Implementation Plan
2020 to 2025

Prepared: 21 August 2019
Confirmed: ________________
Last Updated: 27 February 2020

- Formatting, phrasing and tenses to be made consistent
- Timelines to be considered
- Lead and stakeholders to be identified
- Annual reviews

This Strategic Plan has been developed in collaboration with the five Grampians Region Palliative Care Consortium members to provide a work plan and guide for the coming five years endorsed on 27th February 2020.

The Grampians Region Palliative Care Consortium bases its approach on:

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:

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

Strategic Priorities:

1. Person-centred care
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

No.	Objective	Key Deliverable		Actions	Lead	Ptnrs	Timeline
1.1	GRPCC will support and advocate for continuous uptake of advance care planning across the health, community and aged care providers.	Broad community awareness of Advance Care Directives.		• Deliver Advance Care Planning workshops • Engaging with Advance Care Planning Australia to identify strategic collaborative opportunities • Improving nurse and care worker awareness of a Palliative Approach including ACD's by delivering and/or partnership in education opportunities	GRPCT	SPCS	3 years
1.2	GRPCC will support activities around advance care planning.	Reviewing and strengthening referral pathways and collaboration.		Designing and delivering a community engagement program to raise awareness of palliative care services and pathways	ADPCC	SPCS	3 years
1.3	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.	Telehealth will be available for clients (home) in rural and remote to connect with their palliative care services.		Support and advocate with key stakeholders a regional roll out of the BHCI telehealth project model presented to clinical advisory group in 2019.	BHCI	SPCS	1 year

Priority 2: Engaging communities, embracing diversity

No.	Objective	Key Deliverable		Actions	Lead	Ptnrs	Timeline
2.1	GRPCC will collaborate with community groups, and other funded health organisations to increase our reach and impact.	People who live in prison custody can access palliative care support.		Engage with Prisons Victoria and Correct Care Australasia to develop a Palliative Approach Strategy with Hopkins Correction Centre (Ararat)	BHS/ GRPCT	CGPC	3 years
		Community primary care partners are supported to increase palliative care awareness and drive best practice.		Continue participation on steering group and working with Wimmera PCP on the Wimmera After Hours Palliative Care Demonstration Project with review of role.	WHCG	SPCS	1 year
		Raise awareness of a Palliative Approach, (and palliative care phases), Advance Care Directives and Services/Referral Pathways.		Develop a Community Engagement Plan for the region	BHCI	SPCS	1 year
2.2	GRPCC will build the health promotion model to enable staff and volunteers to deliver palliative care activities through their networks.	Develop collaboration with key external stakeholders including delivery of internal capacity building projects.		Deliver sessions to key external stakeholders to build capacity with priority target group: • Residential Aged Care Facilities, (rollout Bacchus Marsh 2019 pilot model – "Improving access to Pall. Care in RACF's)	ADPCC	SPCS	1 year
				Develop Stakeholder Engagement	ADPCC	SPCS	1 year
				Build capacity with ATSI and CALD communities	ADPCC	SPCS	1 year

Priority 3. People receive services that are coordinated and integrated

No.	Objective	Key Deliverable		Actions	Lead	Ptnrs	Timeline
3.1	GRPCC will pursue the integration of the care between the community palliative care services to reduce duplication, share knowledge and build service capacity to consumers.	Referral pathways, service provision and accessibility reviewed and improved. As per SPCS's core business:		Strengthen collaboration through Clinical Advisory Group, Executive Member Group, Primary Care Partnerships, Primary Health Networks, local government and other external stakeholders.	SPCS		Ongoing
				Engage with decision making bodies / boards to build capacity, and awareness and risk assessment of imbedding a Palliative Approach (focus on RACF's and DAS's).	ADPCC		1 year
3.2	GRPCC will strive to improve the continuum of care for those people being discharged from hospital to community palliative care services.	Streamline referral pathways to Specialist Palliative Care Teams including self/ community referrals.		Review and identify opportunities to strengthen a 'shared literacy' / common language across Victoria's End of Life and Palliative Care Framework.	SPCS		Ongoing
				Develop joint initiative – "Rapid Discharge Project" (allows patients to go home to die. Palliative Care services getting into hospital to assist with what people need at home).	BHCI GRPCT		18 months
				Develop resource bank of data set, position descriptions, policies, procedures and other relevant resources to be shared with Consortium members.	GRPCC	SPCS	1 year
				Work in collaborative practice to stream line discharges from SjOG and ongoing care requirements of patients	SjOG	BHCI & GRPCT	1 year
3.3	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.	Improve early referral pathways of cancer clients to palliative care services. To understand the patterns of referral to palliative care for regional cancer patients with poor prognosis.		BHS Cancer Research Grant – "Does the integration of Specialist Palliative Care improve the outcomes of patients in Ballarat Health Services Residential Aged Care facilities undergoing cancer treatments"	BHS/ GRPCT		1 year

				Better engagement with cancer services:
				• Invite GICS and SjOG representative to Clinical Advisory Group meetings.
				    o Grampians Integrated Cancer Service
				    o St. John of God Healthcare
					GRPCC		1 year

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

No.	Objective	Key Deliverable		Actions	Lead	Ptnrs	Timeline
4.1	GRPCC will work with Residential Aged Care facilities and Disability Accommodation Services to build capacity for providing best practice in palliative care.	Several RACF's and DAS have implemented a Palliative care approach.		Aged and Disability Palliative Care Coordinator position contracted	GRPCC	EGHS	6 months
				Steering Committee/ governance reviewed	GRPCC		
4.2	GRPCC will strive to partner with local health services to build their capacity to deliver end of life and palliative care framework.	Deliver PEPA workshops to respond to identified need. Deliver Advance Care Directive and Communication capacity building sessions.		As per SPCS's core business.	SPCS	GRPCC	Ongoing
4.3	GRPCC will continue to raise the awareness of palliative care using a health promotion model.			As per SPCS's core business	SPCS	GRPCC	Ongoing

Priority 5. Specialist Palliative Care is Strengthened

No.	Objective	Key Deliverable		Actions	Lead	Ptnrs	Timeline
5.1	GRPCC will facilitate and partner with palliative care clinicians to build on going education, training and strengthen research.	Regional Palliative Care Education Calendar.		GRPCT develop regional training calendar for 2020	GRPCT	SPCS	1 year
				Continue to develop opportunities to build capacity in understanding referral pathways, processes and a Palliative Approach	SPCS		Ongoing
				Engage with RACF's in the region to identify portfolio leads in Palliative Care to improve collaboration	ADPCC	GRPCT	Ongoing
5.2	GRPCC will facilitate and establish a regional data set for all services to contribute to guide future resource allocation and strengthen services delivery.	Regional Data set developed and quarterly report produced and sent to SPCS teams		Collaborate with SPCS through Clinical Advisory Group to develop a regional data set	GRPCC	SPCS	1 year
				Data set collated by consortium quarterly Report generated	GRPCC	SPCS	1 year
5.3	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.			Engagement with General Practitioners through the PHN Presentations to Boards/decision makers to raise awareness of risk management of non-compliance with DHHS EoL/PC Framework compliance	GRPCC-CAG (sub group Recruiting to Pall. Care)	SPCS & PHN	1 year