

A stylized graphic of several light blue leaves or petals arranged in a fan-like pattern, positioned in the upper right area of the cover.

ANNUAL REPORT

GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM

Strategic regional planning
for people with a life limiting illness,
their families, carers and clinicians
in the Grampians Region.

www.grampianspalliativecare.com.au

2024

ROLE

PALLIATIVE CARE CONSORTIA IN VICTORIA

A collective of representatives from palliative care service providers across each of eight regions, the consortia play a key role in supporting effective palliative care service delivery, including quality end-of-life care, in community, residential aged care, disability and inpatient settings by:

- connecting clinicians and practitioners
- delivering resources, education and forums
- identifying and responding to needs through consultation
- minimising duplication of projects and resources
- acting as a conduit between the funded state and federal bodies and regional stakeholders.

Each Consortia works independently on local strategies as well as collaboratively across Victoria as a whole.

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CHAIR'S STATEMENT

Welcome to the 2023-24 Annual report outlining the activity, opportunity and challenges facing equitable access to quality palliative care for those living across the Grampians and broader communities.

Much has been written and said about the impending Tsunami of demands that the ageing “boomers”, trends to longer life-spans, migration to regional settings and increasing populations will place upon the Aged Care and Palliative care sectors.

These challenges can be met through focusing on communication, collaboration and innovation – a unified health system delivering the right level of service at the right level of cost, to the right people at the right time.

Service delivering equity of access across metropolitan and regional areas.

I would 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



BOROKA LOOKOUT

GRAMPIANS TOURISM

THE GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM

Our non-clinical team offers strategic leadership in: whole of community engagement; cross-sectoral collaboration; service innovation; palliative care quality improvement; resources on matters related to palliative care; and linkages to local and virtual education and services.

We support palliative care clinicians, carers, clients and their families, regardless of the care setting.

GOVERNANCE:

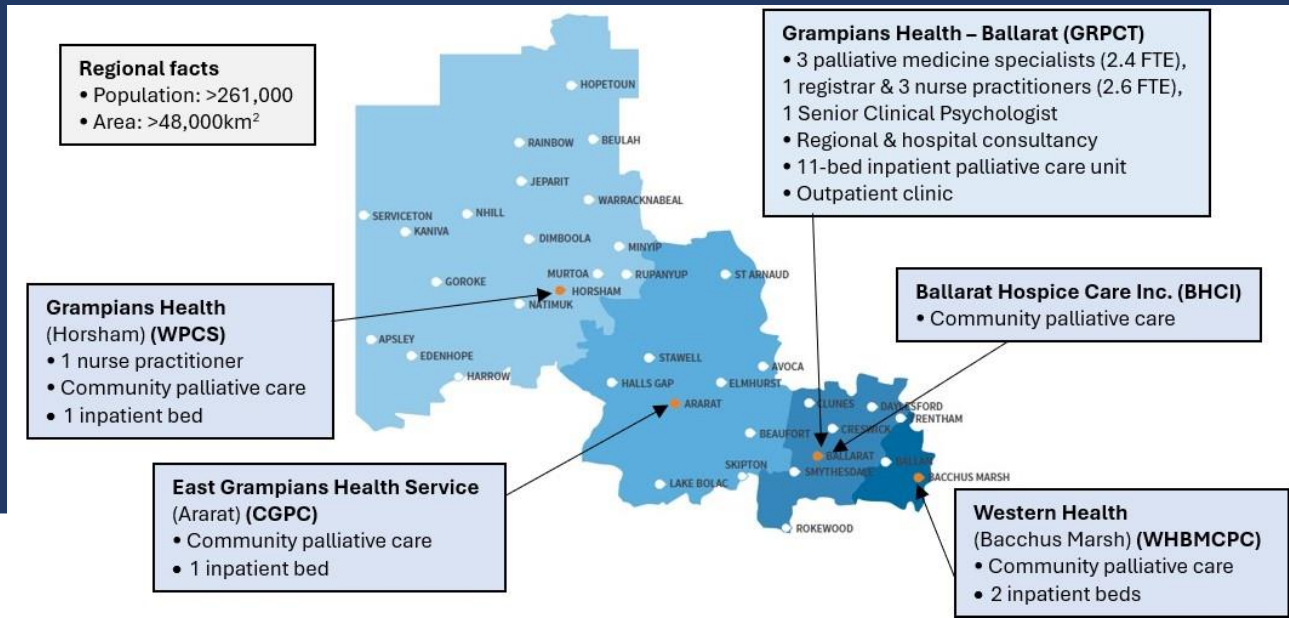
Our activity is guided by the Victorian Dept. of Health “Strategic Plan 2023-2027” and “Victoria’s End of Life and Palliative Care Framework”

We report:

- to an Executive of Consortium Voting-Member organisations;
- on recommendations endorsed by the Clinical Advisory Group from Community Palliative Care and the Regional Consultancy.



OUR REGION & SERVICES



VOTING MEMBERS



4.02% of Victorians live here

5.17%

of Victorian deaths occur here

NON-VOTING MEMBERS



46.60% of residents have Long Term Health Conditions



TRADITIONAL OWNERS

We acknowledge all Aboriginal and Torres Strait Islander (ATSI) people as the first inhabitants of this nation and traditional custodians of the lands on which we live, learn and work.

We pay our respects to Elders past, present and emerging.

6.73% of Victoria's ATSI peoples
live in the Grampians region
making up **1.7%** of
our **261,172** (2023) population

IRSD

The Australian Bureau
of Statistics (ABS)
Index of Relative
Socio-Economic
Disadvantage in the
Grampians (2023)

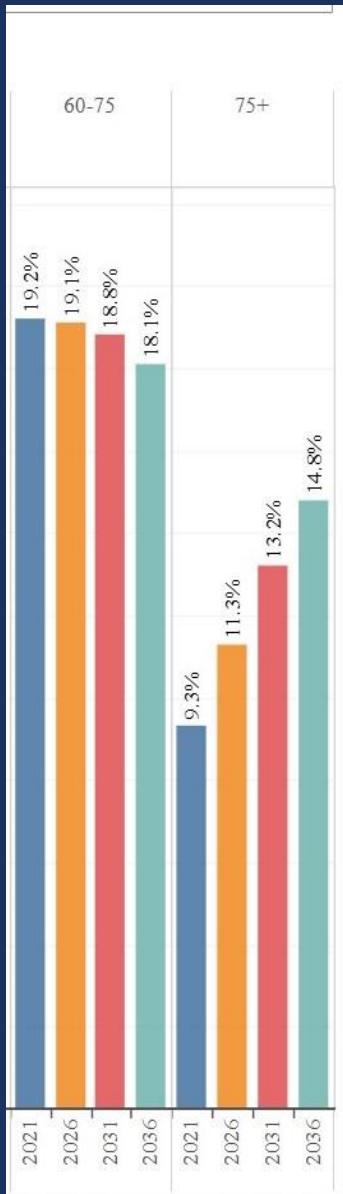
DISADVANTAGE

Though none of our population falls in the most disadvantaged quintile, nearly 70% fall in the 2nd and 3rd, 21% in the 4th and only 9.5% in the least.



Generally, people in lower socio-economic groups are at greater risk of poor health, have higher rates of illness, disability and death and live shorter lives.

OUR AGEING POPULATION



The regional population data, left, clearly shows the unprecedented growth in the 60+ and 75+ populations in all years from 2021 – 2036 that Bernard Salt, Demographer and writer for the Australian Business Review, described as a “Tsunami”.

Forecasts indicate that the numbers likely requiring palliative care support are expected to triple by 2030.

Specialist Community Palliative Care (CPC) teams and regional consultancies will be forced to focus on only the most complex cases, developing and embedding skills in the generalist workforce through mentoring and demonstrated practice.

To meet this demand, palliative care generalists will need to be called upon – aged care workers caring for the nearly 40% of Australians who die in Residential Aged Care Facilities (RACFs) each year, Resi-in-Reach teams (RIR), District Nurses, @Home and Telehealth Ageing teams etc.

Reviewing current models - some of which are delivered across different regions in vastly different ways - may provide manageable solutions within funding and workforce constraints.

Telehealth and face-to-face models of Resi-In-Reach, Needs Rounds, GP and Nurse Practitioner clinics as well as more proactive allied health services particularly those addressing depression and anxiety will need to be developed urgently to meet these rapidly increasing demands.

Grampians Region

Pop. 75+

21,679 in 2021

40,285 by 2036

UP BY 86%

“But sometimes even the most skilled demographers don’t connect the dots that litter their handiwork. A threefold increase in the rate of growth in the 85-plus population within an eight-year time frame (from 2024 onwards) floods demand for aged care, assisted living, for nursing-homes, for – and let’s be blunt about this – palliative care services.”

Bernard Salt, Thursday 7th March, 2024 – Australian Business Review

REGIONAL ACTIVITY

Consultancy

GRAMPIANS REGIONAL PALLIATIVE CARE TEAM	
Total FTE	10.9
Annual Patients	1113
Annual Contacts	4120
% from CPCS	12
% RACF	20
% GH – BHS Acute	65
% Regional IPU	3

126 GRPCT

EDUCATION SESSIONS

11 sessions of
online education

equating to

643

attendance days

TOTAL REFERRALS

3516

9 DAYS

PEPA PLACEMENTS

9 SESSIONS OF FACE-TO-FACE

Education to a total of 739 Attendees

STUDENT PLACEMENT DAYS

73 NURSING, 23 MEDICAL, 8 PHARMACEUTICAL

9TH GRAMPIANS REGIONAL PALLIATIVE CARE CONFERENCE



This 3-day event focused on the growth of Palliative Care in regional Australia over the past 40 years. Past, Present and Future themes aimed to build knowledge/skills of current and future innovative healthcare practices. The conference included opportunities to share and network to increase coordinated service delivery.

189 delegates (6 interstate) attended the event; 53% were first time attendees. 98% rated the program 'Very Good - Excellent' for Content, Standard and Relevance, 99% - 4.8/5 'value for money'; 73% intend to attend a future event.

"WOW What a fabulous program, presented extremely professionally and showcasing GRPCT to be leaders in the field"

REGIONAL ACTIVITY

Community

TOTAL CONTACTS ACROSS THE REGION:

30,205

COMMUNITY SERVICE	BHCI	CGPC	WHBMCP	WPCS	Region Total
Total FTE	16.2	3.0	3.2	5.5	27.9
Total patients annually	477	148	144	143 ¹	912
Referrals	379	122	103	323 ²	927
Admissions	307	101	79	90	577
Discharges ³	45	23	8	19	95
Deaths	252	71	69	81	473
Home deaths	142	15	30	30	217

After Hours PalCare Project – 2020 to 2024

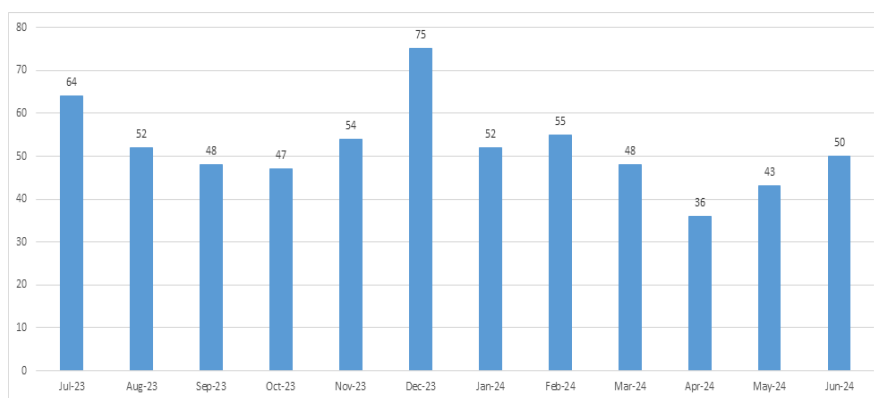
In early 2020, equity of access across the whole region to care in the After Hours was the Clinical Advisory Group's No.1 priority. With Executive endorsement, consultation was undertaken, a model was developed incorporating the best of the After-Hours models of several other regions and No.2 priority, a region wide database was included.

\$777,000 funding through the PHN After Hours program over 3 years has seen the project delivered on time and under budget with on-going funding now secured.

912 REGISTERED COMMUNITY
PALLIATIVE CARE PATIENTS

62% OF PATIENTS DIED IN THEIR
PLACE OF CHOICE

AFTER-HOURS CONTACTS: **2,946**



Calls by month to Caritas Christi After Hours Telephone Triage Service

¹ The number of aged care residents supported by WPCS through the RACFs Needs Rounds model is not included, as only residents with issues that remain unresolved are admitted to the full CPC program.

² A high number of referrals are not admitted due to the Needs Rounds consultancy model in RACFs

³ Patients are discharged from the program due to no longer having palliative care needs.

REGIONAL INITIATIVES

Equity across all regions, avoiding duplication and optimizing momentum of successful initiatives have been key benefits of the increased effectiveness in cross-regional and cross-sector collaboration.

Unity in statewide advocacy, - leveraging on the leadership of Palliative Care Victoria (PCV) and their CEO Violet Platt allows us to more effectively articulate the challenges our sector faces.

Focusing engagement initiatives around promoting and reinforcing existing sector messaging should perpetuate and embed communications to strengthen the foundation of long overdue cultural change towards acceptance of "Death as a natural part of life".

National
Palliative Care
Week 19-25 May



Community Engagement

106
VOLUNTEERS

Assist our services in some capacity

60+
MEMBERS

Participate in the Statewide Disability Working Group

PEER TO PEER

8 CoPs

Communities of Practice
Statewide forums offering support and sharing/networking clinical palliative care issues

CPCiAC

AC-PC

Aged Care – Palliative Care
Innovation in development of easy access website endorsed and promoted by PCV

PACOP
DRT

Deteriorating Residents Tool
Innovation in use of quantitative measure of deterioration

TRAINING

176

Face-to-face or virtual training sessions including GRPCT, BHCI, PEPA and any other training opportunities shared through the Consortia Managers network were promoted collaboratively across the region

INNOVATION

COMMUNICATION

COLLABORATION

Career Progression Program

An innovative approach to supporting workforce development

\$116,000

Applications approved

26

Specialist palliative care staff have completed qualifications as a result

GRPCT “Back to the Future” Conference

Collaboration between GRPCT, GRPCC & WVPHN and innovation in the range of topics presented.

29

presenters

3904

CPD hours delivered

Collaborative Community Engagement

Dying **2 K**now **D**AY

270,000

Households and individuals reached across Western Victoria via print and social media through a collaboration with WestVic PHN, and the integrated cancer services, VICS, GICS, and BSWRICS

National **A**dvance **C**are **P**lanning **WEEK**

DARD

5000 Dignified and Respectful Decisions postcards produced and distributed to RACFs promoting this PCV resource with 5000 “What matters to me” brochures

National **P**alliative **C**are **WEEK**

940

Individuals recognized with Palliative Care Australia’s “heart badges”, promoting the PCA and PCV re-branding

National **A**ged **C**are **WEEK**

AC-PC

Aged Care – Palliative Care

10K postcards promoting website distributed to RACFs, and statewide Consortia

After Hours PalCare Project

334₍₂₀₂₄₎

Total average patients (monthly)

619₍₂₀₂₄₎

Occasions of service

70-85%₍₂₀₂₄₎

Issues fully resolved by the service

\$3.1 MILLION₍₂₀₂₄₎

Avoided ambulance call-out and emergency department costs (estimate)

One Red Tree R.C.I. Collaborative Care Conversations

Innovation in utilisation of supervised Clinical Psych. Students to support RACFs with narrative therapy

329

Sessions with residents

144

Sessions with staff

56

Sessions with families

\$20,000

gifted by a deceased resident family to refurbish the consult room (Lowe St Ararat)

RESIDENTIAL AGED CARE

NEEDS & OPPORTUNITIES

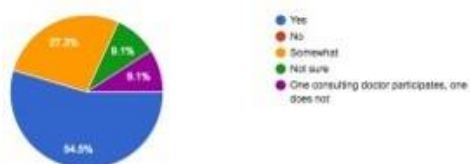
AGED CARE – PALLIATIVE CARE With 40% of Australians dying in the RACF setting, staff are already Palliative Care Generalists, delivering palliative and end of life care every day, only escalating to specialists if complexity requires it.

Engagement focused on what is working well and where / what opportunities exist to better support the delivery of best possible Palliative and End of Life Care.

AC-PC website went live in June 2024: Easy access, validated PC resources for aged care.

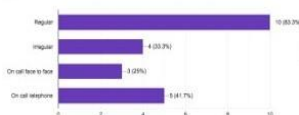


GP's IN RACFs



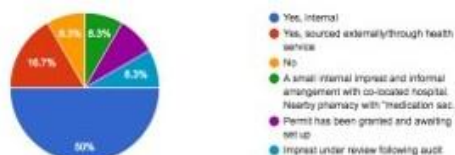
55% reported that GP are in the palliative care team.

83% use VVED in after-hours care



83% reported regular GP access

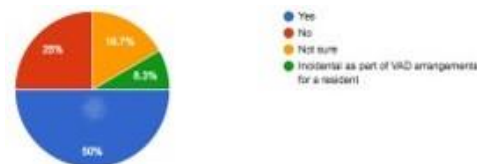
75% of facilities have on-site access to medications



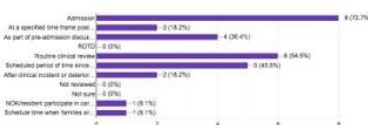
THE PALLIATIVE APPROACH



50% have identified palliative care champions and undertook PC training this year



73% discuss Advance Care Plans at admission



2CPCiAC We are supporting up to 59 RACFs to build on identified strengths, a model of systematic and quantifiable recognition of and response to deterioration, proactive communication and clear delineation of referral pathways, a model that should deliver sustainable care; the right care in the right place at the right time for the right price.

YEAR END BALANCE SHEET

2024

<u>INCOME</u>	
<u>Government Grants</u>	
DHHS GRANT – Palliative Care Consortia	148,515.64
DHHS GRANT – Palliative Care Regional Consultancy (Aged & Disability)	127,447.68
<u>Total Government Grants</u>	<u>\$275,963.32</u>
<u>Other Income</u>	
WestVicPHN – NPCW small grant	909.09
<u>Total Other Income</u>	<u>\$ 909.09</u>
<u>Total Income</u>	<u>\$276,872.41</u>
<u>EXPENDITURE</u>	
Regional initiatives	168,987.50
Membership Fees (PCV)	250.00
Event Sponsorship – Statewide Disability Forum	2,000.00
GRPCC Regional Representation	2,027.73
Rent Expense	6,000.00
General Administration/I.T. Communications	3,388.62
Motor Vehicle Expenses	6,911.37
<u>Total Direct Expenses</u>	<u>\$ 193,736.86</u>
<u>Salaries & Wages</u>	
Salaries	122,153.25
Superannuation Expense	13,325.55
WorkCover – Premium	3,236.18
<u>Total Salaries & Wages</u>	<u>\$ 138,714.98</u>
<u>Total Expenditure</u>	<u>\$332,451.84</u>
<u>Operating Surplus/(Deficit) for 2023-24</u>	<u>\$ (55,579.43)</u>
Program Surplus carried forward as at 30 th June 2024	180,003.04
<u>Total Program Surplus as at 30th June 2024</u>	<u>\$124,423.61</u>
Committed Funds (Ongoing Projects) as at 30 th June 2024	51,352.72
<u>Total Available Surplus as at 30th June 2024</u>	<u>\$73,070.89</u>

WVPHN GRANT

\$777,000 (3 YEARS)

A collaboration with all services and funded through the PHN After Hours program, this project built on learnings from 3 other consortia. This innovative model delivered cost savings through regional efficiencies, equity of access, true patient centered-care, improved workforce well-being and significant reduction in demand and cost savings in the after hours as well as significantly improved patient experience.

This truly region-wide project would not have been possible without the cooperation of many and the expert project leadership of BHCI's Diane Nimmo who systematically worked a way around every barrier that arose.

FUTURE PLANS

2CPCiAC

Having completed and evaluated the pilot project, the revised approach will build on the learnings, focus beyond the initial sample of RACFs and support ongoing sustainability through a RAC newsletter, a series of online forums on meeting the new Aged Care Standards and facilitating Aged Care Community of Practice.

ADVANCE CARE PLANNING

With only a third of health services employing dedicated ACP staff the percentage of those with ACPs in place is as low as 10% of the population. We will continue to work with the WVPHN ACP working group to address the challenges of lack of ACP training and trainers in the Grampians sub-region and continue to actively promote the idea that “talking about death won’t make it happen any faster”.

STUDENTS / AMBULANCE VICTORIA (AV)

Workforce initiatives are actively recruiting to palliative care through final year nursing placements in community – innovation at it’s best and placement opportunities for paramedics as well as the AV - PEPA mandatory Education Units completed by more than 6000 AV employees this year.

RESI-IN-REACH TEAMS (RIR)-a question of equity?

Current In-Reach models vary: available to all RACF residents face to face or via telehealth in some regions, it is only available to approx. 50% of our region’s RAC beds in the Ballarat area and requires admission by a GP - the lack of access to which is often a factor in ED/IPU admissions from more rural locations.

Research through the Royal Melbourne Hospital Resi-In-Reach Respond pilot which provides proactive review on discharge from Acute admissions to RACFs residents, has seen significant (close to 80%) reduction in re-admissions and complications. Region-wide access to the **4 NPs, 4 CNCs and Geriatrician** of the Grampians Health Ballarat RIR team would provide significant benefits to RACFs across our region.

DEATH

life's only 100% bet!

IN SUMMARY:

OVERCOMING SOME BARRIERS

Shifting the cultural conversation remains key.

Australians are committed to quality of life and palliative care is all about quality of life – living your best life for as long as possible!

Living well is a daily choice that we are committed to funding – **but just talking about dying**, not even about dying well, **is almost taboo**.

Further the reluctance to communicate to clients, and equally for them to accept, that curative care is no longer an option perpetuates burdensome care practices that can compromise the quality of life and capacity of the health system as evidenced in the VICS data.

The number of players operating in and on the edge of palliative care, the lack of integrated client record systems in Victoria that limits the delivery of client centered care and the misunderstanding that palliative care is a last resort are also significant barriers.

Perhaps an approach that provides more “Aged Care” Resi-In-Reach programs (provided by PalCare generalists) in combination with more education opportunities focused at generalists, would prove more palatable to clients and address some of the workforce reluctance too?

We look forward to continuing to work together to improve both local and statewide strategies.

CONTACT:

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