

# STRATEGIC DIRECTION

## Hume Region Palliative Care Consortium

2022 - 2025

### Vision

Provide Palliative Care leadership in the Hume Region

### Mission

The Hume Region Palliative Care Consortium are 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 palliative and end of life care priorities

### Building capacity

Building workforce capacity to deliver high quality palliative and end of life care is key to growing sustainable multidisciplinary service provision into the future that supports people living, dying and grieving in the Hume Region.

Carers and families have a vital role in supporting care outcomes in the community. Supporting carers in their preparedness for their caring role means they must have information and support systems available that are enablers to fulfil their caring role.

#### Our focus

- 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.

### Innovative models of care

In the lead up to this plan, the Hume Region palliative care services undertook many projects focused on innovative models of care.

The learnings from these projects as well as a growing demand for palliative care services provides the background to our focus on improving continuity of care across the many settings where palliative and end of life care is provided.

Transitioning project benefits and outcomes to sustainable practice can be a challenge that requires a coordinated approach.

#### Our focus

- 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.

### Engaged consumers, carers and communities

Person centred care requires services to be flexible, compassionate and coordinated to meet the diverse needs of people living with life limiting illness. Palliative care may be needed at any age, or stage in an illness trajectory or for people facing psychosocial adversity, or specific cultural, spiritual or psychosocial needs.

By working together with a broad range of multidisciplinary service partners, and diverse community groups we can focus on overcoming the barriers to palliative care access.

#### Our focus

- 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 two-way understanding of palliative and end of life care needs.



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 outcomes.

Building capacity	Innovative models of care	Engaged consumers, carers and communities
Undertake a regional specialist palliative care service review considering current and future palliative care need, interdisciplinary care models and workforce development to meet the need.	Referral pathways and service access reviewed and improved through innovative and sustainable models.	Increase the PC Volunteer Workforce within Community Palliative Care Service.
Outline a palliative care professional development pathway aimed to grow and sustain palliative care workforce in the region.	Streamline support for clients and carers transitioning from hospital to home for palliative and end of life care	Improve the person-centred process of carer assessment and support in palliative and end of life care.
Support RACF's to embed palliative and end of life care policies, processes, procedures and systems, as part of core practice.	Maximise the benefits of the Regional PalCare patient management system.	Collaborate with Aboriginal Health Organisations and services to embed the palliative approach to care in existing programs and services.
Improve health literacy of carers by providing information, training and support to help them undertake caring activities.	Advocate for in-patient palliative care bed or units in future or foreseeable capital works projects where capacity and need are identified.	Engage with Community Leaders and Elders to enable them to connect their community's end of life care.
Maintain partnerships with National and State Palliative Care programs for regional implementation.	Engage with the disability service sector to promote the benefits of early referral to palliative care.	Deliver care that is flexible, compassionate, and coordinated to support clients and carers who experience psychosocial adversity.