, positive and production discussions were held that resulted in the development of a shared data collection tool aimed at showcasing the region's profile in palliative care. This project is to be finalised by the end of 2019 with the intention to implement it in 2020. This will enhance the Region's ability to identify emerging trends and issues to better inform and influence the Department and other key stakeholders about priorities for future service development.

The implementation of using alternative technologies to support and reduce duplication of service delivery has centered on telehealth conferencing and building capacity and confidence in staff to utilise new opportunities.

STAFF:

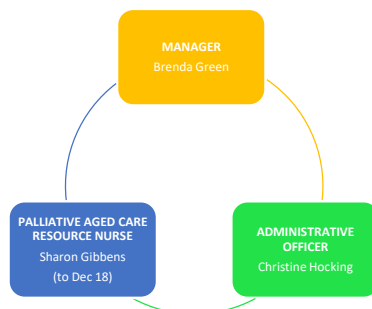
The activities of the Consortium are implemented by the staff, located across two sites in Ballarat and Ararat.

Manager, Brenda Green. EFT 0.7 (appointed August 2018)

Grampians Palliative Aged Care Resource Nurse, Sharon Gibbens EFT 0.6 (to December 2018)

Administrative Officer, Christine Hocking. EFT 0.5

GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM STAFFING STRUCTURE



THE GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM:

CORE ACTIVITIES STRENGTHENING OUR FOCUS:

With strong collaboration, the Consortium reviewed and strengthened its vision for the coming years. A shared commitment across the service organisations was identified and led to a reinvigorated focus on its:

Vision: Quality Palliative Care for all across the Grampians region.

Mission Statement: To influence, support and promote the delivery of quality palliative care to all those living in the Grampians region and the state of Victoria.

Values:

- **Integrity:** We value respectful, honest and transparent communications.
- **Excellence:** We value excellence as the appropriate standard for all services and practices and evidence-based quality care.
- **Community:** We value the rights and dignity of the consumer, carer and community partners.
- **Working Together:** We value collaborative planning processes and ensure our services are person/client centered.
- **Learning:** We strive to assist education, training and learning and make palliative care everyone's business.

The Consortium's commitment to its core responsibilities was renewed and its focus was strengthened to:

- raising awareness of palliative care amongst health care providers, ancillary services, community groups and organisations including residential facilities
- fostering collaboration amongst service providers to maximize designated palliative care resources, reduce duplication of effort and promote consistency of practice
- promoting end of life and palliative care education and training
- informing improvements to practice through their Clinical Advisory Group and broader clinical engagement activities, including liaison with Safer Care Victoria's Palliative Care Clinical Network
- identifying and advising the department and other key stakeholders about regional priorities for future service development and funding.

A NEW STRATEGIC PLAN

To ensure a strategic approach to address the challenges faced by the Grampians Region Palliative Care Consortium are addressed, the Consortium has re-aligned its priorities with the Victorian Government End of Life and Palliative Care Framework 2016, the National and State Government policies on palliative care. They include:

- Australian Government: National Palliative Care Strategy 2018
- Victorian Government: Victoria end of Life and Palliative Care Framework 2016
- Palliative Care Australia: Strategic Direction 2019-2021
- National Consensus Statement: Essential Elements for Safe and High Quality End of Life Care 2015

The Consortium's new Strategic Plan identifies key priority areas:

1. Person-centered services
2. Engaging Communities, Embracing Diversity
3. People receive services that are coordinated and integrated
4. Quality end of life and palliative care is everyone's responsibility
5. Specialist palliative care is strengthened

Priority 1: Person- centred services



Facilitated and funded the Carers DVD upgrade. “A Guide for Caring for People at the End of Life” (video)

The Consortium funded and facilitated Central Grampians Palliative Care to upgrade “A guide for Caring for People at the End of Life Video” ensuring a more regional focus and producing copies on USB’s. The updating included the Medical Treatment and Planning Decision Act 2016 and the new Advance Care Directives, as well as including ‘Carer package for safe administration of subcutaneous medications’ resource. The video has been very well received, not just on a client/carer level, but from other Palliative Care providers who were searching for easy to access, compact training tools.

“We’ve had requests from across the country for the DVD with people saying that they had heard it was a valuable resource”

Previously Palliative Care Australia featured an article about the resource that in turn generated more than 130 requests for a copy. The requests came from many health services and individuals from around Australia and overseas (Scotland, Thailand and Ireland). A poster detailing the video’s development and research was presented at the Victorian Integrated Cancer Service Conference in May 2017.

“Social media platforms have proved a success with in excess of 350,000 hits and interactions”

YouTube has proven to be a valuable medium for sharing information. One of the video segments “when death is near” has had over 319 000 hits. Other popular segments include practical advice such as using an overnight catheter and what to do when you have breathing difficulty have had over 32 000 hits, also problems with a syringe driver and hair washing in bed attracted audiences of up to 10 000. As this has proven to be an extremely

valuable carer’s resource, in 2018 the entire 40 short videos were uploaded onto the consortium website for easy access across the region.



Palliative Care Conference: “Eat, Pray, Love

Contributed small grant to Grampians Region Palliative Care team to convene the bi-annual Palliative Care conference in Ballarat. Eat, Pray, Love. Excellent attendance and much discussion around family friends and wellbeing during the palliative care stage of one’s life. The collaboration, engagement and celebration of the success across the Grampians Region in palliative care has fuelled planned for another Conference in 2020. The Consortium intends to be a key stakeholder to this next anticipated event.

Priority 2: Engaging Communities, Embracing Diversity

- Delivered PEPA-Victorian Aboriginal Community Controlled Health Organisation
- Cultural Safety workshops
- Planned workshops for the Palliative Care Approach for Disability Facilities residential services and Residential Aged Care

“I now understand how death and palliative care needs to be individualised”

PEPA Workshop Participant

- Developed Quick Reference Tool Kit for Disability Residential Services
- Attended Victorian Aboriginal Health conference where discussions were had around the Palliative Care approach in Aboriginal and Torres Strait Islander Communities. Networks established through Ballarat Health Service.

Priority 3: People receive service that are coordinated and integrated

Pathways Survey completed across the region.

The aim of the project was to identify:

- existing pathways to palliative care including consultancy in each regional area, commonalities.
- commonalities, differences and gaps in existing pathways.
- barriers and enablers of regional palliative care access from a health professional perspective and a consumer perspective; and
- what can be changed now.

The Grampians Region had a satisfactory response to the survey with a total of **237** people responding which was the second highest across the regional areas in Victoria.

Results from this project identified prospects to inform future policy and immediate and future opportunities to make pathways to palliative care more consistent across the rural regions. Outcomes also included issues to be addressed:

'More resources and availability of services when the client needs them. Access to hospice services within our community to provide 24hr care when needed.'
GP Wimmera

- Need to increase use of telehealth
- Offer a 24-hour nursing service when needed across the whole Grampians region. There is currently a 24-hour Wimmera Palliative Care demonstration model being trialed, funded through DHHS and researched by Swinburne University. Learnings from this model should help inform future 24-hour service delivery models.
- Simplified referral process that is centralized and single referral form across region.
- Develop one point of contact and increase collaboration and discussion between the services.
- Improve triage and discharge planning from larger regional hospitals to smaller facilities
- Develop a "marketing" strategy to improve communication of palliative services offered where and what type.
- Increase palliative care knowledge and education in mainstream education.

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

- Working in Prisons: Facilitated and organised meetings with Correct Care Australia that provides clinical services to the Hopkins and Langi Kal Prisons. This is still at an early stage, however, discussions are continuing to take place with the aim of providing palliative care advice to Correctional Health Services.
- Working with Disability: Established Grampians Disability Project Steering Committee that resulted in the development of a Partnership Agreement with members to imbed a Palliative Approach into organisational policies and procedures into disability accommodation services and housing.

Priority 5: Specialist Palliative Care is strengthened

- Developed and in process of implementing a Grampians Community Palliative Care Regional data set for all community palliative care teams to contribute.
- Facilitated bi-monthly Clinical Advisory Group meetings with outcomes including
 - Revised and updated Carers DVD
 - Coordinated and partnership with the Grampians Region Palliative Care Team to develop a training Calendar for the region

- Established a workforce working group to address key shortages of palliative care staff and to influence staff to lead towards a palliative care profession.
- Explored shared approach to best practice
- Facilitated a regional Palliative Care Renal Study day in Ararat. Great attendance and planned again in 2020

PROJECT SUMMARY:

Wimmera After Hours Palliative Care Demonstration Project

Ensuring that palliative care is available and accessible to people living in rural areas presents a significant challenge due to barriers including long travel distances and limited specialist support. Within this context, the Wimmera After-hours Palliative Care Demonstration Project aimed to develop and trial a sustainable model of after-hours palliative care for clients who decided to palliate at home. The trial was to inform the development of a statewide 24-hour specialist end-of-life and palliative care telephone advice line.

The project was led by the Wimmera Primary Care Partnership with funding from the Department of Health and Human Services (DHHS). It was implemented using two “plan-do-study-act” cycles over a six-month timeframe. The Consortium was a lead adviser to the Steering Group.

Wimmera Primary Care Partnership commissioned Swinburne University of Technology to evaluate the Project. The evaluation featured engagement with partner organisations, file audits, stakeholder interviews and two case studies that formed the basis of a cost-effectiveness analysis.

Between January and June 2019, only two clients accessed the After-hours Palliative Care service.

“Overall, benefits of the demonstration project included: “knowing it [after-hours palliative care] was available was a real comfort for the client”

These case studies, however, offered meaningful insights into what is involved in providing after-hours palliative care in rural areas and raised important issues that require further consideration to ensure equitable access to safe and quality care. These include the availability of trained staff, medication management and

equipment provision.

Summary of findings

The evaluation demonstrated a need for after-hours palliative care for the Wimmera sub-region and indicated that some palliative care clients prefer support at home. It is thought that providing support at home may be more cost-effective than similar support delivered in emergency departments or hospital settings.

The Project highlighted key elements of an after-hours palliative care model for the Wimmera sub-region including clear eligibility criteria and referral pathways, specified roles and responsibilities of the designated palliative care service and local health services, agreed modes of communication and adequate staff resources.

The partnership brokerage session and regular committee meetings were an effective way of establishing and building a partnership to develop and implement an after-hours palliative care model. At the conclusion of the Project, the partnership was maturing and a survey of steering committee members indicated a commitment to continuing the partnership to deliver after-hours palliative care in future.

It was recommended this model be extended and further research into the cost analysis of preventing admission into acute services by providing quality home based palliative care services.

Improving after-hours access to Palliative Care in Aged Care Residential Survey

The Consortium supported and worked with Djerriwarrh Health Service to improve the Palliative Care Approach in their Aged Care Sectors through a Survey aimed at improving after-hours access to palliative care in residential aged care.

The following summarises key improvement initiatives and demonstrate many initiatives were common across Residential Aged Care Facilities:

- Identification of opportunities to improve palliative care and Advance Care Planning systems and practices through End of Life Direction for Aged Care (ELDAC) audits and scans
- Completion of ELDAC Personal Learning assessment of knowledge of, skills and confidence in palliative care and Advance Care Planning
- Palliative Approach to care and Advance Care Planning education and training conducted by Palliative Care clinicians and Residential InReach (RIR) services for Registered Nurses, Enrolled Nurses and Personal Care Attendants.
- “Stop & Watch Model” the most relevant to Residential Aged Care Facilities with Personal Care Attendant workforces. The model provides guidance for direct care staff to identify early changes in resident’s condition, supports improved communication between care staff and Registered Nurses about early changes and assessment and reporting requirements for Registered Nurses.
- Key policy and procedures review including a strengthened Advance Care, Palliative Approach to care and end of life care policy and procedures
- Introduction of Medical/Treatment Goals of Care (or modified version) that describes medical treatment plan (being a Resident’s medical illness, illness trajectory and limits to what is medically feasible; and a Resident’s preferences, values related to medical treatment, within limits of what is medically feasible)
- Documented referral pathways to support referral to services for example, Locum, Residential InReach or Community Palliative Care
- General Practitioner directions form (a tool designed to capture specific General Practitioner’s instructions and advice in the event a visiting service, for example, Locum, Residential InReach services or Community Palliative Care is called to attend resident in Residential Aged Care Facilities
- Information packs for residents and relatives providing relevant easy to understand information regarding Advance Care Planning, palliative care and end-of-life care.
- Introduction of bereavement risk assessment and support information
- Routine review of deaths through post death audits (ELDAC)
- Physical co-location of residents Advance Care Plans and Goals of Care information improving access for visiting services (Locums, Palliative Care, Residential InReach)
- Active collaboration with Residential Aged Care Facilities, General Practitioners to strengthen Advance Care Planning systems and practices

Key Learnings

- Strengthening Advance Care Planning, Primary Care Partnerships and End of Life systems and processes
- Skills and knowledge development in Palliative Care
- Normalising, increasing awareness re Advanced Care Plans , Primary Care Partnerships and End of Life care
- Strengthening local collaboration
- Improving communication between key stakeholders
- Strengthen local project management skills and support

ACADEMIC ACHIEVEMENTS

Congratulations to Jade Odgers (Team Manager) and her Consultancy Team- Grampians Region Palliative Care Team Ballarat Health Service .Research Paper in the Australian Journal of Advanced Nursing Vol 35 Issue 3: “ No one said he was dying: families ‘experience of end-of-life care in an acute setting”

GRPCC STRATEGIC PRIORITIES

<u>Priority 1:</u> Person-centered services	<u>Priority 2:</u> Engaging communities, embracing diversity	<u>Priority 3: People</u> receive services that are coordinated and integrated	<u>Priority 4:</u> Quality end of life and palliative care is everyone's responsibility	<u>Priority 5: Specialist palliative care is strengthened</u>
<u>Strategic Objective 1</u> GRPCC will support and advocate for continuous uptake of advance care planning across the health, community and aged care providers.	<u>Strategic Objective 1</u> GRPCC will collaborate with community groups, and other funded health organisations to increase our reach and impact.	<u>Strategic Objective 1</u> GRPCC will pursue the integration of care between the community palliative care services to reduce duplication, share knowledge and build service capacity to consumers.	Strategic Objective 1 GRPCC will work with Residential Aged Care and Disability services to build capacity for providing best practice in palliative care.	<u>Strategic Objective 1</u> GRPCC will facilitate and partner with palliative care clinicians to build ongoing education, training and strengthen research.
<u>Strategic Objective 2</u> GRPCC will promote and advocate for services that are offered locally to reduce undue travel by client and families.	<u>Strategic Objective 2</u> GRPCC will build the health promotion model to enable staff and volunteers to deliver palliative care activities through their networks.	<u>Strategic Objective 2</u> GRPCC will strive to improve the continuum of care for those people being discharged from hospital to community palliative care services.	Strategic Objective 2 GRPCC will strive to partner with local health services to build their capacity to deliver the palliative care end of life framework.	<u>Strategic Objective 2</u> GRPCC will facilitate and establish a regional data set for all services to contribute to guide future resource allocation and strengthen services delivery.
<u>Strategic Objective 3</u> GRPCC will promote and support the use of telehealth models and other forms of communication to ensure the client and their carers receive timely and individualised service from health care providers.	<u>Strategic Objective 3</u> GRPCC will continue to work and support Aboriginal and Torres Strait Islander Health services and local communities to build the capacity of the palliative care framework.	<u>Strategic Objective 3</u> GRPCC will partner with Cancer Services and other key stakeholders in supporting palliative care across the Optimal Cancer Pathways to assist the delivery of consistent, safe, high-quality and evidence-based care for people with cancer.	Strategic Objective 3 GRPCC will continue to raise the awareness of palliative care using a health promotion model.	<u>Strategic Objective 3</u> GRPCC will advocate and where appropriate work with health services for strengthening resources, such as workforce, to address the palliative care needs across the region.

FINANCIAL REPORT

1 July 2018 to 30 June 2019

2018-19 June YTD Actuals

INCOME

GOVERNMENT GRANTS

DHHS GRANT - PALLIATIVE CARE CONSORTIA	\$133,201.46
DHHS GRANT - PALLIATIVE CARE REGIONAL CONSULTANCY	86,492.85
Total GOVERNMENT GRANTS	\$219,694.31

TOTAL INCOME **\$219,694.31**

EXPENDITURE

GRANTS RECEIVED & PAID TO OTHER AGENCIES	\$5,000.00
REPLACEMENT AND ADDITIONS- FURN & FITTINGS <\$1,000	4,893.64
OTHER ADMINISTRATIVE EXPENSES	1,104.03
SUPPORTED REGIONAL PROJECT (DVD update)	52,375.00
COMPUTER - OTHER COSTS	1,041.01
RENTAL OF PROPERTY - OTHER	6,000.00
ADVERTISING	1,224.23
MEMBERSHIP FEES.PROFESSIONAL FEES.	250.00
POSTAL SERVICES	102.81
PRINTING & STATIONERY	3,697.21
TELEPHONE SERVICES	1,123.26
STAFF TRAINING AND DEVELOPMENT	4,688.20
CONFERENCES REGISTRATION AND ACCOMM	164.81
CATERING FOR MEETINGS	2,106.09
TRAVEL EXPENSES- OTHER	4,308.10
TOTAL DIRECT EXPENSES	\$88,078.39

SALARIES & WAGES

SALARIES	\$171,910.53
SUPERANNUATION EXPENSE	15,881.32
WORKCOVER - PREMIUM	3,372.00
TOTAL SALARIES & WAGES	\$191,163.85

SURPLUS / (DEFICIT)

(\$59,547.93)

B/FWD - TOTAL PROGRAM SURPLUS AS AT 30/6/2018 **\$156,764.63**

TOTAL PROGRAM SURPLUS* AS AT 30/06/2019 **\$97,216.70**

** Note: Surplus due to Manager vacancy*