



## Grampians Region Palliative Care **Consortium**

### Annual Report 2013

#### Members:

Ballarat Health Services  
Ballarat Hospice Care Inc.  
East Grampians Health Service  
Djerriwarrh Health Services  
Wimmera Health Care Group  
St John of God Hospital Ballarat  
Department of Health (non voting)

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

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## *1. Chair's Message*

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While 2011-2012 was a time of strengthening palliative care throughout our region, 2012-2013 has focused upon specific strategies to improve access to palliative care services within the Grampians region. Specific initiatives include improving 'afterhours' services, the employment of a disability link nurse and support of the regions renal project. We have also been fortunate to have the services of Regina Kendall, nurse practitioner, who has significantly improved individual access to palliative care services throughout our region. Regina has also provided her expertise to a number of palliative care practitioners enhancing their professional development and promoting the standardization of specific clinical tools.

2012 also saw the appointment of a project worker which helped aligned consortium operations to the Victorian Government's strengthening palliative care strategic directions. Our consortium manager, Peter Marshall, has significantly improved systems and processes pertaining to funding allocation and accountability. Financially our consortium has a notable surplus of funds and the executive team has committed to making the best use of these funds in the future in order to support the continued development and provision of high quality palliative care services within the Grampians community.

Denise Hooper  
Grampians Region Palliative Care Consortium Chair

## *2. About the Grampians Region*

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The total area of land in the Grampians is 48,618 sq km, and only 1% (approx.) of land region is zoned for residential, business or industrial use, with most being rural (approx. 79%) or public reserve (approx. 20%).

Population growth in Grampians Region has been lower than average since 2000, and this trend is projected to continue to 2022. There are higher than average percentages of children under 14 years, and persons aged 45 plus, while the 15 to 44 age group is under-represented. The Aboriginal population is higher than average, but levels of cultural diversity are low.

The rate of volunteering is the highest of all regions. Grampians has higher than average low income individuals and households and the highest percentage of unemployed throughout Victoria, but low levels of housing stress. The year 9 educational attainment is the lowest of all regions.

Grampians Region has the lowest GP ratio per 1,000 population, but the highest rate primary care occasions of service at over twice the Victorian average. Grampians Region ranks 2nd among regions for HACC clients aged 0-69 per 1,000 target population, and for those over 70 years of age, 26.3% are HACC clients.

In terms of health indicators, rates of asthma are higher than average across most of the region, as are rates of drug and alcohol clients and mental health clients. Some LGAs in the Wimmera have particularly high rates of overweight and obesity.



However, a breakdown into the broad areas of Wimmera (Horsham, West Wimmera, Hindmarsh and Yarriambiak LGAs), Central (Northern Grampians, Ararat and Pyrenees LGAs) and Ballarat (Ballarat, Hepburn, Moorabool and Golden Plains LGAs) shows significant disparities in local demographics.

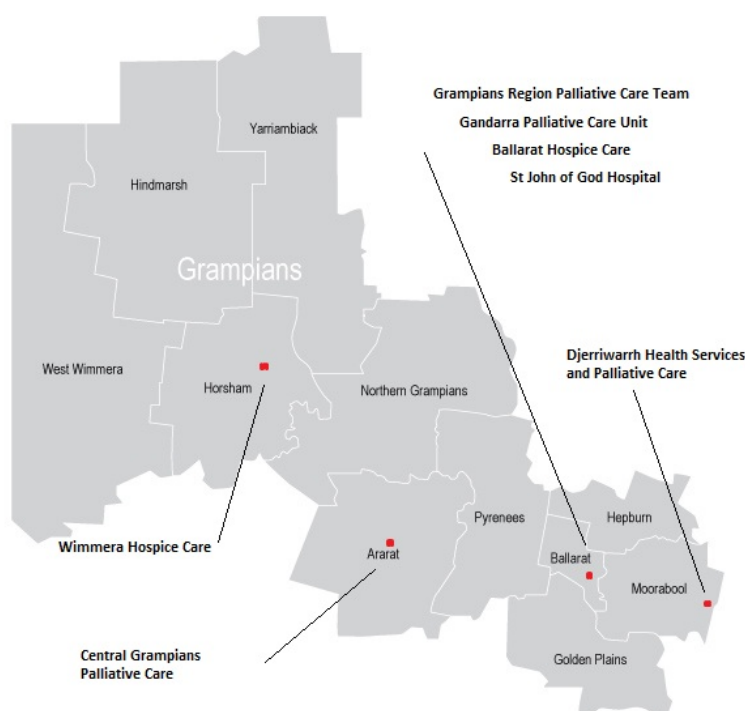
Table 1: Population density and proportions of aged residents

	Grampians Region	Wimmera	Central	Ballarat
Total population	220,878	16.5%	13.4%	70.1%
65+ (as % of popn)	16.4%	20.8%	20.6%	14.6%
Area sq. kms	48,618	28,222	13,370	7,026
% of Grampians area	100%	58.0%	27.5%	14.5%
Popn density (persons/sq km)	4.5	1.3	2.2	22.0

The Ballarat area has a vastly higher population density, accounting for 70.1% of the total population, but only 14.5% of the total land mass.

## 2.1 Workforce and community capacity to manage health issues into the future

The Central area in particular has higher than average rates on disability indicators, with each of the LGAs having higher than average persons with severe or profound disabilities, and higher rates of those needing assistance with core activities.



Grampians region does not stand alone on many of these indicators, as numerous studies have shown high levels of health inequality across areas of rural Australia. The challenge is exacerbated by limited resources spread across large geographical areas, and well recorded difficulties in attracting skilled health care professionals.

The palliative care services in the Grampians region are committed to offering a high level of care, and the consortium is committed to supporting them in this regard.

The demographic data set out below shows that the Grampians region as a whole, and particularly LGAs in the central and western parts of the region, are facing significant issues that are likely to impact on the provision of palliative care. A growing ageing population combined with reduced community working capacity lead to greater dependency. This is currently reflected in high levels of people with need for assistance with core activities, and the percentage of persons aged 75+ who live alone, and exacerbated by high levels of disability support pension and age pension recipients, and high rates of those with profound disability living in the community. On top of this, Grampians has a high rate of malignant cancers diagnosed, which is going to be one of the more significant drivers of increased need for palliative care.

Table 2: Current (2011) and projected percentage population over 65 years of age, and proportion under 15 and over 65, compared with proportion of working age population (Dependency ratio).

LGA	2011		2021	
	65+	Dep Ratio	65+	Dep Ratio
<b>Wimmera</b>				
Hindmarsh (S)	24.1	0.71	29.7	0.86
Horsham (RC)	17.6	0.58	21.6	0.67
West Wimmera (S)	21.5	0.67	25.8	.071
Yarriambiack (S)	24.4	0.72	28.6	0.76
<b>Central</b>				
Ararat (RC)	19.7	0.60	23.8	0.69
Northern Grampians (S)	20.1	0.59	26.3	0.70
Pyrenees (S)	21.9	0.62	26.7	0.73
<b>Ballarat</b>				
Moorabool (S)	12.5	0.50	17.6	0.61
Hepburn (S)	18.9	0.57	23.6	0.66
Ballarat (C)	14.9	0.51	19.1	0.61
Golden Plains (S)	10.4	0.50	16.2	0.59
<b>Grampians</b>	<b>16.1</b>	<b>0.54</b>	<b>20.6</b>	<b>0.64</b>
<b>Victoria</b>	<b>14.0</b>	<b>0.48</b>	<b>16.7</b>	<b>0.53</b>

Higher dependency ratios mean fewer people of working age. Dependency ratios for 2011 are higher than the Victorian average in all Grampians LGAs and are particularly high in Yarriambiack and Hindmarsh. This pattern will continue in 2021, with even higher dependency ratios. There is a general trend toward higher dependency ratios both now and into the future as you move across the West of the region.

These issues are exacerbated by a high and growing proportion of people in the community who need medical and daily living support, as set out in Table 3.

Table 3: Aged and disability characteristics, Grampians LGAs

LGA	% with need for assistance with core activities	% with severe and profound disability living in community	% of persons aged 75+ who live alone	Disability support pension recipients per 1,000 eligible pop	Age pension recipients per 1,000 eligible pop
Ararat (RC)	7.1%	5.1%	39.8%	102.9	746.9
Ballarat (C)	6.0%	4.4%	42.5%	86.5	764.5
Golden Plains (S)	4.7%	3.9%	30.6%	55.1	766.3
Hepburn (S)	5.9%	4.3%	41.2%	97.3	760.4
Hindmarsh (S)	8.2%	5.1%	40.5%	107.5	684.7
Horsham (RC)	5.7%	4.2%	43.2%	81.9	728.6
Moorabool (S)	4.9%	4.2%	36.2%	56.7	736.2
Northern Grampians	8.2%	5.8%	43.8%	126.4	770.6
Pyrenees (S)	7.6%	5.9%	37.0%	127.4	764.5
West Wimmera (S)	5.9%	4.4%	41.5%	76.6	674.3
Yarriambiack (S)	9.1%	6.4%	41.4%	130.5	642.9
<b>Grampians</b>	<b>6.1%</b>	<b>4.6%</b>	<b>41.0%</b>	<b>85.7</b>	<b>746.1</b>
<b>Victoria</b>	<b>5.0%</b>	<b>3.8%</b>	<b>35.9%</b>	<b>54.8</b>	<b>704.5</b>

The percentage of persons with need for assistance with core activities is higher than the Victorian average (5%) in Grampians region (6.1%). All LGAs have a higher than average percentage of persons with severe and profound disability living in the community, with the highest percentages in the west and central part of the region. The percentage of persons aged 75+ and living alone is also higher than average, but ranges from 30.6% in Golden Plains to 43.8% in Northern Grampians. The rate of disability support pension recipients is well above average in all LGAs other than Golden Plains and Moorabool. The regional rate of aged pension recipients is also above average, with the highest rates in Ballarat, Golden Plains, Hepburn, Northern Grampians and Pyrenees.

Table 4: Total malignant cancers diagnosed per 1,000 population, and for males and females, in 2011, Grampians LGAs

LGA	Males	Females	Total
Ararat (RC)	4.79	6.42	5.58
Ballarat (C)	5.98	5.21	5.59
Golden Plains (S)	6.37	4.90	5.66
Hepburn (S)	7.58	5.55	6.55
Hindmarsh (S)	7.49	6.48	6.98
Horsham (RC)	7.77	4.45	6.09
Moorabool (S)	5.01	5.83	5.42
Northern Grampians (S)	7.12	6.10	6.62
Pyrenees (S)	8.53	6.61	7.58
West Wimmera (S)	13.13	8.17	10.73
Yarriambiack (S)	7.21	8.46	7.83
<b>Grampians</b>	<b>6.45</b>	<b>5.56</b>	<b>6.00</b>
<b>Victoria</b>	<b>5.73</b>	<b>4.54</b>	<b>5.13</b>

The rate of malignant cancers diagnosed (Table 28) is higher for males, females and total persons in Grampians region compared with the Victorian average. The rates for total persons are highest in West Wimmera but are above the Victorian average in all LGAs.

## 2.2 The consortium response

In this environment, recruitment and retention to sustain a stable and highly skilled palliative care workforce will be critical. The Grampians Regional Palliative Care Team runs an extensive education program across the region, and this is complemented by a number of existing and new consortium supported initiatives:

- The Grampians after hours program has always had a focus on systems that not only produce quality after hours care, but also reduce the burden on staffing levels, and in 2012-13 the region distributed this funding for services to build on local projects.
- The disability palliative care funding was specifically targeted at the central area of the region where there is a concentration of disability housing and the workforce that goes with that.
- The mentoring program will target support and skill development of palliative care staff.
- The consortium has developed and funded support for professional development.
- The consortium has agreed to support the rollout of the Overseas Trained Nurses project.

Communities will also need to be strengthened and supported, and a number of new consortium supported initiatives that target this area include:

- A project focussed on advance care planning in the community setting
- Targeting of the small grant initiative to building palliative care community capacity
- A GP based community dementia project
- Ongoing support for the Big Breakfast project

The consortium will also continue to build upon relationships with related services regional networks to ensure that funding is utilised to maximum advantage.

## 3. Other Specific Groups

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### CALD

A relatively small proportion of the Grampians Region has come from non-English speaking backgrounds. Community members now living in the Grampians Region, but born overseas, include people from Chile, China, Croatia, Egypt, Germany, Greece, Holland, India, Iraq, Iran, Japan, Kenya, Lebanon, Malaysia, New Zealand, Nigeria, Pakistan, Philippines, Poland, Somalia, South Africa, Sri Lanka, Sudan, Thailand, Togo, United Kingdom and Vietnam, Yugoslavia.

### Aboriginal and Torres Strait Islander

Data regarding the Aboriginal and Torres Strait Islander population can be found in the recent Department of Health publication - *Grampians Closing the Indigenous Health Gap Plan, 2009–13*.

Approximately 0.8 per cent of the region's population is Aboriginal or Torres Strait Islander, which equates to approximately 1,762 people (ABS 2006 Census), with numbers being broadly distributed across the region in a similar proportion as the general population. Table 3 shows approximate numbers associated with each of the Aboriginal community-controlled organisations (ACCOs).

Table 5: *Aboriginal and Torres Strait Islander population in the Grampians Region*

<b>ACCO name</b>	<b>Catchment area local government areas</b>	<b>Number of Aboriginal persons (approx)</b>
Ballarat and District Aboriginal Cooperative	Ballarat City Council, Golden Plains Shire, Moorabool Shire, Hepburn Shire	1,200
Goolum Goolum Aboriginal Cooperative	West Wimmera Shire, Horsham Rural City Council, Hindmarsh Shire, Yarriambiack Shire	350
Budja Budja Aboriginal Cooperative	Ararat Rural City Council, Pyrenees Shire, Northern Grampians Shire	200

Other data shows that the Grampians Aboriginal and Torres Strait Islander population is significantly younger than that of the non-Aboriginal and Torres Strait Islander population. Approximately 79% of the Aboriginal and Torres Strait Islander population is under 44 years compared to approximately 56% of the non-Aboriginal and Torres Strait Islander population.

#### ***4. Consortium Membership and Structure***

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##### Committee of Management for 2012-2013

Chair: Denise Hooper, Primary Care Manager, Wimmera Health Care Group

Members:

Michelle Veal, Manager Community Programs, Ballarat Health Services (Deputy Chair)

Julia Meek, Director of Nursing, Djerriwarrh Health Services

Liz McEncroe, Nurse Unit Manager, Medical Oncology Unit, St John of God Ballarat Hospital

Carita Potts, Executive Officer, Ballarat Hospice Care Inc

Peter Armstrong, Clinical Director, East Grampians Health Service

Melanie Hahne, Coordinator, Wimmera Hospice Care (Clinical Group representative – until March 2013)

Pam Ryan, Palliative Care Nurse Specialist, Djerriwarrh Health Services (Clinical Group representative – from April 2013)

John Koopmans, Department of Health

Pete Marshall, GRPCC Manager



## **5. Member Services**

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**Ballarat Health Services (BHS)** - Drummond Street North, Ballarat 3350. The catchment area consists of the whole of (but not limited to) the Grampians Health Region.

Gandarra Palliative Care Unit is a nine-bed inpatient palliative care facility providing end stage care and symptom management for patients and their families who have been diagnosed with a terminal illness. 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.

Patients and families are encouraged to actively participate in all aspects of the patient focussed multidisciplinary care and planning. The environment enables patients and families to maintain as much as possible their normal routine within a specialised setting.

The Grampians Regional Palliative Care Team (GRPCT) facilitates the ongoing development of palliative care services in the Grampians Region through education, collaborative strategic planning, preparation of written materials, policies and procedures, quality improvement processes and consultation. 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.

### Accreditation

In 2010 BHS received a four-year accreditation from the Australian Council on Healthcare Standards (ACHS).

**Ballarat Hospice Care Inc (BHCI)** - 312 Drummond Street South, Ballarat 3350. The catchment area consists of the City of Ballarat, Hepburn Shire, Golden Plains Shire, Moorabool – West SLA, and west of the Ballan-Daylesford Road and Geelong-Ballan Road within the Moorabool – Ballan SLA.

Ballarat Hospice Care Inc provides home-based palliative care services that are patient-focused for people living with a life threatening 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 for patients and families. The focus is on providing quality of life, to end of life care, with palliative care an adjunct to ongoing treatment, which can be delivered from diagnosis to bereavement.

### Accreditation

In 2011 BHCI was accredited by Quality Improvement Council Standards (QICSA) and Palliative Care Australia Standards.

**Wimmera Health Care Group (WHCG)** - Baillie Street, Horsham 3400. The catchment area consists of the Statistical Local Areas (SLA) or the Rural City of Horsham and the Shires of Hindmarsh, Yarriambiack and West Wimmera.

Wimmera Hospice Care, auspiced by WHCG, is a palliative care service that supports people living with life limiting illnesses and their families and carers. The WHC team supports patients at home, in aged care facilities and in hospital. The team works closely with patients' 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.

#### Accreditation

Since 1975 WHCG has met the stringent patient care standards and is currently in a four year accreditation cycle with ACHS.

**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).

Central Grampians Palliative Care (CGPC) is a community-based service auspiced by EGHS, delivering health care and emotional support to patients, and their carers, living with life threatening illnesses. CGPC aims to work with patients, 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.

#### Accreditation

EGHS was surveyed by ACHS during 2010 – 2011, resulting in continued accreditation until 2013.

**Djerriwarrh Health Services (DHS)** - Grant Street, Bacchus Marsh 3340. The catchment area consists of the Moorabool – Bacchus Marsh SLA and east of the Ballan-Daylesford Road and Geelong-Ballan Road with the Moorabool – Ballan SLA.

Djerriwarrh Palliative Care (DPC) is a community-based service, auspiced by DjHS. The palliative care program offers co-ordinated care services for people with a terminal illness and support for their family at home. Care and support is offered including pain relief and management of other symptoms. It aims to be flexible and sensitive to the wishes and needs of clients and their families. A range of allied health services are available and a counsellor co-ordinates volunteer and bereavement services. DjHS has two inpatient palliative care beds.

#### Accreditation

DjHS had their accreditation with ACHS renewed until 2015.

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

SJOG is a member of the St John of God group, which operates an organisation-wide Palliative Care Strategy that embodies an holistic approach to palliative care as an integral component of inpatient, outpatient and community services. The focus is on building confidence and capacity to equip caregivers with the knowledge and skills to manage and care for people at the end of life. The ultimate aim is to offer patients, with the support of their families and other carers, the opportunity to die with dignity and respect while minimising pain and suffering.

The implementation of its Pastoral Services Strategic Plan 2010-2014 took place during the year. The main focus is on strengthening professional practice, information and education, and data collection. The Murdoch hospital developed bereavement resource packages for carers, which have been introduced across all hospitals within the SJOG group.

Accreditation - In 2010 – 2011 SJOG was accredited by ACHS.

## 5.1 Contact Details

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

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A significant part of my time as manager of the Grampians Region Palliative Care Consortium (the consortium) has focussed attention on setting up sustainable planning and budgeting, and funding workload and management structures that are designed to provide stability and presence into the future.

One of the more important ways in which the consortium can present a public face is through the website. It was a major disappointment that the functionality of the current consortium website was very poor throughout 2012-13. During this time the hosting of the site, and the consortium taking full ownership became incredibly problematic and protracted, only now reaching resolution.

The Grampians consortium and has worked actively to provide local funding and responsibility to enable the palliative care services to manage major projects. The after hours, nurse practitioner, RMPF and the disability palliative care funding are all very positive outcomes of this process. Unfortunately to this point, the aged care initiative has not been as successful, and the consortium has taken steps to both develop a solid plan for the future and to engage skilled staff to take the initiative into the future.

While there are many challenges ahead, I believe that the Annual Report reflects the many innovative and exciting palliative care initiatives in the region. As a region, we are blessed with services and staff with a commitment providing quality palliative care, and the consortium is focussed on supporting both them and other services and organisations in the region to increase the quality of the palliative journey for our patients.

There were 4 full consortium meetings during the financial year 2012-13. The consortium is required to meet at least 5 times per year, and the discrepancy is caused by one meeting moving from June 2013 to July 2013. Scheduling for meetings is carried out on an annual basis, and there are consistently 5 meetings per calendar year. Three of those meetings had voting representation from 4 of the 5 funded agencies in the region, and the other had full representation.

The consortium has an innovative and exciting range of projects planned for the next two years, and is in a good position to build on our current strengths.

I would like to thank the auspice, Djerriwarrh Health Services for their flexibility and support as we have worked through some of the structural changes required. I would like to particularly thank John Koopmans our Grampians Health Department rep, for our regular meetings, but also for the quiet way that he goes about supporting palliative care in the region. And finally, I would like to thank Denise Hooper of Wimmera Health Care Group, for the support that she has offered over the year in her role as consortium chair.

Pete Marshall, Consortium Manager

## ***7. Implementation of the Strategic Plan***

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### **7.1 Clinical Advisory Group**

The Grampians Consortium Clinical Advisory Group (CAG) had 9 meetings during 2012-13. Seven of those meetings had representation from all funded services, and 2 had representation from 4 of the 5 funded services in the region. One scheduled meeting was cancelled due to competing commitments of staff in three services.

The incumbent chair of the CAG, Melanie Hahne (WHC), retired from the role in the March meeting, and Pam Ryan (DjHS) took on the role from the April meeting.

Given the distances travelled and time taken up in meeting at one regional venue, 6 of the 9 meetings were conducted via videoconference, and 3 were held face to face. The meetings invariably have a full agenda, and face to face meetings are used to enable a particular focus. While far from exhaustive, the following list provides a snapshot of broad areas covered by these meetings:

- Support and sharing around consistent use of clinical tools
- Nurse practitioner input and feedback from the PCCN
- Information and support for involvement in statewide initiatives and central data collection
  - Transition to Activity Based Funding (ABF) for services and changes to funding of consortium projects
  - VPCPS
  - VINAH
  - Workforce survey
  - Service capability framework
- Input into consortium planning activity and data collection
  - Strategic planning
  - Consortium reporting
- Information sharing and input into implantation of statewide initiatives funded through the consortium
  - Aged care initiative
  - Disability initiative
  - After Hours initiative
- Development expertise and review of Grampians based consortium funded initiatives
  - Big Breakfast promotion
  - Renal project
  - Support for professional development
- Concept development and design of future consortium funded projects
  - Service support for research and publication/presentation
  - Transport support for regional study days
  - Expansion of Palliative care orientation program for overseas trained nurses
  - Advance Care Planning initiatives future direction
  - Taking the existing after hours resources through a review process.
- Specific focus visitors
  - Odette Waanders accessed the PCV site online, and used this to give a broad overview of some of the main initiatives that are currently being undertaken.
  - Catherine Duck, Project Manager for the Victorian End-of Life Care Pathways Coordinating Program (VEC) used a very interactive session to both inform the members and learn about the services' current level of EoLCP activity.

## **7.2 After Hours**

### Allocation of 2012-13 After Hours funding

The consortium decided that the 2012-13 after hours funding should be allocated to the community palliative care services to bolster capacity and support to improve local after-hours service provision. The underlying philosophy is that local people have the solutions for ensuring local implementation

of the framework, and that staff already within the services are best placed to embed any necessary changes. The Palliative Care Resource Allocation Model (PCRAM) percentage allocations for the Grampians Region were the criteria for allocation of the Grampians Region Palliative Care Consortium 2012-13 After Hours Funding. The projects funded by this initiative were be in line with the After-hours palliative care framework, and built on the work of the after-hours project undertaken in the Grampians region over the previous 3 years.

Having access to the after-hours funding has enabled the development and implementation of a range of initiatives:

- Enhance the knowledge and confidence of patients and carers to enable them to better manage the after hours period.
  - After Hours Carers Support DVD
  - Carers Education Sessions
  - Record and address carer confidence in managing symptoms within hours
  
- Engage with other services and health care professionals to enable agreed and consistent health care plans
  - Strengthen relationships and links with the local gp clinics.
  - Identified designated staff members within clinics who take responsibility for ensuring the GPs receive the after-hours tools, read and sign or contact palliative care staff if require changes or to clarify information.
  - Devote individual education session to community nurses who are involved in the care of palliative care clients, with face to face sessions regarding Syringe Drivers and medications.
  
- Enable software and hardware purchases that will produce better record keeping and better communication both within and between services.
  - Upgrade to Uniti Version 2
  - Staff use IT tablets on visits across the region. Anecdotally, this has improved ease of access to information for staff
  - clients had a care plan implemented at transition to UNITI and/or admission to service.
  
- More specific data collection
  - specific symptom distress information added and the ability to identify carer fatigue which can impact the ability for the patient to be cared for at home.
  - improvements made to the data collection tools, which can be used to inform future services, resource development and staff education.
  - Ability to review case notes and collate information around after hours calls. This led to improved care and outcomes for the clients as service gaps were identified.
  
- Client care planning
  - Introducing care planning as part of this project has enabled a greater focus on Advance Care Planning.
  - Material on Advanced Care Planning is now distributed as part of admission process.
  - Symptom management plans

## Implementation of the Carers Information Kit

The top *priority to improve* for carers across the Grampians region in the 2012 Victorian Palliative Care Satisfaction Survey was *Level of training provided to carry out specific care functions (such as massaging, moving or bathing the patient)*

The Information Kit was developed by the Loddon Mallee & Grampians After Hours Program primarily to address this priority by supplementing the training received by patients and carers from the services. While it is clear that this is a valuable resource, services have commented that the core issue was how to incorporate the information kit into service systems. In response the consortium provided funding support during 2012-13 which was targeted at improving the uptake of the kit.

### **7.3 Aged Care**

As part of the Government's commitment to meet growing demand and address gaps in palliative care service delivery, the Department of Health has provided funding to establish a region wide palliative care link nurse initiative. The Grampians Region Palliative Care Consortium (GRPCC) decided that management of this initiative should be offered to funded palliative care services in the region via an Expression of Interest (Eoi) process in April 2012.

The initial Eoi process did not result in a service taking up the initiative. The consortium subsequently decided to engage a consultant to explore options regarding the management of the initiative for the 2013-15 financial years.

Following a search for suitable consultants to undertake this work, the consortium appointed Alison Boughey Consulting to:

- Investigate ways in which the aged care palliative care link nurse program has been implemented in other Victorian regions
- Explore strengths and gaps in palliative care within Grampians region RACFs
- Develop recommendations for implementation of the aged care palliative care link nurse program in the Grampians region.

The main findings of the consultation were:

- A variety of models have been used to implement the aged care palliative care link nurse program in other regions
- The Grampians region has a strong network of community, consultancy and inpatient palliative care services to support the program's implementation
- Palliative care services across the region have solid existing relationships with many of the aged care facilities. This provides a good basis for developing a more focused approach.
- Engagement with managers and owners of RACFs is a critical success factor for implementing the program
- Although the Grampians program will start later than most others, it will be able to draw extensively on the resources and implementation strategies developed by those that have a more mature program.

Variables that will impact on the program and its resourcing include the large distance over which the region extends and its unevenly dispersed population as well as the extent of involvement in the program of the region's community palliative care services and the regional palliative care team. A model is proposed for implementing the Grampians aged care palliative care link nurse program that includes:

- A regional approach underpinned by strong links and networks
- Appointment of a regional support nurse whose facilitatory role will focus on offering support, mentoring and provision of education to link nurses within RACFs
- Identifying link nurses within RACFs who will participate in the program
- Engagement with RACFs' owners and managers
- Involvement in the program of community palliative care services and the Grampians Regional Palliative Care team.

On the basis of that report, a new expression of interest was sent out in May for the management of the Aged Care Palliative Care role for the 2013-15 financial years was set up. The decision was made that the Grampians should take a targeted organisational change management approach to this initiative.

Key points were:

- Formalised engagement and commitment of ACFs at the management level.
- In the first instance, building on an existing level of activity.
- Linking the ACFs with their local palliative care services.
- Making more generic resources and training available to all ACFs across the region.

There were no expressions of interest for managing this program for 2013-15, and the consortium proceeded to advertise for a position to be managed by the consortium. The PD for this position was distributed for review by the consortium members, and an interview panel and process was set up for July 2013. This initiative has stalled on a number of occasions, and the consortium is committed to engaging highly skilled personnel to set it firmly on track.

## **7.4 Disability Palliative Care Project.**

The Disability Palliative Care project had initial difficulty in establishing links with key staff due to the restructure of boundaries and management within the residential disability service section of the Dept. of Human Service

Meetings have since been held with 8 Area Managers and 27 House Supervisors associated with the Group Homes, and representatives have come from Horsham, St. Arnaud, Stawell and Ararat. Apart from discussing the project, these meetings also the distribution of surveys to staff, the Disability Services Palliative Care Guide and its ease of accessibility and use, and to get an idea of their understanding of Advance Care Planning

### Results of a Palliative Care Baseline Survey.

- All of the 29 Group Homes within the Stawell and the Ararat region completed and returned surveys.
- 59% of survey respondents indicated that they were aware of, and how to access the Disability Services Palliative Care Guide, however 41% indicated NO to the question of whether this guide assisted in the care of a client at end of life.
- 24% of respondents indicated that they had accessed community based health services for end of life care and felt they were delivered in a timely manner and appropriate to the residents and staff needs. 76% had not accessed services.
- 86% of respondents did not feel that there was adequate documentation stating clients and carers wishes for end of life care.
- 59% of respondents did not feel that the documentation for client's end of life care wishes was easily accessible by all relevant people involved in clients care.



- 80% of respondents had not heard of Advance Care Plans.
- 90% of respondents indicated confidence to care for a client at end of life at home with the appropriate support.

An advisory group to support project work has been established and future directions set:

- To continue to develop links with key workers that care for people within group homes, including all levels of management and support workers within the homes.
- To develop information packs with local contact details for Palliative Care Service available within the area.
- To distribute, collect and analyse the results of confidential palliative care surveys and act upon the results and needs identified for better access to Palliative Care Services.
- To maintain an advisory group for the term of the project, to identify and act upon key needs, one member being a consumer advocate.
- Maintain and strengthen communication links between key players.
- Identify organizational barriers and work with management to develop pathways within and between organizations to facilitate timely Palliative Care Services to residents and staff of group homes.
- Encourage reciprocal education opportunities between organizations.

## **7.5 Nurse Practitioner Activities in the Grampians Region**

The Consortium decided that 2012-13 funding provided for the support and development of Palliative Care Nurse Practitioner (NP) and Nurse Practitioner Candidate (NPC) resources would be used to support expanded capacity in the Grampians Regional Palliative Care Team (GRPCT), who already have a nurse practitioner in place working in a regional capacity. Up until this point, this position has been funded by Ballarat Health Services (BHS) from other sources. This contributes \$72,000 to the employment at 0.7 EFT of a nurse practitioner, Regina Kendall, by Grampians Regional Palliative Care Team. This position consists of clinical, leadership, education, research and mentoring. Activities for 2012/13 include the following:

### State Commitments

- Leadership in Palliative Care Forum – Center for Palliative Care
- Palliative Care Clinical Network bi monthly
- Palliative Care Nurse Practitioner Collaborative bi monthly
- Presented at the PCV Aged Care SIG on Delirium
- Pain Clinical Indicators meeting

### Mentoring

- Participation in the Grampians Regional Palliative Care Mentoring Steering Committee
- Mentoring and Supervision of Medical & Pharmacy students
- Supervision of Post Graduate students
- Registered mentor with Melbourne University Center for Palliative Care
- Involved in the Central Grampians Palliative Care Journal Club monthly

### Education Delivery

- Transition to Palliative Care Communication Skills Workshop x2 – Horsham
- Twilight Session on Dyspnoea
- Graduate Nurse Study Day x2 full days
- Bariatric Study Day

- Emotional Cues Communication Skills Workshop x4 as part of the Wimmera Overseas Trained Nurses project
- Pharmacology Study Day
- Bariatric Study Day
- Aged Care and Palliative Care Study Day
- Delirium in Dementia Study Day – Ararat
- Liverpool Care Pathways x3
- Transition to Palliative Care Communication Skills Workshop – Bacchus Marsh
- Renal Palliative Care Symposium
- Hepburn Health Pain presentation – Creswick
- Clinical Skills Workshop
- Palliative Care Symptom management – Horsham

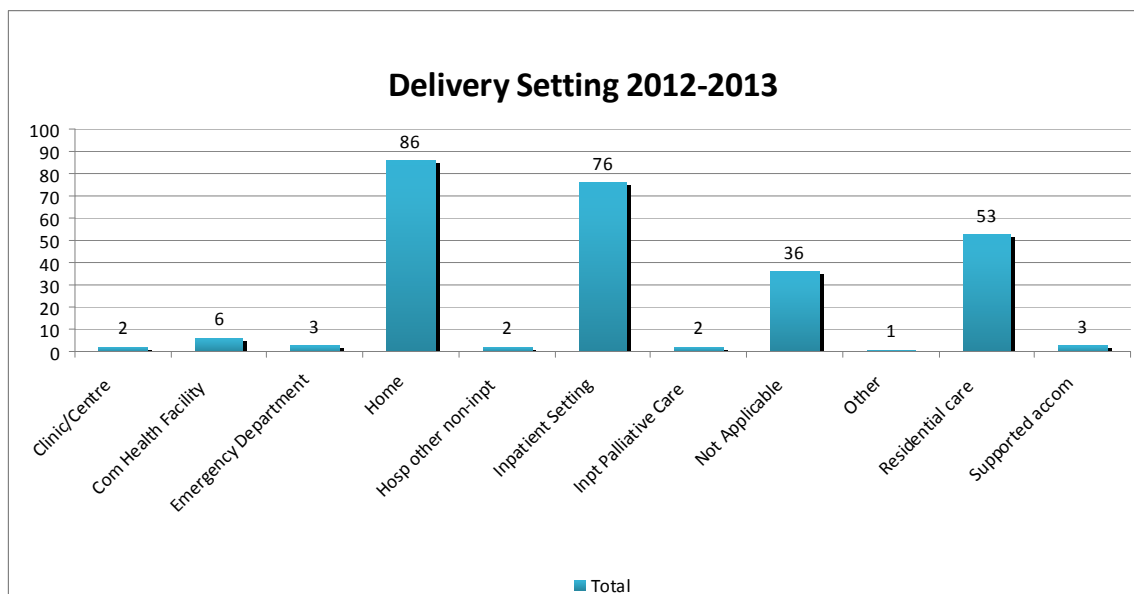
### Conference Presentations

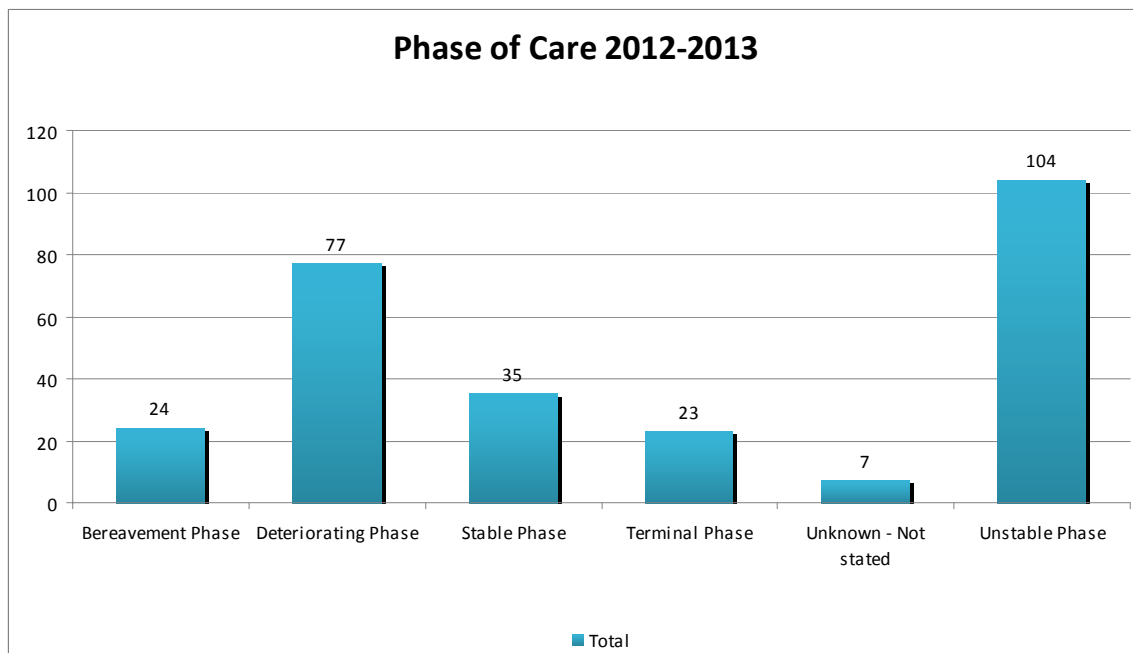
- Presented NP Model Development at the International Nurse Practitioners Conference in London
- Presented NP Model Development at the International Cancer Nursing Conference in Prague
- Attended the International Association of study on Pain in Milan
- Presented Clinical Skills assessment at the Australian Palliative Care Nurses conference Melbourne
- Presented NP Model Development at the Australian Palliative Care Nurses conference Melbourne

### Clinical

- Monthly visit to Horsham, Ararat and Bacchus Marsh
- Two session per week at Ballarat Hospice Care
- Clinical consultation inpatient services, outpatients and aged care facilities

The following graphs provide an outline of the delivery setting and phase of care of Nurse Practitioner activity across the region.





As indicated by the broad range of activity outlined above, the Grampians region is well served by both a highly skilled nurse practitioner, who in turn is part of an active and effective regional team. Combined with the medical specialists and other palliative care specialists engaged by GRPCT, we have both clinical and educational expertise which is quite exceptional for a rural region.

From July 2013 both medical specialist and nurse practitioner funding will go direct to GRPCT, and the consortium is pleased that it will continue to support this important regional resource.

## 7.6 PEPA

The consortium was a major sponsor of the 2013 GRPCT Conference – ‘It doesn’t hurt when I laugh’, which was held in Creswick on the 2<sup>nd</sup> and 3<sup>rd</sup> May. The major focus of the consortium table at the conference was increased participation in PEPA. Our stand was well situated within the ‘break’ area and close to the traffic path from the main hall. Both the consortium manager and the project officer manned the stall at all breaks, and had available all supporting information on PEPA participation.

The consortium also methodically worked through our available list of past PEPA participants, and gained verification of current contact details, or alternatively determined that contact details were no longer valid, and services within the region did not have current details. Using this list, all past PEPA participants were contacted with details and promotional material about the conference, and the consortium offered specific travel, registration and accommodation support for previous PEPA participants to attend.

The consortium also created and verified contact details for all aged care services, and where possible, disability services. These were used to promote the two free PEPA workshops run in the region:

- May 29th – Aged and general health services
- May 30th - Disability

The three PCPs in the region and the Grampians Medicare Local were also contacted, and ran notices in their newsletters to promote these workshops. The Grampians workshops were very well

attended, with the result that a further Aged and general health services workshop was offered in Ballarat on 12<sup>th</sup> June.

## **7.7 Motor Neurone Disease**

MND funding in Grampians region is used to pay for a 0.5 MND Shared Care Worker position based with Wimmera Hospice Care. The consortium recognises that this funding is insufficient to cover 1 day per week, and to enable travel and other costs associated with operating across a rural region, and boosts the funding by approx. \$5,000 per year. It is always difficult to have a regional presence when large distances are involved, and the consortium may need to increase this level of support in the future to maintain the viability of the initiative.

## ***8. Consortium Funded Initiatives***

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### **8.1 Renal**

Historically, the focus of practice for nurses in renal settings has predominantly involved the technical, monitoring and evaluative aspects of renal replacement therapy to optimise treatment outcomes for patients with end stage kidney disease (ESKD). An increasingly older population of people with ESKD present with an accompanying array of co-morbid conditions. Renal nurses in these settings are challenged in the planning and delivery of end of life care for patients and their carers. In response, Ballarat Hospice Care Inc (BHCI) and Ballarat Health Services Dialysis Unit (BHSDU) have been developing a framework to integrate renal and palliative care.

In 2012-13 the consortium provided funding for this initiative to provide backfill to allow the palliative care nurse champion (Principal Investigator) from BHCI to oversee the ongoing research project. While the outcomes of the project are the result of a project beginning in 2009, progress has been slowed at times due to a lack of resources to support it. Consortium support for this project has enabled the project to continue and gain greater momentum.

The future direction of the project is to further improve outcomes for CKD/ESRD patients, families and health care workers:

- To develop an integrated renal and palliative care clinical pathway, which responds to identified issues
- To implement a consistent approach to renal palliative support for patients, carers and staff
- To develop a framework for the Grampians Region which can be applied to other health regions in Victoria
- To develop a framework which can be applied to other non-malignant conditions
- To evaluate interventions resulting from implementation of the Integrated Renal Palliative Care Pathway e.g. Prognostic Indicator Guide, Quality of Life and Symptom Assessment, Advance Care Planning and Family Meetings.
- To gain academic support to adopt and consolidate the proposed transitional research and undertake formal research.
- To complete research project as proposed

#### Achievements of the project to date:

- Family meetings occurred
- Advance care planning commenced

- A number of deaths have been planned and occurred comfortably at home; planning allowed time to educate the family and had a positive impact on their bereavement
- Family members attended Carers Education programs at BHCI
- Agreement made with palliative care services for symptom management, with dialysis continuing and transition to ending dialysis as functional status declined
- Support provided to dialysis staff and BHS nurse initiated referrals
- Anecdotally, patients and families more satisfied with care
- Nurse initiated referrals

## **8.2 Mentoring project**

The consortium provided funding for the training of mentees for the mentoring project, and the consortium website is to host mentor profiles to allow mentees to choose the person most useful to them.

The Grampians region mentoring program is tailored to the professional development needs of mentees, and is not intended to replace or compete with other structures that are in place for palliative care workers within individual organisations in the region. By supporting improved professional development for palliative care staff, the program's ultimate goal is to make a strong and positive contribution to enhanced patient/client care at end of life.

This program is not proceeding immediately as some potential mentors have had difficulty adding this role to their current duties. The consortium remains committed to the mentoring program, which has been put on hold for 12 months. The time will be used for both services and the consortium to consider how to best support the future viability.

## **8.3 Support for Professional Development**

The consortium agreed to support better access for palliative care staff working with palliative care patients throughout the region to attend conferences, seminars or educational workshops to further their knowledge and skills in palliative care.

The aim is provide support such that both staff and agencies, particularly those with less immediate access to training opportunities, take up a greater range of options. The consortium recognises that the staff are our most valuable asset, and that training is critical for the continued quality improvement of services.

The consortium has done this in the past by responding to particular events or circumstances, but has not had a documented process in place. This initiative aims to make more training opportunities viable, and reduce the need for case by case decision making regarding what might be funded. The initiative also covers backfill, as this is often the most critical factor in decisions to release staff.

Initial uptake for 2012-13 has been slow, and feedback indicated that although the initiative was discussed and reviewed on numerous occasions, staff will need time to fully engage with the concept and the process. Also, nursing managers indicated the new nursing award contains extra provisions for training support, which is being taken up as a first priority. However, there is evidence that awareness of the initiative is growing, and this is being reflected in more applications during the start of 2013-14.

## 8.4 The Big Breakfast

The Big Breakfast is consortium supported regional activity that occurs annually on the Wednesday during Palliative Care Week. Each of the funded agencies puts on a breakfast within their own service. The goal is to build upon Palliative Care Week to increase the profile and understanding of palliative care, and the primary target is staff and visiting medical professionals within the service. Each year the format evolves slightly, and this year one site sought to engage other connected professionals, with the result that funeral directors were invited and attended.

Total participation across the region was 92, which was down on 2011-12 when total participation was 127, and reflected the need to keep opening the event up to broader audiences. Consequently, a broad discussion about how the initiative might evolve from here produced a number of suggestions, including some that impact on resources for promotion in general, and are broader than just the Big Breakfast:

- Individual services found that particular times worked well for them, and so it was decided that we would run the promotion on the Wednesday of Palliative Care Week, but at individual times that suited each service.
- Rather than have a videoconference link up, we would put together a folder that included elements from all sites, that would be something that attendees could flick through and gain a better understanding of the services across the region as a whole. There could also be an electronic variation of this that could become a rolling screen display for this and other events.
- The consortium would do standard press releases across all media in the region.
- The consortium could produce distribute a common banner that could be used across all of the services in the region.

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## 9. Other Activities to be Built on into the Future

### 9.1 Grampians Medicare Local Joint Projects

Developed by the Ballarat Division of General Practice for GPs, the Palliative Care Doctors Bag Resource was picked up nationally and also came to be used extensively by nursing staff in rural health services and residential aged care facility staff as a simple and user friendly resource. The original resource was a printed document that over time needed inserts for more current medication and other clinical recommendations. The consortium is partnering with the Medicare Local to both review and update the material, and to then publish it as an electronic resource. Given that the full value of the resource is to be on hand when needed, the project is ultimately looking at developing it as a resource.

The Westvic After Hours Health Advice Service (WAHS) is a nurse-led telephone triage service that has been continually operating in the former West Vic Division of Practice region for almost 12 years. WAHS was implemented to reduce the burden of after hour demands on rural GPs. Protocols for palliative care were developed in the Grampians region, and WAHS also became an after hours service for 2 of the palliative care services. With the end of funding for WAHS on June 30<sup>th</sup> 2013, the consortium has been working with the Medicare Local for a new service to replace it. The consortium was also a member of the Medicare Local After Hours Advisory Group, which was set up to address access to after hours clinical services across the region.

The consortium has also been involved in discussions with the Medicare Local about use of the Patient Controlled Electronic Health Record (PCEHR) for palliative care patients. Registrations for use of the PCEHR have been slow for both the general population and for health care professionals, but the discussions have been premised on the understanding that:

- An update electronic record containing the records of all services would be particularly valuable for palliative care patients and the variety of health care professional may be called upon to treat them.
- GPs will often take an extra step for patients in the palliative stage, particularly if they have been a patient of theirs for some time.

## **9.2 The GP Dementia Pathway**

GRPCC contributed to the Grampians Region Community Aged Care Dementia Project with information and resources on:

- Specialist palliative care service information in Grampians region, including a service relationship chart showing how services work together across Grampians region
- When referral to specialist palliative care may be appropriate for people with dementia, and
- Advance care planning.

This important project recognises that by 2050 in Grampians region, the number of people with dementia is expected to increase significantly and nearly quadruple, a prevalence increase of 280%. The GP Dementia Pathway was developed with the Department of Health Grampians region, Grampians Medicare Local and the University of Ballarat. The GP Dementia Pathway is a web based navigation tool, with supporting education and resources designed to enhance dementia practices, including diagnosis and ongoing management, timely investigation and referral. The GP dementia pathway is hosted by Grampians Medicare Local at <http://www.grampiansml.com.au/dpp/>.

## **9.3 Advance care planning**

In Grampians region, the burden of disease is higher than the Victorian average and life expectancy is lower. Health promotion, living well and peace of mind are the premise of advance care planning (ACP) in a community setting, complementing ACP in specialist palliative care and inpatient settings. Earlier ACP in a community setting strategically anticipates episodes of decline and deterioration of people with a life limiting illness, when such episodes can hinder ACP if left until later or too late. GRPCC has held preliminary discussions with Grampians Medicare Local, Central Highlands Primary Care Partnership, Central Highlands Aged and Disability Alliance, Alzheimer's Australia Ballarat and Respecting Patient Choices at Barwon Health and Ballarat Health Services. A feasibility study and project scoping in the coming year will establish how ACP in a community setting can best complement existing ACP.

## **9.4 Community small grants**

The proposal is to offer small grants to community groups that are looking to manage a local initiative that meets the consortium strategic objectives. It is proposed that grants be for a maximum of \$4,000 in any one financial year. The experience of the Foundation for Rural and Regional Renewal (FRRR) and the Mercy Foundation, which both offer grants up to \$5,000, is that

over hundreds of small grants the average amount funded is approx. \$2,500 - \$3,000. On this basis, we could expect that the \$24,000 would fund 8-10 local initiatives per year.

It would be a requirement of any application to seek the involvement of their local palliative care service in planning and proposal development, and that a formal letter of support from their local service would be part of the submitted application.

This project has the potential to generate new and innovative partnerships between local communities and the palliative care services, and significantly 'value add' to the provision of excellent and responsive palliative care across the region.

## **9.5 Access to clinical support A/H**

The Grampians Region is very fortunate to have access to high level clinical support through the Regional Team, but there are occasions on some weekends and Fridays when this is not available. Most of this need is met by resources within the region, but the very nature of the need is that it cannot be planned for in advance. This funding will be used to source backup access to high level palliative care clinical advice on an ad hoc basis.

## **9.6 Roll out of Overseas Trained Nurses project**

In 2011-12 Wimmera Hospice Care received a RHCE grant to trial a palliative care orientation program for overseas trained nurses. The final report of this project concluded that:

*This project has improved cultural awareness of death and dying and palliative care in Australia for overseas trained nurses in the Wimmera. Overall, this program received a very positive response from participants, educators and Managers. It also developed and/or improved relationships between participants and the Wimmera Hospice Care team.*

Consortium funding will support an expanded rollout of this project across the region, beginning in Ballarat, and will be managed by the Regional Team as part of a joint initiative with Wimmera Hospice Care and the consortium.



## 10. GRPCC 2012-13 Financial Statement

Palliative Care Consortium Consolidated Projects 30/06/2013	2012-13 June YTD Actuals
<b>Income</b>	
<b>GOVERNMENT GRANTS</b>	
DH GRANT - AFTER HOURS PALLIATIVE CARE (CONSORTIUM SHARE)	\$150,000.00
DH GRANT - DISABILITY PALLIATIVE CARE	\$25,000.00
DH GRANT - PALLIATIVE AGED CARE LINK NURSE	\$77,750.00
DH GRANT - PALLIATIVE CARE CONSORTIUM INDEXATION TOP-UP	\$12,604.00
DH GRANT - PALLIATIVE CARE NURSE PRACTITIONER	\$80,000.00
DH GRANT - PALLIATIVE CARE STRATEGIC FRAMEWORK	\$107,132.00
DH GRANT - RURAL MEDICAL PURCHASING	\$128,557.00
DH GRANT - PEPA POST PLACEMENT SUPPORT	\$11,500.00
<b>Total GOVERNMENT GRANTS</b>	<b>\$592,543.00</b>
<b>OTHER INCOME</b>	
Y7503- 57849 MND Share Care Wkr - Motor Neuron Disease	\$20,633.80
10% From Other Projects Income for Administrative Expenses	\$39,505.70
<b>Total OTHER INCOME</b>	<b>\$60,139.50</b>
<b>Total Income</b>	<b>\$652,682.50</b>
<b>Expenditure</b>	
Transfer 10% of Income to Consortium for Administrative Funding	\$39,505.70
EXTERNAL CONTRACT STAFF	\$181,457.61
GRANTS RECEIVED & PAID TO OTHER AGENCIES	\$207,013.22
REPLACEMENT AND ADDITIONS- Furniture and Fittings <\$1,000	
REPLACEMENT AND ADDITIONS- Computers and Comms <\$1,000	\$224.95
OTHER ADMINISTRATIVE EXPENSES	\$1,995.26
COMPUTER - OTHER COSTS	
RENTAL OF PROPERTY - OTHER	\$8,061.03
ADVERTISING RECRUITMENT	\$1,311.40
CONSULTANCY COSTS	\$1,761.00
PUBLICATIONS - (BOOKS/JOURNALS) INC SUBSCRIPTIONS	\$1,376.82
Postal Services	\$54.77
PRINTING & STATIONERY	\$3,517.91
TELEPHONE SERVICES	\$1,456.84
MOTOR VEHICLE FUEL AND OIL	
STAFF TRAINING AND DEVELOPMENT	
CONFERENCES REGISTRATION AND ACCOMM	\$6,672.18
CATERING FOR MEETINGS	\$2,192.59
TRAVEL EXPENSES- OTHER	\$3,780.39
ADMINISTRATION FEE	\$7,500.00
<b>Total Direct Expenses</b>	<b>\$467,881.67</b>
<b>Salaries &amp; Wages</b>	
SALARIES	\$112,072.91
SUPERANNUATION EXPENSE	\$8,909.31
WORKCOVER - PREMIUM	\$2,151.00
<b>Total Salaries &amp; Wages</b>	<b>\$123,133.22</b>
<b>Surplus / (Deficit)</b>	<b>\$61,667.61</b>
<b>B/FWD - Total Program Surplus as at 30/6/2012</b>	<b>\$504,826.61</b>
<b>Total Program Surplus as at 30/6/2013</b>	<b>\$566,494.22</b>