

**Southern Metropolitan Region
Palliative Care Consortium
Annual Report 2011**

Strengthening palliative care: Policy and strategic directions 2011-2015
Reporting requirement to Palliative Care, Department of Health

**this report was
prepared
by**

Tatjana Bahro, Consortium Manager

Southern Metropolitan Region Palliative Care Consortium
c/o Bayside General Practice Network
4/253 Bay Road
CHELTENHAM Victoria 3192

Telephone: 0406998231

Email: tbahro@sepc.org.au

Website: www.smrpalliativecare-consortium.org.au

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Welcome!

The ultimate quality of a collaborative association of services is not in its planning or structures, but in its outcomes and achieved goals. 2010-11 has been a good year for the Southern Metropolitan Palliative Care Consortium with many achievements, good relationships and recognition outside the southern area. Over the last 6 years there have been significant developments in the Consortium. The initial strategic plan was complemented by an operational plan which has since been reviewed and a number of projects have been undertaken to work towards its goals. We are now looking forward to developing a second strategic plan to fulfill further goals towards the implementation of the new Palliative Care Policy.



Sincerely

Rachel Bovenizer, Chair, SMRPCC

1. introduction

The Strengthening palliative care: Policy and strategic directions 2011–2015¹ guides the work of palliative care services, consortia and government from 2011 to 2015. The actions outlined in the policy will equip specialist palliative care services in Victoria to meet growing demand for palliative care. The policy vision states “All Victorians with a life-threatening illness and their families and carers have access to a high-quality palliative care service system that fosters innovation, promotes evidence-based practice and provides coordinated care and support that is responsive to their needs.”

In 2004 the policy supported the establishment of Palliative care consortia in all departmental regions. The role of the palliative care consortia is to:

- undertake regional planning in line with departmental directions
- coordinate palliative care service provision in each region
- advise the department about regional priorities for future service development and funding
- work in conjunction with the Palliative Care Clinical Network (PCCN) to:
 - implement the service delivery framework
 - undertake communication, capacity building and clinical service improvement initiatives

Palliative care consortia comprise voting members from all funded palliative care services in each departmental region as well as other stakeholders from health and community services in a non-voting capacity.

In the Southern Metropolitan region the Palliative care consortium member agencies are:

Voting Members

Alfred Health

Calvary Health Care Bethlehem

Peninsula Health

Peninsula Home Hospice

Royal District Nursing Service Inc.

South East Palliative Care

Southern Health

Associate Members:

Cabrini Palliative Care

Koo Wee Rup Regional Health Service

Monash University Palliative Care Research Team

Southern Metropolitan Integrated Cancer Service

¹ Department of Health (2011). Strengthening palliative care: Policy and strategic directions 2011 – 2015. Draft policy for consultation.

2. about the southern metropolitan region

2.1 Demographic Information

The Southern Metropolitan Region covers an area of approximately 2,900 square kilometres with a population of 1,214,619 (2006). It includes both highly urbanised and semi-rural areas, densely populated suburbs and relatively sparse populations.

The Southern Metropolitan Region comprises 10 Local Government Areas (LGAs): Bayside, Cardinia, Casey, Frankston, Glen Eira, Greater Dandenong, Kingston, Mornington Peninsula, Port Phillip and Stonnington.

The Region has the second largest population of the DHS regions, totaling 23.7% of the 2006 Victorian population of 5,129,445. Casey has the largest population share of the ten LGAs, with 17.47% of the Region's population, followed by Mornington Peninsula with 11.89% and Kingston with 11.77%. Cardinia has the smallest population share with 4.44%.

31% of the population in the region was born overseas and almost 23% born in non main English speaking countries. There are great sub-regional variations with the Peninsula sub-region having only approximately 10% of the population born in non-English speaking countries, the inner south 20% and the outer south east about 30%.

There are also great variations in the communities settled in the sub-regions, with higher rates of newly arrived immigrants settling in the outer south east and a greater proportion of the ageing population in the peninsula sub-region.

The tables below demonstrate layers of cultural diversity in the region. Of specific interest is the high number of "born elsewhere" in both the Calvary Health Care Bethlehem and South East Palliative Care catchments, indicating the existence of many very small communities within each catchment.

	Subregions					
	Calvary Healthcare Bethlehem		Peninsula Home Hospice		South East Palliative Care	
Born Overseas	133,065	30.3%	61,312	21.5%	164,127	36.5%
% Born OS or parent born overseas	235,150	53.6%	121,404	42.6%	273,780	60.9%
Born in Non-English-speaking Countries	89,422	20.4%	26,233	9.2%	128,417	28.6%

Table 1, proportion of overseas born by sub-region

2.2 Palliative Care Services in the Southern Metropolitan Region

Palliative care in the Southern Metropolitan Region incorporates a range of services including inpatient and community palliative care services and hospital consultancies.

The needs of people who are dying and their families span the physical, psychological, emotional and spiritual domains. Palliative care services in the Southern Metropolitan Region embrace a multidisciplinary team approach with a blending and coordination of skills and disciplines.

Services are provided by a range of skilled service providers including:

- Medical practitioners - general practitioners, palliative care specialists, and other specialist physicians with a related interest
- Nurses - primary and specialist nurses in the community, hospital and inpatient palliative care settings
- Allied health professionals - social workers, physiotherapists, occupational therapists, music therapists, art therapists psychologists, pharmacists, dietitians and speech pathologists
- Volunteers
- Support workers - nurse assistants, personal care attendants, community welfare and diversional therapists; bereavement counsellors
- Spiritual carers from a range of pastoral, spiritual and cultural backgrounds

Palliative care services in the SMR are organised in the following four ways:

Inpatient Palliative Care Services	Specialist Community Based Services	Consultancy Services	Royal District Nursing Service (RDNS)
<p>Peninsula Health Palliative Care Unit Frankston</p> <p>Casey Hospital (Southern Health) Berwick</p> <p>McCulloch House (Southern Health) - Clayton</p> <p>Calvary Health Care Bethlehem Caulfield</p>	<p>South East Palliative Care Cranbourne</p> <p>Calvary Health Care Bethlehem Caulfield</p> <p>Peninsula Home Hospice Frankston</p>	<p>Peninsula Health Palliative Care Unit</p> <p>McCulloch House (Southern Health)</p> <p>Alfred Health</p>	<p>Berwick</p> <p>Springvale</p> <p>Caulfield</p> <p>Moorabbin</p> <p>Frankston</p> <p>Rosebud</p>

2.3 Consortium priorities

The Consortium developed a regional plan through service mapping, data analysis and consultation with stakeholders to identify regional priorities. Underpinning the plan was the view that the region should develop a uniform and consistent suite of palliative care services. Subsequently, Consortium priorities have been developed in the context that they should:

- Be considered on a regional basis – taking into account the best interests of the community as a whole
- Be achievable – by the Consortium, or in partnership with other Consortia, Palliative Care Victoria or the Department of Human Services

- Produce tangible outcomes
- Ensure progress toward the future vision for the palliative care service delivery needs of the community
- The priorities of the Southern Metropolitan Palliative Care Consortiums strategic plan were to:
 - Ensure that services are responsive and meet consumer needs
 - Continue to strive for equitable access to services - palliative care at home, inpatient beds and hospital based consultation – and hence equitable distribution of resources
 - Continue to strive for a whole of region integrated care system
 - Ensure specialist palliative care capacity to address population characteristics
 - Ensure capacity for clinical support for people with complex needs



3. consortium activities

3.1 Past projects

Since its establishment the consortium has undertaken numerous activities to work towards the strengthening palliative care policy. Out of this work a number of resources have been developed which still underpin some of the decision making of the consortium. These include resources regarding respite options and bereavement counseling in the region, an analysis of the access and discharge procedures in all the palliative care services of the consortium, a study into the future needs for inpatient beds and a training structure survey.

The SMRPCC was also one of the three consortia that participated in the Health Promoting Palliative Care project in conjunction with Latrobe University and Palliative Care Victoria. Amongst other activities, the consortium in collaboration with the Southern Metropolitan Integrated Cancer Service and Calvary Health Care Bethlehem sponsored the play "Four Funerals in One Day" in two different locations in the region.

3.2 Ongoing Activities

3.2.1 Motor Neurone Disease Shared Care Project

The position of Shared Care Worker has been evolving since its inception. Originally efforts were focused on the palliative care agencies and their staff and clients with a view to education, training and support. There was good take up of the education sessions and the number of secondary consultations was sufficient to suggest that the agencies were aware of the new role and were utilising it well. Training was then focused on those in the allied health professions in palliative care and in the community and the Royal District Nursing Service who share care with palliative care agencies. As well, training has been provided for volunteers, allied health workers and case managers. In total more than 450 people have participated in training provided by the MND Shared Care Worker.

A PEPA-like project was also undertaken by the Consortium. Allied health and nursing staff (four in total) rotated through a three day placement at Calvary Health Care Bethlehem focussing on MND, palliative care and their particular discipline. They also spent one day at Motor Neurone Disease Victoria. The aim is to embed the skills and knowledge of the issues and management of the person with MND in palliative care within the respective agencies to provide localised expertise and support. This project was completed by the end of 2010. Evaluation of the project demonstrated a greater understanding of the issues of MND for the participating staff and improved communication structured between Bethlehem and the participating agencies.

Robyn Reid, MND Shared Care Worker

3.2.2 Residential Aged Care – Palliative Care Project

The RAC – PC project aims at developing sustainable strategies to support Aged Care Facilities in a Palliative Approach to care of residents. An active project advisory group consisting of relevant internal and industry stakeholders provides us with guidance towards achieving this goal. Activities to date have included a review of the literature, a gap analysis, a survey of Residential aged care facilities, the establishment of a bi-monthly newsletter and a resource page on the consortium website. Three forums have been held to inform stakeholders of the palliative approach in aged care and gather information input regarding their needs and ideas.



Robyn Allan, Residential Aged Care Project Officer

3.2.3 Speakers Kit

We developed a speaker's kit in consultation with member agencies and Palliative Care Victoria. The kit aims at providing services with a strategic approach to organising, initiating and undertaking speaking engagements about palliative care in their local community.

To introduce the kit to the region we held a very successful training day. The 24 participants found the training valuable and a number of regional services have implemented the structures suggested in the kit. Since then the kit was distributed to all palliative care funded agencies in Victoria at the Palliative care Victoria State Conference. It is now available for download from the SMR Consortium website:

<http://www.smrpalliativecare-consortium.org.au/Uploadlibrary/403855691SpeakersKit.pdf>

3.2.4 Responding to Cultural Diversity

The consortium developed a framework to assist agencies to improve their response to cultural diversity issues in palliative care and so far three agencies have adopted the framework developed work plans.

In addition to the implementation of the strategic framework, the consortium provides cultural diversity training specifically tailored to the needs of and free of charge to member agencies. In the last financial year, this included training to volunteers, training on clinical issues with internal experts as well as a session on working with survivors of trauma and torture, facilitated by Foundation House.

The consortium manager also serves as the representative for consortia on the PCV – Cultural Diversity leadership group and in this capacity facilitated a workshop with ethnic community workers across Victoria on how to talk about palliative care, based on the content of the speaker's kit.

3.2.5 Aboriginal palliative care

In 2005, the consortium developed a plan to respond to the particular needs of Aboriginal and Torres Strait Islander clients. The plan was not fully implemented, however, the consortium has forged strong relationships with the Victorian Aboriginal Palliative Care Project, disseminates information about resources and important events and the member agencies are engaged with relevant Aboriginal Health services in their areas.

3.2.6 PEPA post-placement support

Providing support for PEPA participants is one of ongoing activities of the consortium. The Website is regularly updated and now includes a distinct page for Residential Aged care. All PEPA participants are invited to relevant training, including cultural diversity training, a seminar on working with survivors of trauma and torture as well as Health Promoting Palliative Care initiatives. Information on further educational opportunities and scholarships is sent as opportunities arise.

PEPA participants were also invited to apply to participate in the MND placement project through the consortium.

3.2.7 Project Pool

The consortium decided to offer a round of funding for small projects to its member agencies. Two projects were approved and are currently in process. Alfred Health and Peninsula Health are collaborating on a project to introduce the Liverpool Care Pathway into their hospitals and Peninsula Home Hospice is working with RDNS to better equip staff to utilize assessment tools.

3.2.8 Health Promotion

The SMRPCC was an initial partner in the Victorian Health Promoting Palliative Care Project. The region has a strong commitment to capacity building in the community and still organizes ‘How to Care – What to Say’ workshops and other relevant events across the region still as part of the Health Promoting Palliative Care project.

3.2.9 Conferences

The consortium manager presented a paper at the Diversity in Health Conference and was a keynote speaker at the Diversity in Ageing Conference. The consortium supported member agencies with registration fees for the PCV state conference and has decided to provide financial support for member agencies to attend the PCA conference this year. The consortium has submitted three abstracts to that conference.



3.2.10 Inpatient referral document

We undertook interviews with inpatient services in the consortium to develop a document that could assist referrers (in particular community palliative care services and consultancies) to refer appropriately and swiftly to inpatient services in the region. This document is available on the website:

<http://www.smrpalliativecare-consortium.org.au/Uploadlibrary/406755226InpatientAccessTable.pdf>

3.2.11 Health Literacy project

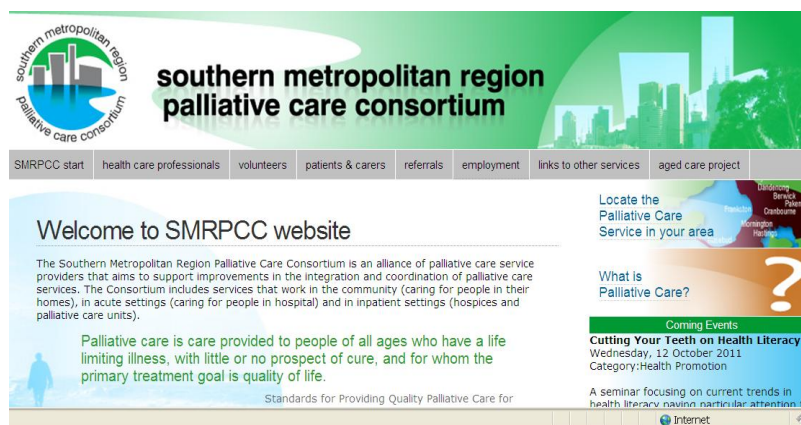
Health literacy is the degree to which a person has the capacity to receive, process, understand, and act on information about health and health services in order to make appropriate health decisions. In Australia, only approximately 40% of the population has adequate health literacy. Lack of responsiveness of service providers to health literacy issues can lead to poor health outcomes, medication errors and inefficiencies in care. Early in 2011 the consortium members had a presentation about the issue; since then, two agencies have started to inform their senior management and staff about strategies on how to respond to poor health literacy. This approach to care will become more important in forthcoming years and the region is advancing in its awareness

3.2.12 Website

Here is a link to our consortium website:

<http://www.smrpalliativecare-consortium.org.au/>

It contains relevant and up to date information for palliative care services and service users. In the financial year 2010-11 we had 4305 hits on our website.



4.

consortium chair

report

4.1 Governance

The consortium executive group consists of Rachel Bovenizer, the consortium chair, Shannon Thompson from Calvary Health Care Bethlehem and Helen Wearne from South East Palliative Care.

Since late 2011 the consortium has an office located at the Central Bayside GP Network in Cheltenham. Currently four staff work on a number of projects: Tanja Bahro, consortium manager, Tess Storr, administration officer, Robyn Reid, Motor Neurone Disease shared care worker and Robyn Allan, Residential Aged Care project officer.

The SMRPCC works on a basis of collegiality and support and adheres to the mandatory structures in the Palliative Care Decision Making Groups Role statement. The consortium meets bimonthly, the executive group monthly and the Clinical Advisory Group meets on a needs base, currently mainly through electronic communication, awaiting a clarification of the state-wide Palliative Care Clinical Network about roles and responsibilities of state-wide versus regional activities. Aside from deciding on and overseeing the consortium's projects, there has been a significant amount of work done by the consortium members and executive to develop solid processes and a risk management framework.

The consortium is represented on the Palliative Care Clinical Network through Helen Wearne, CEO, South East Palliative Care and on the Palliative Care Victoria Cultural Diversity Leadership Group through Tanja Bahro, Consortium Manager.

Listing of delegated consortium members and attendance at consortium meetings :

Agency	Representative	Role	Attendance
SMRPCC	Tatjana Bahro	Consortium Manager Executive Member	100%
Peninsula Home Hospice	Rachel Bovenizer	Consortium Member Executive Chair	100%
Calvary Health Care Bethlehem	Shannon Thompson	Consortium Member Executive Member	60%
SEPC	Helen Wearne (since September 2010)	Consortium Member Executive Member	60%
Alfred Health	Dr. Michelle Gold	Consortium Member	100%
Peninsula Health	Dr Brian McDonald	Consortium Member	60%
RDNS	Julie Murphy. Martin Wischer	Consortium Member	40%
Southern Health – MMC	Lynne Bickerstaff Gabrielle O' Connor Christine Mooney	Consortium Member	60%
Cabrini Palliative Care	Emma Daly Helen Walker	Associate Member	60%
Koo Wee Rup regional Health	Terrona Ramsay	Associate Member	0%
Monash University	Dr. Susan Lee	Associate Member	40%
SMICS	Judith Congalton Bernadette Murphy	Associate Member	60%

5. future directions

With the launch of the Victorian “Strengthening palliative care: Policy and Strategic Directions 2011-2015” framework and the significant funding increase for the consortium and member agencies alike, the SMRPCC is looking forward to developing a new strategic plan in November 2011. We expect to continue a number of our current initiatives and expand our reach to build stronger after hours services, a strategic approach to supporting aged care facilities and disability services and to implement further activities to promote quality at the end of life for all communities.

6. financial statement

Savings in the early years of the consortium have enabled us to use funding to develop structures that will help us to sustain consortium activities in a meaningful way into the future.

	This Year	Last Year	\$ Difference	% Difference
Assets				
Current Assets				
Accounts Receivable	\$6,787.50	\$48,550.00	(\$41,762.50)	-86.00%
Total Current Assets	\$6,787.50	\$48,550.00	(\$41,762.50)	-86.00%
Other Assets				
Funds Held with PHH	\$176,089.89	\$139,639.09	\$36,450.80	26.10%
Total Other Assets	\$176,089.89	\$139,639.09	\$36,450.80	26.10%
Total Assets	\$182,877.39	\$188,189.09	(\$5,311.70)	-2.80%
Liabilities				
Current Liabilities				
Accruals	\$37,500.00	\$0.00	\$37,500.00	NA
Employee Leave Entitlements	\$4,146.00	\$0.00	\$4,146.00	NA
Total Current Liabilities	\$41,646.00	\$0.00	\$41,646.00	NA
Total Liabilities	\$41,646.00	\$0.00	\$41,646.00	NA
Net Assets	\$141,231.39	\$188,189.09	(\$46,957.70)	-25.00%
Equity				
Retained Earnings	\$188,189.09	\$109,925.41	\$78,263.68	71.20%
Current Year Surplus/Deficit	-\$46,957.70	\$78,263.68	(\$125,221.38)	-160.00%
Total Equity	\$141,231.39	\$188,189.09	(\$46,957.70)	-25.00%