











Annual Report 2019-20



Source: Grampians Tourism

Members:

Ballarat Health Services (BHS) <ul style="list-style-type: none"> Grampians Regional Palliative Care Team (GRPCT) 	 
Ballarat Hospice Care Inc. (BHCI)	
East Grampians Health Service (EGHS) <ul style="list-style-type: none"> Central Grampians Palliative Care (CGPC) 	 
Djerriwarrh Health Services (DjHS) <ul style="list-style-type: none"> Djerriwarrh Community Palliative Care (DjPC) 	
Wimmera Health Care Group (WHCG) <ul style="list-style-type: none"> Wimmera Palliative Care Service (WPC) 	
St John of God Hospital Ballarat (SjOG) (non-voting)	
Department of Health & Human Services (DHHS) (non-voting)	

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On behalf of:

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Copies of this report can be downloaded from the [Grampians Region Palliative Care Consortium website](http://www.grampianspalliativecare.com.au) or by contacting the Consortium Manager, at the above email address

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1. Chair's Report

The role of the consortium as a link between and support to care providers has been more important than ever in 2019-20, especially with struggles responding to the current pandemic.

One positive outcome of the pandemic in our region has been the requirement for developing collaborative plans which has allowed improved access to public and private providers of residential aged care and private providers of disability residential services. This access and the changing uses of technology in health care should provide an opportunity for stronger engagement with Palliative Care Providers in the future.

A focus this year continues to be supporting improved person-centred services across the region. This has been done through access to education, updating resources and continuing to promote a collaborative and coordinated approach to end of life care.

Our strategic plan based on the Department of Health and Human Services (DHHS) 'Victoria's End of Life and Palliative Care framework' and state and national policies on palliative care provides the direction for activity in the foreseeable future. Access to and equity of care can be challenging across a wide region but the gaps are closing.

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 look forward to the year ahead, and the statewide review of Palliative Care Consortia that we hope will provide some certainty for our staff and ongoing support for the providers of this vital work across the Grampians region.

Peter Armstrong
Consortium Chair

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

Information source section 2 & 3:

- ABS 2018 data & ABS 2016 census
- Victorian Cancer Registry 2019
- WestVicPHN population health profiles 2018

The total area of land in the Grampians is 48,623 km², with over half being mostly rural and out in the west of the region. With a total population of 247,034, there is 1.28 persons per km² out in the west and 25.68 persons per km² in the east of the region as the data set out below (Table 1) indicates.



Compared to both Victorian (6.46 Million) and Australian (25 Million), the population in the west of the Grampians health region are on average 10 years older and earn 23% less average total annual income.

(source: ABS 2018 data)

	West Grampians	Victoria	Australia
Median Age - Persons (years)	47.6yrs	36.7yrs	37.3yrs
Median total income (excl. Government pensions and allowance) (\$)	\$42,116	\$47,709	\$48,360

However, a breakdown into geographic sub-regions: **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 (Current ABS data–June 2018)

	Grampians Region	Wimmera	Central	Ballarat
Total population	247,034	14.6%	12.4%	73%
Aged 65+ (as % of pop'n)	20%	23%	24.2%	18.8%
Area km ²	48,623	28,224	13,374	7,025
% of Grampians land mass area	100%	58.0%	27.5%	14.5%
Pop'n density (persons p/km ²)	5.08	1.28	2.29	25.68

When you compare the 65+ ageing population each area is similar this shows services required across the Grampians region are no different whether you live in the rural remote areas or the heavily populated towns or cities.

There are significant differences from one end of the region to the other in population density with population growth in the east, in particular the Moorabool LGA higher than average with a lot of movement away from Melbourne metro areas. This upward trend is currently projected to continue and therefore to add significant pressure on health services including the palliative care service, at that end of the Grampians region.

2.1 Factors impacting capacity to manage health issues into the future

The demographic data set in out (Tables 2 to 5) shows that the Grampians region as a whole, and particularly LGAs in the central and western parts of the region, are facing significant issues likely to increase demand on palliative care services.

Table 2: 2018 ABS data and projected 2021 % population over 65 years of age, and proportion under 15 and over 65, compared with proportion of working age population (Dependency ratio).

	2018		2021	
LGA	% 65+	Dep Ratio	% 65+	Dep Ratio
Wimmera				
Hindmarsh (S)	27.8%	0.76	29.7%	0.86
Horsham (RC)	20.0%	0.65	21.6%	0.67
West Wimmera (S)	24.5%	0.72	25.8%	0.71
Yarriambiack (S)	27.1%	0.78	28.6%	0.76
Central				
Ararat (RC)	22.7%	0.66	23.8%	0.69
Nth Grampians (S)	24.9%	0.67	26.3%	0.70
Pyrenees (S)	25.4%	0.70	26.7%	0.73

Ballarat				
Moorabool (S)	15.8%	0.56	17.6%	0.61
Hepburn (S)	22.3%	0.64	23.6%	0.66
Ballarat (C)	17.2%	0.57	19.1%	0.61
Golden Plains (S)	13.6%	0.54	16.2%	0.59
Grampians	20.1%	0.62	20.6%	0.64
Victoria	15.3%	0.50	16.7%	0.53

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

Dependency ratios for 2021 are projected to remain higher than the Victorian average in all Grampians LGAs resulting in socio-economic disadvantage which suggest poorer long-term health outcomes in the region. This is the case particularly in Yarriambiack and Hindmarsh where in 2018 they surpassed the projected 2021 figures.

Table 3: Factors impacting on health (source: WestVicPHN population health profiles 2018)

LGA	% of persons overweight	% of persons who are obese	% of persons with Type 2 Diabetes	% of persons with circulatory system diseases	% of 18+ persons with life prevalence of anxiety and depression
Wimmera					
Hindmarsh (S)	36.1%	23.0%	6.7%	17.1%	25.8%
Horsham (RC)	26.6%	19.6%	4.7%	17.6%	20.7%
West Wimmera (S)	45.0%	22.9%	5.5%	17.1%	22.9%
Yarriambiack (S)	38.3%	25.2%	6.0%	17.1%	27.4%
Central					
Ararat (RC)	36.6%	22.3%	5.7%	17.5%	23.5%
Nth Grampians (S)	28.0%	17.4%	6.3%	17.7%	33.1%
Pyrenees (S)	35.7%	30.1%	5.9%	17.5%	30.3%
Ballarat					
Moorabool (S)	31.4%	27.9%	4.7%	16.8%	29.3%
Hepburn (S)	30.7%	21.8%	4.9%	17.5%	27.5%
Ballarat (C)	34.7%	25.8%	4.7%	17.4%	35.7%
Golden Plains (S)	27.3%	22.0%	4.2%	16.5%	31.6%

In terms of health indicators, (Table 3) chronic diseases such as asthma, chronic obstructive pulmonary disease (COPD), heart and cardio clients are higher than average across most of the Grampians region. Some LGAs in the Wimmera and Central areas have particularly high rates of overweight and obesity, as well as higher rates of diabetes.

Mental health factors impact more in the Central and Ballarat areas of the region with much higher rates than out in the Wimmera where contributing factors are higher unemployment rates, low income levels, poor health, geographic isolation and other sources of psychological distress.

The current global pandemic is impacting on mental and physical health with flow on effects of increased unemployment and the retraction of the global economy only compounding these issues moving forward and requiring the urgent need for regional review and improved access to services.

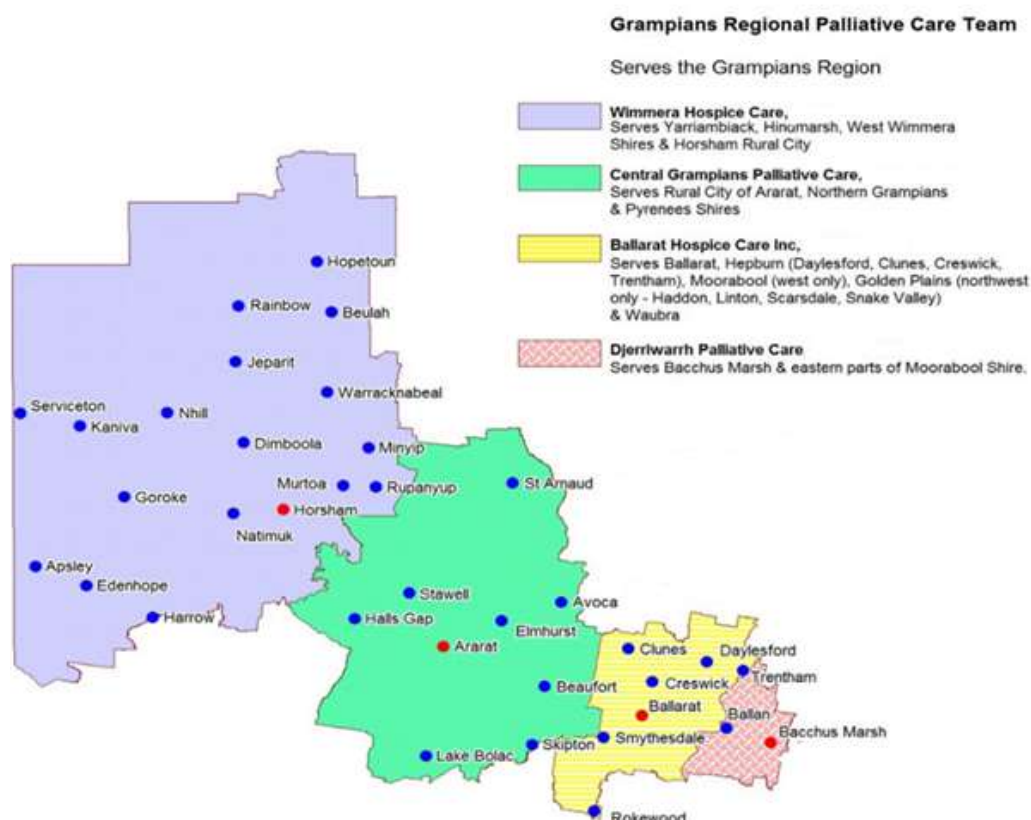


Table 4: Aged and disability characteristics, Grampians LGAs (source: 2018 ABS data)

LGA	% with need for assistance with core activities (2016 census)	Carer Payment/ Allowance recipients (% of pop'n)	Disability support pension recipients (% of pop'n)	Age pension recipients (% of pop'n)
Wimmera				
Hindmarsh (S)	7.7%	4.4%	5.6%	17.0%
Horsham (RC)	6.0%	3.8%	4.6%	13.2%
West Wimmera (S)	5.0%	3.9%	4.2%	15.2%
Yarriambiack (S)	8.9%	7.1%	7.6%	17.3%
Central				
Ararat (RC)	6.5%	4.5%	5.6%	14.9%
Northern Grampians (S)	7.6%	5.0%	7.1%	17.6%
Pyrenees (S)	7.0%	5.8%	5.9%	16.7%
Ballarat				
Moorabool (S)	5.1%	4.3%	2.8%	9.9%
Hepburn (S)	5.9%	3.9%	4.5%	15.8%
Ballarat (C)	6.2%	4.7%	4.9%	11.7%
Golden Plains (S)	4.6%	4.4%	2.8%	8.5%
Grampians	5.8%	4.5%	4.6%	12.4%
Victoria	5.1%	3.7%	2.9%	9.2%

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; Yarriambiack; Northern Grampians and Ararat (source 2016 ABS census) leaving the region highly dependent on the Government for financial assistance.

With the region experiencing significantly higher numbers reliant upon aged and disability income support than the Victorian average, it follows that a higher and growing proportion of people in the community will need medical and daily living support. It also follows that the demand on palliative care services will only increase and the need for improved service delivery is essential to providing quality end of life and palliative care for clients, families and carers.

The disproportional numbers on carers support is both surprising and concerning as is the disproportionate number reporting the need for assistance with core activities which may well be an indication of the inaccessibility of these services regionally.

Together these highlight the need for focused initiatives to improve service delivery and strengthen palliative care especially in the west of the region where numbers are highest. Reduced access to training and support for health professionals in smaller centres, geographically distant from larger centres, adds to the issue of relative disadvantage that is experienced in the west.

Table 5: Total new malignant cancers diagnosed (actual incidence) in 2018, for Grampians LGAs
(source: Victorian Cancer Registry 2019)

LGA	Males	Females	Total	Change from previous yr
Wimmera				
Hindmarsh (S)	23	24	47	16% decrease
Horsham (RC)	82	59	141	6% decrease
West Wimmera (S)	22	14	36	28% increase
Yarriambiack (S)	29	31	60	18% increase
Central				
Ararat (RC)	54	37	91	3% decrease
Northern Grampians (S)	57	49	106	8.5% increase
Pyrenees (S)	30	24	54	8% increase
Ballarat				
Moorabool (S)	86	95	181	12% decrease
Hepburn (S)	64	53	117	2.5% decrease
Ballarat (C)	349	324	673	5% increase
Golden Plains (S)	78	52	130	4% decrease
Grampians Total	874	762	1636	

A significantly higher rate of malignant cancers have been diagnosed in the region, with five of the eleven LGA's having increased incidences and some notable increases in the Central and Wimmera areas. The resulting increased pressure on local palliative care services is going to be one of the more significant drivers of the increased need for service delivery moving forward.

Whilst the Grampians region does not stand alone on many of the above indicators, numerous studies have shown higher levels of health inequality across areas of rural Australia with the challenge exacerbated by limited resources and well-recorded difficulties in attracting skilled health care professionals. The consortium is committed to supporting local services and to helping them overcome the disadvantages of rurality in this regard through targeting Education, Skills Development and Career Progression initiatives.

2.2 The Consortium Focus

The focus of the Consortium has always been, and will continue to be supporting improved access to and quality of end of life care for clients, families and carers in the Grampians region. A major part of this is improving the capacity and efficiencies of both the funded specialist palliative care services, and the broader health and community sectors. This includes updated resources and increased skills and knowledge for families, carers and the wider community around end of life care and the importance of planning in advance.

With high demand for Clinical Services regionally staff are often too stretched to be at liberty to focus on continuous improvement and capacity building initiatives. The Consortium is consciously focused on supporting capacity building to provide sustainable improvements in the effective and efficient delivery of palliative care and in promoting innovative use of technology, particularly in rural areas, where advantages and efficiencies can be significant.

1. **Priority 1 – Provide effective workforce support and professional development**

- Support enhanced use of technology
- Broader use of consistent tools and resources
- Increased efficiencies of person-centred services
- Enhanced capacity and skills within Residential Aged Care & Disability Services
- Supporting specialist staff career progression
- Support staff so people receive coordinated and integrated services
- Improve skill development to strengthen specialist palliative care

Most of the resources utilised in end of life care are provided to the broader health and community sector by specialist palliative care, ensuring community remains informed about currently available services.

2. **Priority 2 – Broader sector engagement**

- More understanding and acceptance of a Palliative Approach to care
- Engaging with communities, including the culturally diverse
- Effective and up to date resources via our website
- Regional Information sharing to strengthen specialist palliative care
- Local community education and initiative support
- Improve quality end of life and palliative care by making it everyone's responsibility
- Promotion of Advance Care Planning

At the end of life all people need a community that is well informed about the palliative approach and the support to maintain links to their community. The focus then becomes providing effective and relevant support and information for carers and families about end of life, death and a palliative approach.

3. **Priority 3 – Better support for carers**

- Promoting quality end of life and palliative care as everyone's responsibility
- Improving existing resources
- Implement resources to better inform people of person-centred services available
- Funding resource development

The Victoria's end of life and palliative care framework and the GRPCC strategic plan 2020-25 continue to guide the consortium and support the work currently underway to meet the growing demand for palliative care across this vast region. The framework *'has a particular focus on services and asks everyone working in health, human, social and community services to consider the role they play in delivering end of life care.'* The initiatives of the consortium sit well with this focus, and we look forward to expanding these even more into the future within the guidelines of the framework.

3. Other Specific Groups

3.1 Culturally and Linguistically Diverse (CALD)

The consortium continues to build relationships with peak bodies to understand the needs of the Grampians culturally diverse communities at end of life, even though the Grampians region has a relatively small number who are from non-English speaking backgrounds.

A PEPA Culture Centred Care (CALD) Workshop targeting health professionals who care for culturally diverse clients with life-limiting illnesses was scheduled for April 2020. Due to the global pandemic this was postponed with the option of re-scheduling.

The consortium continues to update our website with resources and information for the CALD community, including links through to cultural websites such as the Centre for Cultural Diversity in Ageing.

3.2 Aboriginal and Torres Strait Islander (ATSI)

GRPCC respectfully acknowledges the Traditional Owners and Custodians of the land in the Grampians region and pay our respects to Elders, past, present and emerging. Approximately 1.35% of the region's population is Aboriginal or Torres Strait Islander, which equates to approximately 3,355 people, with numbers being broadly distributed across the region. Table 6 shows approximate numbers associated with each of the Aboriginal Community-Controlled Organisations (ACCOs).

In mid-2019 the consortium hosted a PEPA – Cultural Safety Workshop delivered by Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Held in Ararat this was fully booked and twenty attendees from many different health sectors gave exceptional feedback on its success.

Topics included:

- Impact of history and intergenerational loss
- Importance of kinship
- Communication issues
- 'Sorry Business'

There was a planned ATSI workshop for early 2020, however this was put on hold due to COVID-19 and will be discussed with PEPA again once restrictions allow them to recommence training.

Table 6: *Aboriginal and Torres Strait Islander population in the Grampians Region* (source: ABS 2016 census)

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	2,375
Goolum Goolum Aboriginal Cooperative	West Wimmera Shire, Horsham Rural City Council, Hindmarsh Shire, Yarriambiack Shire	492
Budja Budja Aboriginal Cooperative	Ararat Rural City Council, Pyrenees Shire, Northern Grampians Shire	488

4. Consortium Membership and Structure

Committee of Management for 2019-20

Membership:

Consortium Executive Group: (CEG)

Chair: Peter Armstrong, Director of Clinical Services, East Grampians Health Service

Michelle Veal, Operations Director Community & Sub Acute Ambulatory, Ballarat Health Services

Tony Tuohey, Director of Primary and Community Care, Wimmera Health Care Group

Carita Clancy, Executive Officer, Ballarat Hospice Care Inc

Doris Vella, Director of Ambulatory Care, Djerriwarrh Health Services

Jade Odgers, (Clinical Advisory Group Chair)

John Koopmans, Department of Health & Human Services

Anna Gray, Manager, Grampians Region Palliative Care Consortium

Clinical Advisory Group: (CAG)

Chair: Jade Odgers, Manager, Grampians Regional Palliative Care Team and the Grampians Regional Continence Service, Ballarat Health Services

Carmel O’Kane, Manager, Wimmera Cancer Centre and Wimmera Palliative Care Service

Mel Mattinson, Clinical Operations Manager, Ballarat Hospice Care Inc.

Sandi Olney, Clinical Nurse Consultant, Djerriwarrh Community Palliative Care Service

Jane Smith, Manager, Community Nursing, East Grampians Health Service

Leanne Mouritzen, Team Leader, Central Grampians Palliative Care, East Grampians Health Service

Anna Gray, Manager, Grampians Region Palliative Care Consortium

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.

Ballarat Health Service	Grampians Regional Palliative Care Team (GRPCT-Regional Consultancy Team)	Team Manager 0.8 EFT Pal Care Physician 1.6 EFT Clinical Nurse Consultant 2.8 EFT Nurse Practitioner: 1.6 EFT Admin: 1.8 EFT	48,623km ²	Population 247,034	
	Gandarra Specialist inpatient Unit	Nursing: 21.5 EFT Pal Care Physician: 0.4 EFT Advanced Trainee: 0.8 EFT Allied Health: as required Admin: 0.8 EFT	48,623km ²	Population 247,034	11 inpatient beds

Grampians Regional Palliative Care Team (GRPCT) provides specialist medical and advanced nursing support and undertakes health promotion and delivery of education, acting as a specialist resource to multidisciplinary teams throughout the region. Activities that facilitate the ongoing development of palliative care services in the Grampians region include clinical consultation, education, communities of practice, collaborative strategic planning, preparation of written resources and continuous quality improvement processes. 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.

Gandarra Palliative Care Unit is an eleven-bed specialist in patient palliative care unit providing care for patients and families who have been diagnosed with a terminal illness. This may include complex physical, psychosocial or spiritual needs, end of life care, comprehensive assessment and respite. 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. Care is provided for patients and families throughout the Grampians region and beyond.

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.

Ballarat Hospice Care Inc (BHCI) – Palliative Care Hub, 1836 Sturt Street, Alfredton 3350. The catchment area consists of the City of Ballarat, Hepburn Shire, Golden Plains Shire – North West SLA, Moorabool Shire – west of the Ballan-Daylesford Road and Geelong-Ballan Road – Ballan SLA.

Ballarat Hospice Care Inc.	Community Palliative Care service	Management 1.9 EFT Clinical Nurse Specialist 6.5 EFT Volunteer Coord. 0.84 EFT Supportive Care 1.36 EFT Community Engag. 0.84 EFT Quality & Risk Coord. 0.74 EFT Admin. 1.0 EFT Research 0.5 EFT Stores 0.9 EFT Finance 0.78 EFT	8,434km ²	Population Approx. 148,000	
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Incorporated in 1985 by community members in response to community need, a need that continues to grow with an increasing population, Ballarat Hospice Care Inc. is a not-for-profit organisation with strong community connection as shown through the immense support received for the recently completed Palliative Care Hub.

Ballarat Hospice Care Inc. provides home-based palliative care services that are patient-focussed for people living with a life-limiting 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, including loan equipment, for clients and families. The focus is on seeing the person beyond the illness and providing quality of life, to end-of-life care, with palliative care an adjunct to ongoing treatment, delivered from diagnosis to bereavement.

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 Shire's of Hindmarsh, Yarriambiack and West Wimmera.

Wimmera Health Care Group	Community Palliative Care Service	Manager 0.5 EFT Nurse Practitioner 1 EFT Grad. Cert. Pal Care 1.4 EFT RN 1.2 EFT Admin. 0.4 EFT	29,000km ²	Population Approx. 36,000	1 inpatient bed
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Wimmera Palliative Care Service (WPC) is a specialised palliative care service run by WHCG, that supports people living with life-limiting illnesses and their families and carers. The WPC team supports clients at home, in aged care facilities and in hospital. The team works closely with clients' 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. WHCG has one inpatient palliative care bed.

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).

East Grampians Health Service	Community Palliative Care service	Manager 0.2 EFT Team Leader/CNC 0.8 EFT Clinical Nurse Specialist 1.2 EFT RN 0.4 EFT Social Worker 0.2 EFT Admin. 0.2 EFT	13,374km ²	Population Approx. 31,000	1 inpatient bed
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Central Grampians Palliative Care (CGPC) is a community-based specialist palliative care service run by EGHS, delivering health care and emotional support to clients, and their carers, living with life-limiting illnesses. CGPC aims to work with clients, 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.

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 Health Service	Community Palliative Care service	CNC 1.0 EFT Grad. Cert. Pal Care 0.8 EFT Social Worker 0.4 EFT	2,110km ²	Population Approx. 34,000	2 inpatient beds
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Djerriwarrh Community Palliative Care (DjPC) is a community-based specialist palliative care service, run 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 are 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.

St John of God Ballarat Hospital (SjOG) – 101 Drummond Street North, Ballarat 3350. The catchment area consists of the whole of (but not limited to) the Grampians Health Region.

SJOG Ballarat is a private hospital in the St John of God Healthcare group, which operates an organisation-wide Palliative Care Strategy that embodies a holistic approach to palliative care as an integral component of inpatient, outpatient and community services. Their palliative care services support the physical, psychological, social and spiritual aspects of living with a life-limiting or terminal illness, including providing information, goal setting, and coordinating care. They adopt an interdisciplinary approach involving a variety of health and social care professionals to help improve quality of life. Clients, carers and families are encouraged to be fully involved in the decision-making process when putting in place a palliative care plan.

5.1 Contact Details

Grampians Region Palliative Care Consortium
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Web: www.grampianspalliativecare.com.au

Central Grampians Palliative Care
East Grampians Health Service
Girdlestone Street, Ararat, 3377
PO Box 155, Ararat, 3377
Phone: 03 5352 9465
Email: cgpc@eghs.net.au
Web: www.eghs.net.au

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

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

Ballarat Hospice Care Inc.
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6. Consortium Report

The focus of the 2019–20 financial year continues to be one of supporting improved person-centred services across the Grampians region. By increasing skills/knowledge, updating resources and continually promoting a collaborative and coordinated approach, everyone contributes to strengthening quality end of life and palliative care for clients in the region.

The key initiatives of 2019–20 have been:

- Development of the strategic plan 2020-25.
- Facilitate resource planning to identify regional priorities.
- Relocation of offices into the Ballarat Palliative Care Hub increasing opportunities for synergy in the region.
- Significant expansion of the Consortia Managers networking initiatives delivering improved collaboration and a significant increase in the timely workshopping of current challenges and sharing of resources and project outcomes.
- Support and promotion of the urgent implementation of infection control / pandemic technology skills due to the impact of COVID-19.
- Introduction of Communities of Practice across Residential Aged Care Facilities in response to COVID-19.
- Establishment of the Grampians Region Aged Care Steering Group to oversee the implementation of the ELDAC model in line with the Bacchus Marsh Aged Care pilot project.
- Implementation of region wide data collection allowing for an evidence-based focus for improved service provision into the future.
- Increased use of telehealth, supported by resources developed through the BHCI Telehealth project.
- Collaboration with Disability Residential Service providers leading to regional availability of the resources developed by the Grampians Region Disability Palliative Care Steering Committee and the subsequent sharing of the resource to statewide consortia.
- Provision of opportunities for staff to expand their skills and knowledge through the Career Progression program.
- Region wide collegial support and networking through the clinical advisory group.
- Significant update of the GRPCC website and adoption of an ongoing process of regular review.
- Support and promotion of external events, projects and initiatives.
- Provide support and assistance through the promotion of existing, new and improved tools.
- Support of the implementation of the *'Victoria's end of life and palliative care framework'*.

2019-20 has seen several issues in end of life and palliative care service delivery including the Royal Commission into Aged Care, the implementation of the Voluntary Assisted Dying (VAD) legislation which commenced across Victoria in June 2019 and the COVID-19 global pandemic. These issues have brought many challenges for all stakeholders, especially for our Regional Team, Clinical Advisory Group (CAG) and specialist palliative care staff across the region.

This report outlines the initiatives undertaken and resources that have been upgraded to better inform and support clients, carers and the community in having a greater understanding of and attitude towards end of life care.

During this financial year the consortium continued to focus on upskilling staff, service improvement, resource upgrades and included regional priority planning. These initiatives have and will continue to contribute to job satisfaction and retention of our highly skilled specialist palliative care staff which will ultimately provide positive outcomes to clients, their families and carers.

In particular, the pandemic highlighted the need to further develop and implement a greater use of telehealth for clinicians, clients, families and carers across the region. Supporting health professionals and clients by way of a virtual platform became the norm for all service providers by the end of the financial year. This not only made it possible for all to be safe, but also for more occasions of service and care to be delivered as a result of a reduction in travel time across the region.

Virtual platforms were also embraced at the Executive, CAG, COP, statewide Consortia and statewide ADPCC level. Much more regular communication with broader communities including Safer Care Victoria, Palliative Care Victoria, and the Palliative Care Advice Service have seen a generosity in the development and sharing of essential resources in response to COVID-19. Building on this, the sharing of Consortia initiatives across the regions should enable a much more consistently resourced statewide approach to end of life and palliative care.

The CAG has been encouraged to be innovative in exploring current and future needs and has developed a regional priorities list that will guide consortium activity and support and underpin future improvement to service delivery in the Grampians region.

Unexpected staff vacancies within GRPCC over the recent past have resulted in savings in salary expenses that have contributed to the current financial surplus. This has allowed us, in response to CAG priorities, to initiate a Career Progression program which will deliver further developed and enhanced specialist palliative care skills in the region.

We are well supported in the Grampians region by incredible professionals working in our specialist palliative care services and it is to them that we owe the most gratitude for the improvements in care provision throughout the region. The consortiums focus has been and continues to be to support them wherever possible to ensure these improvements continue to positively impact the end of life care they provide.

I would like to thank Peter Armstrong of EGHS for his continued support as Consortium Chair, guiding us through staff changes, a change of location, a change of auspicing organisation and through the many challenges in the region this year.

As we have changed fundholder organisations this year I would like to thank both DjHS, who have supported us for the past eight years and EGHS who have kindly offered to take over that responsibility from October 2019.

I would also like to thank the Consortium Executive Group, John Koopmans, our Grampians DHHS rep., the Clinical Advisory Group and all other stakeholders, for their continued collaboration and support of palliative care in the region.

Lastly, I would like to acknowledge Brenda Green and Pauline Fay for their contributions and to thank the dedicated and hard-working Christine Hocking whose unwavering commitment to improved end of life care in our region has made the achievements of the past 12 months possible.

Though 2019-20 has not gone completely to plan in several ways, I look forward to building on the many opportunities that it has identified for GRPCC to support our specialist palliative care services in delivering exceptional end of life and palliative care to all stakeholders in the Grampians region.

Anna Gray
Consortium Manager

7. Core Activities

7.1 Clinical Advisory Group

The Grampians Consortium Clinical Advisory Group (CAG) had six meetings during 2019-20, continuing to provide valuable networking opportunities for clinical staff from all five service providers. Four of these meetings were face to face in Ararat, being the central point of this region, offering the best compromise on member's travel time.

During the second half of the year meetings were conducted virtually, as Zoom meetings, in line with DHHS directives. The two meetings carried out via zoom provided a great platform for the sharing of knowledge and networking around COVID-19 and telehealth, and provided a significant level of comfort to staff that they were not alone in these unprecedented times and in the new challenges that most were experiencing.

Clinical meetings invariably have a full agenda, offering invaluable sharing of knowledge and skills. During this financial year the CAG members also introduced a timeslot for sharing achievements, either by an individual or a service. This has proved to be an excellent way to acknowledge the great things that are happening across the region. These achievements are things such as having a research paper published, moving into a new building, presenting at conferences, new staffing appointments and positive outcomes from accreditation. It has been an excellent platform for members to share the many good things that occur in palliative care.

The following list provides a snapshot of broad areas covered by these meetings and the online network opportunities:

- Support and sharing around consistent use of clinical tools
- Input into improvements within existing tools and resources
- Feedback from representation on external advisory groups
- Information and support for involvement in statewide initiatives
- Input into regional planning for education and training
- Development and review of consortium regional priorities
- Support regional data collection to assist with future planning
- Input into the development and implementation of consortium funded initiatives
- Input and development of a regional strategic plan
- Improved use of telehealth brought on by the global pandemic

This region has had representation on several working groups for statewide initiatives involving planning and development to improve existing palliative care resources and to create new and innovative changes for overall palliative care improvement. The CAG on behalf of the region extend thanks to all health professionals who have contributed to resource improvement and development during the 2019-20 financial year. Some of these statewide working groups are:

- Safer Care Vic PCCN – Anticipatory Medicines Working Group
- VAD Implementation Taskforce
- Safer Care Vic PCCN – EMRPCC Opioid Conversion Ratios Working Group

The CAG also acknowledges the excellent collaboration from the following external stakeholders:

- Western Victoria Primary Health Network (WestVicPHN)
- Central Highlands Primary Care Partnership (CHPCP)
- Grampians/Pyrenees Primary Care Partnership (GPPCP)
- Wimmera Primary Care Partnership (WPCP)
- Program of Experience in the Palliative Approach (PEPA)
- Palliative Care Victoria (PCV)
- Safer Care Victoria (SCV)
- The statewide Palliative Care Advice Service (PCAS)

7.2 Palliative Aged Care Regional Consultancy

The Palliative Aged Care role provided ongoing support and education to embed a Palliative Approach in 59 Residential Aged Care Facilities (RACF) in the Grampians region. The role is a resource and consultancy role which works closely with RACF staff and Specialist Palliative Care Services (SPCS) staff in the region. After success with the *'Bacchus Marsh Palliative Care in Aged Care pilot project'* in 2018, a core objective is to assist and support the implementation of the ELDAC model in all RACF's across the region. This remains an ongoing initiative.

Commencing 1st July 2019 this role was combined with the Disability Project role to form the Grampians Aged and Disability Palliative Care Coordinator (ADPCC). The newly defined role took on a broadened focus to build capacity and strengthen a Palliative Approach for long term sustainability across the Grampians RACF's and Disability Residential Services (DRS). This role works with and alongside the RACF's to implement a palliative approach to care into their policies and procedures, model of care, referral pathways, staff education requirements and quality measures and standards.

A new Aged Care Working Group was formed to support this role with a view to understanding needs, opportunities, barriers and how to strengthen referral pathways and improve a palliative approach in all RACF's. The main aim of this working group was the development of a regional palliative approach action plan. This action plan focusses on the ELDAC pilot project successfully implemented in Bacchus Marsh and the available resources in the ELDAC toolkit.

End of Life Directions for Aged Care (ELDAC) have developed a Care Model to support RACF staff in achieving best practice end of life care with improved resources and educational tools. The consortium is now working to build on the success at Bacchus Marsh and implement the ELDAC care model commencing with a small focus group in several RACF's initially with the eventual aim of a full rollout across the region.

With the promotion and sharing of these resources the ADPCC was able to provide RACF's with increased knowledge about and access to a wide range of palliative care education tools. This assisted with the introduction of the three key processes of: advance care planning, family case conferencing and timely commencement of end of life care pathways, ultimately improving the palliative approach to care for all aged care residents.

One of the greatest challenges for RACF managers and clinical educators is to support their staff in recognising when a resident is entering the terminal phase and in ensuring that the associated documentation needed in an end of life care pathway is both available and followed to inform care as per stated preference.

The current focus in Advance Care Planning has moved from acting in the 'best interest' of residents to providing care that is consistent with the resident's values and preferences. In RACF's it is about

supporting residents who are moving toward no longer having decision making capacity to be supported in having their values and preferences documented before this happens. The 'Wishes Activity' cards developed by the consortium are utilised to encourage residents to **'Have the conversation'** with family to establish an individual's values and preferences for end of life. The 48 Value statements can be accessed on the [Grampians Palliative Care Consortium website](#).

As RACF's experience higher levels of staff turn-over, the need for the promotion of and education in the ELDAC principles will remain constant, reinforcing the importance of and need for the ADPCC role into the future.

The areas of focus for the ADPCC role were:

- Support and encourage RACF managers to use the ELDAC toolkit
- Encourage staff to complete online self-directed training
- Assist with increasing the number of advance care directives in place
- More advance care planning awareness in the community
- Build capacity for staff in 'having the conversation' with family/carers
- Encourage use of 'Wishes Activity' cards for conversation starters
- Raise awareness of referral pathways to palliative care
- Enable RACF's to plan education in palliative care to ensure future sustainability
- Build external stakeholder relationships
- Support ongoing links between RACF and SPCS in the region

The second half of the 2019-20 financial year saw many challenges for Consortia Aged Care roles around the state with COVID-19 restrictions being enforced. The vulnerability of all RACF's meant strict adherence to and implementation of DHHS guidelines and Safer Care Vic. resource tools. Physical distancing and facility lockdowns meant on site visits ceased and phone or online communication became the only options available to assist and support facilities with ongoing care of both residents and staff.

The following processes assisted during the pandemic:

- Continual updating of consortium website
- Promotion of RACF specific online webinars & training links via direct email to facility managers
- Ensuring RACF managers had ready and easy access to resources – ELDAC, ACPA, Caresearch, DHHS, Dying Matters
- Promotion of the concept of the need for and self-care resources for staff
- Information and resource sharing from statewide Consortia groups and Safer Care Vic.
- Regular email updates to RACF managers

The consortium would like to acknowledge and congratulate the incredible work of care staff at each RACF in the region for providing excellent care during these unprecedented times. We look forward to continuing to strengthen relationships between RACF's, SPCS's and Health professionals in supporting each of the dedicated care staff and residents to embed a Palliative Approach to care in each of the 59 RACF across the Grampians region.

7.3 Disability Palliative Care Project

From the commencement of this financial year the Disability Palliative Care Project Worker role was combined with the Aged Care role to form the Grampians Aged and Disability Palliative Care Coordinator (ADPCC). In combining the roles, it is envisioned that building capacity and strengthening stakeholder engagement with Disability Residential Service Providers will improve

links to our Specialist Palliative Care Services (SPCS) and assist with adopting a Palliative Approach to care for residents of Disability Residential Services (DRS).

From January – June 2018 the consortium engaged the services of Ballarat Uniting to build capacity of DRS staff and assist with implementing a palliative approach in the disability sector across the Grampians region.

The following documents were produced:

- Disability End-of-Life Care Plan
- Partnership Agreement – between Disability Residential Service Provider and Specialist Palliative Care Service
- End-of-Life Policy and Procedure Template

In August 2019 the ADPCC reconvened the original Grampians Disability Palliative Care Project Steering Committee (GDPCSC), a Community of Practice with a commitment to develop policy and risk management understanding, aiming to deliver/pitch the benefits of a palliative approach to DRS senior management for organisation wide adoption. The focus was to create an action plan to assist with DRS management endorsing these original documents which clarify the respective roles and scope of practice of both disability staff and palliative care staff and to support disability staff to adopt an effective and appropriate palliative approach to improve end of life care for disability residents.

With the DHHS privatising their DRS to not-for-profit organisations, there have been several changes in providers with two new providers emerging within the Grampians region. The Tipping Foundation was also moved across under House with No Steps and then changed to Aruma.

Disability Residential Service Providers within this region are:

- McCallum Disability Services Inc.
- Melba Support Services
- Possability
- Woodbine Inc.
- Aruma

With the support of Woodbine Inc., a PEPA – Palliative Approach to Disability workshop was scheduled for Warracknabeal in November 2019, which ended up postponed until early 2020. It has not been possible to reschedule the workshop due to COVID-19 restrictions, we anticipate the opportunity to run this face to face will return sometime in 2021 but hope that a virtual opportunity being worked on now by PEPA may precede this.

The consortium continues to work towards trialling these documents with the disability sector as a strategy towards improving end of life care for disability residents. We very much look forward to continuing to build capacity and strengthen stakeholder engagement into the future. The documents have also been shared with and circulated via the Statewide Consortium Managers network.

7.4 Consortium Website

The GRPCC website, originally established in 2008 had a much-needed upgrade in November 2013 which gave it overall quality and performance improvement.

A more user-friendly look has seen the website become a valuable resource and information tool for many people across the Grampians region and the website continues to be updated on a regular basis. During COVID-19, in the face of restrictions to face to face training opportunities it became invaluable in promoting available virtual education and training, which included online webinars, training videos and many other learning tools. It provided GRPCC a platform on which to promote online learning around the following areas:

- Advance Care Planning
- Starting the Conversation
- ELDAC – Residential Aged Care tools
- Carer Help resources
- Self-Care
- Disability Support resources
- Palliative Care eLearning
- COVID-19 support and training

It also gave us a platform to promote virtual events such as National Palliative Care Week, Fight MND and Dying to Know Day.

Analytics continue to demonstrate an increased use from within the Grampians region, however people are also accessing the site from other regions around Australia as well as globally. A frequently accessed resource is the link available to the palliative care [Quick Reference Tool](#), to quickly access the Specialist Palliative Care Services and the referral process for this region which is regularly updated.

Other important resources frequently accessed are:

- [Regional Referral Form](#) – to refer to any of the community palliative care services
- [48 Values Statements](#) – a popular advance care planning tool for conversation starters
- [Recruitment Video](#) – why choose palliative care as a career path
- [A guide for Carers video](#) – a series of videos to assist family to care for loved ones at home
- [Safe Administration of Subcutaneous Medications](#) – a carer package developed by GRPCT

The website also promotes important DHHS links such as:

- [Medical Treatment Planning & Decisions Act 2016 documents](#)
- [VAD Health Practitioner Information](#)
- [COVID-19 information](#)
- [Palliative Care Advice Service](#)
- [Aged Care Sector COVID-19 Information](#)

The website remains an extremely important resource link throughout the Grampians region for palliative care staff, families and carers, health professionals and the community.

7.5 Program of Experience in a Palliative Approach (PEPA)

The consortium was delighted to have had the opportunity to work with PEPA again during the 2019-20 financial year.

The Aged Care & Disability Palliative Care Coordinator (ADPCC) took up an opportunity in October 2019 to attend PEPA Facilitator training in order to gain accreditation. This allowed her to facilitate PEPA trainings within the Grampians region.

Following this there were two PEPA workshops planned before the end of 2019 for the region:

- **Palliative Approach to Disability Workshop** – Warracknabeal in November (targeting Health care professionals, disability support workers, carers and support services)
- **Palliative Approach to Aged Care** – Ararat in December (targeting Health care professionals working in aged care with limited or no palliative care experience)

It was unfortunate the Disability workshop was postponed due to low registrations and was planned for early 2020, however due to COVID-19 rescheduling has not been possible. The Aged Care workshop was successful with full attendance of twenty-four participants. This included staff from varying cultural backgrounds, in a wide range of positions with many travelling from the west end of the region. All enjoyed the opportunity to further enhance their skill development and knowledge of a palliative approach to the care of their clients/residents.

In mid-2019 the consortium hosted a PEPA – Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Cultural Safety Workshop (targeting Palliative Care providers and healthcare professionals who care for Aboriginal and Torres Strait Islander people with a life-limiting illness. Held in Ararat this was fully booked with twenty attendees from many different health sectors including aged care, community, prison and Very Special Kids.

A further two PEPA workshops were scheduled for April 2020, however, were postponed due to COVID-19:

- **Culture Centred Care (CALD) Workshop** – Ballarat (targeting health professionals who care for culturally diverse clients with life-limiting illnesses).
- **Keeping it Contemporary in Palliative Care Workshop** – Ballarat (targeting Health professionals who have completed a PEPA placement and/or have previously attended workshops in a PEPA Palliative Approach or a Palliative Care Approach in Aged Care).

The post PEPA placement workshop allows for further enhancement of skill development for staff who have previously undertaken a placement. We look forward to running these workshops once it is possible to re-schedule.

8. Service Support Activities

8.1 Provision of Professional Training

The Grampians Regional Palliative Care Team (GRPCT) is the major provider of professional training in this region, with a varied and comprehensive program. The consortium has supported the regional team during 2019-20, assisting with planning priorities and promotion of the GRPCT training program to address the required needs of staff across the region.

GRPCT looked at a different approach to the annual training calendars used in previous years. A survey was utilised to gain feedback for creating new ideas and innovative ways of encouraging

increased attendance for future trainings. It was also important to look at how to better reach out to staff in rural and remote areas where distances were often a barrier.

Two main outcomes of this creative planning were:

- prepare training calendars three months at a time
- a greater use of technology for easier access to training

This approach proved to make a difference to attendance and allowed for changing training needs to be addressed in a timely manner. The increased use of technology provided webinar availability to all scheduled trainings giving rural and remote staff greater access to education without the additional cost of both time and travel commitments. The training was provided via workshops, study days and twilight sessions. In early 2020 the three-monthly calendars were introduced and included breakfast sessions. Unfortunately, the impact of COVID-19 forced all face to face trainings to cease and from mid-March learning opportunities have been restricted to online delivery.

Training topics covered were:

- Providing Effective Grief and Bereavement Support
- Clinical Skills
- Syringe Drivers
- Pain Management Twilight Education Sessions
- Communication at End of Life
- Facilitating Advance Care Directives
- Cancer – Prostate, Lung & Breast sessions
- The Palliative Approach in Aged Care
- Palliative Care Panel Regarding Regional Services
- Caring for the Person After Death
- Supporting Children and Adolescents Experiencing Grief & Loss

The consortium sponsored the GRPCT bi-annual [Conference 'Play Eat Love' held in 2019](#) which was once again extremely well supported, with approximately 100 attendees. The conference was held in the wonderful bush setting at the RACV Goldfields Resort, Creswick and was designed for health professionals wishing to expand their palliative care knowledge. It was a very well-received conference with many engaging presenters and guest speakers covering a wide variety of topics. It is a credit to Jade Odgers and her amazing team for once again producing an incredible two days of learning, networking and sharing opportunities, giving all who attended a greater level of professional development. Attendees travel long distances, with many from other regions around the state, and leave reinvigorated, motivated, passionate and more confident about making a difference to the end of life care they provide to clients within their service areas.

The consortium is supportive of and are a main sponsor of the GRPCT bi-annual conferences, assisting in order to make it possible to offer a subsidised cost for participants to attend. We very much look forward to supporting them again in 2021 at their 'Where the Wild Things Are' conference.

8.2 Advance Care Planning Resource Tool – 'Wishes Activity'

The consortium has previously developed a set of 'Wishes Activity' cards that offer health professionals the opportunity to use an excellent resource tool that helps make it easier to initiate end of life conversations. These have greatly assisted staff in the aged care sector, social workers and those providing community support to discuss end of life values and preferences, while being utilised in advance care planning activities.

Each of the 48 cards in the set has a different statement that expresses a wish someone may have at the end of life. Examples are ***'To be able to say goodbye to the ones I love'***, ***'To be attended to and listened to with respect'*** and ***'To not be a burden to my family'***. Participants sort the cards to help them in prioritising the 10 most important choices that best reflect their end of life wishes.

Feedback and data has been collected over several years, identifying an overwhelming positive response, with the main theme being: ***'this activity gets people thinking and talking about the conversations that need to be had, especially with loved ones'***.

Data collated has shown the top 5 wishes most chosen are:

- To be free from pain
- To maintain my dignity
- To have my family and/or close friends with me
- To be able to say goodbye to the ones I love
- For my family, friends and caregivers to respect my wishes even if they don't agree with them

Being free from pain was clearly a top priority for most, however, virtually every respondent chose an area associated with dignity, respect and family and friend. This reconfirms the absolute importance of paying close attention to also providing the 'psychosocial' aspects of palliative care.

*Always Remember – the most important thing
is to have the conversation*

In 2019 the consortium had these professionally developed into training sets for use in Advance Care Planning workshops as well as generic packs for distribution through the SPCS and all RACF and DRS in the region. These are an excellent tool for anyone in the community wishing to start an end of life conversation with their loved ones. The 48 Value Statements can be accessed via the [Grampians Palliative Care Consortium website](#) or by contacting the consortium to obtain your own generic pack.

8.3 Voluntary Assisted Dying (VAD)

The Grampians region health professionals including our palliative care nurses have been well supported and assisted by one of the regions palliative care physicians regarding VAD laws that came into effect on the 19th June 2019.

Dr. Greg Mewett, Ballarat Health Services (BHS) Palliative Care Physician working with the Grampians Regional Palliative Care Team (GRPCT) was a member of the VAD Implementation Taskforce. The knowledge and experience gained and shared by Greg as part of the taskforce has given health professionals in the region a greater understanding of VAD laws. The most important message being: ***'The VAD Act prohibits any health care professional, in the course of their care of a patient, to suggest VAD or raise its possibility with a patient. The patient must make an explicit request for information about VAD before a further discussion can occur'***.

As part of GRPCT monthly ePAL news, Greg prepared a document titled 'Voluntary Assisted Dying & Palliative Care'. He also presented at education sessions to inform health professionals in the region of much needed VAD knowledge. This document became a tool to refer to when clients/patients asked for information. This was invaluable to building confidence of palliative care professionals around VAD conversations and processes, which strengthened client, family and carer experiences throughout the region.

8.4 Career Progression Program

The consortium recognises palliative care staff are our most valuable asset, and that education and training is critical for the continued quality improvement of services.

The aim of this program is to offer staff an opportunity to apply for short courses, Certificate courses, Graduate Diplomas and/or any other specialist training that will see palliative care services delivered optimally across the Grampians region. The Clinical Advisory Group (CAG) were encouraged to have discussions with staff from palliative care, acute or the aged care sector to take up this opportunity.

This initiative will make more training opportunities viable for staff, by assisting with course fees and registrations. Applications are approved on a case by case basis and both the applicant and their employer are co-contributing by covering other costs such as travel and/or accommodation as well as study leave, and staff backfill. By the consortium providing this level of financial support the expectation is not only an increase in skills career progression opportunities but also a long-term benefit to the specialist palliative care services and the community through skills development.

The consortium has recently launched this initiative to both strengthen existing specialist palliative care services staff and as one way of encouraging recruitment to palliative care. We are currently processing applicants planning to undertake; Graduate Certificate in Palliative Care; Graduate Certificate in Bereavement Counselling and Intervention; and Graduate Diploma in Management. The consortium looks forward to supporting more applications in the future.

8.5 Symptom Action Plans

In October 2019 the Clinical Advisory Group (CAG) decided that the regional symptom action plans required a review. Previously a 2014 consortium funded project which produced regional Symptom Action Plans as a tool for use by the Specialist Palliative Care Services (SPCS). These were adapted from the template: "Guidelines for Patients and Carers", Wimmera Health Care Group © 2009 and were made available in a booklet as well as an electronic pdf version.

Originally the printed booklets were made up of the following eight templates:

- Agitation or Anxiety
- Breathlessness
- Constipation (not responding to regular aperients)
- Nausea and Vomiting
- Pain (Breakthrough)
- Seizure or Fitting
- Syringe Driver
- Other: (enter symptom)

Over time two services had adapted these templates to suit their needs, however several were still using the original 2014 version. A sub-group was formed to carry out a review of the tool and report back to the CAG. Findings were positive with Ballarat Hospice Care (BHCI) and the Grampians Regional Palliative Care Team (GRPCT) having already produced versions to suit their specific needs. As GRPCT support and assist all SPCS's their needs are moderately different to the SPCS's so the sub-group agreed the BHCI version would best suit the SPCS's from across the region.

The consortium assisted with administrative support to reproduce the BHCI model and by April 2020 all SPCS's had their own branded version of the tool comprising of one template rather than the original eight. By updating this important tool and making it readily available and already branded

for the SPC's, the consortium has assisted in strengthening and improving person-centred care provided to clients within the region.

8.6 Community Palliative Care Referral Forms

In 2015 the consortium funded the development of an external referral form, for consistent referral to the specialist palliative care services across the Grampians region. This was produced as an interactive pdf version as well as in a tear-off pad format which is one that health professionals are very familiar with. The tear-off pad format allows for a more consistent use by some referrers.

As the original production of tear-off pads had run out and several of the services contact details required updating, the Clinical Advisory Group (CAG) decided it was time to review the referral forms, make all necessary adjustments and reprint a further 500 pads. This remains an extremely valuable resource across the region and one that is essential in improving the ease and quality of referrals to palliative care.

In April 2020 with the assistance of the original artwork designer, an updated form was ready for printing and an interactive pdf version available for electronic distribution. In collaboration with WestVicPHN, these updated forms were distributed across May and June and have been well received by health professionals throughout the Grampians region. To view or download a copy of this form go to the [Grampians Region Palliative Care Consortium website](#). If your clinic would prefer the tear-off pads please contact us.

The consortium assisted with both funding and administrative support to reproduce this resource. Updating the form was invaluable in strengthening palliative care pathways and improving stakeholder engagement.

8.7 Site Visits to Funded Palliative Care Services

The Consortium Manager and the Department of Health and Human Services (DHHS) rep. for the Grampians region carried out site visits from June to August 2019 with all funded specialist palliative care services (SPCS's). This was initiated to assist and support the SPCS's in whatever capacity they required to improve and strengthen the delivery of community palliative care to individuals, families and carers in the Grampians region. Primarily these site visits gave the consortium an opportunity to learn more about each individual service and how they were operating. The visits offered the staff an opportunity to ask questions of DHHS and the GRPCC on their roles in the region and available support. Importantly it offered the opportunity to raise any issues and concerns that the SPCS's had.

Areas covered were:

- Staffing numbers – eft issues
- Service model utilised by the individual service
- Client numbers
- Travel – distance issues
- Resources available

The outcomes of these site visits were included in early 2020 planning as the CAG developed a regional priorities list for the CEG to assist with distribution of project funding.

8.8 Regional Data Collection Set

As part of the Clinical Advisory Group (CAG) bi-monthly meetings during 2018-19 each of the funded palliative care services presented their service data as a strategy sharing exercise for knowledge and skills improvement. This provided an extremely valuable platform for strengthening palliative care

and provided improvement to coordinated and integrated services for individuals and their families across the region.

In October 2019 the CAG commenced the development of a regional data collection set to improve service delivery as well as a way of obtaining relevant data within the region. By December 2019 the CAG had a final template that was appropriate for all services and the gathering of data regionally commenced on 1st January 2020.

Some important issues the data has identified are:

- Low referrals from Residential Aged Care Facilities (RACF)
- Low referrals from General Practitioners (GP's)
- No referrals from the Aboriginal or Torres Strait Islander (ATSI) community
- No referrals from Disability Residential Services (DRS)
- Extremely limited number of referrals with an Advance Care Directive already in place

After some concerns regarding the ease with which this data was able to be collected some changes were made to the data set ready for the second quarter. With six months of data at hand, the CAG are now at the next review. An evaluation of the benefit of the data collected as well as the ease of collecting will be taken into consideration to determine how best the outcomes will inform and strengthen palliative care service provision.

The consortium looks forward to some exciting outcomes of this data collection to assist with continued regional planning for improvement to palliative care service delivery in the Grampians region.

8.9 Regional Priorities

In February 2020 the CAG developed a regional priorities list to assist and guide the CEG with planning and potential allocation of resources and funding to regional projects. Representation from all five funded palliative care services had input and came up with ten areas of focused activity moving forward.

Current areas of focused activity are:

- After Hours across the region ([as per 9.2](#))
- Telehealth Project (BHCI) ([as per 9.6](#))
- Palliative Care in Aged Care Pilot Project – (DjHS) ([as per 7.2](#))
- Increasing Referrals through Palliative Care system ([as per 8.6 & 9.4](#))
- Rapid Discharge Project – (BHCI & GRPCT – external funding source) ([as per 9.7](#))
- Cancer in Aged Care – (BHS & GRPCT – external funding source) ([as per 9.9](#))
- Data Collection Set ([as per 8.8](#))
- Workforce ([as per 8.4](#))
- New Patient Packs – creating a centralised resource tool of suggested inclusions to complement existing packs used by services.
- Palliative Care Software Package – looking at this option for all services

8.10 Palliative Care Advice Service

In May 2020 the Department of Health & Human Services (DHHS) implemented a soft launch of the Palliative Care Advice Service. This was established on behalf of DHHS by the Royal Melbourne Hospital and operate through the Parkville Integrated Palliative Care Service. The aim of the advice

service is to enhance palliative and end of life care for all Victorians, especially in regional and rural areas.

The advice service will do this by:

- providing the general public and clinicians with access, when they need it, to specialist information, guidance and support.
- reducing avoidable presentations to emergency departments.
- supporting people to be cared for and to die in their place of choice.

The advice service will help and support callers with:

- navigating the palliative care service system
- finding information about caring for those with a life-limiting illness
- a listening ear

The advice service will guide clinicians with:

- prescribing and symptom management
- continuous subcutaneous infusions (syringe drivers)
- decision-making

The CEG and CAG were fortunate to have Esther McMillan-Drendel, Nurse Unit Manager of the Palliative Care Advice Service, join our virtual meetings this year giving an overview of the service to consortium members. Planning is underway for a virtual promotional roadshow throughout the Grampians region over the coming months. This will give service providers in the region an opportunity to meet Esther and gain a more in-depth understanding of the Palliative Care Advice Service. The consortium looks forward to working with Esther as regional health professionals embrace the expertise of the advice service to improve client, family and carer experiences in the future.

8.11 Regional Research & Development

Support and advice during the global pandemic has been extremely important for all health professionals across the Grampians region and indeed globally.

The statewide Consortia Group, together with the collective statewide ADPCCs responded to these and other emerging challenges by increasing the regularity of meetings and focusing on the sharing of available resources in a highly responsive manner. This initial response was subsequently formalised by SCV.

Challenges faced by staff have included:

- that the way clinical consults were carried out which has seen services embrace telehealth for a larger percentage of clients than ever before,
- and implementing the PPE protocols required to ensure unavoidable face to face consults were possible and safe.

The high quality resources of clinical integrity shared in a timely manner through the consortia networks were hugely valuable.

One particular Grampians region contribution, using research gained from overseas experiences, saw GRPCT's Palliative Care Physician Dr. Penny Cotton produce a document on how to care for COVID-19 patients at End-of-Life (EoL) in March 2020. The document titled: ***'Quick reference Guide for End-of-Life Care – COVID-19'*** gives information on dosing for common symptoms experienced at

end of life for patients with COVID-19. This can be used to assist with hospitalised patients or in residential aged care settings. The reference guide has been shared across the region and statewide through the Consortia networks.

9. Funding for Regional Service Based Initiatives

The consortium has been able to provide funding support and assistance to a broad range of service based initiatives which effect improved provision of palliative care within this region, and even more broadly, across the state and nationally.

Department of Health and Human Services (DHHS) directly funded initiatives which have occurred in the Grampians region are included.

9.1 MND – Shared Care Worker

At the end of 2019, there were 9 people living with MND in the Grampians region (as registered with MND Vic). The funding for the 2019-20 year was \$19,893.

A look at the figures for the past 5 calendar years shows that the numbers regionally can vary from year to year.

Year end	Grampians region
Dec 2015	13
Dec 2016	17
Dec 2017	15
Dec 2018	11
Dec 2019	9

Though the overall numbers are currently lower than they have been, the demands for travel across the region remain challenging within budget constraints and often informs the use of telehealth.

The Motor Neurone Disease Shared Care Worker (MNDSCW) is a health professional with advanced knowledge of MND and Palliative Care, or advanced knowledge of Palliative Care with an interest in MND and the willingness and ability to undertake further training & development.

This role actively supports health professionals, support staff (medical/nursing, allied health, personal carers, case managers etc.) and people living with MND and their families. This is a one day per week role, dependent upon ongoing funding, and therefore is best suited to sit within a SPCS where there is capacity to add it to an existing part time role.

An expression of interest (Eoi) in early 2018, resulted in the management and funding of the position transferred to Ballarat Hospice Care Inc. (BHCI) where the successful appointee was already employed. An increase in work demands saw the MND SCW resign in December 2019 and following a recruitment process, the consortium offered the position to another existing BHCI staff member, consequently allowing the program to remain with BHCI.

9.2 After Hours Service

The consortium has been involved with a Department of Health and Human Services (DHHS) funded project in the Grampians region titled '*Wimmera After Hours Palliative Care Demonstration Project*' which was based in the Wimmera region under the management of Wimmera Primary Care Partnership (WimmeraPCP). The aim was to work with local service providers to develop a model to provide after-hours medical and other related assistance to palliative care clients in their home.

The Wimmera project model was designed to:

- Receive and manage after-hours calls from clients and carers of designated community palliative care services
- Despatch an available clinician when needed
- Guide and support the clinician through the visit

The project evaluation held in September 2019 by Swinburne University of Technology presented their final report to stakeholders in the region involved in the project.

Following on from this project, Wimmera Health Care Group (WHCG) staff from within the Wimmera Palliative Care (WPC) team raised concerns with the Clinical Advisory Group (CAG) around the ability to resource an ongoing after-hours service.

In March 2020 the consortium held a virtual **After-Hours Workshop** to look at possible strategies for implementing an effective and efficient region wide after-hours service.

The objectives of the workshop were to:

- Develop a consistent understanding of the funding and expectations associated with after-hours palliative care service provision.
- Develop a shared understanding of how after-hours palliative care is currently delivered across the Grampians region.
- Explore opportunities to develop and/or improve after-hours palliative care services delivery across the Grampians region.
- Explore opportunities to fund the development and/or improvement of after-hours palliative care services delivery across the Grampians region.

It was noted that the only specialist palliative care service (SPCS) in the region providing a direct after-hours service was Ballarat Hospice Care Inc. (BHCI). Clients and carers in other service areas were required to rely upon a combination of Urgent Care Centres/Emergency Departments, District Nursing and/or GP or Nurse on Call hotlines.

The workshop focused on:

- Building a collective understanding of the funding requirements and DHHS expectations
- Capturing the current state journey and experience for clients, carers and their families
- Co-designing a future state after-hours palliative care service delivery model(s)
- Documenting implementation of after-hours palliative care service delivery model(s)

The key barriers to currently delivering after-hours services were:

- Availability of appropriately qualified staff to run an after-hours service, whilst maintaining business hours' services, at each SPCS.
- Lack of a viable funding model.
- Ability to deliver safe, viable after-hours home visits across a geographically dispersed region.
- Inability to predict after-hours service demand.
- Variability in data sharing platforms for up to date client information exchange.

Recommendations to the Grampians Region Palliative Care Consortium:

- Seek financial support (via a grant) to pilot, test and refine the preferred implementation option for a regional after-hours palliative care service delivery model.
- Gather a comprehensive dataset through the pilot to understand return on investment, service demand and client, carer and family needs and outcomes.
- Ensure alignment of the regional after-hours palliative care model with the DHHS 24/7 palliative care advice service.
- Endorse the preferred future state regional after-hours palliative care model.

This is an ongoing regional priority for the consortium, and we are looking to prepare a funding submission during 2020 under the West-Vic PHN After-Hours initiative.

9.3 Carer Package for Subcutaneous Medications – GRPCT

The '[Safe Administration of Subcutaneous Medications](#)' is an ongoing resource developed by the Grampians Regional Palliative Care Team with packs available to the Grampians region previously funded by the consortium. The success has been demonstrated by the requirement to produce a further 150 packs this year, again funded by the consortium.

In addition, with references to this resource included in the 2019 upgrade to the carers video resource 'A Guide for Caring for People at the End of Life' has resulted in requests from Melbourne metro regions for access to this carer package. In response both have also seen a direct resource link added to the consortium website this financial year.

9.4 Palliative Care Navigation Project – Quick Reference Tool

This previously funded joint project between the Consortium (GRPCC), Central Highlands Primary Care Partnership (CHPCP) and the Western Victoria Primary Health Network (WestVicPHN) developed a clear referral pathway tool for easy access to specialist palliative care services (SPCS) across the Grampians region.

The project assists with:

- Improving patient outcomes and service delivery.
- Reducing avoidable transfers to the emergency department (ED).
- Improving the connections and enhance the patient journey between services.
- Reducing carer and patient distress.

In March 2020 this resource was reviewed by the Clinical Advisory Group (CAG) to ensure that it remained accurate, up-to-date and relevant, with required changes implemented. This was published to the newly refreshed [WestVicPHN website](#) to again ensure access by health professionals across the region. In addition, by encouraging the Central Highlands, Wimmera and Grampians/Pyrenees Primary Care Partnerships to include this tool on their websites the consortium has also looked to strengthen broader stakeholder engagement.

We thank these external stakeholders for their collaboration and look forward to continuing to build capacity in palliative care by strengthening these relationships.

The quick reference tool can also be accessed via the [consortium website](#).

9.5 A Guide for Caring for People at the End of Life (video upgrade)

Funded by the consortium this project was to upgrade the video that had originally been developed by East Grampians Health Service (EGHS) to ensure a more regional focus enabling the resource to be used across the Grampians region. Giving practical and helpful advice to carers who are looking after a loved one with a life-limiting illness the video features local palliative care staff who talk sensitively about issues that are traditionally hard to discuss.

Reproduced in boxed USB, the cover was altered to incorporate a Grampians region focus, contact details and logos for all Specialist Palliative Care Services (SPCS) and an acknowledgment of EGHS as the original project developer.

Content upgrades included the MTPD Act 2016 and the new advance care directives, a psychological and emotional section, as well as the 'Carer package for safe administration of subcutaneous medications' resource and the grieving process.

This upgraded version, is uploaded to the [consortium website](#) and is viewed by many people from Australia and around the world via YouTube which continues to be a valuable media platform.

One segment, *'when death is near'* has received over 370,000 views. Also, the segment *'what to do when you have difficulty breathing'* has had 40,000 views and *'helping someone to sit and stand out of a chair safely'* has had 9,900 views.

500 Boxed USB copies are being distributed by the SPCS when family and carers are looking for extra supporting in keeping their loved ones at home.

This initiative is not just strengthening quality end of life care for individuals and their families throughout the Grampians region, but for many around Australia and the world.

9.6 Telehealth Project – BHCI

Based on the outcomes of the *'Implementing Telehealth in Regional and Rural Community Palliative Care'* project in 2018-19, funded by the Victorian Department of Health and Human Services (DHHS), all Ballarat Hospice Care Inc.(BHCI) nursing staff received training in the use of Telehealth video calls to strengthen the delivery of high quality and person-centred care.

During the training, the nurses were:

- trained on how to use technical equipment and different video call apps and provided with supporting guides.
- supplied with patient information and education tools on Telehealth video calls.
- trained to assess a patient's, their family and carer's capacity and capability to use Telehealth video calls and how to document this information thoroughly in the patient records.
- acquainted with the patient phases and situations where video calls could be utilised for optimum service delivery to patients, their families and carers.
- trained to assess the benefits of a video call in an unexpected situation.
- familiarised with procedures for scheduled and unscheduled video calls.
- provided with checklists for planned and unplanned video calls.
- familiarised with surveys on patient and staff satisfaction with telehealth video calls.

Besides training BHCI nursing staff, the learnings, insights, experiences and resources developed throughout the project were shared with other palliative care services and healthcare workers.

- The project findings were presented in an oral presentation at the Oceanic Palliative Care Conference in Perth during September 2019 in a 'Harnessing technology to drive innovative care' session.
- The Ballarat Hospice Care Inc. Telehealth Training Resource pack was shared extensively through local Ballarat Hospice Care networks, the DHHS and PCOC and to other palliative care services in Victoria, South Australia, Queensland and Ireland.

The project has resulted in telehealth video calls being adopted into everyday nursing practice at BHCI.

Optimised service delivery has been achieved by:

- facilitating responsive service to people living remotely
- enabling streamlined service delivery after hours and on weekends
- providing immediate patient, family and carer support
- avoiding timely travel for staff and for patients who live in remote areas
- continuing services and 'keeping an eye on patients' when patients, families and carers did not feel comfortable with home visits; especially during the Covid-19 pandemic
- protecting patients, their families and carers and Ballarat Hospice Care staff during the Covid-19 pandemic

9.7 Rapid Discharge Project – BHCI & BHS

In June 2019 Ballarat Hospice Care Inc. (BHCI) and Ballarat Health Service (BHS) received funding from the Department of Health and Human Services (DHHS) through the Palliative Care Service Innovation and Development Grant. This grant is to develop a project: *'Sustainable Service Integration to meet the choices of people requiring palliative care and wanting to be discharged from acute hospital to home for ongoing care and to die at home: Rapid Discharge'*. The duration of this project is 01/01/2020 – 30/06/2021.

The consortium is looking forward to very positive outcomes of this project and anticipate the opportunity to roll this out to other palliative care services and acute settings, which can only improve and strengthen palliative care for clients across the Grampians region.

9.8 Vic. Integrated Cancer Service (VICS) – Palliative Care Project

The consortium is supporting the Grampians Integrated Cancer Service (GICS) to run this project in the Grampians region. In early 2019 VICS initiated a project proposal titled **'Palliative Care - increasing timely and appropriate referral to palliative care for people with metastatic or progressing cancer'**.

The Victorian Cancer Sector does not know what the current rates of referral to palliative care services are and while there are some cancer services that have established routine processes and policies for referral to palliative care services, the vast majority have not. The timeliness of referral to palliative care for people with metastatic cancer has been identified as a possible area for improvement during consultation with a number of sources.

The issue was raised at the Lung and Pancreatic Tumour Summits and has been expressed by the Department of Health and Human Services (DHHS)'s Palliative Care program and Safer Care Victoria.

An overarching project plan was developed with a two-year implementation period which has been adapted to local Integrated Cancer Service (ICS) needs. The plan includes statewide aims, objectives, scope, methods and measures. Each ICS has prepared local stakeholder, communication and risk plans.

Referral to palliative care is often, but not always via general practitioners (GP's) in Victoria. To this extent GP's are in scope for this project.

At a minimum the project will cover all priority tumour streams; lung, colorectal, oesophagogastric, prostate, pancreatic and head and neck cancers. For people with advanced, recurrent or residual cancer, care focuses increasingly on maintaining quality of life, as well as treatment for cancer. This care should be coordinated and integrated with the Optimal Care Pathway; and delivered with a person-centred focus that recognises and embraces diversity.

All outcomes are being designed so that ownership and responsibility can be managed at local service level by the completion of the project. Effective ongoing stakeholder engagement and communication is key to the success of this project. The consortium has been involved in early local scoping exercises with GICS staff across 2019.

A Project Officer commenced in March 2020; the next steps will be conducting a large-scale palliative care referral audit across the Grampians region which will additionally focus on Advance Care Planning. GICS will be undertaking this audit which is currently going through an ethics approval process.

The consortium looks forward to providing continued support to this project, building strong stakeholder engagement and assisting GICS with any part of the upcoming processes required. We look forward to very positive outcomes, which will improve and strengthen palliative care referrals and care for cancer patients.

9.9 Cancer Research Grant – BHS

Does the integration of Specialist Palliative Care improve the outcomes of patients in Ballarat Health Services Residential Aged Care Facilities undergoing Cancer Treatments?

In late 2019 the Grampians Regional Palliative Care Team (GRPCT) applied for and were successful in obtaining a research grant to investigate how expansion of existing specialist palliative care services provided by GRPCT could improve the care of Ballarat Health Services (BHS) patients living in residential aged care undergoing cancer treatments.

The research project has full support from the Ballarat Regional Integrated Cancer Centre (BRICC) and will explore how routine referral of cancer patients to the GRPCT impacts on symptom management, family satisfaction, residential aged care staff confidence, and health care resource usage.

Ethics application for phase 1 of the project has been submitted, but due to COVID-19 the commencement of the project has been delayed. The principle investigator for the research project is Regina Kendall, and she can be contacted for further information through the Grampians Regional Palliative Care Team.

9.10 Ballarat Hospice Palliative Care Hub

After providing palliative care to the community for 30 years from behind the church in Drummond Street South, Ballarat Hospice Care Inc. (BHCI) outgrew their facilities. A new home was inevitable and in February 2016 from the Ballarat Town Hall the **'Give to Help Hospice Grow'** appeal was launched by the Hon. Rob Knowles OA.



As demand for palliative care services continued to rise substantially it was vital a new facility be constructed so BHCI could continue to help people live well until the very end of their life.

Significant community support helped raise in excess of \$1 million toward the new building through the Give to Help Hospice Grow Appeal. This is in addition to the \$6.2 million State Government funding through the Regional Health Infrastructure Fund grant for the building.

Construction of the Ballarat Hospice Palliative Care Hub (hub) commenced in August 2018 under the direction of architects (Morton Dunn) and builders (Resicare) and was completed by September 2019.

On the 2nd October 2019 the new purpose-built palliative care hub was officially opened, with passionate and moving dedications from BHCI executive officer, board chair, and the Member for Western Victoria, Jaala Pulford.

In front of a large audience and in the presence of hospice patron, the former Victorian health minister Ron Knowles, they acknowledged the overwhelming support of the community in Ballarat in making the architecturally striking building possible.



(source: Ballarat Courier Oct.2019)

The building allows BHCI to deliver quality home-based palliative care services. The hub allows for innovative, flexible service options that are universally accessible, socially and culturally diverse and inviting for staff, volunteers, patients, their families and carers. The hub has welcoming space and provides the information and resources needed to support the community in making decisions that best suit their needs on living, dying and grieving well. It also offers dedicated rooms for staff to debrief with colleagues and get support to help them provide top quality, end of life care, which is vital for ongoing physical and mental health and wellbeing of staff.

The new hub allows for external stakeholders in the dedicated upstairs calming office environment. The GRPCC staff moved into the palliative care hub in November 2019 along with the MND Regional Advisor and we have been welcomed into the space in a friendly, caring manner by all BHCI staff.

On behalf of all colleagues sharing this beautiful new space, the consortium offers congratulations to BHCI Committee of Management, staff and volunteers, and a huge thankyou to the Ballarat community and the State Government for their very generous financial support. Without everyone's support expansion into this new building would not have been possible.

10. Community Based Initiatives

The Consortium has always been supportive of community-based activities and continues to support many varied initiatives throughout the region. Our community focus remains the same:

People with a life-limiting 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-limiting illnesses, dying, death and bereavement leads to better support and positive outcomes for people with a life-limiting illness.

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 medical treatment decision maker to provide care that is consistent with your values and preferences,
- putting in place an advance care directive,
- relieving family burden,
- dispelling myths and improving understanding of facts,
- personal peace of mind,
- autonomy and dignity at the end of life.

Building innovative partnerships between local communities and the specialist palliative care services (SPCS), has significantly 'value-added' to the provision of excellent and responsive palliative care across the region.

10.1 Compassionate Communities

The consortium continues to support 'Compassionate Communities' groups in the region as they create awareness around nurturing compassion. The 'Compassionate Cities Charter Community Forums' hosted by Ballarat Health Services (BHS), continue to strengthen relationships with other groups in Ballarat who are also working towards building a compassionate community.

In 2019 the Ballarat Compassionate Communities group held an event titled ***Living Today, Dying Tomorrow*** which utilised several locations around the Ballarat Cemetery. The aim was to create a community that is compassionate and recognises the natural cycles of sickness and health, birth and death, and love and loss that occur every day and that it is everyone's responsibility to care for each other in times of crisis and loss. Many of the Grampians region palliative care professionals supported this event as either presenter, guest speaker, attendee or by assisting behind an expo information stall.

The event brought together:

- Professionals to network, learn and talk about their skills, resources and challenges
- Community and volunteer groups who support, assist and care for the dying, their families and loved ones
- Health care organisations who provide services to support individuals, families and carers through death and dying
- General public who may have experienced/are experiencing grief, death and dying and are interested in learning more about the available regional resources

Compassionate Ballarat is part of the global Charter of Compassion, comprising over 430 cities around the world, working to make the world a more compassionate place.

To provide support and respite during this uncertain time, Compassionate Ballarat developed a series of webinars to assist the Ballarat community during the COVID-19 crisis. These 30-minute webinars were produced over 14 weeks from the beginning of lockdown in March 2020. They offer sharing of useful information, music, mindful resources and community connections. These webinars are available to view on this link: [Compassionate Ballarat COVID Wellness Webinars](#)

10.2 National Palliative Care Week

During the last week of May 2020, the consortium supported National Palliative Care Week (NPCW) and the theme '*Palliative Care..... It's more than you think.....*' in a variety of ways.

This year promotional activities required creative thinking as the only platforms available were online via websites and social media or locally via radio networks and print media. Fortunately for the Grampians region the capabilities and creativity of our palliative care staff meant use of these platforms allowed services to strongly promote palliative care during NPCW.

Promotional activities held locally were:

- Local newspaper articles by all services – good news stories
- Website promotional articles by all services
- Individual Health Service staff newsletters
- Social media outlets by all services
- ABC radio interview by two services

To coincide with NPCW Palliative Care Victoria (PCV) launched a video-based community awareness campaign where Palliative Care professionals were encouraged to take a 30 second video of a story or experience working in palliative care, ending with the words '*Palliative Care..... It's more than you think.....*'. These videos were then uploaded to the PCV website and you-tube where they could be viewed across Australia and internationally. This was remarkably well supported within our region with six of the forty-eight PCV palliative care videos coming from the Grampians region. These videos can be accessed from the [consortium website](#).

The consortium finished off the week with an activity to show appreciation of specialist palliative care service (SPCS) staff for their dedication and the excellent care they give to clients, families and carers across the region.



This year we celebrated by funding morning teas across the region for all palliative care staff. On the Friday of NPCW SPCS's received a surprise package of 'Thank you' biscuits to assist with their individual celebrations. These were supplied by Sweet Mickie and included a note from the consortium, which read:

Celebrating Palliative Care Week 2020

"Palliative Care.....It's more than you think..... thanks to you, the awesome team delivering the services!"
We hope you enjoy these well-earned mini treats!

These were extremely well received by all SPCS staff with feedback confirming they were successful in making them feel appreciated and their excellent service delivery highly valued, in particular, during these COVID times.

10.3 Dying to Know Day

The consortium has always supported the **'Dying to Know Day'** initiatives which occur in August each year. Ideas for initiatives often come from [The Groundswell Project](#) and predominantly assist with getting end of life conversations started.

The annual day is dedicated to activating conversations and community actions around death, dying and bereavement. The consortium supported the day by promoting *'Dying to Know Day 2020 Home Delivered'* on our website and social media platforms. Due to COVID-19 all events were online this year and included interactive webinars, advance care directive education sessions, death cafés and conversations around death.

The event held in this region on 11th August was an *'Online Death Café'* with Ballarat Cemeteries CEO and Ballarat Health Services Palliative Care Physician. Proceedings commenced with a brief introduction on topics of death and end of life planning. People were encouraged to submit their questions around death, dying and bereavement for open discussion. Congratulations to Annie and Penny for running this excellent community initiative.

11. GRPCC 2019-20 Financial Statement

INCOME	
Government Grants	
DHHS GRANT – Palliative Care Consortia	136,194.50
DHHS GRANT – Palliative Care Regional Consultancy (Aged & Disability)	116,874.43
Total Government Grants	\$253,068.93
Total Income	\$253,068.93
EXPENDITURE	
Equipment – Non-Capitalised	159.18
Motor Vehicle Expenses	5,114.98
Recruitment Costs	2,728.71
Membership/Professional Fees	250.00
Regional Projects	3,522.15
Postal Services	263.21
Printing & Stationary	482.02
Regional Meeting Costs	823.78
Telephone Services	601.54
Travel, Accommodation & Meals	1,211.21
Rent Expense	6,000.00
Administration Expenses	243.59
Conferences & Registrations	195.62
Computer Costs – IT support	425.00
Website Costs	420.00
Total Direct Expenses	\$22,440.99
Salaries & Wages	
Salaries	128,034.32
Superannuation Expense	12,694.48
Workcover – Premium	1,345.64
Total Salaries & Wages	\$142,074.44
Total Expenditure	\$164,515.43
Surplus / (Deficit) for 2019-20	\$88,553.50
Program Surplus carried forward as at 30/06/2019	97,216.70
Vic. Rural Palliative Care Pathway Project - delivered in 2018-19 (misdirected funding transferred in from BHS during 2019-20)	25,000.00
Surplus Disability funding (held in trust from previous years)	56,293.00
Carers DVD upgrade (returned underspend from 2018-19 GRPCC regional project)	15,806.24
Adjusted Surplus carried forward as at 30/06/2019	\$194,315.94
* Total Program Surplus as at 30/06/2020	\$282,869.44

*Note: change of fundholder in 2019 saw carried forward funds, previously held by multiple organisations, consolidated