



# Annual Report 2021-22



Source: Grampians Tourism

## Members:

<b>Grampians Health – Ballarat (GHB)</b> <ul style="list-style-type: none"> <li>Grampians Regional Palliative Care Team (GRPCT)</li> </ul>	 
<b>Ballarat Hospice Care Inc. (BHCI)</b>	 
<b>East Grampians Health Service (EGHS)</b> <ul style="list-style-type: none"> <li>Central Grampians Palliative Care (CGPC)</li> </ul>	 
<b>Western Health Bacchus Marsh (WHBM)</b> <ul style="list-style-type: none"> <li>Bacchus Marsh Community Palliative Care (WHBMCP)</li> </ul>	
<b>Grampians Health – Horsham (GHH)</b> <ul style="list-style-type: none"> <li>Wimmera Palliative Care Service (WPCS)</li> </ul>	
<b>St John of God Hospital Ballarat (SJoG)</b> (non-voting)	 
<b>Department of Families, Fairness and Housing (DFFH)</b> (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](http://www.grampianspalliativecare.com.au) website or by contacting the Consortium Manager, at the above email address*

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## *1. Chair's Report*

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Welcome to the 2022 Annual report. 2022 has been a great year for delivering results across our region and collaboration has been key in this.

The WestVicPHN AfterHours project will be delivered on time and on budget, by the end of September 2022. This project, addressing issues identified by the Clinical Advisory Group and prioritised by the Executive, has been co-funded by the WVPHN and the consortium. The successful implementation has only been possible as a result of the leadership shown by Ballarat Hospice Care and the Grampians Regional Palliative Care Team, together with the collaboration of the regions Specialist Palliative Care services, IT departments and Health Information teams. The impact on staff, patients, carers and families has been measured and evaluated to demonstrate a significant need for on-going funding into the future.

As this initial project concludes we are hopeful that extra funding may be available to extend the timeframe, so that more meaningful data can be gathered and expand it to also include the option to escalate to patient centered telehealth Medical support in the AfterHours.

Involvement in the WVPHN's Greater Choices for At Home Palliative Care project advisory group has delivered three priority areas for their focus that align with both the Clinical Advisory Group and Executive priorities in our region. We look forward to further collaboration in this project and to the development of tools and solutions that improve outcome for all.

Pilot projects to deliver end of life support to Aged Care and Disability across the region have been undertaken in 2022 delivering training in the Palliative Approach to care for both Aged and Disability, developing capacity in Advance Care Planning, initiating and delivering peer supervision for staff, developing a "when I die" conversation starter for residents in Aged Care and the launch of the "I did it my way" VAD documentary.

GP engagement has been a focus, with statistics suggesting that only 15% of deaths are referred for Specialist Palliative Care, improving referral pathways will continue to be a focus moving forward.

Aged Care access to Specialist Palliative Care across the region remains a challenge with capacity the greatest obstacle. Expanding the approach to include Psychology, Social Work and other disciplines is one avenue we are exploring to ensure promotion and support of the palliative approach delivers best end of life outcomes for the whole community, including those in Residential Care.

Every year it is important to acknowledge all staff across the region involved in the delivery of care under the palliative approach and to thank them for their role in ensuring access to best possible end of life experiences for all.

I would also like to acknowledge the efforts and contributions of my fellow executive members and the Clinical Advisory Group who continue to share ideas and collaborate for the advancement of palliative care in the region.

Thank you to the Consortium staff for their support, drive and ability to respond. This year has seen solutions delivered to address key priority areas that have been an issue for many years. I very much look forward to the benefits this delivers to people with a life-limiting illness, their families, carers and clinicians in the Grampians region.

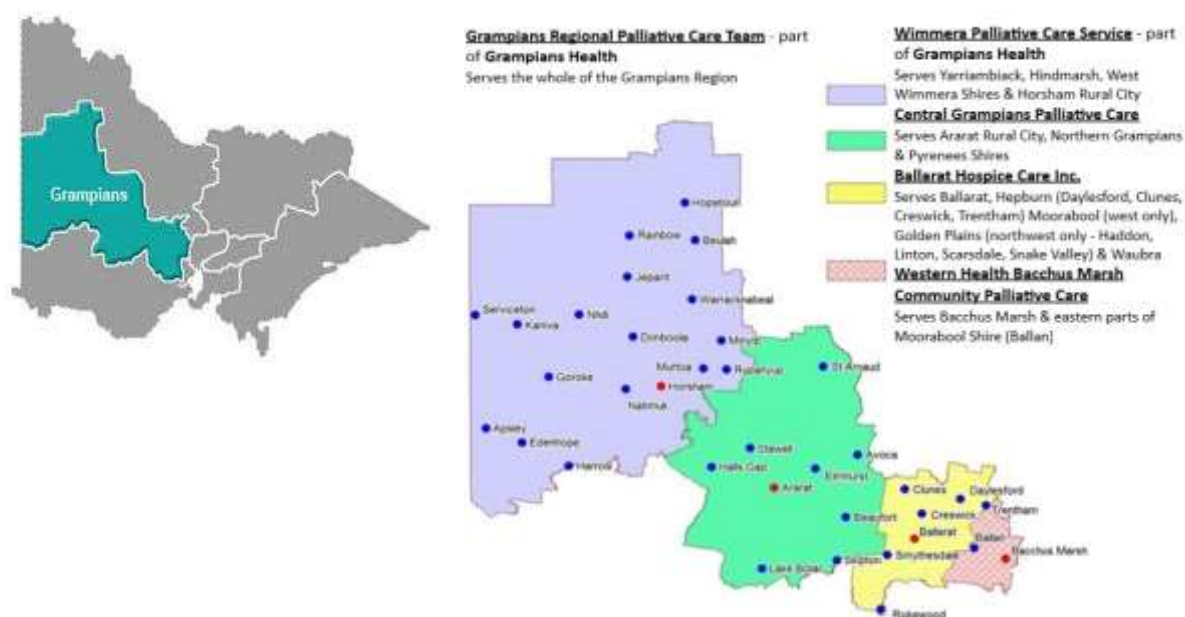
### **Consortium Chair:**

**Peter Armstrong**

Director of Clinical Services

East Grampians Health Service

## 2. The Grampians Region



The total area of the Grampians region is 48,623 km<sup>2</sup>, with a total population of 261,191.

(source: ABS 2021 census data)

Compared to both Victoria (6.5 Million) and Australia (25.42 Million), the population of the Grampians health region are on average eight years older and earn 7.5% less total weekly household income. This region continues to experience significant disparities compared with other areas of the state, as detailed further in this report.

*Supporting data and sources (see 11.1)*

### 2.1 New Health Service for the Grampians Region

Following many years of collaboration and close partnerships between four health services in this region, and with Victorian Government approval, **Grampians Health** officially commenced on the 1<sup>st</sup> November 2021.



This new health service brings together Edenhope and District Memorial Hospital, Stawell Regional Health, Wimmera Health Care Group and Ballarat Health Services. Together, they hope to deliver better healthcare, enhance services and advance careers, closer to home, now and into the future.



Edenhope & District  
Memorial Hospital



STAWELL  
REGIONAL HEALTH



Wimmera  
Health Care  
Group



Ballarat Health Services

Following ongoing consultation processes with staff and the community, the Boards of all four services agreed that coming together was their best option to deliver safe, sustainable, healthcare tailored to changing workforce and community needs, for the long term.

The consortium welcomes a new era of health service delivery for the communities of Edenhope, Stawell, Horsham, Dimboola and Ballarat, and surrounds. We look forward to the strengthening of coordinated, integrated and person-centred care giving improved outcomes for staff and patients.

### 2.2 Factors impacting capacity to manage health issues

Rural and remote communities of this region experience disadvantage through poorer access to and use of health services and poorer health outcomes, when compared to people living in regional cities or metropolitan Melbourne. Strategies to address this, especially west of the Grampians, have had



limited success. Studies continue to show higher levels of health inequality across rural areas of Australia including across our region.

### **Access to Health Care Services:**

(NRHA –Rural Health in Aust. Snapshot 2021)

Australians outside major cities are three times more likely to rate access to general, specialist and mental health services as poor. They also utilise Medicare up to 40% less than those in major cities. Almost 43,000 Australians have no access to any primary healthcare services within an hour's drive from their home (one way). Within the same drive time, over 65,000 people have no access to a GP, over 107,000 people have no access to mental health services, and almost 142,000 people have no access to dental services.

In addition to travel times and the associated impacts, other barriers to accessing health care in rural Australia include the cost of care, the non-existence of local services, and a reluctance to seek help for mental health and non-urgent care. The consequence of the limited access to primary health care in rural Australia is higher rates of potentially preventable hospitalisations (PPHs) with the rate of PPHs higher by 11% in inner and 22% in outer regions, 70% in remote and 154% in very remote areas when compared with major cities. Access to specialists, pharmaceuticals, allied health and aged care services are also significantly poorer in remote areas.

### **Health Workforce:**

Barriers to attracting and retaining a rural health workforce include limited professional development and networking opportunities, social isolation from family and friendship networks, lack of accommodation and disparity in flexible working arrangement and financial benefits.

#### **Health Workforce Distribution:**

(NRHA-Rural Health in Aust. Snapshot 2021)



These barriers mean clients out in the west of the Grampians region are more likely to have increased health issues. Limited resources and difficulties in attracting skilled health professionals means increased pressure for rural and remote services. The consortium, through continuing to focus on initiatives in Skills Development and Career Progression is committed to supporting local services to address and overcome some of these challenges. This strategy delivers targeted training and career development opportunities to local people to meet local workforce needs both now and into the future.

Strengthening long term health outcomes, the benefits will improve patient care and assist communities to be better supported when it comes to meeting the health of their family members.

## **2.3 The Consortium focus**

Strategic regional planning for people with a life-limiting illness, their families, carers and clinicians to implement improved access to quality end of life care through the support of the five specialist palliative care service providers, Residential Aged Care Facilities (RACF) and Disability Residential Services (DRS) has always been the consortium focus.

During 2021-22 the two major focus areas have been:

- the implementation of improved access to regional after hours support, and
- a more localised projects based delivery of support in the palliative approach to deliver better outcomes for residents of Aged Care and Disability facilities.

The consortium has also continued to deliver the career progression program giving more of the regions palliative care staff access to the opportunity to further advance their education.

Additionally, there has been an increased focus on promoting and supporting online education opportunities, self-care strategies, and GP engagement which has notably included improved access to activities and resources of the state-wide consortia and shared initiatives.

Despite the ongoing challenges of Covid-19, commitment, professionalism and efficient delivery has ensured that the implementation of initiatives to improve capacity and build sustainable programs was never compromised.

**Improving capacity & building sustainable initiatives were:**

- Progressing the implementation of a regional after hours service, which offers phone triage support to all palliative care patients, their families and carers.
- Career Progression funding for specialist palliative care staff, providing staff recognition, improved skill development opportunities and underpinning workforce sustainability.
- Enhanced use of technology, in particular telehealth technologies, improving care coordination, integrated services and best practice outcomes.
- Research and innovation in the areas of verification of death and Covid-19, with enhanced communication regionally by way of small working groups to share knowledge, resulting in improved practices and/or new guidelines.
- Enhanced communications practices including the sharing of resources, promotion of online learning opportunities resulting in improved capacity, skills and knowledge in the Aged Care and Disability sectors and extending to GP's and Allied Health.
- Increased collaboration and networking efficacy, which included broader sharing of information, tools and resources, delivering improved consistency across the region and the state.
- Regular updates to the website to ensure easy and efficient access to resources.

Providing effective and relevant support and information for community, carers and families will ensure that all people have access to a community that is well informed about the palliative approach and are supported to maintain links to their community at the end of life.

**Strengthening community skills and knowledge initiatives included:**

- Promoting a greater understanding and acceptance of a palliative approach to end of life via advance care planning and community education programs.
- Engagement with the broader health and community sector, including the culturally diverse.
- Promoting National Advance Care Planning Week and Dying to Know Day in the community with targeted initiatives.
- Increasing the end of life dialogue across the region and educating the community that the palliative approach is both everyone's right, but also everyone's responsibility.
- Developing communication plans and supporting services to utilise social media outlets for specific promotions.
- Improved resources for the wider community and health.
- Regular updates to clinicians and residential facilities.
- Updating our website regularly to ensure current resources are easily accessible.

The Victoria's end of life and palliative care framework and the GRPCC Strategic Plan 2020-25 continue to guide the consortium to work towards supporting capacity 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 sectors to consider the role they play in delivering end-of-life care.'* By implementing strategies where *'patients receive best possible end-of-life care, their preferences, values, dignity and comfort are respected and quality of life matters most'* the consortium initiatives sit well within the framework. We look forward to continuing and expanding these into the future in line with the emerging priorities of the region.

### ***3. Consortium Manager's Report***

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The consortium focus continues to be one of strategic planning and initiatives to support our services wherever possible to ensure continuous improvement positively impacts the end of life care they provide.

#### **The key initiatives of 2021–22 have been:**

- The implementation of a regional After Hours program, utilising St. Vincent's Hospital – Caritas Christi phone triage support service, which has been co-funded by the Western Victorian Primary Health Network and the GRPCC.
- The transition across the regions SPC's to the PalCare software platform, ensuring access to patient records in the afterhours for the triage service, but also providing access for the regional consulting team for seamless review on referral.
- Re-engagement post-lockdowns with Residential Aged Care and Disability Residential Service providers through our localised service based projects.
- Implementation of subsidiary working groups formed from issues raised at the clinical advisory group.
- Continuation of our Career Progression program to assist in upskilling palliative care staff, and support capacity and succession planning for the palliative care workforce.
- Ongoing collaboration of the state-wide Consortia Managers group delivering improved knowledge and resource sharing and providing support in developing responses to local priorities.
- Expansion of the Consortia Managers group to a state-wide palliative care network group, ensuring efficient communication of new opportunities and working together towards ensuring local engagement in discussions that may inform funding decisions at department level.

Regular communication, engagement and collaboration with broader stakeholders continued including Grampians Integrated Cancer Service (GICS), Safer Care Victoria (SCV), Palliative Care Victoria (PCV), End of Life Direction for Aged Care (ELDAC), and the Palliative Care Advice Service (PCAS). Continual building on statewide Consortia sharing of knowledge, challenges and initiatives has enabled a much more consistent approach and the generosity of all in sharing has significantly limited unnecessary duplication.

We are well supported in the Grampians region by the incredible professionals in our specialist palliative care services who together deliver best practice care across the region. I would like to take the opportunity to thank them all for their dedication.

I would like to thank Peter Armstrong of East Grampians Health Service for his continued support as Consortium Chair, the Consortium Auspice, East Grampians Health Service, in particular their finance department, for their assistance and support over the past 12 months.

I would also like to thank the consortium administrator Christine Hocking for regularly going above and beyond, The AfterHours PalCare project lead Diane Nimmo for her detailed determination, the Consortium Executive Group, John Koopmans, our Grampians DFFH rep., the Clinical Advisory Group



and all other stakeholders, for their continued collaboration and support of palliative care in the region.

I look forward to building on the many current initiatives to further support our specialist palliative care services and all other stakeholders in the Grampians region in delivering exceptional end of life and palliative care.

We very much look forward to the Grampians Regional Palliative Care Team's bi-annual conference 'Back to the Future' in 2024 as these are extremely valued not only for those from the Grampians region, but also by attendees from across the state and beyond.

This report further details initiatives undertaken, including resource upgrades and new innovations to better inform and support clinicians, patients, carers and the community in having a greater understanding of and attitude towards the palliative approach to end of life care.

**Anna Gray**  
Consortium Manager

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## *4. Consortium Focussed Activities*

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### **4.1 Clinical Advisory Group**

In 2021-22 the Grampians Consortium Clinical Advisory Group (CAG) retained virtual meetings which occurred bi-monthly during the year. These were important networking opportunities for all clinical staff who attended, giving opportunities in the virtual setting to expand invites to external stakeholders and project workers. Invites were extended to our regional VAD Care Navigator and Project Leads for the Regional After Hours Project, the Wimmera and Central Grampians Aged & Disability Projects. For all five member services these meetings continue to be an excellent platform for sharing of knowledge, experiences, brainstorming and receiving updates on our regional projects.

A beneficial outcome from this virtual platform was the formation of two new working groups, which offered additional clinical staff from the member services to be included.

- The **Palliative Care Community Teams COVID Conversation** working group was formed with the Grampians Regional Palliative Care Team as lead. This was set up on a regular fortnightly basis as an informal meeting group for any questions/concerns the community palliative care staff wished to raise with our regional consultancy team physicians. It gave an excellent space for staff to feel comfortable about sharing/raising anything Covid related.
- The **Verification of Death** working group was also formed with the Grampians Regional Palliative Care Team taking the lead. This evolved from issues raised at a CAG meeting around how there are some after hours occurrences where verifying death can become difficult (ie. no GP availability) This group have been working on drafting documents around guidelines that can be implemented across the region on what to do if death occurs after hours. This also led to questions around the benefits of having access to a cooling blanket, which is also being explored as a possible solution.

#### **Areas covered by these meetings:**

- Review of regional priorities for consortium focus
- Skills & knowledge sharing on implementation of the After Hours program and transitioning to PalCare software system
- Input into regional planning for education and training
- Support and resource sharing around self-care strategies
- Acknowledgment of individual and team achievements
- Support and sharing around consistent use of clinical tools and processes
- Input into the development and implementation of consortium funded initiatives

- Sharing effective and efficient processes to navigate a mix of virtual & face to face consults
- Resource sharing for inclusions in new patient packs
- Input into improvements within existing resources and implementation of new resources
- Information and support for involvement in state-wide initiatives
- Resource promotion for sharing with member services clinical staff, including state-wide PCAS and the Flying Doctors Memory Lane Program

The CAG on behalf of the region extend thanks to all who have contributed to regional initiatives and resource development & improvement during the 2021-22 financial year.

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

- Western Victoria Primary Health Network (WVPHN)
- Central Highlands Primary Care Partnership (CHPCP)
- Grampians/Pyrenees Primary Care Partnership (GPPCP)
- Wimmera Primary Care Partnership (WPCP)
- Grampians Integrated Cancer Service (GICS)
- Dr. Vishnu Mutthoju, Regional Disability Liaison Officer
- Shannon's Bridge
- Ballarat Community Health (BCHC)
- Gillian Coult, Regional VAD Care Navigator
- Program of Experience in the Palliative Approach (PEPA)
- Palliative Care Victoria (PCV)
- Advance Care Planning Australia (ACPA)
- Safer Care Victoria (SCV)
- End of Life Directions for Aged Care (ELDAC)
- The state-wide Palliative Care Advice Service (PCAS)
- Cancer Care Victoria (CCV)
- Deacon University
- RFDS – Memory Lane Program
- Sugar Wisk Ballarat
- Eagle Eye Films, Melbourne
- Southern Metro Region Palliative Care Consortium (SMRPCC)
- The Mindful Well – Suzanne Peyton, Coaching Founder

## 4.2 Regional After Hours Palliative Care Project

**Project title:** Afterhours PalCare Project

**Project owner:** Grampians Region Palliative Care Consortium

**Lead:** Ballarat Hospice Care Inc.

**Participants:**

- Ballarat Hospice Care Inc.
- East Grampians Health Service - Central Grampians Palliative Care
- Grampians Health, Horsham Campus - Wimmera Palliative Care Service
- Western Health Bacchus Marsh - Community Palliative Care Service
- Grampians Health, Ballarat Campus – Grampians Regional Palliative Care Team

**Funding:**

- Western Victoria Primary Health Network; After Hours program funds provided by the Australian Government
- Grampians Region Palliative Care Consortium

**Duration:** August 2020 – December 2023

**Background:**

Many people wish to receive palliative and end of life care in the comfort of their own home, supported by community palliative care services. Often they require support outside of business hours. The 2019-20 Department of Health (DHS) Policy and Funding Guidelines outline that community palliative care service providers must provide after-hours phone triage and support. This applies to all community palliative care services in the Grampians region. However, not all services in the region have been able to deliver afterhours support to their patients, as there are numerous key barriers to delivering afterhours services, including:

- Availability of appropriately qualified staff to run an afterhours service at each palliative care service
- Access to highly specialised staff for more complex patient care requirements
- Lack of a viable funding model
- Inability to predict after hours service demand.

The lack of afterhours support potentially leads to an increased number of afterhours calls to General Practitioners (GP) and potentially avoidable presentations to Urgent Care Centres (UCC) and Emergency Departments (ED) in those regions. The Grampians Region Palliative Care Consortium aims to reduce this number and ensure equitable access for palliative care patients in the region to specialist palliative care afterhours support.

**Activities:**

The key activities of the Grampians Region Palliative Care Consortium's (GRPCC) Afterhours Project include:

- Funded access to PalCare patient information management software for all participating services, enabling access to region wide clients for complex review by the Grampians Region Palliative Care Team and afterhours support through Caritas Afterhours Triage Service.
- Funded access to St Vincent Hospital's Caritas Afterhours Phone Triage Service for all participating services. This service, staffed by senior palliative care nurses operates Monday to Friday from 4:30pm to 7:15am and for 24 hours a day over weekends and public holidays.

**Main outcomes:**

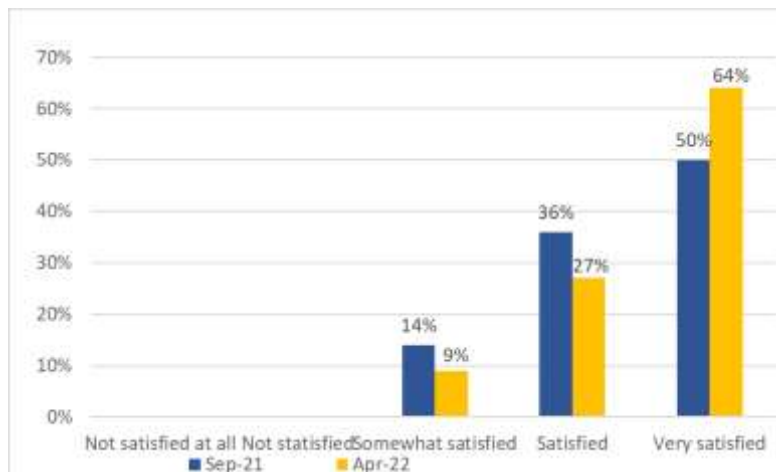
- Individual afterhours phone numbers in place for all community palliative care services in the region.
- Set-up of a region-wide PalCare database with separate teams for the services.
- Grampians Regional Palliative Care Team clinicians have access to the region-wide data base.
- IT Integration of PalCare with the local hospital patient management system iPM for Wimmera Palliative Care Service and Central Grampians Palliative Care.
- Members of all community palliative care services received PalCare training.
- Ballarat Hospice Care and Wimmera Palliative Care Service patient records are held in PalCare
- Ballarat Hospice Care and Wimmera Palliative Care Service patients are supported by Caritas Afterhours Coordinators.
- Guideline for best practice PalCare documentation in the context of collaborating with St Vincent's Hospital's Caritas Afterhours Phone Triage Service to implement a region-wide standard.
- Production of fridge magnets and wallet cards for patients to promote the afterhours number and service and empower patients to share this number with treating clinicians in emergency situations to receive up to date patient information and improve the integration of share care.
- Sponsorship of the palliative care session at the Western Victoria Primary Health Network [2022 Primary Care Refresher Conference to promote the community palliative care services in the Grampians region offering 24/7 support to their patients.](#)
- All targets and milestones defined by the Western Victoria Primary Health Network were either met or exceeded.

**Evaluation (selected preliminary results)**

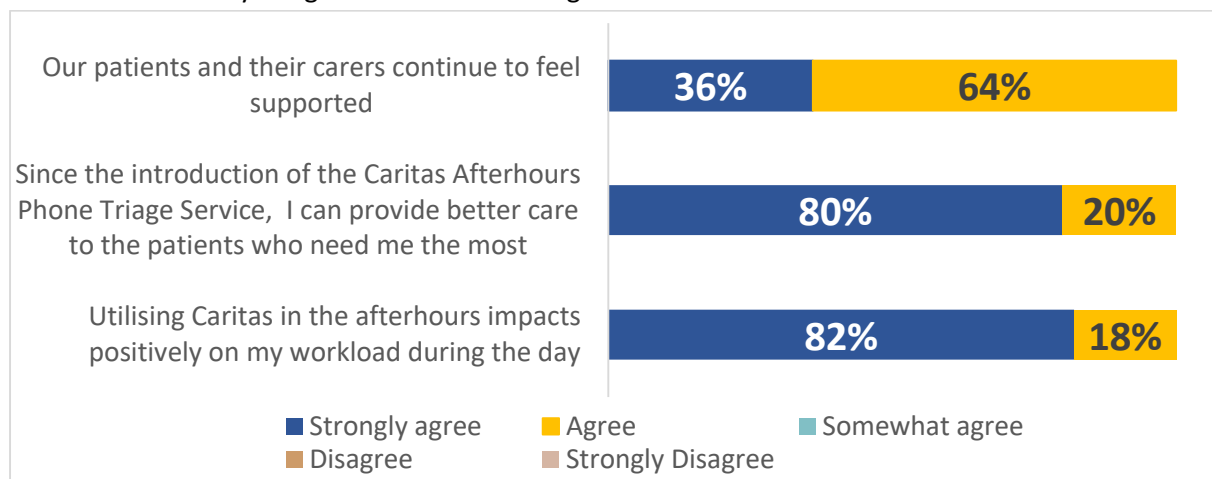
- Patient satisfaction with Telehealth consultation



- 67% of respondents indicated that they would have called an ambulance or presented directly to a hospital if the afterhours service was not available.
- Impact on nursing staff (selected results)  
How satisfied are you with the afterhours support Ballarat Hospice Care provides to their patients and their carers?



- How much do you agree with the following?



- Furthermore, the survey showed that since the introduction of Caritas Afterhours Phone Triage Service, the well-being of our nursing staff working afterhours on call shifts has improved significantly.

We would like to acknowledge and thank Ballarat Hospice Care's volunteers Jan and Michael for their ongoing support with this evaluation.

### 4.3 Aged Care & Disability Palliative Care Regional Project

The broad focus for this funding remains the same and that is to build capacity, embed and strengthen the Palliative Approach by implementing long term sustainable models. During 2021-22 the consortium refreshed its approach to the way in which we work closely with Residential Aged Care Facilities (RACF), and Disability Residential Services (DRS) staff across the region.

As there were already a variety of excellent best practice end of life care resources and education tools available, the consortium made the decision to take a more localised approach by funding projects based in several Health Services across the region. This has allowed for the implementation of a more local solutions that assist both RAC and DRS facilities to create programs that are more self-sustaining over the long term.

Grampians Health Horsham also obtained a \$20k grant from ELDAC to assist with implementing the ELDAC care model into RACF in the Wimmera region.

#### Residential Aged Care Facilities in the region:

<b>Wimmera Sub-region: (Total 18)</b> 13 Public 4 Private 1 Community Based Not-for-profit (Dimboola, Edenhope, Harrow, Hopetoun, Horsham, Jeparit, Kaniva, Minyip, Natimuk, Nhill, Rainbow, Rupanyup, Warracknabeal)	<b>Central Sub-region: (Total 13)</b> 9 Public 3 Private 1 Community Based Not-for-profit (Ararat, Avoca, Beaufort, Elmhurst, Skipton, St. Arnaud, Stawell, Willaura)
<b>Ballarat Sub-region: (Total 23)</b> 12 Public 10 Private 1 Community Based Not-for-profit (Ballarat, Bannockburn, Creswick, Daylesford, Sebastopol, Trentham, Wendouree)	<b>Bacchus Marsh Sub-region: (Total 5)</b> 3 Public 2 Private (Bacchus Marsh, Ballan)

#### **The main focus for the consortium is to establish programs that:**

- Raise awareness with RACF & DRS of referral pathways to SPCS
- Support ongoing links between RACF, DRS and SPCS in the region
- Encourage and promote PEPA education programs within RACF & DRS
- Support and encourage RACF managers to use the ELDAC toolkit
- Support and encourage DRS staff to implement Grampians Disability End-of-Life Care Plan, Partnership Agreement and End-of-Life Policy and Procedure,
- Encourage all RACF & DRS staff to complete online self-directed training
- Build capacity for staff in 'having the conversation' with family/carers
- Encourage use of 'Wishes Activity' for conversation starters
- Enable RACF & DRS to plan education in palliative care to ensure future sustainability
- Build external stakeholder relationships
- More advance care planning awareness in local communities
- Assist with increasing the number of advance care plans in place across the region

#### Disability Residential Service Providers in the region are:

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



In 2021-22 disability connections continued to be strengthened through our localised projects. The consortiums focus was to engage DRS staff in recognising deterioration, raising awareness of referral pathways and how to access support in the palliative approach to improve end of life care for disability residents. Strengthening stakeholder engagement with Disability Liaison Officers and DRS providers will assist in improving long term outcomes for the service, disability staff, their residents and families. We are excited to see these localised projects deliver positive outcomes, build capacity and embed a palliative approach in facilities across the Central and Wimmera sub-regions.

The consortium would like to acknowledge and congratulate the incredible staff at all residential facilities in the region for providing excellent care during ongoing challenging times. We look forward to continuing to build capacity and strengthen engagement to embed a palliative approach into the future for all in our residential care facilities.

➤ **Wimmera Aged & Disability localised project:**

**Project Title:** Best Possible End of Life and Bereavement outcomes in the Wimmera region Residential Aged Care and Disability facilities

**Lead Agency:** Grampians Health Horsham – Wimmera Palliative Care Service

**Project Lead:** Katrina Fallon

**Duration:** December 2021 – December 2022

**Objectives:**

- to improve knowledge and skill of RACF and DRS in the region regarding the palliative care approach,
- develop and introduce a program of bereavement support for team members; other residents and family after the death of a RACF resident or disability support service client, and
- develop a palliative care education module for RACF and disability team members

The initial task for the project was to contact all RACF and DRS in the Wimmera Palliative Care Service area, and to collect & update best contact for all facilities. We identified four disability support services and seventeen RACF.

**Participants:**

- Dunmunkle Lodge – RACF in Minyip
- Allambi Hostel – RACF in Dimboola
- Woodbine Inc. – DRS in Warracknabeal

**Activity:**

- Letters to every facility inviting them to register their interest (received seven expressions of interest)
- Survey Monkey for completion by 31<sup>st</sup> January (received five responses)
- Meeting's with facility managers to detail expected outcomes of the program
- Preparation of education modules (Introducing the Palliative Approach and Bereavement Support Program)
- Two zoom sessions delivered to Dunmunkle Lodge, and two in-house sessions delivered to Allambi Hostel and Woodbine Inc.
- Monthly champion focus group education sessions

Staff members were encouraged to consider becoming palliative care champions. The role of a champion is to facilitate advance care plans, review and update existing advance care plans, plan and conduct palliative care case conferences, complete after death audits and implement a bereavement support program. Some clinical mentoring for other staff members would be encouraged as well. Hands on, email and telephone support will be provided to each facility. For example, if a facility required assistance creating advance care plans with their resident/client I would work with the staff, resident and their support people to develop plans.

Unfortunately, Covid restrictions and staff shortages impacted the amount of training sessions delivered, with some sessions postponed or cancelled. Training sessions were provided via face to face or via zoom with approximately forty people receiving initial training. Each person who attended training completed an ELDAC personal learning assessment form. Information obtained from those forms was collated and used to identify topics to be covered in the monthly champion focus group education sessions. The first session centered on the legalities around advance care planning in Victoria. Other topics to be covered during 2022-23 include – completion of advance care planning, case conferences, care for the deceased person, common symptoms in palliative care, explaining the dying phase, recognising end of life and pressure area care.

Future plans for the project are to continue working closely with each facility especially since Covid, facility lockdowns and staff shortages have made visiting facilities difficult, even though telephone and email contact has been offered and utilised. As project lead, Katrina looks forward to the opportunity to continue working with the current facilities as well as expanding to other facilities in the region.

#### ➤ Central Grampians Aged & Disability localised project:

**Project Title:** Proactive Palliative Care Pathway Project

**Lead Agency:** East Grampians Health Service

**Project Officer:** Sean Dehoedt

**Duration:** August 2021 – September 2022

**Objectives:**

- Support staff in Aged Care and Acute to start earlier conversations around the need for palliative care.
- Increase the number of consumers with documented end of life preferences.
- Improve grief and bereavement support within Residential Aged Care Facilities and Disability Residential Services for both families/loved ones and staff.

**Participants:**

- Garden View Court
- Willaura Hostel
- Lowe St

**Activity:**

- Community consultation with 28 people – includes public RACF x3, private RACF x1, private DRS x1
- Utilised advance care planning resources to engage with some facilities
- Develop and implement 'When I Die' booklet – that the resident owns to be used throughout their journey of care.
- Develop a Peer Support Group – looking to expand by offering peer support training using the NZ model.

**Issues/Concerns identified:**

- Loss of identity with continuity of care while transitioning from low care into high care.
- Very slow uptake in the Disability sector

Feedback has demonstrated that great outcomes have been delivered by having a local presence working closely with local facilities. The consortium looks forward to extending these projects into 2022-23, ultimately supporting improved outcomes for residents, loved ones, families and staff.

## 4.4 Workforce - Career Progression Program

The incredible clinicians working in our palliative care services all deserve recognition and support for the amazing work they do. We recognise that undertaking further studies is a very big commitment for staff and we appreciate all who make this commitment for their efforts. The consortium's Career Progression Program continues to be embraced by our specialist teams as and when staff choose to undertake further studies. The long term benefits of the increased workforce capacity that this

provides is strengthening quality end of life service delivery and improved person-centred care outcomes for patients, families and carers.

The aim is to encourage and support palliative care staff to undertake further education on a co-contribution basis. These can be in the form of: short courses, Certificates, Graduate Diplomas and/or any other specialist training that will see palliative care services delivered optimally across the Grampians region.

During 2021-22 the consortium supported further applicants to access additional education. The total funding commitment through this program to date has been \$91,913. Feedback from those who have completed their course has been extremely positive, with the applicants gaining additional skills & knowledge. All greatly appreciated the financial support from the consortium giving the opportunity to advance their learning.

**Career Progression program to date:**

- **Ten staff** have completed the following:
  - Graduate Certificate in Palliative Care – Melbourne University
  - Graduate Certificate in Bereavement Counselling & Intervention – Aust. Centre for Grief and Bereavement
  - Effective Grief Contact – Aust. Centre for Grief and Bereavement
  - Loss & Grief Relating to Ability, Ageing & Dementia – Aust. Centre for Grief and Bereavement
  - Banksia Pal Care training (8 sessions) x 5 staff – Banksia Palliative Care Service
  - CNSA 24th Congress 2022 – Cancer Nurses Society Aust.
- **Three staff** have partially completed the following:
  - Graduate Diploma in Management – Aust. Institute of Management
  - Graduate Diploma in Pal Care – University of Technology Sydney
  - Masters of Nurse Practitioner – Flinders University

#### **4.5 GP Engagement – Improving referral pathways**

Targeted engagement with GP's across the region has been an increased focus this year. Covid forced many to embrace alternate modes of communication and education and with such a vast geographical area, this has provided GP's from outlying rural/remote areas greater opportunity to connect with palliative care education.

GP engagement initiatives have continued with direct mailing of education flyers extending to include BHCI GP Breakfast invitations.

The virtual nature of these opportunities has potentially increased accessibility and therefore developed GP knowledge of palliative care, improving referral pathways across the region.

➤ **PEPA GP Workshops**

There have been nine GP workshops promoted across the region either via email or direct mail out and the Clinical Advisory Group to their GP networks. The online availability offered by PEPA during 2021-22 made it easier for interested GP's to attend from anywhere in the Grampians region.

**Topics included were:** Palliative Care in General Practice, Pain Management in Palliative Care and Symptom Management at the End of Life for GP's.

➤ **GP Breakfasts:**

Run by Ballarat Hospice Care Inc. (BHCI) these Breakfast sessions remained virtual during 2021-22 giving the opportunity to continue offering region wide GP's attendance. These were promoted by Clinical Advisory Group members and either via email or direct mail out, utilising WestVicPHN GP data

lists. There were 108 participants across 9 sessions for the year, which included nurse practitioners from the rural west end of our region.

**Topics included were:** Opioids in Renal Failure, Talking About Funerals, COVID at Home, COVID management in General Practice, Death Certificates, Referral Outcomes to Ballarat Hospice, ‘Alice in Wonderland’ – the effects of anticholinergic load, Morphine – Back to Basics, and Transition to Comfort Care in Neurological Disease Part 1 – Dementia.

These workshops are continuing to be promoted via direct mail outs, an initiative which has seen improved GP engagement across our regions, a clear sign that regional GP’s have an appetite for targeted Palliative Care education opportunities.

➤ **GP Refresher Conference:** ([as per 6.6](#))

Run by the Western Victoria Primary Care Network, this GP conference initiated further engagement with GP’s through sponsorship of the palliative care session. This extended an opportunity to promote our new regional after hours project, with the added incentive for GP’s, to have an available after hours support for referring patients who are palliative. The brochure produced for this conference will allow for ongoing engagement with GP clinics and patients to further promote community palliative care and the afterhours support service.

## 4.6 Patient & Carer Information and Support

A focus that came out of Clinical Advisory Group meetings was explore consistency across the region with the information and resources provided to patients and carers, particularly in new patient packs. The CAG had planned a focussed workshop to explore available resources and those currently used, unfortunately Covid limitations meant this did not eventuate.

As a compromise, following regular discussions at CAG meeting there has been extensive distribution of resources and information across all palliative care services and residential facilities, with evaluations to be completed to quantify how effectively these resources improve outcomes for patients, residents, families and carers. This data will support business cases for services to ensure adequate funding to provide the best resources on an ongoing basis.

**Patient resource distribution has included:**

- Advance Care Planning – resources from ACPA were distributed to SPCS’s, RACF’s, DRS providers, Community Health, acute and GP’s across the region.
  - General Factsheets for individuals, substitute decision makers, health professionals and care workers.
  - ACP in Aged Care: A guide to support implementation in community and residential settings
  - ACP: Getting Started Guides
  - ACPA information cards
  - Wallet cards: ‘Please respect my advance care plan’
- Palliative Care Advice Service flyers
- ‘Supporting a person who needs palliative care’ – a guide for family and friends – Dr Peter Hudson PhD & Dr Rosalie Hudson PhD
- DoH – [‘What Matters to Me’](#) flyers
- [Flying Doctors Service – Memory Lane](#) brochures
- [Violet](#) – carer resource information cards
- Fridge magnets and wallet cards – for each palliative care service to provide patients with easy access to phone support (an extension of the new after hours regional project)

#### Fridge Magnet sample:



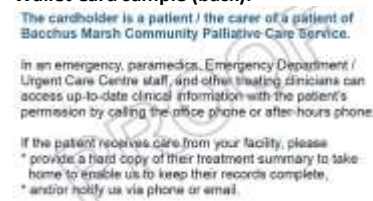
The consortium produced fridge magnets for each SPCS, individualised by their own logo and contact details. These are being distributed to all palliative care patients, offering carers fast and easy access to phone support either during business hours or after hours, weekends and public holidays.

Wallet cards have been produced to identify the patient as palliative when receiving care elsewhere. This offers clinicians access to the patient's medical records for continuity of care.

#### Wallet Card sample (front):



#### Wallet Card sample (back):



## 5. Education, Training & Support Activities

### 5.1 Regional Consultancy Team

The Grampians Regional Palliative Care Team (GRPCT) remains the main provider of education and training for health professionals in this region, with a varied program during 2021-22. The consortium has assisted with promotion of all GRPCT training. This has predominantly remained virtual during 2021-22 and has addressed the required needs of staff across the region.

The GRPCT have continued to educate in many ways which include: E-Pal newsletters, webinars, online resources, Grampians Regional Specialist Palliative Care (SPCS) education meetings, the continuation of Covid-19 fortnightly meetings and individual support to the SPCS's.

#### E-Pal newsletter topics have included:

- Death Customs from around the World – Stacey Vincent
- A case study supporting a patient with disability to die well in their 'home' – Julia Johnston
- Very Special Kids – Children's hospice and family support – Pauline Hammond

GRPCT conducted six webinars during 2021-22, which assisted 187 health professionals in advancing their skills and knowledge of the below areas.

#### Webinar topics covered were:

- Motor Neurone Disease Q&A session – Lauryn Matheson, Regional Advisor, MND Vic
- COPD & End of Life Management – Dr. Umbreen Qazi, PalCare Physician, Alfred Hospital
- Organ & Tissue Donation – Larna Woodyatt, Nurse Donation Specialist, BHS
- Organ Transplant, Dialysis and Palliative Care – Grant Monks, Kidney Health Aust.
- Funeral Director Q&A session – David Franzo, Harrison Funerals
- Methadone in Palliative Care – Dr. Greg Mewett, Palliative Care Physician, BHS-GRPCT

**Palliative Approach in Aged Care Workshop – Ballarat:** The GRPCT have staff accredited to facilitate PEPA workshops in the Grampians region. Although this workshop was postponed on many occasions due to lockdowns and/or capacity restrictions, it was eventually held face to face in May 2022. This was well received and fully booked by our aged care sector staff, with 25 people taking the opportunity to improve their skills and knowledge in a palliative approach to care for their residents.



The consortium supports the GRPCT bi-annual conferences as a major sponsor and look forward to supporting their 'Back to the Future' conference, which is scheduled to return in 2024.

## 5.2 Program of Experience in a Palliative Approach (PEPA)

Stakeholder engagement has continued throughout 2021-22 with PEPA continuing most education virtually across the state. This has allowed for health sector staff from more rural remote areas of our region to access education.

Stakeholder engagement with PEPA has also strengthened at the state wide consortia managers level, where bi-monthly meetings are expanding to a broader networking group. This has strengthened education, training and strategic support within palliative care from a state wide perspective.

### PEPA workshops advertised in our region were:

- **Palliative Approach in Aged Care Workshop** – two online and one face to face. The Ballarat workshop finally went ahead in May 2022. Once again fully booked, giving a strong indication that RAC staff value and are seeking this level of skills development in order to give their residents the best level of care possible.
- **Palliative Approach Workshop in Advanced Communication Skills** – four online workshops covering: Overview of the palliative approach, Introduction to communication skills, and Case-based experiential learning (facilitated communication skills practice)
- **Culture Centred Care Workshop – CALD** after many cancellations this was held face to face in Ballarat on the 1<sup>st</sup> September 2021.
- **Culture Centred Care Workshop – Aboriginal and Torres Strait Islander Perspectives Workshop** – this was available online offering access to more remote staff. It covered Impact of history and intergenerational trauma, Importance of kinship and community, Culturally appropriate communication, and 'Sorry Business'.
- **General Practice Workshops** – nine online workshops giving GP's access to education covering Pain Management in Palliative Care for GP's, Palliative Care in General Practice, and Symptom Management at the End of Life for GP's.
- **Mentoring Workshop** – This half day online workshop held on the 23<sup>rd</sup> March 2022, was designed to develop current palliative care health professionals to support generalist health care professionals to understand the value and importance of working with a palliative approach to care.

### PEPA Placements

Covid limitations have impacted PEPA and Reverse PEPA placements during 2021-22, though opportunities have continued to be promoted at Clinical Advisory Group and Executive meetings and extensively across RACF's. The aim is to increase the number of health professionals embracing and promoting the palliative approach and hopefully to encourage more to moving into a career in palliative care. These opportunities are also great for the aged care sector and we are focussing promotion within our residential aged care facilities to improving uptake in the future. PEPA's move to resourcing Reverse PEPA placements in Aged Care, with on-site audits undertaken to ensure education is customised to focus on the needs of the individual facilities has the potential to deliver significant results and even better end of life care across the sector. It also provides a greater level of support to staff and management of the Aged Care sector which remains one of the areas in health most impacted by workforce and skills challenges.

The consortium will continue to strongly support and promote PEPA opportunities and look forward to health professionals within the Grampians region taking up these excellent opportunities.

### 5.3 Self-Compassion Course for Palliative Care

*A moment of self compassion can change your entire day  
A string of such moments can change the course of your life*

Research shows self-compassion skills can benefit health care professionals, allowing them to experience greater satisfaction in their caregiving roles, less stress, and more emotional resilience. Self-compassion is caring for yourself with kindness, in the same way you would care for others, during challenging times. Self-compassion training builds inner resources and cultivates healthy and kind 'habits of mind' to help you thrive.

#### Course outcomes:

To learn practical and kind 'on-the-spot' skills to use at work and at home to help:

- Calm the mind and body and handle difficult emotions with greater ease
- Care for yourself 'on the spot' while caring for others and avoid compassion fatigue
- Understand and apply mindfulness and self-compassion concepts
- Reconnect with what gives you purpose, and peace, in your life

A collaborative initiative by Southern Metro Region Palliative Care Consortium (SMRPCC), Loddon Mallee Region Palliative Care Consortium and Grampians Region Palliative Care Consortium, this course was facilitated by Suzanne Peyton RN, BA, MPH. GC Org. Coaching Founder, The Mindful Well – Mindfulness and Compassion Training for Wellbeing, [www.themindfulwell.com](http://www.themindfulwell.com) and ran over six weeks in 1hr sessions.

The Grampians consortium sponsored seven attendees from across all five specialist palliative care services and those who attended found this to be an invaluable self-care opportunity.

#### Feedback included:

- All participants would recommend the program to others
- 70% of participants found their capacity to manage stress had changed
- It was a really interactive, inclusive and reflective program
- Excellent course, introducing new ideas & management plans
- Taking time for myself and focussing on my own health & wellbeing is so important
- I've learnt to prioritize myself, check in to ascertain how I'm feeling regularly and use easy techniques to self-nurture at any time.
- The program highlighted the importance of caring for myself the same way I care for patients and their families at work as well as my loved ones at home.

### 5.4 Palliative Care Nurses Association Conference (PCNA)

During May 2022 the PCNA held its Bi-annual conference which was once again virtual and proved to be a great success. The sessions presented covered topics such as:

- Nurses leading change in Australian palliative care – this was introduced by a key nursing leader from the United States before focusing on the Australian experience through a targeted panel discussion.
- Updates on National Palliative Care Policy work with a focus on:
  - National Palliative Care Program update
  - Palliative Care Australia's vision for the next 5 years
- Innovations in palliative care for older Australians with a focus on:
  - Palliative care in Residential Aged Care Facilities – a vision for the next 5 years
  - Optimising assessment and management of key symptoms for older people with advanced complex illness/es – a clinical update on the current evidence
  - Cognitive assessments for the elderly – what tools are best for use in clinical practice?
  - Frailty assessments in heart failure – what tools are best for use in clinical practice?
- Integrated palliative care in practice with a focus on:
  - Caring for people with Pancreatic Cancer in 2021 – what does best practice look like?

- Genetics and palliative care– how should we integrate this into care provision?
- Caring for family carers – how can we enhance support and improve their wellbeing?
- Grief and bereavement in 2022 – challenges and opportunities from the COVID-19 pandemic
- How can palliative care embrace digital health? This futuristic session was again led initially by a world leader in this field before moving to a panel discussion with learning focused on:
  - Digital health for people with palliative care needs – a vision for the next 5 years
  - The future of palliative care nursing – the time is now

The Grampians consortium extended sponsorships to four attendees, allowing for one palliative care nurse from each specialist palliative care service. Two of our Bacchus Marsh Community Palliative Care team attended on PCNA scholarships due to their excellent work with the Voluntary Assisted Dying short film, which was presented to the conference by Sandi, Nurse Practitioner Candidate with the BMCPC team. Those who attended from this region found the opportunity to gain further skills and knowledge was extremely valuable as well as networking with fellow palliative care colleagues, even though in a virtual setting.

## 5.5 Regional Resources

Support and advice during the pandemic have been extremely important for all health professionals. The GRPCT, BHCI, state-wide Consortia Managers and ADPCC networks resource sharing that has occurred has proven invaluable to many. These high-quality resources of clinical integrity, shared in a timely manner, directly assist with optimal end of life care across the region and in some instances across the whole of Victoria.

The [Consortium website](#) remains a valued resource for many across the region when looking for a central point where they can obtain reliable information and assist with increasing skills and knowledge. Invaluable in promoting available online education and training, including webinars, training videos and many other learning tools, the website provides easy access to resources for health professionals, palliative care clinicians, patients, carers and families.

### Tools and resources which can be accessed from the consortium include:

- [Palliative Care it's more than just death & dying](#) – Short video by Dr. Penny Cotton
- A Guide for Caring for People at the End of Life – DVD series ([GRPCC website](#))
- Safe Administration of Subcutaneous Medications Carer Package – ([GRPCT website](#))
- Symptom Action Plans – regional template
- Grampians Region Community Palliative Care Referral Form ([GRPCC website](#))
- Recruitment Video – why choose palliative care as a career path ([GRPCC website](#))
- BHCI Telehealth resource – [Training modules](#)
- Grampians Navigation Quick Reference Tool (West Vic PHN website)
- Grampians Region Palliative Care Disability documents
- Disability resources including TEL (Talking end of Life) for Disability and PCV Valid Easy English resources ([PCV website](#))
- Advance Care Planning – 48 Wishes Activity ([GRPCC website](#))
- Quick reference Guide for End-of-Life Care – COVID-19 (Dr Penny Cotton)
- COVID-19 Webinar: Prevention and Outbreak Management Planning for Residential Aged Care Services in the Grampians Region – link: <https://vimeo.com/454632326>
- [Carers Help](#) Website
- ELDAC website (including [RACF toolkits](#))
- Aged Care Sector COVID-19 Information ([DoH website](#))
- Grampians Region Voluntary Assisted Dying(VAD) Care Navigator – Gillian Coult
- VAD Health Practitioner Information ([DoH website](#))
- State-wide Palliative Care Advice Service ([PCAS](#))

## 6. Funded Regional Service Initiatives, Research & Innovation

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In addition to our focussed activity detailed in section 4, the consortium has been able to provide funding support and assistance to the broad range of service-based initiatives listed below. These have strengthened the provision of palliative care within this region, and some even more broadly, across the state and nationally. Department of Health (DoH) directly funded initiatives which have occurred in the Grampians region are also included.

### 6.1 Regional Research, Development & Innovation

Specialist palliative care services within the Grampians region are constantly looking at ways to improve service delivery to patients, their carers and families. State-wide research is also shared through Safer Care Vic., the state-wide Palliative Care Consortia Managers and Aged & Disability network groups. This allows our regions health professionals to stay informed and responsive to the challenges they face in providing optimal care to their patients.

Service providers and external stakeholders across our region regularly take on research grants to improve best practice palliative care service delivery such as those listed below.

#### Research & Development:

- Regional After Hours Palliative Care Project – 2021-22 (West Vic PHN grant & GRPCC funded) (two services commenced, two services progressing) ([as per 4.2](#))
- Voluntary Assisted Dying Video – ‘I did it my way’ VAD stories – BMCPCS 2021-22 (GRPCC funded in conjunction with family donations) ([as per 6.2](#))
- CCV-GICS Palliative Carer Peer Support Project – 2021-22 (GICS grant) ([as per 6.3](#))
- Rapid Discharge Project – BHCI & BHS 2020-21 ([as per 6.5](#)) (will form part of ‘Keeping Projects Alive’)
- Telehealth Project BHCI 2018-19 – (will form part of ‘Keeping Projects Alive’)
- Grampians Health Ballarat-GRPCT Cancer Research Grant – (BRICC grant) (progressing)
- Keeping Projects Alive – (GRPCC funded) (to commence in 2022-23)

#### Innovation:

- [Palliative Care it's more than just death & dying](#) – Short video by Dr. Penny Cotton
- Verification of Death – regional working group (progressing)
- Palliative Care Community Teams COVID Conversations – (fortnightly meetings conducted by the Grampians Regional Palliative Care Team)

The consortium support and encourage these research and innovative undertakings and very much look forward to exploring the findings with the CAG and the possible positive outcomes they may deliver to improve and strengthen best possible end-of-life care.

### 6.2 Voluntary Assisted Dying (VAD) Short film – BMCPCS

**Project title:** ‘I did it my way’ – VAD stories (filmed with the support of three families of Bacchus Marsh Community Palliative Care patients at end-of-life)

**Duration:** June 2021 – December 2021 (extended to June 2022)

**Project Lead:** Sandi Olney, Nurse Practitioner Candidate, Western Health Bacchus Marsh Community Palliative Care Service

‘I did it my way’ VAD stories was developed after a generous donation and request from a Bacchus Marsh family, who had a strong belief that it was very important to tell their VAD experience. By telling their story they hoped it would ease the burden for other patients and families who were considering end-of-life options.

The objective was to produce a short film (video) capturing the stories of three families who have embraced the Voluntary Assisted Dying legislation so that they can communicate their experience to other families and health care professionals. Funding for the production of this video was provided under the consortiums local service-based initiatives along with family donations. Due to many Covid-19 constraints, this project was pushed out by several months, with filming finally commencing in December 2021.

**Benefits:**

- This video will help families considering VAD and going through the process to prepare and feel supported.
- This video will provide valuable education to other palliative care clinicians and health care staff.
- The video will encourage local General Practitioners to consider becoming VAD advocates to ensure that locals stay local in the region, thus reducing the need for local palliative care patients to travel outside their region for support.

**Outcome:** A video has been produced for educational purposes, community engagement, use on palliative care platforms, such as CareSearch and Palliative Care Australia, social media and palliative care conference presentations.

The project findings were presented by Sandi to the Palliative Care Nurses Association Conference in May 2022 and was very well received by those who attended her session.

To coincide with Dying to Know Day a presentation and film launch occurred on the 8<sup>th</sup> August 2022. This included a guest presenter, film preview, panel of speakers and afternoon tea.



To improve palliative care patients end of life choices, this resource will greatly assist other patients and families who may choose to consider this pathway. The consortium looks forward to sharing this extraordinary resource with other palliative care services throughout the region and more broadly.

### 6.3 CCV-GICS Palliative Carer Peer Support Project

Cancer Council Victoria (CCV) undertook this scoping project to explore, in conjunction with Deakin University, a potential gap in peer support services for carers of people in palliative care. The project was funded by a Service Improvement Grants program offered by Grampians Integrated Cancer Service (GICS).

The aim of the project was to explore the lived experiences of carers looking after a loved one receiving palliative care, the role of peer support in meeting carers' needs and how future peer support models can be structured within regional and rural settings.

Recruitment ran from July to October 2021 and utilised multiple channels, including social media, palliative and supportive care teams, Cancer Council Victoria's website, word-of-mouth, and even a newspaper article.

Phone interviews were conducted with 12 carers, all in the post bereavement period and 4 health professionals. The following main themes were derived from the data:

- **The caring context** – which detailed the complex and overwhelming experiences that carers felt during the palliative care period.
- **Caring in the time of Covid-19** – which describes how carers were impacted in the care they provided and after bereavement period by Covid-19 and lockdown restrictions.



- **Potential Peer Support Model** – which outlines carers ideas for an informal community led peer support program encompassing emotional support and clinical chats.
- **An Embedded Model** – highlighting the importance of a peer support program to be provided in routine care to improve uptake, recognising that carers in active palliative care are a difficult to reach group.

**Four key recommendations** can guide the development of a peer support program for carers in rural and remote areas looking after people in palliative care. These include:

- Having a flexible and tailored program for carers,
- Engaging carers using strategies such as codesign to develop a peer support program,
- Broadening the target group beyond active carers, and
- Exploring existing services

This project provided more understanding about how carers in the palliative care period can be supported with a peer support model. Higher engagement was seen with carers in bereavement and findings suggest codesign may be beneficial for developing a flexible model for supporting and linking carers together.

The consortium would like to note that the research team is currently preparing to have their paper published. We look forward to utilising their findings to develop peer support groups within our region and enhance outcomes for carers of cancer patients.

## 6.4 MND – Shared Care Worker

At the end of 2021, there were 17 people living with MND in the Grampians region (as registered with MND Vic). A look at the figures for the past five calendar years shows that the numbers regionally vary from year to year and can increase dramatically.

Year end	Grampian's region
Dec 2017	15
Dec 2018	11
Dec 2019	9
Dec 2020	10
Dec 2021	17

The MND Shared Care Worker is a Department of Health funded position that actively supports health professionals, support staff (medical/nursing, allied health, personal carers, case managers etc.) and people living with MND and their families from across the whole region. This is a one day per week role, dependent upon ongoing funding, and therefore is best suited to sit within a specialist palliative care service where there is capacity to add it to an existing part time role. During 2021-22 the role changed from Ballarat Hospice Care Inc. across to Grampians Health and now sits within the Grampians Regional Palliative Care Team.

The Grampians MNDSCW is guided and supported by the MND Vic. – Regional Advisor and has ongoing education and training from various learning opportunities across the state.

## 6.5 BHCI-BHS Rapid Discharge Project

**Project Title:** 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

**Lead:** Ballarat Hospice Care Inc.

**Partners:** Ballarat Health Services; Grampians Regional Palliative Care Team (Ballarat Health Services)

**Funding:** Victorian Department of Health and Human Services, 2019 Palliative Care Service Innovation and Development Grant

**Duration:** September 2019 – July 2021

**Ethics:** Approved by the Ballarat Health Services and St John of God Healthcare Human Research Ethics Committee (ERM 64367)

**Background:**

Patient-centred care is about providing the best care possible while considering patient needs and preferences. This includes being cared for and dying in one's place of choice. Being cared for and dying in one's preferred location is considered an integral part of living and dying well. Many people wish to die in their home as they often have a strong connection to this place. Home offers a sense of belonging and social connection, familiar people, objects and surroundings, which is especially comforting at this time.

However, when approaching the end of life, planned hospital admission as well as unexpected presentations to the Emergency Department and hospital stays are common.

This project is concerned with limiting preventable visits to the Emergency Department and inpatient hospital stays, while supporting the timely, smooth, safe and sustainable return of people with an advanced life-limiting illness back home; especially when the patient and family identify that their preferred place of care and/or preferred place of death is within the community or 'home'.

**Activities:**

A comprehensive project report was submitted to the Victorian Department of Health. The Department of Health endorsed the project report, and expressed their support to progress the implementation of outcomes.

Ballarat Hospice Care's contact at the Department of Health Theresa Williamson, Manager End of Life Care and Patient Choice wrote:

*"Congratulations - This is a great piece of work, incredibly comprehensive and looks like you've established some meaningful engagement between the services to forge a way forward."*

## 6.6 WestVicPHN Primary Care Refresher Conference

In June 2022 the consortium sponsored a palliative care session included in the Western Victoria Primary Health Network's Primary Care Refresher Hybrid Conference. This hybrid setting gave over 150 GPs, practice nurses, practice staff, allied health professionals and specialists from across western Victoria the opportunity to attend either virtually or face to face. Attendees heard from a range of guest speakers on various topics related to the conference theme '**The Journey of Primary Care Through a Pandemic**'. Keynote speakers **Professor Michael Kidd AM** (Deputy Chief Medical Officer, Australian Government DoH) and **Adjunct Professor Ruth Stewart** (National Rural Health Commissioner, Australian Government DoH) gave important insights into the COVID-19 pandemic response in primary care.

The conference was a great opportunity for the consortium to promote community palliative care in general, and the community palliative care services in the Grampians region providing 24 hour support on 7 days a week. A poster and brochure for advertising in the virtual sponsorship lounge were produced. As an extension to the After hours Project the consortium is now working towards printing these brochures for ongoing promotion, via distribution to GP and specialist clinics. This will allow an opportunity for more patients to be referred to palliative care services and therefore have access to the after hours support available to all palliative care patients across the region.

## Promotional Brochure:

**Services in the Grampians region:**

**Ballarat Hospice Care Inc.**  
PO Box 96, Ballarat 3343  
P 03 5322 1110 F 03 5322 1110  
E [admin@ballarathospicecare.org.au](mailto:admin@ballarathospicecare.org.au)

**Wimmera Palliative Care Service**  
53 Rennie Street, Horsham 3408  
P 03 5352 8363 F 03 5352 5480  
E [wpallcare@hospice.org.au](mailto:wpallcare@hospice.org.au)

**Central Grampians Palliative Care**  
PO Box 155, Ararat 3477  
P 03 5352 8943 F 03 5352 9420  
E [cgpa@hospice.net.au](mailto:cgpa@hospice.net.au)

**Southern Health Baccharis Marsh Community Palliative Care Service**  
PO Box 138, Baccharis Marsh 3340  
P 03 5367 8137 F 03 5367 4279  
E [palhcare@shh.org.au](mailto:palhcare@shh.org.au)

**Are you living with a life limiting illness?**

**Let us support you to live your best possible life!**

**We can assist you to:**  
Understand your illness  
Manage your symptoms  
Negotiate your journey  
Communicate your preferences  
Stay at home

**Our services provide specialist care that:**

- Helps people living with a life-limiting illness, their families, carers and clinicians
- Focuses on maintaining the highest possible quality of life for the individual
- Includes physical, emotional, social and spiritual care that respects your beliefs, wishes and choices

**Who is it for?**

- Anyone diagnosed with any life-limiting illness such as heart, lung and kidney diseases, motor neurone disease, cancer, and dementia
- Anyone of any age (from babies to older people)
- People of all cultures and beliefs
- People still receiving treatments such as chemotherapy or dialysis

**We help:**

- Manage your illness, particularly pain and symptoms to make you comfortable
- Provide choices to make important decisions about your care
- Support family and friends caring for you, now and in grief and bereavement
- Plan for the progression of your illness and support you to achieve your wishes and preferences

**We can:**

- Respond to the individual needs of each patient, carer and family
- Link with GPs, and community care and health services
- Provide afterhours phone support to patients, carers and clinicians
- Provide in-home specialist care
- Offer equipment loan to enhance comfort and safety
- Offer care and patient education
- Offer welfare support

**Referral:**

- Anyone can refer to a community service, your GP, Specialist, hospital, and yourself
- Early referral, from diagnosis, can be beneficial

**Costs:**

- There is no cost to patients

**For general support or advice, call the Palliative Care Advice Service: 1800 358 808 (2am - 10pm, seven days a week)**

**For patient specific advice during and after business hours call the numbers provided by your community service**

## 7. Community Based Initiatives

The consortium continues to be supportive of community-based activities with many virtual initiatives happening throughout the region in line with our community focus:

*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,
- respecting a person's choice to die at home,
- personal peace of mind,
- autonomy and dignity at the end of life.

Building capacity and strengthening partnerships between local communities and the specialist palliative care services (SPCS's), significantly 'value-adds' to the provision of quality end of life care across the whole region.

## 7.1 Dying to Know Day

In August every year [The Groundswell Project](#) initiate a 'Dying to Know Day' theme to assist and encourage stakeholders, including state-wide Consortia, palliative care service providers and community groups, to promote the importance of and need for end of life conversations. The consortium has always supported 'Dying to Know Day' initiatives, with the annual day (8<sup>th</sup> August) dedicated to activating conversations and community actions around death, dying and bereavement.

During August and September 2021 the consortium embraced Palliative Care Victoria's initiative 'Take the Time to Talk' and flowed this theme into a 'Cookie and wishes activity' initiative for a whole Grampians region distribution through patients, families, carers and the community.

These cookies and wishes activity sheets were distributed region wide in hospital wards, cancer centres, aged care facilities, medical surgical units, community health, Hospice volunteers, oncology wards, renal dialysis, continence clinics, home care package clients, small groups, service staff, planned activity groups, urgent care and Shannon's Bridge. The aim was to encourage people to put the kettle on, make a cuppa and take the time to chat about the 48 wishes statements listed on their activity sheet with their loved ones.



**The most important conversation you've never had  
can take you places you've never been.**

We used to talk about death as a normal part of life! To prepare and plan for a future without us or our loved ones. This provided comfort and security for those involved, and helped draw us closer together when we needed it the most. The "My Wishes" activity could help create space for such a conversation, to help a loved one make a plan that respects their values and preferences, to talk to someone who doesn't really want to, but probably should identify their wishes. The 48 wishes statements can be accessed via the [consortium website](#).

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



## 7.2 Flying Doctor Memory Lane Program

For people with a terminal illness, a simple chance to reconnect with their lives in their final days can mean the world. This program gives them an opportunity to visit a place of personal significance; to admire their own garden, to feel the breeze of the seaside, or to be surrounded by their loved ones and pets.



Through our Clinical Advisory Group, the consortium has strongly promoted the Royal Flying Doctors Service – Memory Lane Program to palliative care staff across the region. During 2021-22 two services from the Grampians region had three planned special memory lane trips, of which two were successfully undertaken.

- **Bacchus Marsh** – there was a memory lane trip in the planning for a patient of the Bacchus Marsh Community Palliative Care Service. It was a visit to GMHBA Stadium (home ground of the mighty Geelong Cats). He was going to attend a training session and meet some of the players. He deteriorated too quickly before the trip could go ahead, however the palliative care service was able to get a video message from one of the players to him before he passed away.
- **Wimmera** – the Wimmera Palliative Care Service staff organised a special memory lane trip to Port Fairy for one of their patients. Port Fairy was a significant holiday destination for this patient and her family and this trip allowed them to draw on memories of the past. The patient passed away shortly after, however the trip made a huge difference to her and her family.
- **Wimmera** – the Wimmera Palliative Care Service staff organised a special memory lane trip to the Anzac Day memorial service for one of their patients. This patient had always been a familiar presence at memorial services, fulfilling ceremonial roles in full military uniform. At the 2021 service, he was able to light the cauldron and hand the torch to the elder soldier. In 2022, he was to play the same role but sadly, was not well enough to do so ..... but through the dedication of a special medical team, he was able to attend the service. Due to the wonderful Memory Lane volunteers, from the rear of the ambulance he was able to watch the service and see his son light the cauldron on his behalf. He was holding on to life long enough to make the service. His son said the Grampians Health palliative nurses and the Memory Lane team could not have done better to ensure he was at the service and as comfortable as possible. On the ride home he was very thankful that he was able to be there, he died peacefully early the next morning.

## 7.3 Palliative Care Vic. – Celebrating 40 years with 40 stories

Palliative Care Victoria celebrated 40 Years in 2021 by compiling 40 stories from those involved in providing palliative care to Victorians over the past 40 years. In late 2021 a further three health professionals from the Grampians region took part in the 40 year stories. These have been a reflection on the past, what drives them and what they see for the future of palliative care.

The Grampians region representatives contributed a total of five stories to this initiative:



Regina Kendall has worked in the healthcare industry for over 32 years, with the past 16 dedicated to palliative care. She is now based in Ballarat and works with the Grampians Regional Palliative Care Team in a regional specialist consultancy palliative care position.

[Click here to read more](#) .....





Carol Cracknall, a palliative care volunteer with Ballarat Hospice Care Inc. for 12 years, plays a very special part in the patient's end of life journey.  
[Click here to read more](#) .....



Carita Clancy's interest in palliative care is a deeply personal one. The Ballarat Hospice Inc. Chief Executive Officer (CEO) has been working in the health field since 1976, but it was her own encounters with life that influenced her nursing career.  
[Click here to read more](#) .....



Dr David Brumley OAM has had an incredible and rewarding career in the healthcare sector. With a strong passion for clinical practice, David is committed to providing palliative care services to patients, families, and communities.  
[Click here to read more](#) .....



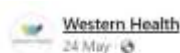
Anne Lane (nee Hayes) never planned for a career in palliative care. She trained in a nurse apprentice program in Colac, south-west of Melbourne, before working for the Royal District Nursing Service the Royal Children's Hospital.  
[Click here to read more](#) .....

## 7.4 National Palliative Care Week

During the last week of May 2022, the consortium supported National Palliative Care Week (NPCW) in a variety of ways, with the theme of "**Palliative Care It's your right.**"

Once again, palliative care staff from across the region focussed on virtual promotions due to the pandemic. Services strongly promoted NPCW across media platforms, along with care and recognition activities:

- Local newspaper articles by all services – good news stories
- Individual Health Service websites, staff newsletters & social media
- Resources were shared with the disability supported accommodation, and care packs (chocolates) to the wards within Grampians Health Ballarat campus.
- Personal hand written letters of recognition from Dr. Penny Cotton, palliative care physician were mailed out to nominated community members who have gone above and beyond to contribute to the care of palliative patients across the region. (GP's, pharmacists, & district nurses)



Palliative care supports patients with an illness where there is little or no prospect of a cure to live as fully and comfortably as possible.  
 "Our primary goal is to optimise a patient's quality of life," Western Health's Director of the Palliative Care Service Dr Maria Coperchini said.  
 "It's rewarding because we know we can make a difference to patients, their families and caregivers."... See more

**Bacchus Marsh Community Palliative Care Team**



The consortium distributed 'Care Packs' to palliative care service staff and stakeholders across the region, to show appreciation for their dedication, excellent care and support they give to patients, families, carers and other clinicians.



This year the care packs included a special 'Kindness' mug for each staff member with a clear message. We also included self-care book sets for each service to share among staff.

#### **Celebrating National Palliative Care Week 2022**



These were hugely appreciated by all staff and Executive with feedback confirming they felt recognised and valued.

## **8. Other Specific Groups**

### **8.1 Culturally and Linguistically Diverse (CALD)**

Grampians region have relatively small numbers who are from non-English speaking backgrounds compared to metropolitan areas. The consortium remains committed to end of life for these culturally diverse communities and continues to build relationships with peak bodies to better understand their needs.

A **PEPA Culture Centred Care (CALD) Workshop** targeting health professionals after several re-scheduling's, went ahead in June 2022 in Ballarat and was fully booked with 25 registrants from across the region.

This provided the regions health professionals with skills and knowledge in the following:

- How cultural values and world views affect experience and expectations of palliative care;
- How to elicit culturally significant information in a sensitive way;
- How to plan for the culturally relevant needs of clients, families, and friends; and
- How to identify when a communication problem is occurring and apply effective strategies to resolve it.

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.

## 8.2 Aboriginal and Torres Strait Islander (ATSI)

The GRPCC acknowledges the Aboriginal and Torres Strait Islander people as the first inhabitants of this nation and the Traditional Custodians of the land on which we work and live. We acknowledge the Wurundjeri, Wadawurrung, Djab Wurrung, Wotjobaluk, Jaadwa, Jadawadjali, Wergaia, and Jupagalk peoples and pay our respects to their Elders, past, present and emerging.



Approximately 1.69% of the region's population is Aboriginal or Torres Strait Islander, with numbers being broadly distributed across the region (Table 1). The consortium continues to support PEPA with promoting ATSI education within the region. PEPA continue to embrace the online option for delivery of their education program, allowing for more rural and remote health professionals to increase their skills and knowledge.

**Table 1: Aboriginal and Torres Strait Islander population in the Grampians Region**

(source: ABS 2021 census data)

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	3,212
Goolum Goolum Aboriginal Cooperative	West Wimmera Shire, Horsham Rural City Council, Hindmarsh Shire, Yarriambiack Shire	611
Budja Budja Aboriginal Cooperative	Ararat Rural City Council, Pyrenees Shire, Northern Grampians Shire	604

- Grampians Health, Ballarat and Horsham campuses have Aboriginal Health teams who provide support to Aboriginal and Torres Strait Islander people accessing care at their respective health service facilities. Their Aboriginal Hospital Liaison Officers and Koori Mental Health Liaison Officer work with patients and their families, staff, volunteers, and local communities to provide culturally appropriate care for all Aboriginal and Torres Strait Islander people.
- Western Health provides assistance to the Bacchus Marsh community through the Wilim Berrbang Aboriginal Health Unit. Their Aboriginal Hospital Liaison Officers offer cultural support and assistance to all Aboriginal and Torres Strait Islander people who access Western Health services.

The consortium looks forward to continuing to strengthen relationships with Aboriginal and Torres Strait Islander communities throughout the Grampians region.

## 8.3 Volunteers – valued by all

**16 – 22 May 2022.** The theme for National Volunteer Week 2022 was Better Together. Volunteering brings people together; it builds communities and creates a better society for everyone. During National Palliative Care Week, Kellie McMaster, Wimmera Volunteer Coordinator featured in an article by Palliative Care Victoria about the Wimmera palliative care volunteer program.

### Grampians Health welcomes back volunteers

Along with most other volunteer programs in the country, if not the world, coming to a halt in March 2020, so did the Wimmera palliative care volunteer program. But unlike some of my other volunteer programs our palliative care program at Grampians Health - Horsham is back up and running. This was mostly attributed to the hard work of our volunteers and the levels that they were willing to go to see that the clients didn't miss out on valuable contact and assistance.



**Volunteers** (L-R) Barb Eltze, Ann Dyer and Shirley Glover  
Grampians Health – Horsham campus' Palliative Care Volunteer Program

**First steps when lockdown was lifted:**

When lockdown was lifted and people could go out again the volunteers would catch up with clients at the café for a coffee, go for a drive or meet at the park. All precautions were taken and masks were worn at all times. Our volunteers are special and they know the risk of illness for their clients so they took every precaution they could. Home visits were a little slower to return as we needed to wait for visitor restrictions to ease but we improvised where we could.

**Valuable moments:**

Kellie has had volunteers and clients tell her how valuable these moments were. We (the world) were in a new situation and times were uncertain. It helped clients to have someone check in with them, if not in person then by phone, when nothing else was allowed but it was something.

All community palliative care services across the region felt a similar experience during Covid lockdowns and with the extended time of restrictions, having to operate services with no volunteer support. The consortium would like to acknowledge all volunteers for the efforts, as their enormous contributions make such a difference to our patients and their families. Volunteers are very special people who are extremely valued by our palliative care services and patients.

## 9. GRPCC 2021-22 Financial Statement

<b><u>INCOME</u></b>	
<b><u>Government Grants</u></b>	
DHHS GRANT – Palliative Care Consortia	142,835.44
DHHS GRANT – Palliative Care Regional Consultancy (Aged & Disability)	122,573.31
<b><u>Total Government Grants</u></b>	<b>\$ 265,408.75</b>
<b><u>Other Income</u></b>	
Refund (BHCI Disability Project)	51,992.00
<b><u>Total Other Income</u></b>	<b>\$ 51,992.00</b>
<b><u>Total Income</u></b>	<b>\$317,400.75</b>
<b><u>EXPENDITURE</u></b>	
Regional Projects – Career Progression Program (x2)	1,840.91
– WestVicPHN GP Refresher conference sponsorship	1,500.00
– GP Engagement	236.00
– Advance Care Planning Week initiative	1,411.00
– National Palliative Care Week initiative	1,091.06
– Dying to Know Day initiative	2,374.54
– SPCS initiative (x4) (fridge magnets/wallet cards)	1,818.72
Membership Fees – PCV	250.00
Rent Expense	6,000.00
General Administration/I.T. Communications	2,077.53
Motor Vehicle Expenses	6,052.58
SPCS staff training & development – PCNA conference sponsorships (x4)	954.55
– Self-Compassion training (x7)	1,781.82
<b><u>Total Direct Expenses</u></b>	<b>\$ 27,388.71</b>
<b><u>Salaries &amp; Wages</u></b>	
Salaries	98,599.27
Superannuation Expense	9,980.98
Workcover – Premium	2,609.57
<b><u>Total Salaries &amp; Wages</u></b>	<b>\$111,189.82</b>
<b><u>Total Expenditure</u></b>	<b>\$138,578.53</b>
<b><u>Operating Surplus for 2021-22</u></b>	<b>\$ 178,822.22</b>
Program Surplus carried forward as at 30/06/2021	204,509.85
<b><u>Total Program Surplus as at 30/06/2022</u></b>	<b>\$383,332.07</b>
Committed Funds (New and Ongoing Projects) as at 30/06/2022	167,700.00
<b><u>Total Available Surplus as at 30/06/2022</u></b>	<b>\$215,632.07</b>

## *10. Consortium Membership and Structure*

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### **Committee of Management for 2021-22**

#### **Membership:**

#### **Consortium Executive Group: (CEG)**

**Chair:** Peter Armstrong, Director of Clinical Services, East Grampians Health Service (EGHS)

Michelle Veal, Operations Director Community & Sub Acute Ambulatory, Grampians Health Ballarat (GHB)

Sarah Kleinitz, Director of Primary and Ageing Services, Grampians Health Horsham (GHH)

Carita Clancy, Executive Officer, Ballarat Hospice Care Inc. (BHCI)

Rohan Vaughan, Director of Nursing & Acute Services, Western Health Bacchus Marsh (WHBM)

Carmel O’Kane, (Clinical Advisory Group Chair) Grampians Health Horsham (GHH)

John Koopmans, Department of Families, Fairness & Housing (DFFH)

Anna Gray, Manager, Grampians Region Palliative Care Consortium (GRPCC)

Christine Hocking, Administration Officer, Grampians Region Palliative Care Consortium (GRPCC)

#### **Clinical Advisory Group: (CAG)**

**Chair:** Carmel O’Kane, Manager, Wimmera Cancer Centre and Wimmera Palliative Care Service, Grampians Health Horsham (GHH)

Dr. Penny Cotton, Palliative Care Physician, Grampians Regional Palliative Care Team (GRPCT), Grampians Health Ballarat (GHB)

Lawrence Habegger, Nurse Practitioner, Grampians Regional Palliative Care Team (GRPCT), Grampians Health Ballarat (GHB) (6 months)

Rebecca Matthews, Manager, Grampians Regional Palliative Care Team (GRPCT), Grampians Health Ballarat (GHB) (6 months)

Mel Mattinson, Clinical Operations Manager, Ballarat Hospice Care Inc. (BHCI)

Sandi Olney, Nurse Practitioner Candidate, Western Health Bacchus Marsh Community Palliative Care Service (WHBMCP)

Kate Pitcher, Manager, Community Nursing, East Grampians Health Service (EGHS)

Helen Lusby, Palliative Care Nurse, Central Grampians Palliative Care (CGPC), East Grampians Health Service (EGHS)

Katrina Fallon, Palliative Care Project Worker, Aged & Disability Project, Grampians Health Horsham (GHH) (6 months)

Sean Dehoedt, Social Worker, Aged & Disability Project, East Grampians Health Service (EGHS) (6 months)

Diane Nimmo, Project and Research Coordinator, Afterhours PalCare Project, Ballarat Hospice Care Inc. (BHCI) (10 months)

Anna Gray, Manager, Grampians Region Palliative Care Consortium (GRPCC)

Christine Hocking, Administration Officer, Grampians Region Palliative Care Consortium (GRPCC)



## 10.1 Member Services

**Grampians Health – Ballarat** (GHB) – 102 Ascot Street South, Ballarat 3350. The catchment area consists of the whole of (but not limited to) the Grampians Health Region.

<b>Grampians Health – Ballarat</b>	Grampians Regional Palliative Care Team (GRPCT-Regional Consultancy Team)	Team Manager - 0.8 EFT Pal Care Physician – 2.0 EFT Nurse Practitioner - 1.9 EFT Clinical Nurse Consultant - 2.8 EFT Admin - 1.8 EFT	48,623km <sup>2</sup>	Population 247,034	
	Gandarra Specialist inpatient Unit	Nursing - 22.5 EFT Pal Care Physician - 0.4 EFT Advanced Trainee - 0.8 EFT Allied Health - as required Admin - 0.8 EFT	48,623km <sup>2</sup>	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.

<b>Ballarat Hospice Care Inc.</b>	Community Palliative Care Service	Management - 1.8 EFT Clinical Nurse Specialist - 5.8 EFT Supportive Care – 2.6 EFT Volunteer Coordination – 1.0 EFT Community Engagement - 0.6 EFT Quality & Compliance - 0.6 EFT Administrative support - 1.0 EFT Research – 0.8 EFT Stores & Equipment – 1.3 EFT Finance - 0.7 EFT	8,434km <sup>2</sup>	Population Approx. 155,360	
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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 newly 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.

**Grampians Health – Horsham** (GHH) – Baillie Street, Horsham 3400. The catchment area consists of the Statistical Local Areas (SLA) of the Rural City of Horsham and the Shire's of Hindmarsh, Yarriambiack and West Wimmera.

<b>Grampians Health – Horsham</b>	Wimmera Palliative Care Service	Manager - 0.5 EFT Nurse Practitioner - 0.8 EFT Clinical Nurse Specialist - 3.2 EFT Equipment - 0.2 EFT Admin. - 0.8 EFT	29,000km <sup>2</sup>	Population Approx. 36,697	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).

<b>East Grampians Health Service</b>	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 <sup>2</sup>	Population Approx. 31,502	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.

**Western Health Bacchus Marsh** (WHBM) – 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.

<b>Western Health Bacchus Marsh</b>	Community Palliative Care service	Nurse Practitioner Candidate - 1.0 EFT Grad. Dip. Pal Care - 1.0 EFT Grad. Cert. Pal Care – 0.4 EFT Social Worker - 0.4 EFT	2,110km <sup>2</sup>	Population Approx. 37,632	2 inpatient beds
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**Western Health Bacchus Marsh Community Palliative Care Service (WHBMCPC)** is a community-based specialist palliative care service, run by WHBM. 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. WHBM 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 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.

## 10.2 Contact Details

### **Grampians Region Palliative Care Consortium**

Manager: Anna Gray  
PO Box 346W, Ballarat West, 3350  
Phone: 0428 171 341  
Email: [gpcareconsort@gmail.com](mailto:gpcareconsort@gmail.com)  
Web: [www.grampianspalliativecare.com.au](http://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](mailto:cgpc@eghs.net.au)  
Web: [www.eghs.net.au](http://www.eghs.net.au)

### **Gandarra Palliative Care Unit**

Grampians Health – Ballarat  
102 Ascot Street South, Ballarat, 3350  
PO Box 577, Ballarat 3353  
Phone: 03 5320 3895  
Email: [maree.kewish@bhs.org.au](mailto:maree.kewish@bhs.org.au)  
Web: [www.bhs.org.au](http://www.bhs.org.au)

### **Grampians Regional Palliative Care Team**

Grampians Health – Ballarat  
102 Ascot Street South, Ballarat, 3350  
PO Box 577 Ballarat 3353  
Phone: 03 5320 3553  
Email: [info@grpct.com.au](mailto:info@grpct.com.au)  
Web: [www.grpct.com.au](http://www.grpct.com.au)

### **Ballarat Hospice Care Inc.**

1836 Sturt Street, Alfredton, 3350  
PO Box 96, Ballarat, 3353  
Phone: 03 5333 1118  
Email: [admin@ballarathospicecare.org.au](mailto:admin@ballarathospicecare.org.au)  
Web: [www.ballarathospicecare.org.au](http://www.ballarathospicecare.org.au)

### **Western Health Bacchus Marsh**

#### **Community Palliative Care**

Western Health Bacchus Marsh  
Grant Street, Bacchus Marsh, 3340  
PO Box 330, Bacchus Marsh, 3340  
Phone: 03 5367 9137  
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## 11. Supporting Data

### 11.1 Grampians Region

Information source:

- ABS 2021 census data
- Victorian Cancer Registry 2021
- National Rural Health Alliance data 2021

The total area of land in the Grampians is 48,623 km<sup>2</sup>, with over half being mostly rural and further out in the west quite remote. With a total population of 261,191 there is 1.3 persons per km<sup>2</sup> out in the west and 27.47 persons per km<sup>2</sup> in the east of the region as the data set out below (Table 2) indicates.



Compared to both Victorian (6.5 Million) and Australian (25.42 Million), the population of the Grampians health region are on average eight years older and earn 7.5% less total weekly household income. The average older population are out in the more rural areas of the region, where full services become more difficult to access. These rural and remote areas also receive lower than average weekly household incomes compared with the rest of the state.

(source: ABS 2021 census data)

	Wimmera	Central	Ballarat	Grampians	Victoria	Australia
Median Age - Persons (years)	48.5	48.3	42.25	46.3yrs	38yrs	38yrs
Median total weekly household income (\$)	\$1,212	\$1,159	\$1,600	\$1,323	\$1,759	\$1,746



The Grampians 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) show disparities in local demographics as set out below (Table 2).

**Table 2: Population density and proportions of aged residents** (ABS 2021 census data)

	Grampians Region	Wimmera	Central	Ballarat
Total population	261,191	14%	12%	74%
Aged 65+ (as % of pop'n)	20.5%	24.4%	26.1%	18.9%
Area km <sup>2</sup>	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 <sup>2</sup> )	5.37	1.3	2.35	27.47

The above data (Table 2) indicates an overall increase in the population and 65+ ageing population across the whole region, which equates to increased pressure on all available services. When you compare the 65+ ageing population each sub-region is similar, however there is significant differences in population densities from the east to the rural remote areas in the west.

There has continued to be significant movement away from metro areas, causing increased population growth to the west of Melbourne. This was the upward trend pre-Covid, however the many lockdowns in metro areas has increased this movement even more. This trend has meant a higher population growth for the east end of the Grampians region. All of these factors show there will be significantly increased demand on health services including palliative care services across the whole of the region.

**Table 3: Long Term Health Conditions in the region** (source: 2021 ABS census data)

Health Condition	Wimmera	Central	Ballarat	Grampians Region
Arthritis	13.0%	13.2%	10.3%	11.0%
Asthma	10.0%	9.8%	10.8%	10.6%
Cancer (incl. remission)	3.8%	4.1%	3.4%	3.5%
Dementia (incl. Alzheimers)	0.8%	0.7%	0.7%	1.0%
Diabetes (excl. Gestational)	5.9%	6.0%	5.0%	5.3%
Heart Disease (incl. heart attack/angina)	5.5%	5.6%	4.5%	4.8%
Kidney Disease	1.1%	1.0%	0.9%	1.0%
Lung (incl. COPD/emphysema)	2.7%	3.1%	2.4%	2.5%
Mental Health (incl. Depression/Anxiety)	10.4%	11.0%	12.0%	11.6%
Stroke	1.4%	1.4%	1.1%	1.2%
Other	7.9%	8.6%	9.3%	9.0%
No long-term health conditions	53.0%	48.4%	54.3%	53.4%
Had more than one condition	12.8%	11.8%	11.5%	11.7%

The Grampians region's long term health condition figures (Table 3) indicate that the Wimmera and Central sub-regions have a higher percentage for the majority of conditions. These figures equate to around 50% or more of the region's population are experiencing a long term health condition, with a reasonable percentage having more than one condition. The tumour figures (Table 4) also indicate the increasing demand that our palliative care services receive in one year from new diagnosis. Palliative support for patients means they are able to live their best possible life. As these health conditions worsen for patients over time, increased pressure on palliative care services will likely be experienced. Along with an increased ageing population, more people in the community will be reliant on daily living and health care support, with an increasing demand on health services in the future.

**Table 4: Number of newly diagnosed tumours in the Grampians ICS region in 2021**

(source: Victorian Cancer Registry Sept'22)

Tumour Stream	Total Persons	Females	Male
Breast (Female only)	208	208	0
CNS	26	10	16
Colorectal	213	83	130
Endocrine glands and thyroid	31	21	10
Genito-urinary	362	30	332
Gynaecological	66	66	0
Haem	188	65	123
Head and neck	44	14	30
Lung	169	88	81
Other	113	35	78
Skin	138	68	70
UGI	155	43	112
<b>TOTAL</b>	<b>1713</b>	<b>731</b>	<b>982</b>
		<b>43%</b>	<b>57%</b>