

Annual Report

Hume Region Palliative Care Consortium

2021/2022



Contents

- 3 About Us
- 5 Chairs Report
- 6 Managers Report
- 7 Regional Overview
- 10 Operational Overview
- 11 Hume Region Palliative Care Consortium
- 13 Clinical Advisory Group
- 15 Community Care
- 17 Consultancy Care
- 18 Consultancy Care Residential Aged Care
- 21 Consultancy Care MND SCW & Disability Service Sector
- 22 National Palliative Care Week
- 23 Care Across Care Settings
- 24 Professional Development
- 26 Regional, State & National Partners
- 27 Reflections & the Next 12 Months

About US

OUR VISION

Provide Palliative Care leadership in the Hume Region

OUR MISSION

The Hume Region Palliative Care Consortium is committed to working with each other, governments and the community so all Victorians with a life limiting illness and their families and carers will have access to a high quality palliative care service system that fosters innovation, provides coordinated care and support that is responsive to their needs.

OUR PARTNERS















HRPCC acknowledges the Australian Aboriginal and Torres Strait Islander peoples as the first inhabitants of the nation and the traditional custodians of the lands where we live, learn and work. We pay our respects to Elders past, present and emerging.

About Us

Palliative Care Consortia bring together senior management representatives and clinicians from all healthcare services funded to provide specialist palliative care. There are eight Palliative Care Consortiums in Victoria.

The Hume Consortium membership comprises of representation from 7 specialist palliative care organisations and representation from the Hume Region Department of Health. The HPCC focus is to work collaboratively within the Hume Region to deliver and develop palliative care services.

The Victorian Department of Health fund the following services and roles in the Hume Region:



Albury Wodonga Health

- Community Palliative Care Service
- East Hume Regional Consultancy Palliative Care Service
- 2 funded palliative care in-patient beds



Benalla Health

• Community Palliative Care Service



Goulburn Valley Health

- Goulburn Region Palliative Care Consultancy Service
- 8 funded palliative care in-patient beds
- Hume Region Palliative Care Consortium Manager employing agency



Goulburn Valley Hospice Care Service

• Community Palliative Care Service



NCN Health

• Community Palliative Care Service



Seymour Health

- Community Palliative Care Service
- West Hume Palliative Care Aged and Disability Resource Nurse



Northeast Health Wangaratta

- Community Palliative Care Service
- 2 funded palliative care in-patient beds
- East Hume Palliative Care Aged and Disability Resource Nurse
- MND Shared Care Worker

Chairs Report

On behalf of the Hume Region Palliative Care Consortium I am pleased to present the 2021/22 Annual Report.

The Hume Region Palliative Care Services have continued to go above and beyond to ensure our communities receive high quality palliative and end of life care in line with Victoria's end of life and palliative care framework. In a climate with mounting challenges of lockdowns, staff shortages and fatigue from the insistent COVID-19 pandemic, our dedicated teams have ensured that all who access our services have their wishes and choices respected.

The need for end of life care in the home increased in 2020 and continued to increase in 2021/22. The resilience of staff including those who also support clients at end of life in the home - our Community Palliative Care teams, After Hours Triage Team, Consultancy Teams, General Practitioners, District Nursing services, Allied Health, Aged Care, and Ambulance Victoria, (and many others) is commendable.

The demand for end of life care in hospital has experienced a reduction over the previous years, however many clients were supported in hospital at some point during their palliative care journey. Our regional, sub-regional and small rural hospitals are often the place of choice at end of life and provide local supportive care close to home. Support from all hospital-based staff during the challenging environment experienced in 21/22 is commended.

The implementation of a regional dedicated palliative care patient management system was completed at the end of 2021 and is a significant achievement by the Consortium members and Palliative Care Teams. We are now realising the many benefits of a common system that supports palliative care across multiple care settings.

Focused on the recommendation from the Royal Commission into Aged Care that palliative care is core business for Residential Aged Care facilities, the Hume Region Aged Care & Disability Palliative Care Resource Nurses continue to support staff training and capacity building in Residential Aged Care settings. Their comprehensive and flexible program reached many staff throughout the year with positive feedback from those who participated. Linking with evidence based and best practice National and State programs provided an opportunity to see such programs implemented in the Hume Region.

This year has been another with great challenges experienced as we navigated pandemic restrictions and then transitioned to operating in a new 'Covid normal' setting. The HPCC mission is as relevant today as it was 5 years ago, and that despite all the obstacles, 'the Hume Region Palliative Care Consortium is (still) committed to working with each other, governments and the community so all Victorians with a life limiting illness and their families and carers will have access to a high quality palliative care service system that fosters innovation, provides coordinated care and support that is responsive to their needs'.

The Consortium along with the Clinical Advisory Group, undertook Strategic Planning early in 2022. With the completion of many innovation projects across the region in previous years contributing to our plan, the next few years will be very busy, starting with a focus on workforce development as a priority.

THANK YOU

I would like to take this opportunity to acknowledge and thank the many people who have supported Hume Region Palliative Care Consortium to provide exceptional end of life care across our region.

Firstly to members of the Hume Region Palliative Care Consortium; the Clinical Advisory Group members, the Community and Consultancy Palliative Care Teams, the After hours Triage Teams and the many District Nursing Services across our region who work in partnership to support the palliative care needs of our communities.

To our newly formed Hume PalCare Super User Group and our new colleagues at PalCare who have assisted our teams to transition seamlessly to our new patient management system.

I would like to acknowledge Michelle Burns as HPCC Project Officer supporting the PalCare implementation, Elizabeth Jenkins the Consortium Manager for maintaining and coordinating partnerships and, our State Partners - St Vincent's Health, Palliative Care Victoria, PEPA, The Victorian Department of Health, the Centre for Palliative Care and others who are committed to providing high quality end of life care to our communities.

Robyn Sprunt

Executive Manager Community Health and Wellbeing, NCN Health HPCC Chair

Managers Report

As the Hume Region Palliative Care Consortium Manager, I am privileged to work with people who are so dedicated to the service they provide.

Throughout 2021/22, the palliative care teams and the wider health sector in general continued to provide the best palliative, end of life, and bereavement care for clients and carers within the pandemic restrictions and border closures.

Unlike most of them, I am not on the front line of care but contribute to strategic and background planning and support. My role is responsible for bringing together the Palliative Care Teams and other relevant partners to implement initiatives that benefit all teams, and potentially initiatives where collaboration is key to its success.

The 'PalCare Project' is one such project, and has been a highlight in 2021/22.

A three staged approach was taken with a diligent scoping process, development of robust governance arrangements then transition to the new program. Our project came to its conclusion at the end of December 2021 with all five Community PC Teams transferring across. With GV Hospice Care Service already using the program, there is now consistency across our our six community teams.

Many thanks go to the HPCC and CAG members for their expertise in clinical direction, governance support and keeping our project a priority amongst one of the most challenging times; the Hume Rural Health Alliance (HRHA) for their technical knowledge, direction and advice; our colleagues at PalCare providing answers to our frequent questions at short notice; and to Michelle Burns for the wonderful Project Management of such a huge project with many moving parts. Her ongoing support as the Hume Region PalCare Liaison Officer is so valuable.

Another ongoing initiative of the HPCC is the collection and collation of quarterly data from the teams enabling regional data reports on selected indicators. The data reports provide evidence for what was once an anecdotal indicator that service demand is increasing. As a group we have seen client referrals increase over many years. This trend continued for the 2021/22 period. The data also assists to support clinical quality improvement priorities and in the past year we continued to focus on patient flow in Community Palliative Care.

Our 2018/2021 Strategic plan came to its end in 2021 triggering a new round of consultation for our future direction. The HPCC and CAG identified the priorities via a partnership survey and workshop. This process also supported the development of an Action Plan endorsed by HPCC in June 2022.

In early 2022, we have had the chance to consult with more partners delivering Commonwealth Government funded palliative care initiatives - PACOP, PCOC, PEPA, PHN - Greater Choices and the ELDAC Linkages Program. Implementation of these programs in the region is most beneficial. The Hume Region Aged Care & Disability Palliative Care Resource Nurses - Sam and Rose, were influential in promoting the programs and assisting with implementation where possible. We anticipate working more closely with these partners in the near future as greater uptake of the programs occurs in the Region.

In recent years some of our highly experienced palliative care nurses/educators retired. To support succession planning we held a PEPA Mentor Workshop in the region. The program was a success with 8 new PEPA Mentors attending and 2 receiving a 'refresh'. The first face to face PEPA workshop 'post covid' was then delivered in Aug 2022 with another 2 in the planning stage. We are about to launch into a wider workforce development focus in the 2022/23 period.

I would like to thank Robyn Sprunt, HPCC Chair and Annette Cudmore CAG Chair for their support and leadership in 2021/22. Also, the HPCC and CAG members all who play a vital role in steering palliative care within the region and their respective services.

Elizabeth Jenkins

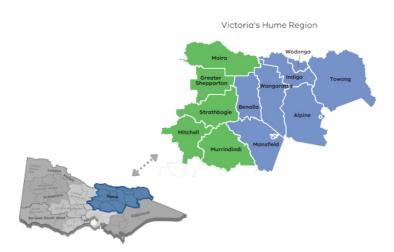
Hume Region Palliative Care Consortium Manager



Regional Overview

2021 Population 309,633

2016 Population 282,253 2016 - 2021 Population increase 27,380 (9%)



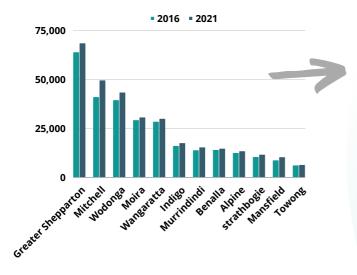
Population in the Hume Region is 309,633. This is a 9% increase from the 2016 Census. The projected population by 2036 will be 391,753.

The fastest growing population in the Hume Region (and rural Victoria) is the Mitchell Shire - projecting a 4.5% increase from 2018 - 2036. Second in the Region is Wodonga (2.0%) then Mansfield (1.1%)

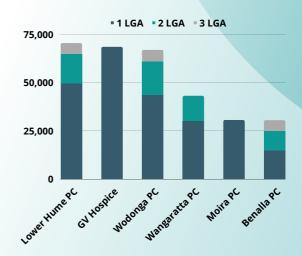
Currently 22% (67,600) of the population are aged 65 and over. Population projections will see the Hume Region population increase with 23% (92,714) of people aged 65 and over by 2036.

These population figures and projections do not take into account cross border populations who also may access Community, Consultancy and in-patient Palliative Care Services in Victoria.

Graph 1: Population by Local Government Area (LGA)



Graph 2: Population by Community PC Service based on the LGA's they service

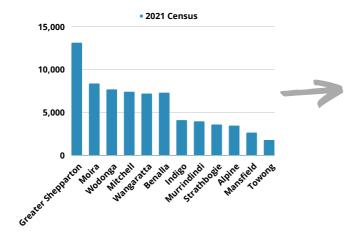


Regional Overview

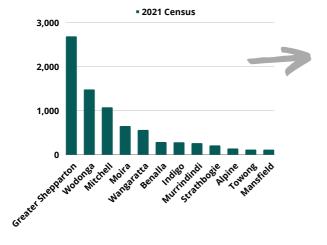
Aboriginal & Torres Strait Islander population

2.5%
(1% Vic)

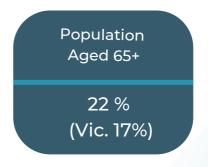
Graph 3: Population aged 65+ years by Local Government Area (LGA).



Graph 5: Aboriginal and/or Torres Strait Islander population by Local Government Area (LGA)



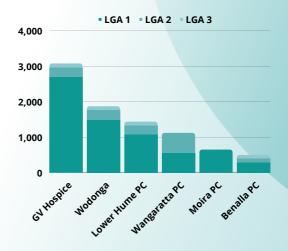
There is over 7,800 Aboriginal and/or Torres Strait Islander people living in the region which is 2.5% of total population. The percentage of Aboriginal and Torres Strait Islanders is considerably higher in the Hume Region than for Victoria (1%).



Graph 4: Population Aged 65+ by Community PC Service based on the LGA's they service



Graph 6: Aboriginal and/or Torres Strait Islander population by Community PC Service based on the LGA's they service



'We are all visitors to this time, this place. We are just passing through.

Our purpose here is to observe, to learn, to grow, to love... and then we return home'.

Aboriginal proverb

Source: ABS data 2016 & 2021 Census

Regional Overview

Diversity

As an average, across the 12 Local Government Areas, approximately 80% of residents were born in Australia. (Vic. 65%) (Aust. 66.9%)

Other than Australia, the country of birth for residents were generally from the following countries:

- England
- New Zealand,
- Germany
- Philippines
- Italy
- Scotland
- The Netherlands
- India
- Afghanistan
- Malaysia

As an average, across the 12 Local Government Areas, 80.3% of residents speak only English at home. (Vic. 67.2%) (Aust. 72%).

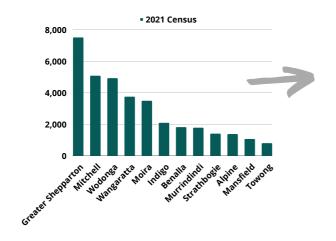
There is a vast range of languages other than English spoken at home across the Region.

The top languages spoken at home in the Region other than English are:

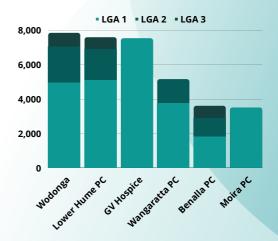
- Italian
- Arabic
- German
- Punjabi
- Mandarin

Unpaid Assistance

Graph 7: Provided unpaid assistance to a person with a disability, health condition or due to old age (during two weeks before Census Night)



Graph 8: Provided unpaid assistance to a person with a disability, health condition or due to old age (during two weeks before Census Night) by Community PC Service based on the LGA's they service



Definition

This variable records the number of people who in the two weeks prior to Census Night spent time providing unpaid care, help or assistance to family members or others because of:

- a disability
- a long-term health condition
- problems related to old age

This includes people who are in receipt of a Carer Allowance or Carer Payment. It does not include care provided through a voluntary organisation or group. Occasional help or assistance, such as shopping, is included if the person needs this type of assistance because of their condition

Source: ABS data 2016 & 2021 Census

Operational Overview



Hume Region PC Consortium

Develop and implement the HPCC 3 year Strategic
Direction for palliative care regionally in
conjunction with the Clinical Advisory Group.
Bi-monthly meetings are held with representation
from 7 funded palliative care services and the
Hume Region Department of Health.



Clinical Teams

Dedicated palliative care services are funded by the Victorian Department of Health.

Services care for clients with palliative and end of life care needs, their carers and/or family members. Clients may be cared for in the community, hospital or residential aged care. Each PC service provides care in their local catchment areas working with the client's GP and other primary or specialist care teams.



State Partners

The Victorian State Palliative Care Consortium Managers Network meet bi-monthly with invited representation from the Sate Palliative Care Peak Body and other key State programs. This is the avenue for discussion and collaborative regional implementation of State based initiatives.



Clinical Advisory Group

A sub-committee of the Hume Region Palliative Care Consortium, the role of the Clinical Advisory Committee is to support clinical and operational service initiatives focused on collaborative and consistent regional service delivery.



Consultancy Teams

The Victorian Department of Health funds two
Palliative Care Consultancy Services in the Hume
Region. Each team covers a sub-regional area
proving secondary level support for clients being
cared for by community palliative care teams,
General Practitioners, Hospital medical treating
teams, and Specialists. The Consultancy service
also includes a resource nurse to support capacity
building in residential aged care



National Partners

A collaborative approach supports the regional implementation of Commonwealth Palliative Care Programs. Consultation regionally, shared local knowledge and resources where applicable enables National programs delivered regionally.

Hume Region Palliative Care Consortium

HPCC Members

Robyn Sprunt Chair 2021/2022

Executive Manager Community Health and Wellbeing, NCN Health

Rebekah Clutterbuck

Palliative Care Manager, Albury Wodonga Health

Donna Sherringham

Executive Director of Clinical Operations, Goulburn Region, GV Health

Lisa Prior

Executive Director of Clinical Operations, Benalla Health

Elizabeth Jenkins

Manager, Hume Region Palliative Care Consortium (Non-voting)

Anne Daley Deputy Chair 2021/2022

Executive Director of Clinical Services, Seymour Health

Faye Hosie/Kaye Gall

Executive Manager, Goulburn Valley Hospice Care Service

Christopher Gartside

(Acting) Executive Director of Clinical Operations, Northeast Health Wangaratta

Carmel Hurley

Senior Program Adviser
Department of Health, Hume Region
(Non-voting)

Five meetings and one planning meeting in 2021/2022

The HPCC focus is to work collaboratively within the Hume Region to deliver and develop palliative care services.

Palliative Care Consortia support palliative care providers to:

- Raise awareness of palliative care amongst health care providers, ancillary services, community groups and organisations including residential facilities.
- Foster collaboration amongst service providers to maximize designated palliative care resources, reduce duplication of effort and promote consistency of practice.
- Promote end of life and palliative care education and training.
- Inform improvements to practice through their Clinical Advisory Group and broader clinical engagement activities, including liaison with Safer Care Victoria's Palliative Care Clinical Network.
- Advise the Department about regional priorities for future service development and funding.

Hume Region Palliative Care Consortium

ACHIEVEMENTS

Integrated Patient Management System Project

In 2022, the Hume Region Palliative Care Consortium completed a major collaborative project funded by the Victorian Department of Health, to implement a dedicated palliative care patient management system (PalCare) within each community palliative care service. Prior to this project only one community team regionally used this system. Commenced in 2020 and continuing in 2021, the Consortium oversaw all project stages from scoping to governance arrangements and implementation. In November & December 2021, the 5 teams transitioned to the new system enabling consistency across the region.

The benefits of the new system are now being realised with improvements in continuity of care across care settings - community, consultancy and after hours triage; consistent referral processes, reduced administrative duplication and others. All the systematic improvements ultimately supports greater use of clinical time and less administrative burden. The core elements of the project are now complete. The Project Close Report provideds recommendations to continue realising benefits of the new system.

Strategic Planning

In February 2022, the Consortia and Clinical Advisory Group developed a new Strategic Direction and Operational Plan.

The Plans 3 key focus areas are:

- 1. Workforce development.
- 2. Innovative models of care; and
- 3. Engaged consumers, carers and communities.



The objective of this plan is to build on initiatives completed in the previous years and focus on how to transition projects and their recommendations into actions and outcome. Implementation of the new plan has commenced with a Palliative Care Workforce Development Working Group proposal developed and about to commence.

Service Data

The HPCC members have an ongoing commitment to collect and share clinical activity data within the PC services to monitor service demand and identify any activity fluctuation. The data highlighted service demand increases in some areas that supported additional recruitment opportunities. Quarterly figures are collated and reported throughout the year. Annually the data is graphed and annual comparisons are able to be made over 4 years.

Clinical Advisory Group

The role of the CAG is to oversee, monitor and report on clinical and operational service initiatives and processes as they relate to the implementation of Victoria's end of life and palliative care framework, and the HPCC Strategic Direction and Action Plan.

The objectives of the CAG are to:

- Promote consistent adoption of evidence-based palliative care practice throughout the Hume Region.
- Identify regional clinical issues and opportunities for improvement and ways to address these issues.
- Where feasible, standardise clinical protocols and tools and assessment and care planning approaches across palliative care agencies in the Hume Region.
- Contribute to the development of the HPCC Strategic Direction and Action Plan.
- Establish and promote service improvement initiatives and reporting mechanisms to address the clinical practice-related items within the Framework and HPCC Strategic Direction and action Plan.

Clinical Advisory Group Members

Annette Cudmore Chair 2021/2022

Palliative Care Clinical Nurse Consultant, Goulburn Region Palliative Care Consultancy Service

Melina Villani

Palliative Care Clinical Nurse Specialist, Wodonga Community PCS

Paula Sutherland

Community Services Manager, Seymour Health

Robyn Sprunt

Executive Manager Community Health and Wellbeing, NCN Health

Elizabeth Jenkins

Manager, Hume Region Palliative Care Consortium (Non-voting)

Jackie Creek Deputy Chair 2021/2022

Palliative Care Clinical Nurse Consultant, Northeast Health Wangaratta Community PCS

Annie Jorgensen

Palliative Care Clinical Nurse Consultant Goulburn Valley Hospice Care Service

Lynne Keatings

Palliative Care Nurse Practitioner (C), East Hume Regional Palliative Care Consultancy Service

Sharon Bover

Home Nursing Coordinator & Palliative Care Clinical Nurse Consultant

Five meetings and one planning meeting in 2021/2022

Clinical Advisory Group

ACHIEVEMENTS

Integrated Patient Management System Project

The Clinical Advisory Group were integral to operationalising the new dedicated palliative care patient management system (PalCare) into the Community Palliative Care Services. Supports included:

- Oversee staff training, access and orientation in the system.
- Development of patient flow processes.
- Development of a PalCare Shared Platform Guideline
- Update of the Hume Region After Hours Palliative Care Triage Guideline in line with the new system.
- Development of the Hume Region Super Users Group.

The Hume Super User Group currently meet monthly as the Teams get used to the new system and processes. A representative from PalCare attends as well.

Regional Palliative Care Telehealth Guideline

A Regional Palliative Care Telehealth Guideline was developed following consultation with each palliative care team, and the program managers of the Hume Region Telehealth Project. All services use telehealth in some form. The guideline was specifically for palliative care and based on the use of Health Direct which had previously rolled out in health services the Hume Region. The guideline was adapted by using telehealth project outcomes, a review of palliative care telehealth research findings, and other sector guidelines. The Hume Telehealth guideline is designed to be adapted by each team as required.

Collaborative Palliative Care Support Pathway

Development of a Collaborative Palliative Care Support Pathway for residential aged care & specialist palliative care services - Hume Region. The pathway is designed to demonstrate the roles and responsibilities for shared care arrangements when escalation of support for complex symptom management. The pathway is focused on coordination and integration that is responsive to the residents assessed needs. The pathway is supporting two quality improvement projects in the second half of 2022 and also being introduced to RACF Palliative Care Champions as part of an educational process. The Pathway will have its final review following these activities.

Implement validated clinical tools

Support and direction to implement validated clinical tools into service delivery. The main tools in 2021/22 were - Urgency of Need in Palliative Care (RUN-PC) Triage Tool; and Carer Support Needs Assessment (CSNAT).

Presentations to CAG

- Manager Rosehaven Hopsice, Mansfield.
- Project Manager, Flying Doctor Memory Lane

2021/2022 Chair: Annette Cudmore Deputy Chair: Jackie Creek 5 meetings held and 1 planning meeting.

Community Clinical Care

Palliative care teams work with clients, carers, families and a multidisciplinary team striving to support a person to be cared for and receive end of life care in their preferred place, which could be in a hospital, a hospice or in their home, including a residential aged care facility. Continuous care and coordination means that clients preferences and wishes can be supported as much as possible.

2021/2022 Community Palliative Care Service data from the Hume Region indicates that:

1,259 referrals were made to community palliative care services. 53 more than the previous year. Referrals to community palliative care services have increased by about 6% per year or 24% over the past 4 years.

All referrals are assessed and some people are referred on to other more appropriate services. 72% of the referrals were accepted and the client admitted by the community palliative care teams. Admissions to our community palliative care services in 2021/22 increased by 2% from the previous year. Referrals 'accepted' have slightly fluctuated over the year, but the trend remains fairly steady with an average between 216 and 228 referrals accepted per quarter over the previous 4 years.

Community palliative care services will often discharge a client from their service when symptoms are under control and they are assessed as being stable for a period of time. The client is informed they can reenter the service when they require more support and remain in the care of their GP or other primary or specialist care services. 244 clients were discharged from the services in 2021/22. This is 18 less clients than the previous year.

The community palliative care teams supported 654 clients and their carers through end of life. The number of deaths the palliative care services have supported in the community increased by 2% each year from 2018/19 to 2020/21 and 1% in $2021/22 \sim 5\%$ over 4 years.

74% of their clients, had their goal for end of life care in their preferred place met. This is a 5% increase from the previous year; and an 11% increase from 2019/20.

48% of deaths were in a hospital - 6% less than the previous year. 51% of deaths where at home (which includes in residential aged care if the client was admitted to the community palliative care service). The data demonstrates a 12% increase of home deaths in 2020/21 and 2021/22 from the previous year ~ equivalent to 24% increase over two years.

Community palliative care services provide a bereavement care service for carers or family which continues after a client death for a period of time determined by the bereaved and their needs. Bereavement support is offered for approximately 12 months. The number of bereaved clients in the bereavement phase of care across the region at any given time is on average 613 people per month. This in an increase of 22% from the previous year.

For a client to be cared for and have their end of life in their preferred place is a measure close to the heart of palliative care providers. Whether the preferred place of death is hospital, home or aged care, it's an outcome that would not be possible without the support of the un-paid carers and families, primary care health professionals including GP's, DNS, Aged Care staff, hospital staff, allied health, Ambulance Victoria, the After Hours Triage Team and the PC Consultancy Teams.

"How people die remains in the memory of those

Dame Cicely Saunder

Palliative Care After Hours

AFTER HOURS TRIAGE AND ADVICE

Palliative Care teams in the Hume Region all provide an after hours triage phone number to clients receiving palliative and end of life care and their carers. Goulburn Valley Hospice Care Service provide 24 hours phone access to clients and carers. Five Community Palliative Care Services are supported by the After Hours Triage Team at St Vincent's Health, Caritas Christi Hospice. They are:

- Benalla Health Palliative Care Service (Benalla Health)
- Lower Hume Palliative Care (Seymour Health)
- Moira Palliative Care Service (NCN Health Numurkah Campus)
- Northeast Health Wangaratta Palliative Care (Northeast Health Wangaratta)
- Wodonga Palliative Care Service (Albury Wodonga Health)

The main reason for calls in 2021/22 was for advice to manage symptoms.

Majority of call outcomes were symptom advice, medication plans, education and psychosocial support.

The Hume Teams meet quarterly with the Triage Team Manager and After Hours Coordinator(s) to maintain good communication and opportunity for quality improvement. Implementation of our regional PalCare system saw the previous Hume Region Afterhours portal decommissioned at the end of 2021 superseded by the use of PalCare.

433 Phone calls

made to the After Hours Triage Team from the Hume Region*

51% Calls made

on week-end and public holidays*

245 Additional calls

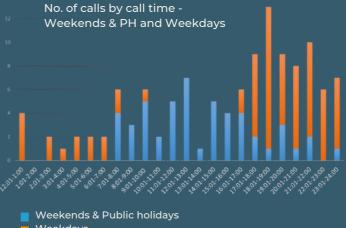
made by AH Coordinators to support the outcome and followup.*

49% Calls made

during after hours on week days*







^{*} Data does not include Goulburn Valley Hospice Care Service who provide a different after hours model

Consultancy Care

The Victorian Department of Health funds two Palliative Care Consultancy Services in the Hume Region. Each team covers a sub-regional area providing support for Community Palliative Care Teams, General Practitioners, Hospital medical treating teams, and Specialists. The Consultancy Services are located at the Regional Health Services Albury Wodonga Health and GV Health.

Services Provided

- · Out patient clinics
- Hospital based consultancy
- Community based consultations inc. RACF
- Multidisciplinary team consults
- Case review meetings
- Tele-health appointments
- Education & Quality Improvement

East Hume Regional Palliative Care Consultancy Service

Weekly rostered outreach consultancy services to the community palliative care teams at Wodonga, Wangaratta, Benalla and their service areas.

Staff: Palliative Care Physician, Palliative Care Advance Practice Doctor (Registrar), Nurse Practitioner Candidates, and Administrative Officer.

East Hume Consultancy Referrals received over 4 years



Hospital Consultancy

Palliative Care Consultancy is provided in a wide range and varied hospital settings. These include: Wards, ICU, Emergency Department, Oncology services and others as required.

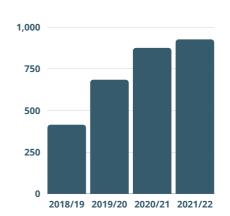
6,114 Hospital based consults were undertaken by the consultancy Teams in 2021/2022

Goulburn Region Palliative Care Consultancy Service

Weekly rostered outreach consultancy services to the community palliative care teams at Shepparton, Lower Hume (Seymour), Moira and their service areas.

Staff: Palliative Care Physician, Palliative Care Advance Practice Doctor (Registrar), Clinical Nurse Consultants, and Administrative Officer.

Goulburn Region Consultancy Referrals received over 4 years



Consultancy Care Residential Aged Care

The Hume Region Aged and Disability Resource Nurse program is part of the Regional Palliative Care Consultancy Teams. The Hume Region program is facilitated by Rose Sexton and Samantha Moorhouse, both palliative care nurses working collaboratively to support palliative care quality improvement in aged care facilities. The program is offered to all Residential Aged Care Facilities in the Hume Region. With around 50 facilities in the Region, the program delivered is flexible and based on individual needs of residents and staff in each facility.

VALUES

- All people receive care that preserves their dignity and quality of life.
- Residents of RACF and clients of Disability homes receive high quality palliative care which meets their needs and preferences.
- Staff are empowered to confidently deliver palliative and end of life care.
- Residents/Clients culture identity and diversity is respected.

OBJECTIVES

- Empowering RACF and DAS to seek out skilled education to meet the quality needs.
- Embed the ELDAC palliative approach model of care in Aged Care as core business.
- Establish an ELDAC palliative care approach audit process for RACF in the Hume Region.
- Identify RACFs with PC Site Champions in place.
- Increase the uptake of PC Site Champion roles in RACF in Hume.
- Promote a Quality of Life approach in DAS by providing resources that are serviceable and encourage a relationship with local SPCS as needed.



Samantha Moorhouse, West Hume Aged Care & Disability Palliative Care Resource Nurse



Rose Sexton, East Hume Aged Care & Disability Palliative Care Resource Nurse

"Palliative Care is everyone's right and we are thrilled to be seeing the enthusiasm and engagement in our aged care nurses, strengthening advocacy and confidence as they provide ongoing high auality care at the end of life"

Sam & Rose

Consultancy Care Residential Aged Care

Program highlights

Palliative Care Champion Program

The Palliative Care Champion Mentorship Program provides education and mentorship to nurses working in Residential Aged Care facilities. The aim is for the Champions to support education and other palliative care initiatives within each facility.

The online program runs for 6 months and follows the Domains in the End of Life Direction for Aged Care (ELDAC) Care Model. Pre & post self assessments are used to measure the imapct of the program for participants.

- Six mth Champion Mentor Programs
- Champion mentor session
- RACF Palliative
 Care Champions

2

Education Program

The Education program is a flexible mix of online and face to face sessions, and presented morning, afternoon or evening sessions. Most sessions are recorded and available online to view at a convenient time.

The flexibility is welcomed by participants due to staff pressures and shift work.

Face to face palliative education commenced again in 2022. This is offered on-site at RACF's and as requested.

Monthly online education sessions deliver a different topic each month. Guest speakers are also engaged as subject matter experts at times.

- Face to face onsite education sessions
- 106 Attendees at face to face sessions
- Online education sessions
- 137 Attendees online education sessions

3

Newsletter

The newsletter......HUME
REGION PALLIATIVE CARE
AGED CARE AND DISABILITY
SUPPORT NETWORK is a
monthly newsletter
commenced in 2021. Each
month is focused on a different
domain of the ELDAC model,
providing links to education
opportunities, articles, and
other items of interest.

The newsletter provides latest information and resources about Palliative Care in aged care. It aims to encourage networking across facilities in order to foster a flourishing community of passionate nurses and care workers, committed to providing the highest quality end of life care to residents.

- 19 Newsletter editions
- 198 Subscribers

Consultancy Care Residential Aged Care

Program highlights....continued



PEPA

The Program of Experience in the Palliative Approach...PEPA.

Linking with our State PEPA
Partners, and with face to face
RACF onsite education able to
take place again, the first PEPA
Workshop since 2019 was held in
the Region for Aged Care staff.
Planned and facilitated by Rose
& Sam, the workshop was held in
Baranduda near Wodonga, and
was a great success.

The first Reverse PEPA (since 2019) was also facilitated in Shepparton. Reverse PEPA enables 4 aged care staff to participate in organisational palliative care quality improvement. Held on-site, two facilitators supported the program which is based on the identified needs of the facility by facility staff.



5

Quality Improvement

Throughout all aspects of quality improvement, evidence based best practice information, assessment tools, processes and systems are promoted to enable the best patient/resident palliative care outcomes.

Consultation with some of the National and State palliative care partner programs has featured highly in 2021/22. Promotion of these programs including PACOP, ELDAC Linkages program, PEPA - Clinical Placements and the Murray PHN - Choices program, all contribute to the flexible and individualised palliative care capacity building program delivered in the Hume Region.

In addition, Sam & Rose encourage and support facility staff to complete deceased resident file audits to identify what's working well and if there are any gaps in service.

Following the audit, a quality improvements plan is created.

21 Auc

Audits completed

6

Champion Program Feedback

" Well organised content with people who are relatable."



"I have been listening to the recordings when I cannot attend the sessions and I must say I feel like I am getting a lot out of them".

"You guys are amazing at what you do!! It's helped me grow so much!!."

" Thank you for providing this course. It is a great and relaxing learning forum. Interactive, interesting, fun and informative. Many thanks again. Great Course"

Consultancy Care MND Shared Care

The Motor Neurone Disease Association Victoria (MNDV) has established arrangements throughout the State to support a Shared Care Worker (SCW) model in each region. The role is based within the Palliative Care Team at Northeast Health Wangaratta and is part of Regional Consultancy (0.2 EFT).

In collaboration with the Motor Neurone Disease Association of Victoria, the SCW supports MND patients who are receiving palliative care through education with care providers and acts as a resource person to patients, families, carers and staff.

After her long standing and dedication for many years, Jackie Creek (CNC) resigned from the role in 2021. Rose Sexton (CNS & Aged Care/Disability Resource Nurse) was the successful applicant and commenced in 2022 starting with a regional meet & greet and education provision.

Since commencing in the role Rose has been in close contact with the Hume Region's Community Palliative Care teams, providing education updates and offering resource support where required. She liaises closely with the MND Victoria's Regional Advisor to stay informed of the MND clients in our catchment and has made contact with other SCW's across the state. A planned visit to MND Victoria offices in Camberwell will take place in October.

The MND Shared Care Worker has continued to provide individual patient specific education to care staff across all disciplines.

Disability Service Sector

Hume Region Aged Care & Disability Palliative Care Resource Nurses (East & West) offer onsite support and education for palliative and end of life care.

Support for palliative and end of life care education and resources is often requested at a time when a resident is actually receiving palliative care within a disability supported home by a community palliative care service. The palliative care service ensures that engagement with the Hume Region Aged Care & Disability Palliative Care Resource Nurse is provided along side clinical and bereavement support.

Engagement with Regional and State Stakeholders from the Disability Accommodation Sector, particularly Scope has led to new opportunities in supporting people who reside in disability accommodation be cared for in their place of choice at end of life. Working in collaboration with Operations Managers, a series of presentations are in development that are short but comprehensive to assist building palliative care knowledge and confidence in supporting a resident with palliative care needs.

A working group is being set up to include the other Victorian Aged Care & Disability Palliative Care Resource workers and Disability Sector stakeholders to identify and collate all existing relevant resources to make them accessible via one central website.

National Palliative Care Week

As your right

The Hume Region Palliative Care Teams made the most of Palliative Care Week to promote the benefits of palliative care in keeping with the 2022 theme...Palliative Care, its your right.

Palliative Care information displays were set up around the region at the health services and the Shepparton Library.

Social media was flooded with palliative care information, interviews and short video's.

Carers spoke of the care received highlighting the emotional and physical support given to a loved one. The interviews also highlighted how the Palliative Care Team work closely with the GP's and the daily care from District Nurses. "I can't speak highly enough", one gentleman commented.

One FM 98.5 held daily interviews with people working in Palliative Care speaking to Terri Cowley.



The line up included Violet Platt – CEO of Palliative Care Victoria, Dr Siva Subramaniam and Annette Cudmore from the Goulburn Region Palliative Care Consultancy Service, Jeanette Powell the Chair of the Committee of Management at GV Hospice Care Service, and Tash Sidebottom who spoke about a personal experience and how that inspired her to become a Palliative Care Volunteer.

Annie Jorgensen and Bec Nicoll from GV Hospice Care Services spoke about their roles and how palliative care is not just about the patient but the family and carers as well.... "we see the person not the illness" Annie commented.

An interview with Steve Pitman from Wodonga Community Palliative Care provided an insights in supporting clients and families and of working in palliative care.

Snips from Facebook!











Care across the care settings

Palliative care has evolved over the past 40 to 50 years in Australia, from geographically placed and limited hospice services to palliative care services paralleled closely the development of sub-specialist oncology services. In parallel with the rapid development of oncology in Australia, palliative and supportive care has evolved rapidly (1).

The Hume Region Palliative Care Services continue to innovate and evolve to best meet the needs of their clients, their carers and family. Clients are often supported across many settings towards end of life that need efficient and coordinated service systems.

In the previous year many innovation projects commenced in 2020 came to their conclusion. Our Strategic Plan objective is to build on these initiatives and projects with a focus on how to transition project outcomes into sustainable service provision. The table below indicates where these projects fit in with our new Strategic Plan to keep the momentum of service improvement going.



Innovation Project

Strategic Priorities

	Building Capacity	Innovative models of care	Engaged consumers, carers and Communities
Hospital to Home for End of Life Care GV Health		✓	✓
Palliative Care Liaison Project Northeast Health Wangaratta		√	✓
Palliative Care Patient Flow Project Albury Wodonga Health	✓	✓	✓
Early Referral Clinic, Lower Hume Palliative Care, Seymour Health		✓	✓
Palliative Care Aged Care Champion Mentor Program Hume Region Aged Care & Disability resource Nurses	✓		
Regional dedicated palliative care system integration Hume Region Palliative Care Consortium	✓	✓	✓
The PERFECT Clinic, Goulburn Region Palliative Care Consultancy Service, GV Health		\	✓
Workforce development and professional development HPCC & CAG	✓		
Multidisciplinary Service Model Moira PC, NCN Health		✓	✓
Tele-health, Lower Hume Palliative Care Service - Seymour Health		/	1
Care for Carers - Implementation of CSNAT, Goulburn Valley Hospice Care Service	√	√	✓

Professional Development

Despite a couple of face to face workshops being planned then cancelled, planned again then cancelled due to covid, two regional workshops were completed face to face. The Consortium have also had some long standing professional development programs for our specialist teams that are and always have been online. These continued as per usual with little disruption.

Workforce and professional development is a priority in the Hume Region Palliative Care Consortium new Strategic Direction. In the coming year a Workforce Working Group will be guiding the Region in Palliative Care Workforce development.



Monthly Case Presentations

The Community and Consultancy Palliative Care Services (7 services) along with a different Palliative Care Physician from St Vincent's Health meet virtually once per month for a professional development case discussion. The cases are deidentified and have a level of complexity that is worked through by the group and led by the Palliative Care Physician. Cases topics are chosen based on the expertise of the Physician supporting the discussion each month. Engagement from the Palliative Care Teams in these presentations is excellent and have been a long standing professional development element in the Region.



16 Banksia Palliative Care Course Participants

The Hume Region Palliative Care Consortium supported 16 Nurses with scholarships to complete the Banksia Palliative Care Nurse Course in October 2021 and February 2022 (all 8 sessions). Of the 16 nurses, 12 work solely in Residential Aged Care (RAC), 1 worked solely in District Nursing, 2 work in both RAC and District Nursing and 1 worked in RAC and acute hospital. The course is delivered online and covers the key principles of palliative care over 8 half day sessions.



2 PEPA Workshops

The first PEPA (Program of Experience in the Palliative Approach) Workshop was a health professionals PEPA Mentor Workshop. Held in Benalla face to face, 10 palliative care health professionals attended. Gaining new mentor skills or recieving a refresh, the course was an opportunity to re-egage with the PEPA Program, upskill new PEPA Mentors and refresh existing PEPA Mentors.

The second Workshop was held in Baranduda near Wodonga and was delivered by two of our new learned mentors. The workshop was attended by 12 health professionals working in Residential Aged Care.

Professional Development



8 Monthly Specialist Palliative Care Education Sessions

Facilitated originally by the East Hume Palliative Care Consultancy Service, monthly education sessions are being delivered in conjunction with St Vincent's Palliative Care Physicians and Allied Health staff. At the beginning of the year the teams are surveyed to identify what topics for professional development they are interested to learn more about. These online sessions are now supported by the HPCC Consortium Manager. The sessions are well attended by the palliative care teams and provide a platform for not only education but peer support as well.



2 Palliative Care Nurse Practitioner Candidates

The East Hume Palliative Care Consultancy Service currently have two Palliative Care Nurse Practitioner Candidates (NPC's) completing their Masters in Advanced Nursing Practice under the mentorship of Dr Chi Li. The Victorian Palliative Care Nurse Practitioner Collaborative also provides additional peer support, education and mentorship. The NPC's provide palliative care consultancy across the East Hume Region.



3 Palliative Care Registrars

Accredited by The Royal Australasian College of Physicians (RACP), both Palliative Care Consultancy Services in the Hume Region support Victorian Palliative Medicine Training with three, six-month registrar positions. In 2021/2022, Goulburn Region Palliative Care Consultancy (GV Health) and East Hume Consultancy Services (Albury Wodonga Health) supported a total of 3 Registrars.



56 Aged Care Palliative Care Champions

In line with the ELDAC tool kit terminology the (former) Link Nurse role is referred to as a 'Palliative Care Champion'. A Hume Region 'Champion Mentorship Program' was initiated in 2021 and there are currently 15 Champions completing the online program (2022). The first program started in September 2021, and the second in March 2022. The Palliative Care Champion Mentorship Program provides education and mentorship to nurses working in Residential Aged Care facilities. The aim is for the Champions to support education and other palliative care initiatives within each facility. The team estimate 41 Champions currently within Residential Aged Care Services in the Hume Region and another 15 in training (56 in total).

Regional, State & National Partners

The Hume Palliative Care Consortium continues to support partnerships with Regional, State and National Palliative Care providers, Peak Bodies and support programs. The aim is to facilitate where possible the implementation of Regional, State and/or National Programs in the Hume Region.

General consultation with Regional, State and National Partners in 2021/2022 include:

Regional	Murray PHN Hume Region Nurse & Midwifery Educators Group Hume RICS Scope	Greater Choices Program & Healthpathways Palliative Care Education Hume Region Cancer Plan & Optimal Care Pathways Palliative Approach in the Disability Accommodation Services
State	Palliative Care Victoria Peter MacCallum Hospital The Centre for Palliative Care Carer Gateway Safer Care Victoria Royal Flying Doctors Service Northern Health Gippsland & Southern Metro Consortiums The Victorian Palliative Care Consortia Managers	Advocacy; Volunteer support, CALD & Cultural Safety Adolescent & Young Adult PC Framework Education and webinars; PEPA Workshops, Reverse PEPA, Clinical placements Care Support WAVE Project & PCCN Memory Lane Virtual EDTransition to Specialist PC Course National & State Palliative Care initiatives
National	University of Queensland University of Wollongong	PEPA Aged Care; ELDAC Linkage Program PCOC - dedicated palliative care teams; and PACOP - Residential Aged Care Facilities.

The Victorian Palliative Care Consortium Managers Group

The Victorian Palliative Care Consortium Managers meet bi-monthly with invited representation from many State Partners. With a broad invitation, regular attendance is by Safer Care Victoria - PCCN, Palliative Care Victoria, PEPA, The Center for Palliative Care, The Primary Health Network, The Palliative Care Advice Service and Very Special Kids. The meetings are invaluable as a platform for sharing information and updates for service delivery, projects, working together on common ideas, collaboration on new initiatives and how they are rolled out regionally.

REFLECTIONS AND THE NEXT 12 MONTHS

With the new Hume Region Palliative Care Strategic Direction in hand, the 2019-2021 innovation and development projects under our belt, the ability to monitor service demand with data particularly within the Community Palliative Care Services and Consultancy Teams, and a Patient Management System supporting continuity of care across care settings, we will turn our attention to our Strategic Direction - Implementation Plan and Actions.

Our focus in the next 12 months is on our strategic priorities:

- Building Capacity
- Innovative Models of Care
- Engaged Carers and Consumers

We need to contemplate the increase in service demand in light of the Hume Region population growth and the large proportion of people over 65 years who will potentially be accessing palliative care services in the future.

We welcome Palliative Care Victoria's advocacy for funding to meet increasing service demand and complexity. Sustaining innovative approaches and new models of care are a challenge without such support.

Throughout the COVID-19 Pandemic, many more people received their end of life care in their home. The trend continues in 2021/22 and, for the first time, home deaths outweighed hospital deaths. As this trend continues the importance of sustainable models of care and workforce development to meet the needs are increasingly apparent.

Carers play a vital role in enabling their loved ones end of life choices and wishes. As complexity of care increase, palliative care health literacy needs to focus on carers as much as clients. Our Strategic focus for the next 3 years

- Palliative care workforce development and education for Specialist Palliative Care and generalist health professionals.
- Increase the health literacy, support and practical skills of carers that enable them to fulfil their caring role.
- Review palliative care referral pathways and service access to ensure we provide the right care at the right time and in the preferred place.
- The continuum of care through care settings by working together with Regional, State and National partners to achieve the best client outcomes.
- Partner with other services and community groups to support people who require palliative or end of life care for people from under-served populations.
- Promote the benefits of early referral that enables timely person centred care planning and the opportunity for twoway understanding of palliative and end of life care needs.

Hume Region Palliative Care Consortium Annual Report 2021 / 2022

www.humepalliativecare.org.au