



Grampians Region  
Palliative Care **Consortium**

# ANNUAL REPORT

## 2022 – 2023



Source: Grampians Tourism

## Consortium Members

Grampians Health – Ballarat (GHB)  
Grampians Regional Palliative Care Team (GRPCT)



Ballarat Hospice Care Inc. (BHCI)



BALLARAT HOSPICE CARE INC.  
Home Based Palliative Care

East Grampians Health Service (EGHS)  
Central Grampians Palliative Care (CGPC)



Western Health Bacchus Marsh (WHBM)  
Bacchus Marsh Community Palliative Care Service (WHBMCPC)



Grampians Health – Horsham (GHH)  
Wimmera Palliative Care Service (WPCS)



St John of God Hospital Ballarat (SJoG)  
(non-voting)



Department of Families, Fairness and  
Housing (DFFH) (non-voting)



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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, Anna Gray at the above email address or phone 0428 171 341.

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# 1. Chair's Report

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Welcome to the 2022-23 Annual report which outlines the extensive strategic planning work that has occurred across the Grampians region. The projects outlined in this report have delivered great outcomes for patients, carers and families due to the ongoing collaboration between our specialist palliative care services, consortium staff and external stakeholders.

The priority focus was the ongoing implementation of the WestVicPHN AfterHours project which was delivered on time and on budget, by the end of September 2022. The project was extended in late 2022 to include medical support, with escalation to a patient-centred telehealth medical consultation via My Emergency Doctor. The project also extended to include the implementation of PalCare direct online referral link to the services websites and promotional activities. Co-funded by the WVPNH and the Consortium, successful implementation of this project has proven that support in the AfterHours has a positive impact on staff, patients, carers and families. This demonstrates a significant need for ongoing funding to support services to continue a program into the future.

The WVPNH's Greater Choices for At Home Palliative Care project advisory group focus has continued to align with both the Clinical Advisory Group and Executive priorities in our region. We've had excellent collaboration with this group and are developing exciting solutions to improve outcomes for all. This will occur with greater GP engagement to improve referral pathways and community awareness initiatives around advance care planning.

The Aged Care sector was another area of focus, commencing a pilot in early 2023 with One Red Tree Resource Centre, which offered Psychology support in Residential Aged Care called 'Collaborative Care Conversations'. This project proved to have a significant positive impact on the residents, their families and staff that were involved in the initial pilot. The outcomes were so significant the Consortium has extended funding so the program can expand into further Residential Aged Care Facilities.

Statewide collaboration of Consortia and the Palliative Care Network Group has improved workforce capacity, service delivery, patient-centred care and assisted with reducing duplication of resource development. The PCV Summit was a great opportunity for the Grampians region to showcase the extraordinary initiatives that have been developed by our skilled palliative care workforce. A very big thank you to Anna Gray, Diane Nimmo and Sandi Olney for their extraordinary efforts in preparing and presenting at the summit on behalf of this region.

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 palliative care for all.

During 2022 the Grampians region said farewell to two very significant staff members whose contribution to palliative care over many years was outstanding.

A very special thankyou celebration was held for our long serving Consortium Executive Group member and Ballarat Hospice Care CEO, Carita Clancy. The Consortium said farewell to Carita in August 2022 after decades in palliative care and the past fifteen years with BHCI. The Consortium recognized Carita's unwavering dedication and contribution to palliative care in the Grampians region. We wish Carita well in her retirement.





The Grampians region also said farewell to Dr. Greg Mewett, regional Palliative Care Physician in December 2022. He spent 15 years with Ballarat Health Services, Gandarra PalCare Unit and the Grampians Regional PalCare Team. He was passionate about palliative care and end-of-life choices and was an exceptional advocate for Voluntary Assisted Dying. He was a member of the Voluntary Assisted Dying (VAD), Implementation Taskforce, assisting with the legislative change in 2019 that introduced the VAD Act. His VAD experience and knowledge was shared with all health professionals both in this region and more broadly throughout Victoria and Australia. We wish Greg well in his retirement.

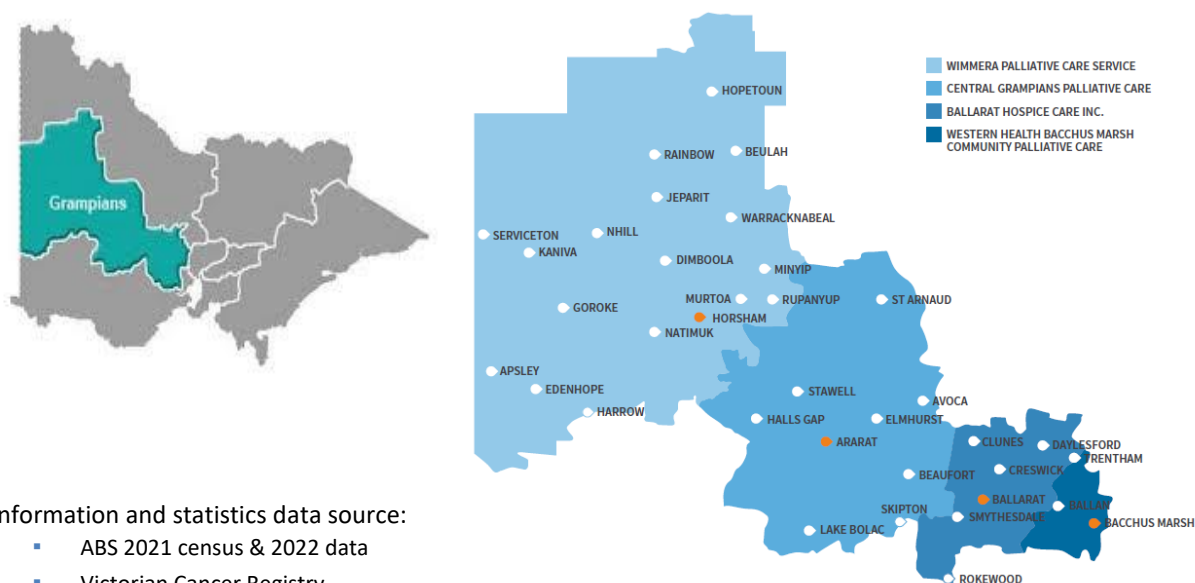
I would also like to acknowledge the efforts and contributions of my fellow Executive Members and the Clinical Advisory Group who continue to share ideas and collaborate for the advancement of palliative care in this region.

Thank you to the Consortium staff for their ongoing support, drive and ability to respond. This year has once again seen outcomes delivered that addressed priority areas outlined by the Clinical Advisory Group. I very much look forward to the benefits this delivers to people living 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



### 2.1 Regional Overview

#### Geography

The Grampians region is extremely diverse, covering an area of 48,623 km<sup>2</sup> from Bacchus Marsh in the east to the South Australian border in the west. The region continues to experience significant geographical challenges as our specialist palliative care services work towards supporting capacity to meet the growing demand for palliative care across this vast region.

Significant landmarks include: four National Parks ([Grampians](#), [Little Desert](#), [Wyperfeld](#), [Brisbane Ranges](#)) many beautiful lakes (Hindmarsh, Lonsdale, Bellfield, Wartook, Fyans, Burrumbeet, Wendouree), and the [famous Silo Art Trail](#) – Australia's largest outdoor gallery. This region is host to many more lakes, reservoirs, river systems, mineral springs, vast wetlands, historical goldfields, desert parks and state forests which offer places of natural beauty where peace and tranquillity can be enjoyed by all who live in our communities.

Health workforce and access to primary health care continue to remain geographical challenges for rural and remote outreach centres, continuing to impact on health inequality across the region.

#### Population

The Grampians region has a total population of 263,734 and a population density of 1.29 persons per km<sup>2</sup> in the west, 2.34 persons per km<sup>2</sup> in the central and 27.93 persons per km<sup>2</sup> in the Ballarat/Bacchus Marsh sub- regions.

Compared to people living in regional cities or metropolitan Melbourne, those living in rural and remote communities of the region continue to experience a level of disadvantage. This region has five local government areas with a low socio-economic disadvantage ranking in the top three levels for Victoria. Hindmarsh in the highest ranking, Yarriambiack, Northern Grampians & Ararat in the second highest ranking and Pyrenees in the third highest ranking. This therefore confirms that the rural & remote communities of the region do in fact experience a higher level of disadvantage compared with those in more heavily populated areas.

#### Aboriginal & Torres Strait Islander Population:

- Ballarat and District Aboriginal Coop. = 3,208
- Goolum Goolum Aboriginal Coop. = 609
- Budja Budja Aboriginal Coop. = 598

#### LGA Catchment area:

- City of Ballarat, Golden Plains, Moorabool and Hepburn Shires
- Horsham Rural City, West Wimmera, Hindmarsh and Yarriambiack Shires
- Ararat Rural City, Pyrenees and Northern Grampians Shires



## Traditional Owners

The Grampians Consortium acknowledges the Aboriginal and Torres Strait Islander (ATSI) 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, Dja Dja Wurrung, Eastern Maar, Wotjobaluk, Jaadwa, Jadawadjali, Wergaia, and Jupagalk peoples and pay our respects to their Elders, past, present and emerging. While most people know the famous mountain range as the Grampians, Aboriginal people have always known this special place as Gariwerd, a place central to the dreaming of Aboriginal people. Their descendants are still involved in maintaining the culture and the stories of the land.



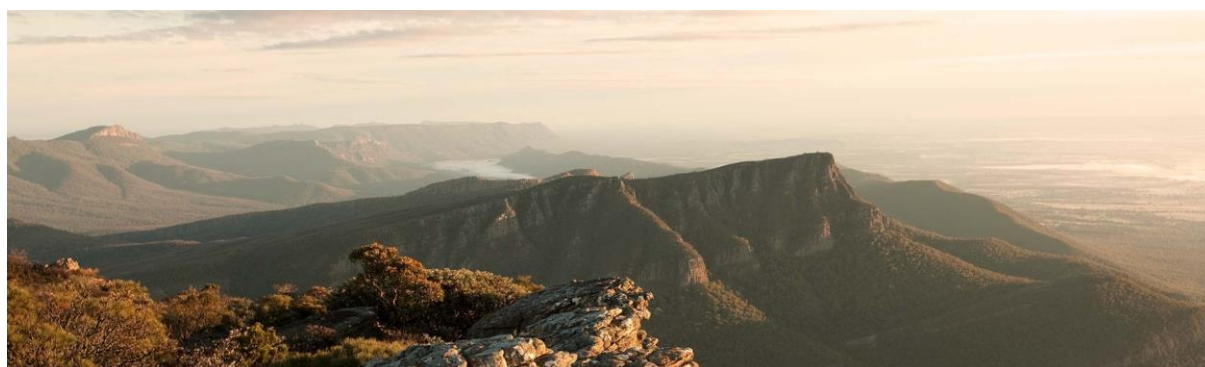
We have approximately 4,415 Aboriginal and Torres Strait Islander people living throughout our communities, being 1.67% of the Grampians region's population.

Based in Ballarat, Halls Gap and Horsham the region has three Aboriginal Community Controlled Organisations:

- Ballarat & District Aboriginal Co-op.
- Goolum Goolum Aboriginal Co-op.
- Budja Budja Aboriginal Co-op.

[Grampians Health, Ballarat and Horsham](#) 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.



Source: Grampians Tourism

## Palliative Care Services

We are one of eight regional palliative care consortia in Victoria working together to identify and address common issues in order to support all services to implement Victoria's end of life and palliative care framework.

This region has five Department of Health funded specialist community palliative care service providers: Grampians Health – Ballarat, Grampians Health - Horsham, East Grampians Health Service, Ballarat Hospice Care Inc. and Western Health Bacchus Marsh.

There are fifteen designated palliative care inpatient beds located at: Grampians Health – Ballarat (11) and Horsham (1), East Grampians Health Service (1) and Western Health Bacchus Marsh (2). The region is also supported by our clinical consultancy team: Grampians Regional Palliative Care Team (GRPCT), who are based at Grampians Health - Ballarat.

[Other services who also provide palliative and end of life care in the Grampians region are:](#)

- |   |  |
|---|--|
| ▪ Grampians Health (Stawell, Dimboola and Edenhope) | ▪ Rural Northwest Health                   |
| ▪ West Wimmera Health Service                       | ▪ East Wimmera Health Service (St. Arnaud) |
| ▪ Harrow Bush Nursing Centre                        | ▪ Elmhurst Bush Nursing Centre             |
| ▪ Maryborough & District Health Service (Avoca)     | ▪ Beaufort & Skipton Health Service        |
| ▪ Central Highlands Rural Health                    | ▪ Lake Bolac Bush Nursing Centre           |
| ▪ St. John of God Ballarat                          | ▪ Sixty Residential Aged Care Facilities   |

## Regional Snapshot

<b>Total Population</b> <b>263,734</b> <u>Sub-region:</u> Wimmera = 13.8% Central = 11.8% Ballarat/Bacchus Marsh = 74.4%	<b>After Hrs Phone Triage Support</b> <b>1,218</b> calls triaged	<b>Low Socio-Economic Disadvantage</b> <b>5</b> LGA's in the top three rankings for Victoria	<b>After Hours Palliative Care Project</b> <b>344</b> Total no. of patients registered for this service	<b>5</b> <b>Specialist Palliative Care Service Providers</b>
<b>Population Density</b> <b>5.42</b> Persons p/km <sup>2</sup>	<b>60</b> <b>Residential Aged Care Facilities</b>	<b>Total No. of people aged 65+ yrs</b> <b>52,189</b>	<b>95</b> <b>GRPCT Education Sessions</b>	<b>Career Progression Program</b> <b>\$110k</b> Application approvals
<b>Career Progression Program</b> <b>13</b> Specialist PalCare staff have fully completed their studies	<b>Total No. of People who are Carers</b> <b>33,346</b>	<b>Palliative Care Volunteers</b> <b>106</b> people assist our services in some capacity	<b>Total No. of People Who Live Alone</b> <b>29,309</b>	<b>'What Matters to Me'</b> <b>5,000</b> Brochures distributed in the region
<b>17.6%</b> of people do a level of unpaid volunteer work	<b>Total People Born Overseas</b> <b>10.9%</b>	<b>Education</b> <b>137</b> Face to face or virtual training sessions were promoted in the region	<b>Grampians Land Mass</b> <u>Sub-region:</u> Wimmera = 58% Central = 27.5% Ballarat/Bacchus Marsh = 14.5%	<b>Long Term Health Condition</b> <b>46.6%</b> of the region's population
<b>Advance Care Planning</b> <b>4,000</b> Activity sheets distributed for Dying to Know Day	<b>15</b> <b>Palliative Care funded inpatient beds</b>	<b>Aboriginal and Torres Strait Islander's</b> <b>1.67%</b> of the region's population	<b>Community Palliative Care Referral Brochures</b> <b>7,000</b> distributed in the region	<b>18,133</b> people need assistance with Core Activities



## 2.2 Consortium focus

Strategic regional planning for people with a life-limiting illness, their families, carers and clinicians remains the Consortium's focus. Our strategic planning guides and supports the five Specialist Palliative Care Service Providers (SPCS), Residential Aged Care Facilities (RACF) and Disability Residential Services (DRS) across the region to implement improved access to quality end of life care. Strengthening long term health outcomes remains the highest priority to assist communities to be better supported when it comes to meeting the health needs of their loved ones. The benefits of such a strategy can only improve patient-centred care.

Building Capacity & Sustainability	
<ul style="list-style-type: none"><li>▪ Ongoing improvement of the AfterHours PalCare project</li><li>▪ Improved access to patient records for our regional consultancy team &amp; after hrs support</li><li>▪ Ongoing workforce development – Career Progression program</li><li>▪ Statewide Palliative Care Summit</li><li>▪ GP engagement – improved access to palliative care resources, services &amp; education</li><li>▪ Enhanced use of Telehealth</li><li>▪ Collaborative Care Conversations in Aged Care</li></ul>	<ul style="list-style-type: none"><li>▪ Aged &amp; Disability localised palliative approach projects</li><li>▪ Ongoing Education – Face to Face &amp; Virtual</li><li>▪ Statewide Consortia collaboration – resource &amp; initiative sharing</li><li>▪ Verification of Death working group</li><li>▪ Enhanced communication practices – resource sharing</li><li>▪ Increased collaboration and networking efficacy</li><li>▪ Website Updates – efficient resource sharing</li><li>▪ Culturally diverse sector collaboration</li><li>▪ Statewide Palliative Care Network collaboration</li></ul>

These initiatives have strengthened capacity and are proving to build sustainable programs where palliative care patients, their families and carers have improved access to coordinated, integrated services and best practice outcomes, 24/7. The professionalism and commitment of palliative care clinicians and health professionals across the region has ensured efficient service delivery and continuous improvement of regional initiatives.

Strengthening Community Skills & Knowledge	
<ul style="list-style-type: none"><li>▪ National Advance Care Planning week promotions</li><li>▪ Ongoing community education of a palliative approach to end of life (everyone's right &amp; everyone's responsibility)</li><li>▪ GP engagement – community referral brochure</li><li>▪ Website Updates – efficient community resources</li><li>▪ National Palliative Care week promotions</li><li>▪ Improved resources for the wider community</li></ul>	<ul style="list-style-type: none"><li>▪ Broader Health &amp; Community sector engagement</li><li>▪ Expansion of Dying to Know Day cookie &amp; wishes activity promotion</li><li>▪ Advance Care Planning working group with WestVicPHN</li><li>▪ Health Service social media communications around specific palliative care promotions</li><li>▪ Aboriginal &amp; Torres Strait Islander collaboration</li></ul>

These initiatives have strengthened community skills and knowledge by providing effective and relevant information for community, carers and families. Therefore, ensuring all people have access to a community that is well informed about the palliative approach, so those with a life-limiting illness are better supported to maintain dignity & quality at end of life.

## 2.3 Manager's report

Victoria's end of life and palliative care framework continues to guide the Consortium to work towards supporting capacity to meet the growing demand for palliative care across this geographically challenged region. 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.

It has been a privilege to be involved in the various activities and initiatives outlined in this report, which have all successfully delivered continuous improvement in the areas of best practice service delivery, engagement, communication, and statewide networking and collaboration.

Some initiatives and events that particularly stand out for me are:

- |   |  |
|---|--|
| ▪ Delivering the regional After Hours project on time and on budget   | ▪ Presenting at the statewide palliative care summit                                     |
| ▪ Participating in the NWMRPCC Muslim Day                             | ▪ Collaboration with WestVicPHN on joint initiatives                                     |
| ▪ Building on improved connections with the Aged & Disability sectors | ▪ Regular communication, engagement and collaboration with broader external stakeholders |
| ▪ ORTRC – Collaborative Care Conversations in RACF's                  | ▪ Ongoing succession planning through workforce development                              |

The ongoing collaboration at a statewide level continues to build on the consistent approach of sharing information, knowledge and initiatives, which enables us to identify regional service gaps and to significantly reduce unnecessary duplication in addressing them. I would like to extend a special thank you to all external stakeholders recognized in this report, for their contribution to service delivery improvement and community engagement in the Grampians region.

The region is well supported by the incredible professionals in our specialist palliative care services who together deliver best practice care to patients. I would like to take the opportunity to thank them all for their dedication and look forward to building on the many initiatives to further support them in delivering exceptional end of life and palliative care across the region.

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

I would like to extend my gratitude to Carita Clancy for all she has done over her extensive years in the palliative care sector and her time at Ballarat Hospice Care. Also to Dr. Greg Mewett for his contribution to the region and his determination to advocate for the introduction of VAD. We wish them well in their retirement.

I would also like to thank the Consortium Administrator Christine Hocking for regularly going above and beyond, the Regional AfterHours PalCare project lead Diane Nimmo for her detailed determination, the Consortium Executive Group, and the Clinical Advisory Group for their continued collaboration and support of palliative care in the region.

The palliative care 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.'* The Consortium focus continues to be one of strategic planning and initiatives to support our services and other sectors wherever possible to ensure continuous improvement positively impacts the end-of-life care they all provide. I look forward to continuing and expanding our initiatives into the future to better inform and support our specialist palliative care services, Aged Care and Disability services, clinicians, patients, carers and the community as a whole in having a greater understanding of and attitude towards the palliative approach to end-of-life care.

Anna Gray  
Consortium Manager

## 2.4 Clinical Advisory Group (CAG) report

The Grampians Consortium Clinical Advisory Group (CAG) continued with bi-monthly virtual meetings for the 2022-23 year, with representation from the five member agencies. All attending members found the virtual platform gave networking and knowledge sharing opportunities as well as offering a time saving measure without the huge travel distances of face-to-face meetings.

This platform also allowed for the CAG to receive regular reports from regional project leads and presentations or general updates from external stakeholder's such as:

- |  |   |
|--|---|
| ▪ Regional After Hours project lead                | ▪ Grampians Verification of Death working group |
| ▪ Wimmera Aged & Disability project lead           | ▪ Grampians region VAD Care Navigator           |
| ▪ Central Grampians Aged & Disability project lead | ▪ WestVicPHN primary care projects lead         |
| ▪ Grampians Health Clinical Psychologist           | ▪ Ambulance Victoria update                     |
| ▪ Grampians region MND Shared Care Worker          | ▪ Palliative Care Advice Service update         |
| ▪ Grampians region Palliative Care Physician       | ▪ ELDAC/PACOP program updates                   |

The CAG have regular discussion around regional priorities, succession planning and workforce development, efficiency and improvement of clinical best practice outcomes, palliative care resources and family/carer support initiatives as detailed in this report. The CAG's planning and priority outcomes are forwarded to the Consortium Executive Group for funding approval. Their major focus for this year was the ongoing implementation of the

regional After Hours Palliative Care project and transition of patient records to the new software system for improved access to palliative care patient records, strengthening after hours support for families and carers.

The CAG are also the Consortia's regional group that offer knowledge, support and guidance to our palliative care nursing staff and encourage their ongoing promotion to patients, families and carers of all available and easily accessible resources.

This includes promotion of the Flying Doctor Memory Lane Program giving patients an opportunity to re-visit a place of personal significance in their final days.



With the assistance of RFDS a BHCI patient was able to have one last trip to his local sports club where he and his wife used to frequent regularly.

## 3. Consortium Focussed Activity

### 3.1 Regional After Hours PalCare Project

In early 2020 at the beginning of the pandemic, the Consortium organised a virtual workshop for the five palliative care service providers to brainstorm ideas on a sustainable way to provide after hours support to all palliative care registered patients across the region. The result of this workshop was the extraordinary outcomes that have been achieved by the After Hours PalCare Project Lead: Diane Nimmo and all five service providers, following their past two years of determination, hard work, and care for their patients.

This project would not have been possible without the extraordinary collaboration from:

- |  |   |
|--|---|
| ▪ Ballarat Hospice Care Inc. – PalCare database host         | ▪ West Vic. Primary Health Network (WVPHN) – funding  |
| ▪ Ballarat Hospice Care Inc. – Project Lead, Diane Nimmo     | ▪ Grampians Region Palliative Care Consortium (GRPCC) – coordination and administration funding support |
| ▪ St. Vincent's Hospital – Caritas Christi Hospice (Caritas) | ▪ Grampians Health – Ballarat & Horsham   |
| ▪ PalCare – patient information management software system   | ▪ East Grampians Health Service   |
| ▪ My Emergency Doctor (MED)                                  | ▪ Western Health Bacchus Marsh  |

After a successful funding submission to WVPHN's – 'After Hours Research & Development Models' and initial consortium preparation, Phase 1 commenced in August 2021 (the implementation of PalCare and Caritas Afterhours Phone Triage Service).

By the end of September 2022 Phase 1 was complete for all five services and Phase 2 commenced (promotion of afterhours support and implementation of MED).

GRPCC would like to acknowledge and thank the wonderful staff at Caritas Christi Hospice, PalCare and My Emergency Doctor enabling this region to provide after hours support to our patients.

**Photo:** Sheila, Caritas Christi After Hours Coordinator, with thank you gifts from the consortium (fruit platter & flowers).



#### Key Outcomes:

- All community palliative care services in the region completed the transition of their patient records to PalCare
- Palliative care patient information held in PalCare is accessible by the GRPCT and afterhours service providers
- All palliative care patients across the region have access to afterhours support from their own home using a telehealth consultation (reducing admissions to ED)
- Patient wallet cards (quick identification as palliative care patient) and fridge magnets (quick access to afterhours support phone no.)
- Process developed for after hours medical support delivered by MED and Caritas Afterhours Phone Triage Service
- Mapping completed for after hours pharmacies & medication stock, UCC's, ED's with direct contact no's for efficient provision of care by MED
- Refining of PalCare record to include location and patient specific information to support MED options

- Option to escalate calls to MED extended to in-hours if required (to avoid unnecessary afterhours calls)
- Implementation of PalCare direct online referral link on the majority of community palliative care service website
- Supporting effective use of PalCare across the services (PalCare Super User Network meetings)
- PalCare record audit and provision of recommendations to the services to ensure successful implementation and effective use of PalCare patient information management software
- Promotional activity – targeted Facebook ad, WVPHN newsletter article, community brochure distribution to GP nurse network meetings, Christmas & Easter postcard distribution to GP's and specialists (including brochures)
- Project delivered on time and within budget
- Exceeded all targets defined in the funding agreement between GRPCC and WVPHN

The Consortium extends our thanks to all Ballarat Hospice Care volunteers who supported this project and acknowledges support of Jan and Michael in particular who have given their time and assisted with the evaluation of this project on an ongoing basis. We have thanked them with gifts and are extremely grateful for their ongoing support.

The Consortium is excited about the outcomes of Phase 3 (ongoing service provision for 1year, further data collection through PalCare and business case building for community palliative care services) in 2023-24, which will complete evaluation results and final reporting. We believe it is vital that each service pursue ongoing funding opportunities, as it is essential this after hours phone triage support service continues in order to provide best practice patient centred care for all registered palliative care patients.

## 3.2 Aged & Disability

The broad focus for the aged care and disability sectors is to build capacity, embed and strengthen a Palliative Approach by continuing to implement long term sustainable models in all Residential Aged Care facilities (RACF), and Disability Residential Services (DRS) accommodation across the region.

### Aged Care Sector

As excellent best practice aged care resources, tools and education are available through ELDAC and PEPA the Consortium has continued to promote easy access and use of these to our aged care sector.

PACOP is a palliative aged care program being rolled out nationally by the Department of Health which aims to improve resident, family and carer outcomes for palliative aged care in Australia. This program was established to help aged care facilities identify, understand and address the palliative care needs of their residents. PACOP does this by helping aged care facilities to embed the use of standardised outcomes assessments and tools, and to use the information gathered to respond in a timely way. The Consortium is exploring the PACOP model as a more systematic approach to identifying deterioration in Aged Care residents.

Our localised projects in Wimmera and Central Grampians have continued to strengthen connections with RACF's in those sub-regions and create effective programs that have assisted staff with more skills and knowledge of a palliative approach to care for their residents at end of life. The aim is to implement long term sustainable programs that facilities can replicate regardless of staff turnover challenges.

#### 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 24)</b> 12 Public 11 Private 1 Community Based Not-for-profit (Ballarat, Bannockburn, Creswick, Daylesford, Mt. Clear, Sebastopol, Trentham, Wendouree)	<b>Bacchus Marsh Sub-region: (Total 5)</b> 3 Public 2 Private (Bacchus Marsh, Ballan)

### The main focus of our localised projects was to:

- Raise awareness of a palliative approach to care
- Encourage & promote staff education programs
- Build capacity for staff to initiate end-of-life conversations with families/carers
- Encourage increased bereavement support
- Promote referral pathways to specialist palliative care services
- Support RACF managers to utilise the ELDAC toolkit
- Advance Care Planning awareness & promotion
- Assist with increased resident advance care directives

The Consortium would like to acknowledge and congratulate the incredible aged care staff at all residential facilities in the region for providing excellent care during ongoing challenges.

## Disability Sector

The localised projects found strengthening connections with the disability sector a little more challenging in the 2022-23 year. After recognising that all consortia have challenges connecting with the disability sector, the Statewide Palliative Care Networking Group are now working towards implementing change by creating management connections with all Disability Residential Service Providers in Victoria.

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

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



### The main aim is to:

- Engage DRS staff in recognising deterioration
- Access support in a palliative approach to care
- Build capacity and embed a palliative approach
- Encourage bereavement support for others in the accommodation home (staff & residents)
- Raise awareness of referral pathways to palliative care
- Improve end-of-life care for disability residents
- Strengthen engagement with Disability Liaison Officers
- Assist with increased advance care planning

We are looking forward to positive outcomes from the statewide collaborative approach that will assist with implementing change to build capacity and strengthen engagement to embed a palliative approach in the future for all residents in our DRS accommodation.

## 3.3 Workforce Development

It is extremely important to the improvement of quality end-of-life service delivery and person-centred care outcomes for patients, families and carers for long term sustainability that we strengthen workforce capacity. We recognise that undertaking further studies is a very big commitment for staff and we appreciate the efforts of all who make a commitment to advance their learning.

## Career Progression Program

The Consortium's Career Progression Program continues to be embraced by our specialist teams as and when staff choose to undertake further studies. As approved funding for this program is not yet exhausted, the Consortium has continued to support staff on an ongoing basis. This program has supported twenty-two applicants to access additional education. Providing over \$110k worth of funding towards specialist training this program will strengthen the palliative care workforce across the Grampians region and see palliative care services delivered optimally.

### 13 staff have fully completed their studies which include:

- Graduate Certificate in Palliative Care x4
- Graduate Certificate in Bereavement Counselling x2
- Masterclass - Care of the Dying
- Masters of Business Administration
- Transition to Speciality Palliative Care Practice x2
- Cancer Nurses Aust. – Annual Congress
- Graduate Diploma in Management
- Masters of Nurse Practitioner x3
- Banksia Palliative Care course x5
- Masterclass – Pain Assessment & Clinical Deterioration
- Certificate in Clinical Governance – Patient Safety & Quality Care

Feedback from those who have completed their courses has been extremely positive, with the applicants greatly appreciating the financial support from the Consortium giving them the opportunity to advance their learning, which without they may not have undertaken.



## Education & Training

Ongoing education has occurred across the region throughout 2022-23, mostly virtual with the re-introduction of some face-to-face learning. The virtual options have allowed for those health professionals from the more rural-remote end of the region to engage in learning without the stress of long distance travel. The face-to-face have allowed for much needed social interaction and networking opportunities for those who attended.

Education and Training promoted region-wide by the Consortium include:

### PEPA – General Education:

- |   |   |
|---|---|
| ▪ Aged Care Reverse PEPA Placements           | ▪ Palliative Approach – Communication Skills x5 |
| ▪ Palliative Approach in Aged Care            | ▪ Palliative Approach Workshop                  |
| ▪ Clinical Mentorship for a PEPA placement x2 | ▪ PEPA Placements in Specialist Palliative Care |

### IPEPA – Indigenous Education:

- Culturally Responsive Care – Aboriginal and Torres Strait Islander Perspectives Workshop
- Palliative Approach Workshops for Aboriginal Hospital/Health Liaison Officers x2

**Artwork:** Kahli Luttrell. This piece of art represents the skills and knowledge needed to provide the best care for a person going through palliative care. Kahli is a Yorta Yorta woman who lives in Melbourne.



### PEPA – GP Education:

- |   |   |
|---|---|
| ▪ Ethics of End-of-Life Care in General Practice x3 | ▪ Palliative Care in General Practice x6        |
| ▪ Pain Management in PalCare for GP's x3            | ▪ Symptom Management at End of Life for GP's x2 |

### BHCI – GP Breakfasts:

- |  |   |
|--|---|
| ▪ Transitions to Comfort Care in Neurological Disease x3 | ▪ Back to Basics – Using opioids well in palliative care              |
| ▪ Back to Basics – End-of-Life Care with case studies    | ▪ Bringing Death Back to Life   |
| ▪ Practical and Proven ways to treat Cancer Pain x2      | ▪ Voluntary Assisted Dying (VAD) Training: a Ballarat GP's experience |
| ▪ SOS Medications – Anticipating and treating with what? |   |

### Transition to Speciality Palliative Care:

The Gippsland Region Palliative Care Consortium has continued to extend their 'Transition to Specialty Palliative Care' program to palliative care staff from other Consortia's. In 2023 two BHCI staff took up this learning opportunity through our Career Progression Program and have now completed this course.

### Voluntary Assisted Dying Care Navigator Webinar Series:

In August and September 2022 the Consortium promoted this series to all health professionals across the Grampians region, which included the following three webinars:

- |  |  |
|--|--|
| ▪ Voluntary Assisted Dying – Witnessing a Written Declaration Document | ▪ Ethics and Voluntary Assisted Dying in Victoria              |
|  | ▪ Voluntary Assisted Dying – How to Respond to a First Request |

## Grampians Regional Consultancy Team Education (GRPCT)

The Grampians Regional Palliative Care Team (GRPCT) continue to provide education and training for health professionals in the region, with a varied program during 2022-23. The Consortium assists with promotion of all GRPCT training which consisted of virtual and face-to-face, addressing the required needs of staff across the region. During 2022-23 GRPCT ran a total of 95 education and training sessions assisting 695 attendees to increase their skills and knowledge of palliative care.

### Face to Face Workshops & Study Days:

- |  |   |
|--|---|
| ▪ Facilitating Advance Care Plans & Directives – Horsham | ▪ Facilitating Advance Care Plans & Directives – Ballarat |
| ▪ Palliative Approach in Aged Care – Ballarat            | ▪ Care at End of Life - Ballarat                          |



### Webinars:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>▪ Lymphoedema and Palliative Care</li><li>▪ Oncological Emergencies</li><li>▪ Liver Disease and Palliative Care</li><li>▪ Paediatric Pain and Palliative care</li><li>▪ Non-Pharmacological Interventions for Chronic Pain</li></ul> | <ul style="list-style-type: none"><li>▪ Breathlessness at End of Life</li><li>▪ Palliative Care from the GP's Perspective</li><li>▪ Motor Neurone Disease</li><li>▪ Grief &amp; Bereavement</li><li>▪ Effective Telehealth</li></ul> |
|--|--|

### E-Pal Newsletters:

Topics included:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>▪ Community Palliative Care Nursing in the Grampians region</li><li>▪ Reflections on Life, Grief and Christmas Wisdom</li></ul> | <ul style="list-style-type: none"><li>▪ Regional Stroke Nursing Then and Now</li><li>▪ The Three Pillars of Cancer Treatment</li></ul> |
|---|--|

### CURB Program:

The GRPCT met with Bendigo Health CURB program coordinator and are now working towards replicating this program in the Grampians region. ConqUeR Breathlessness (CURB) Program is based on the Cambridge Breathing, Thinking, Functioning model, a tool used to educate and support patients impacted by breathlessness. This program is very exciting for patients in our region with COPD and other breathlessness conditions.

### Student Supervision and Education:

The GRPCT have supported medical and nursing students from Federation and Deakin Universities during their education journey, with supervision sessions occurring on 34 occasions.

The Consortium congratulate Regina Kendall, GRPCT Nurse Practitioner on being a guest speaker at the Victorian Palliative Care Nurse Practitioner Collaborative 50<sup>th</sup> Forum in February 2023. We also look forward to supporting GRPCT's upcoming '[Back to the Future' Conference](#), on the 3<sup>rd</sup> & 4<sup>th</sup> May 2024.

## 3.4 Stakeholder Engagement

### Palliative Care Victoria 2023 Summit

#### Reflect, Reconnect, Rest

The Consortium acknowledges and thank Palliative Care Victoria (PCV) for initiating and organising the summit in February 2023 which gave all Consortia an opportunity to come together face-to-face and collaboratively present to the Dept. of Health the extensive initiatives that have been undertaken across the state.

Grampians region initiatives presented were:

#### Rapid Discharge Research Project:

Objectives of this project were:

- To support the timely, smooth, safe and sustainable return of palliative care patients from acute hospital to home
- Avoid re-presentation to the ED and re-admission to hospital

#### Afterhours Medical Emergency Support via Telehealth – Pilot Project:

Objectives of this project were to strengthen afterhours emergency medical Telehealth support throughout the Grampians Region to support:

- Local SPCN's on call in the afterhours
- Patients to remain at home if this is their preference

#### 'My Way' - Voluntary Assisted Dying for Palliative Care Patients project:

Objectives of this project were:

- To ease the burden for other patients and families who may be considering End-of-Life options
- To assist clinicians to better understand Voluntary Assisted Dying.



### 'Collaborative Care Conversations' Psychology support in Residential Aged Care – Pilot Project:

Objectives of this project were:

- Early intervention in initiating end-of-life conversations with aged care residents to improve person-centred services and end-of-life experience
- Improve access to local specialised palliative care support
- Decrease work related stress and improve support for staff, resulting in strengthened workforce sustainability



### Home Vigils pilot project:

Objectives of this project were to support end-of-life care choices for patients in the Grampians region by providing access to cooling blankets which will increase the time that the deceased can remain at home to:

- Provide choice in after death care
- Support culturally appropriate after death care
- Allow families time to say farewell, access assistance (i.e. funeral services, verification of death)



### 'Where the wild things are – At the fringes of Palliative Care'

This completely virtual conference by GRPCT, delivered a dynamic and stimulating program to more than 180 delegates which brought together expert speakers and included plenary sessions and panel discussions on:

- Magic mushrooms and death anxiety
- Homelessness
- End-of-life care in prisons
- Hope, Heart and Healing in health care
- Immunotherapy in advanced cancer
- Organ donation and the palliative care interface and much more



Special thanks to Diane Nimmo, Project & Research Coordinator Ballarat Hospice Care Inc. and Sandi Olney Nurse Practitioner Candidate Western Health Bacchus Marsh Community Palliative Care Service for their presentations, both virtually and in person.

## Strengthening Partnerships

The Consortium extend sincere thanks to all who have contributed to regional initiatives and resource development & improvement, and would like to acknowledge the excellent external stakeholder collaboration.



## Western Vic. Regional Approach to Advance Care Planning (WVPHN)

As part of the 'Greater Choice for At Home Palliative Care' program coordinated by WestVicPHN a Western Victoria regional Advance Care Planning(ACP) working group was formed in 2022. The Grampians region have six representatives on this group. The ACP working group decided that a coordinated regional approach was required to build advance care planning and end-of-life conversations into the western Victoria community for the following reasons:

- Advance Care Planning is an important step in assuring a person's values and wishes can be recognised at end of life and can reduce unnecessary hospitalisations
- A range of services across western Victoria provide Advance Care Planning education for service providers and community, however many are unable to meet demand.
- Further capacity building is required for service providers in the broader residential care, primary care and community service sectors, to support ACP
- Low proportion of community palliative care referrals are made with an Advance Care Directive in place

### Proposed areas of activity include:

- |                              |   |
|------------------------------|---|
| ▪ Map existing ACP Education | ▪ General Practice Engagement and Support |
| ▪ Community Engagement       | ▪ Service Provider Capacity Building      |

During ACP week in March 2023 this group initiated the distribution of GP resource bags (show bags) via General Practice facilitators and the GP PalCare Special Interest Group. These show bags included the Grampians region 'Community Referral Brochures' and 'What Matters to Me conversation guide' brochures and were distributed in Horsham and Ballarat.

The Consortium in collaboration with WestVicPHN, are very excited about our next joint initiative which is focussing on a media campaign that will align with Dying to Know Day in August 2023.

## 4. Funded Regional Services Initiatives

In addition to our focussed activity detailed in section 3, the Consortium has been able to extend funding support and assistance to several other initiatives. These have strengthened the provision of palliative care within this region, and stakeholder engagement.

### 4.1 Home Vigil Project – Grampians Health (GRPCT)

The Consortium funded the Grampians Regional Palliative Care Team for a Home Vigil pilot project to gauge the demand of families having the choice to hold a home vigil following the death of a loved one. The option of an in home vigil can be an important cultural or personal choice for patients and families. It allows greater flexibility and choice for end-of-life and after death care. A home vigil is a hands-on approach to death. It's very much about embracing the reality of death, caring for the body and playing an active part in the transition from life to death. Vigils can take place at home and last from a few hours up to 3 days.

This funding allowed for the purchase of three cooling blankets to be housed evenly across the region. Without cooling, a patient is only able to be cared for at home for a short period following death. Cooling blankets allow the deceased to remain at home for up to 3 days prior to transfer to funeral services.

#### Benefits:

- |  |   |
|--|---|
| ▪ Supporting culturally appropriate after death care for patients and families | ▪ Increased time that the deceased can remain at home             |
| ▪ Provides choice in after death care for patients and families                | ▪ Allows families time to say farewell                            |
| ▪ Assists with verification of death   | ▪ Assistance with access in the after hrs (i.e. funeral services) |

## 4.2 Collaborative Care Conversations in Residential Aged Care – ORTRC

One Red Tree Resource Centre (ORTRC), a registered not-for-profit charity, is a hub of high-quality, evidence-based mental health care, providing psychological services to the community of Western Victoria's Grampians region. ORTRC has developed this pilot program 'Collaborative Care Conversations' in partnership with the Consortium.

Historically, support around end-of-life care has focussed on meeting an individual's physical needs. Victoria's end-of-life and palliative care framework has highlighted the need to develop a more individualised and inclusive approach to end-of-life care to address the psychological needs of our community. This project provides the psychological support and framework to assist individuals, families, carers, and staff with managing the challenges of this time in a person's life.



### Main Objectives:

- |  |  |
|--|--|
| ▪ Early intervention initiating end-of-life conversations                            | ▪ Increase the psychological flexibility in relation to end-of-life care for residents, carers, family & staff at RACF's |
| ▪ Increase access to and awareness of the Royal Flying Doctors 'Memory Lane' program | ▪ Increase carer/family satisfaction with an aged care facility  |
| ▪ Improve awareness of availability of specialised palliative care interventions     |  |

This project is delivered face to face with residents, carers, staff, and community members by clinicians who have all completed, at a minimum, an accredited 5-year training course in psychology. Clinicians build relationships based on trust, respect, and integrity to initiate and develop conversations and planning for the end of life. This allows the person's care to be highly individualised and their family and carers to be aware of the decisions they have made. Brief psychological interventions such as, Dignity Therapy, ACT and Reminiscence Therapy is used. Referral to other services is facilitated as needed, if identified during the treatment period.

A pilot commenced in March 2023 within the East Grampians Health Services (EGHS), Lowe Street residential aged care facility.

### Outcomes so far:

- |   |  |
|---|--|
| ▪ 10 residents identified for the pilot   | ▪ 13hrs face to face time per week plus additional check-ins with staff                                  |
| ▪ 56 resident sessions (emotional awareness, dignity therapy, legacy documents, daily check-ins)                      | ▪ 40 staff sessions (check-ins, staff meetings, drop-ins, consultations)                                 |
| ▪ 17 family sessions (explain the program, answer questions, provide support, work through residents legacy document) | ▪ Increased confidence for the clinical psychologist intern with the high level of supervision & support |

The Legacy Document is developed through components of Dignity Therapy, an evidence-based psychological intervention that was originally developed in Canada and widely accepted into clinical practice in palliative care settings. The goal of dignity therapy is to address suffering in dying by affirming dignity. Using a step-by-step intervention, a psychologist can invite people with life-limiting conditions to reflect on their life, find meaning, and leave messages for loved ones in a written, narrative document.

### Benefits:

- |   |   |
|---|---|
| ▪ Culture of help seeking - reducing stigma   | ▪ Staff/families/residents feeling valued & listened to   |
| ▪ Changing the culture of language around death   | ▪ Using the program as part of an internship gives early career psychologists experience and skills in working with an ageing population. |
| ▪ Increase to rural workforce - getting psychologists into rural areas is valued  | ▪ Wrap-around supervision and support for intern during difficult professional challenges (losing a client)                               |
| ▪ Increased psychological support for residential aged care staff during challenging times (resident deaths, staff shortages) |   |

The Consortium has further funded ORTRC to extend this program in 2023-24 into the additional EGHS aged care facility and expand into Ballarat facilities. We are currently exploring funding options for this program to be ongoing and extended into all RACF's across the region.

## 4.3 Department of Health (DoH) directly funded – Service based initiatives

### MND Shared Care Worker – Grampians Health (GRPCT)

The MND Shared Care Worker (MNDSCW) 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 role sits within the Grampians Regional Palliative Care Team and is currently held by one of their clinical nurse consultants, Julie Kidd.

At the end of June 2023, there were 8 palliative care patients living with MND in the Grampians region. The MNDSCW actively keeps in contact with all community palliative care service providers in the region, updating and assisting them with any needs that arise for their MND patients. She also reports to the CAG group on a regular basis.

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.

### Aged Care Project – BHCI

Ballarat Hospice Care Inc. (BHCI) have received a \$150k grant from the DoH, from the Comprehensive Palliative Care in Aged Care project, which was an outcome of the royal commission into Aged Care.

BHCI are using this grant for a collaborative project with Grampians Health (GRPCT) building on the existing relationships GRPCT have within the residential aged care sector. The objective of the project is to improve palliative care for all residents in aged care facilities, and to improve access to Specialist Palliative Care for residents with relevant needs while using existing frameworks and resources where possible.

BHCI are looking to develop a program that is self-sustaining and can be rolled out across all RACF's in the region. The pilot will commence within three RACF's in the Ballarat catchment. The Consortium is excited to see this commence mid-2023 and look forward to the outcomes, including the possibility to replicate across the region.

## 4.4 Ongoing Regional Resources

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

'My Way' VAD stories was developed by the Bacchus Marsh Community Palliative Care Team after a request from a family who desperately wanted to tell their story so that others could better understand the VAD process in order to make an informed choice for themselves.



Available on YouTube, <https://www.youtube.com/watch?v=yrrhM1W9rrGU> with over 18k views, this short film is also available to view on Andrew Denton's website: [www.gogentleaustralia.org.au/patients\\_and\\_families](http://www.gogentleaustralia.org.au/patients_and_families). As part of Dying to Know Day 2022 the Consortium funded a film launch and presentation conducted by the Bacchus Marsh Community Palliative Care team. Eighty people attended, including family members of patients in the film. Q&A session concluded the launch.

#### Benefits:

- Assist end-of-life patients to make an informed choice
- Help families to feel prepared and supported
- Valuable education tool for palliative care clinicians & other health professionals
- Tool to encourage local GP's to become VAD advocates

#### Outcomes:

- Valuable education video produced
- Community engagement at film launch
- Presentation at palliative care conferences
- Linked to palliative care platforms
- Over 18,000 YouTube hits

This resource will greatly assist other patients and families who may choose to consider the VAD pathway, therefore improving end-of-life choices. The Consortium continues to share this extraordinary resource not only within the region but also more broadly.



## Consortium Website

The [Consortium website](#) remains a valued tool for health professionals, palliative care clinicians, patients, carers and families. It gives access to reliable and up to date information, upcoming education and training (including webinars, training videos etc.) as well as advance care planning, aged care and disability resources.

A few of the main resources are:

- |   |  |
|---|--|
| ▪ My Wishes Activity – ACP Conversation Starters  | ▪ Referrals to Grampians Palliative Care services          |
| ▪ Flying Doctor Memory Lane Program               | ▪ Residential Aged Care sector resources                   |
| ▪ Safe Administration of Subcutaneous Medications | ▪ A Guide for Carers – DVD series                          |
| ▪ Carer Package                                   | ▪ Family & Carer resources                                 |
| ▪ Grampians Region Community Referral brochure    | ▪ Grampians Region Palliative Care Disability documents    |
| ▪ Carers Help Website                             | ▪ Culturally & Linguistically Diverse (CALD)               |
| ▪ Grampians Region VAD short video                | ▪ Disability resources including TEL (Talking end of Life) |
| ▪ Dept. of Health resources                       | ▪ Palliative Care it's more than just death & dying video  |
| ▪ State-wide Palliative Care Advice Service       |  |

## Volunteers



The Consortium would like to acknowledge and thank 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 contribute in various ways and are extremely valued by our palliative care services, patients and their families.

Grampians region Palliative Care Volunteer numbers:

- |  |   |
|--|---|
| ▪ Ballarat Hospice Care Inc. – 82                                    | ▪ Wimmera Palliative Care Service – 5   |
| ▪ Western Health Bacchus Marsh Community Palliative Care Service – 6 | ▪ Central Grampians Palliative Care – 4 |
|  | ▪ Gandarra Inpatient Unit – 9           |

## 5. Community Engagement Initiatives

The Consortium continues to be supportive of community based activities with ongoing palliative care awareness raising initiatives happening throughout the region during 2022-23.

Benefits of a community awareness approach to palliative care include:

- |  |  |
|--|--|
| ▪ avoiding unwanted hospitalisation  | ▪ appointing a medical treatment decision maker        |
| ▪ appropriate care plans in place before loss of decision-making capacity, | ▪ family are made aware of your values and preferences |
| ▪ dispelling myths and improving understanding of facts                    | ▪ putting in place an advance care directive           |
| ▪ personal peace of mind   | ▪ respecting a person's choice to die at home          |
| ▪ relieving family burden  | ▪ dignity at the end of life                           |
|  | ▪ being able to make informed choices                  |

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 and improves community thinking around death and dying. Therefore, with ongoing initiatives over time there will be increased community awareness that quality end of life and palliative care is everyone's responsibility.

### 5.1 Community Referral Brochure

The Consortium developed this referral brochure as an ongoing way to promote the availability of After Hours support for palliative care registered patients across the region. These have been distributed to GP's and Specialists across the region in several mailouts, including our Christmas & Easter promotional postcard initiatives. The brochures were also included in a WestVicPHN promotion of GP show bags distributed via the GP Nurse Network group in Horsham & Ballarat.



**Services in the Grampians region**

**Ballarat Hospice Care Inc.**  
PO Box 96, Ballarat 3353  
P 03 5333 1118 F 03 5333 1119  
E admin@ballarathospicecare.org.au

**Wimmera Palliative Care Service**  
83 Bailtie Street, Horsham 3400  
P 03 5381 9363 F 03 5362 3480  
E hospice@whcg.org.au

**Central Grampians Palliative Care**  
PO Box 155, Ararat 3377  
P 03 5352 9465 F 03 5352 9425  
E cgpc@eghs.net.au

**Western Health Bacchus Marsh Community Palliative Care Service**  
PO Box 330, Bacchus Marsh 3340  
P 03 5367 9137 F 03 5367 4274  
E palliativecare@djhs.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

**For general support or advice, call the Palliative Care Advice Service:**  
**1800 360 000 (7am - 10pm, seven days a week)**

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

The brochure has been well received by GP Practice Managers, Specialist clinics and GICS with many requests for more. With 7,000 brochures distributed throughout 2022-23, the Consortium has recently had a further 10,000 printed ready for ongoing distribution and expansion into further health clinics.

## Christmas & Easter Postcard Initiative

Our postcard initiatives gave the Consortium the opportunity to remind GP's and Specialists that if palliative patients were registered with a specialist palliative care service they would have access to after hours support over the holiday period.

### Christmas Postcard:



**The gift of peace of mind this holiday season:**  
**Everyone has access to Specialist Palliative Care support, including after hours and public holidays**

General support and advice is available to clinicians, carers and patients through the Palliative Care Advice line.

For patients registered with a Grampians region community palliative care service, 24/7 support is available through the numbers provided.

**Contact your local service**

**Ballarat Hospice Care Inc.**  
PO Box 96, Ballarat 3353  
P 03 5333 1118 F 03 5333 1119  
E admin@ballarathospicecare.org.au

**Western Health Bacchus Marsh Community Palliative Care Service**  
PO Box 330, Bacchus Marsh 3340  
P 03 5367 9137 F 03 5367 4274  
E palliativecare@djhs.org.au

**Wimmera Palliative Care Service**  
7-9 Robinson Street, Horsham 3400  
P 03 5381 9363 F 03 5362 3480  
E hospice@whcg.org.au

**Central Grampians Palliative Care**  
PO Box 155, Ararat 3377  
P 03 5352 9465 F 03 5352 9425  
E cgpc@eghs.net.au

**For general support and advice**  
**Palliative Care Advice Service**  
**P 1800 360 000**  
**(7am - 10pm, seven days a week)**




### Easter Postcard:



**Everyone has access to End-of-Life and specialist palliative care support, including after hours and public holidays**

For patients registered with a Grampians region community palliative care service, 24/7 support is available through the numbers provided

General support and advice is available to clinicians, carers and patients through the Palliative Care Advice Service

*Live well, die well*

**Contact your local service**

**Ballarat Hospice Care Inc.**  
PO Box 96, Ballarat 3353  
P 03 5333 1118 F 03 5333 1119  
E admin@ballarathospicecare.org.au

**Western Health Bacchus Marsh Community Palliative Care Service**  
PO Box 330, Bacchus Marsh 3340  
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E palliativecare@djhs.org.au

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E cgpc@eghs.net.au

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**Palliative Care Advice Service**  
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**(7am - 10pm, seven days a week)**



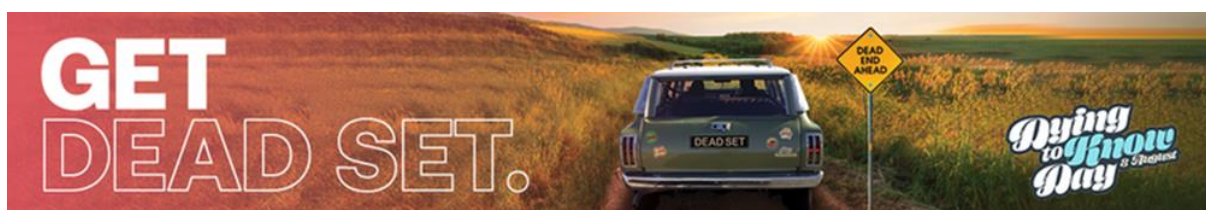

## 5.2 Dying to Know Day 2022

The Consortium again supported [The Groundswell Project](#) initiative, 'Dying to Know Day' on August 8<sup>th</sup> 2022, assisting stakeholders, palliative care service providers and community groups, to promote the importance of and need for end-of-life conversations.

We used to talk about death as a normal part of life!

This initiative encourages people to prepare and plan for the future, to activate conversations and community actions around death, dying and bereavement, to assist in reducing stress for loved ones when the time comes.

“making the time to have the conversation.....  
is the most important thing!”



### Cookies & Wishes Activity

During August 2022 the Consortium once again embraced our '[Cookie and wishes activity](#)' initiative as it was so well received in 2021. Distribution of 1,000 cookies and 2,000 activity sheets occurred across the whole Grampians region to patients, families, carers and the community.

Cookies were distributed to the following:

- |   |  |
|---|--|
| ▪ Residents at three Ballarat Retirement Villages                   | ▪ Ballarat Regional Multicultural Council  |
| ▪ MC Physio staff   | ▪ Ballarat City Council – Libraries & Community Care and Access clients                            |
| ▪ Grampians Health Queen Elizabeth Centre day visitors              | ▪ Ballarat Breast Screening Service clients  |
| ▪ Grampians Health Ballarat – Aged Care Assessment Services clients | ▪ EGHS – District Nursing, Community Health & Meals on Wheels clients                              |
| ▪ Wimmera – Oncology, District Nursing & Community Health clients   | ▪ Ballarat Cemeteries event attendees  |
| ▪ Ballarat Regional Integrated Cancer Wellness Centre clients       | ▪ Bacchus Marsh VAD film launch attendees  |
| ▪ St. John of God patients  | ▪ Western Health Bacchus Marsh – Oncology, District Nursing, Community Health and Dialysis clients |
| ▪ Ballarat Community Health clients                                 | ▪ Western Health Bacchus Marsh Volunteers  |
| ▪ Ballarat Oncology & Haematology Centre clients                    |  |

The aim was to encourage people to take the time to chat to their loved ones about the 48 wishes statements that were included with their cookie. The 'My Wishes' activity creates an opportunity for those difficult conversations, to help a loved one make a plan that respects their values and preferences. The 48 wishes statements can be accessed via the [consortium website](#).



## Death Conversations Webinar

As part of the Dying to Know Day initiatives BHCI's Katherine Brumby & Julie Hassard and Grampians Health – GRPCT's Dr. Penny Cotton along with Ballarat Cemeteries CEO Annie Dejong ran a 'Death Conversations' webinar for the Ballarat community. The two sessions held on the 11<sup>th</sup> & 15<sup>th</sup> August 2022 were well attended and gave community members the chance to discuss difficult conversations around death and dying.

## Aboriginal & Torres Strait Islander Engagement – GRPCT

The Grampians Regional Palliative Care Team (GRPCT) extended the Dying to Know Day initiative to the Ballarat & District Aboriginal Cooperative with a further 2,000 'My Wishes' activity sheets for distribution. This was a great way to strengthen connections and give their communities an opportunity to consider what is important to them in their end-of-life journey.

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

## 5.3 National Advance Care Planning Week 2023



The Consortium re-produced 5,000 of the 'What Matters to Me' brochure for Advance Care Planning week and have distributed these throughout the region. These are a great tool to assist families to start the conversation with their loved ones. Our services used them at shopping centre stands and community events during ACP week. ([Online version](#))

Talking about end-of-life care is different for everyone—some people find it overwhelming and confronting, others may be more accepting. Be prepared to give it some time and, if necessary, have a number of conversations to make your wishes fully known and understood by your family.

Our palliative care services promoted NACPW23 in the following ways:

- |  |  |
|--|--|
| ▪ All Services – Social Media and website promotions     | ▪ Advance Care Planning Facilitator Workshops x2 |
| ▪ Social Worker presentation to senior citizens group x2 | ▪ Horsham Plaza promotional stall                |

## 5.4 National Palliative Care Week 2023



The Consortium supported National Palliative Care Week (NPCW) '***Matters of life and Death***' by thanking all our specialist palliative care teams with flowers. With the support of Palliative Care Victoria, we also distributed many pens & heart badges to our external stakeholders and pens & seedlings to our Residential Aged Care Facilities as a way of thanking them for their ongoing support of palliative care in this region.



The services promoted NPCW23 using their social media and website platforms.

Bacchus Marsh CPCS staff members:



The Bacchus Marsh team enjoyed their flowers and also provided a home baked morning tea for the nurses on the medical/surgical unit as part of NPCW23. What a wonderful gesture.

Wimmera PCS staff members:



Staff members from Wimmera Palliative Care team celebrated NPCW23 by having a visit with their local Ambulance Victoria team.

### 'Live the Life You Please' – PCV Movie Screening

Two of our palliative care services took the opportunity to host a viewing of the ['Live the Life You Please'](#) movie screening. A film-led social impact campaign designed to change the way people think about the last chapter of life. The campaign aims to improve awareness about palliative care, advocate for increased access to essential palliative care and related health care services for all Australians, and help to start important conversations about living the life you please until the very end. The Consortium Manager, Anna Gray attended the Palliative Care Victoria launch of the movie at a screening in Melbourne.



## 6. GRPCC 2022-23 Financial Statement

<b>INCOME</b>	
<u>Government Grants</u>	
DHHS GRANT – Palliative Care Consortia	145,077.28
DHHS GRANT – Palliative Care Regional Consultancy (Aged & Disability)	<u>124,497.12</u>
<b>Total Government Grants</b>	<b>\$269,574.40</b>
<u>Other Income</u>	
WestVicPHN - Dying to Know Day Initiative (cookie contribution)	1,900.00
Oliver Foundation Grant - Donation (iPads x6)	<u>6,744.00</u>
<b>Total Other Income</b>	<b>\$ 8,644.00</b>
<b>Total Income</b>	<b>\$278,218.40</b>
<b>EXPENDITURE</b>	
External Consultancy Services	1,500.00
Regional Projects – Career Progression Program (x7)	19,004.74
– Contribution to After Hours Program	100,000.00
– One Red Tree Resource Centre (Psych. support in RAC's)	180,000.00
– Regional Service Based initiative (Home Vigil pilot)	29,970.00
– Regional Service Based initiative (fridge magnets)	1,090.00
– GP Engagement (Referral Brochure to GP's & Specialists)	1,328.35
– GP Engagement (GP education promotion to clinics)	496.12
– GP Engagement (WVPHN GP Refresher Conf. 2022 costs)	600.00
– Advance Care Planning Week initiative 2023	1,042.71
– National Palliative Care Week initiative 2023	443.64
– Dying to Know Day initiative 2022	5,634.94
– GRPCT Regional 2024 Conference sponsorship	5,000.00
– Regional Resources	2,135.36
Membership Fees (PCV)	250.00
GRPCC Regional Representation	425.02
Rent Expense	6,000.00
General Administration/I.T. Communications	2,758.73
Motor Vehicle Expenses	<u>5,904.12</u>
<b>Total Direct Expenses</b>	<b>\$ 363,583.73</b>
<u>Salaries &amp; Wages</u>	
Salaries	104,729.31
Superannuation Expense	10,738.76
WorkCover – Premium	<u>2,495.63</u>
<b>Total Salaries &amp; Wages</b>	<b>\$ 117,963.70</b>
<b>Total Expenditure</b>	<b>\$481,547.43</b>
<u>Operating Surplus/(Deficit) for 2022-23</u>	<u>\$ (203,329.03)</u>
Program Surplus carried forward as at 30/06/2022	<u>383,332.07</u>
<u>Total Program Surplus as at 30/06/2023</u>	<u>\$180,003.04</u>
Committed Funds (Ongoing Projects) as at 30/06/2023	<u>60,175.00</u>
<b>Total Available Surplus as at 30/06/2023</b>	<b>\$119,828.04</b>

## 7. Consortium Membership and Structure

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### 7.1 Member Groups

#### Consortium Executive Group (CEG)

The role of this group is to oversee appropriate governance and financial accountability. They ensure the regional strategic plan is implemented and is in line with 'Victoria's End-of-Life and Palliative Care framework'. They also provide support to the Consortium Chair and Consortium Manager.

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

**Grampians Health Ballarat** – Rachel Fishlock, Interim Director of Community Programs (6 months)

**Grampians Health Ballarat** – Emma Thurling, Assistant Director of Community Care Services (6 months)

**Grampians Health Horsham** – Sarah Kleinitz, Director of Primary and Ageing Services

**Ballarat Hospice Care Inc.** – Andrew Howard, Chief Executive Officer

**Western Health** – Dan Fleming, Operations Manager Cancer Services

**Clinical Advisory Group Chair** – Carmel O'Kane

**Consortium Manager** – Anna Gray

**Consortium Administration** – Christine Hocking

#### Clinical Advisory Group (CAG)

The role of this group is to inform decision making, planning, implementation and care coordination related to policy and strategic planning within the region. The group ensure decisions made by the CEG are based on evidence-based clinical practice. They also develop and implement resources that promote evidence-based clinical practice. This group provides a forum for clinicians to discuss and resolve clinical issues, and then advise the CEG of those issues. They also build and maintain relationships with service providers in the region.

**Chair: Grampians Health Horsham** – Carmel O'Kane,  
Manager Wimmera Cancer Centre and Wimmera Palliative Care Service,

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

**Grampians Health Ballarat** – Rebecca Matthews, Operations Manager & Regina Kendall, Nurse Practitioner,  
Grampians Regional Palliative Care Team (GRPCT),

**Ballarat Hospice Care Inc.** – Katherine Brumby, Operations Manager  
– Mel Pither, Clinical Care Coordinator

**East Grampians Health Service** – Kate Pitcher, Manager Community Nursing  
– Helen Lusby, Central Grampians Palliative Care Team

**Western Health Bacchus Marsh** – Sandi Olney, Nurse Practitioner Candidate, Community Palliative Care Team

**Consortium Manager** – Anna Gray

**Consortium Administration** – Christine Hocking



## 7.2 Member Services



### The Palliative Care Service areas:

**Wimmera** (Horsham, West Wimmera, Hindmarsh and Yarriambiack LGAs),

**Central Grampians** (Ararat, Northern Grampians and Pyrenees LGAs)

**Ballarat Hospice** (Ballarat, Hepburn, west part of Moorabool, northwest part of Golden Plains LGAs)

**Bacchus Marsh** (Bacchus Marsh and east part of Moorabool LGAs)

**Grampians Health – Ballarat** (GHB) – 102 Ascot Street South, PO Box 577, Ballarat 3353.

### Grampians Regional Palliative Care Team:

Email: [info@grpct.com.au](mailto:info@grpct.com.au) Phone: 03 5320 3553 Website: [www.grpct.com.au](http://www.grpct.com.au)

### Gandarra Palliative Care Unit:

Email: [maree.kewish@gh.org.au](mailto:maree.kewish@gh.org.au) Phone: 03 5320 3895 Website: <https://www.bhs.org.au/services-and-clinics/queen-elizabeth-centre/gandarra-palliative-care>

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 – 0.9 EFT Pal Care Physician – 2.4 EFT Nurse Practitioner – 1.9 EFT Nurse Practitioner Candidate – 0.7 EFT Clinical Nurse Consultant – 1.8 EFT Clinical Psychologist – 1.0 EFT Admin – 1.8 EFT	48,623km <sup>2</sup>	Population 263,734	
	Gandarra Specialist inpatient Unit	Total EFT – 22.5 Nursing – 18 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 263,734	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 inpatient 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.

**Grampians Health – Horsham** (GHH) – Baillie Street, Horsham 3400.

Email: [Hospice.Care-Horsham@gh.org.au](mailto:Hospice.Care-Horsham@gh.org.au) Phone: 03 5381 9363

Website: [www.whcg.org.au/index.php/about-us/services/hospice-care](http://www.whcg.org.au/index.php/about-us/services/hospice-care)

The catchment area consists of the Statistical Local Areas (SLA) or the Rural City of Horsham and the Shire's of Hindmarsh, Yarriambiack and West Wimmera.

<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. 36,302	1 inpatient bed
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**Wimmera Palliative Care Service (WPCS)** 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. GHH has one inpatient palliative care bed.

**East Grampians Health Service** (EGHS) – 5 Girdlestone Street, PO Box 155, Ararat 3377.

Email: [cgpc@eghs.net.au](mailto:cgpc@eghs.net.au) Phone: 03 5352 9465

Website: [www.eghs.net.au/services/ararat/palliative-care](http://www.eghs.net.au/services/ararat/palliative-care)

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>	Central Grampians Palliative Care	Manager – 0.2 EFT Clinical Nurse Specialist – 1.8 EFT RN – 0.8 EFT Admin. – 0.2 EFT	13,374km <sup>2</sup>	Population Approx. 31,250	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.

**Ballarat Hospice Care Inc.** (BHCI) – Palliative Care Hub, 1836 Sturt Street, Alfredton 3350.

PO Box 96, Ballarat, 3353 Email: [admin@ballarathospicecare.org.au](mailto:admin@ballarathospicecare.org.au) Phone: 03 5333 1118

Website: [www.ballarathospicecare.org.au](http://www.ballarathospicecare.org.au)

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 development of the 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.

**Western Health Bacchus Marsh** (WHBM) – Suite 9/10 Turner Street, PO Box 330, Bacchus Marsh 3340. Email: [palliativecare@djhs.org.au](mailto:palliativecare@djhs.org.au) Phone: 03 5367 9137 Website: [www.bmm.wh.org.au](http://www.bmm.wh.org.au)

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>	Bacchus Marsh 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. 38,484	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 Healthcare – Ballarat** (SJoG) – 101 Drummond Street North, Ballarat 3350.

Email: [Andrea.Simpson@sjog.org.au](mailto:Andrea.Simpson@sjog.org.au) Phone: 03 5320 2111

Website: [www.sjog.org.au/our-locations/st-john-of-god-ballarat-hospital](http://www.sjog.org.au/our-locations/st-john-of-god-ballarat-hospital)

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.

## 8. Health Statistics

### 8.1 Long Term Health Condition

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%	48.6%	54.2%	53.4%

### 8.2 Cancer Specific Conditions



Table 4: Number of newly diagnosed tumours in the Grampians ICS region in 2021 (source: Victorian Cancer Registry as at Dec'22)

Tumour Stream	Total Persons	Females	Male
Breast (Female only)	236	236	0
CNS	23	12	11
Colorectal	179	88	91
Endocrine glands and thyroid	31	25	6
Genito-urinary	397	32	365
Gynaecological	69	69	0
Haem	192	81	111
Head and neck	61	21	40
Lung	179	87	92
Other	107	45	62
Skin	180	68	112
UGI	168	53	115
TOTAL CANCERS	1822	817	1005
		45%	55%