



PalliativeCare
VICTORIA
Living, dying & grieving well

Palliative Care Victoria Summit 2023

Reflect, Re-connect, Reset

February 3, 2023
Bourke Room, Windsor Hotel
111 Spring Street
Melbourne VIC



SUMMIT HANDBOOK

Welcome



Dear Delegates,

I am honoured to welcome you to the Palliative Care Victoria Summit 2023: Reflect, Re-connect, Reset.

As we continue to face challenges from the COVID-19 Pandemic, it is more important than ever for us to come together as a community and reflect on the challenges we have faced, re-connect with our colleagues and peers, and reset our focus with the lessons learned to ensure we are providing the best care possible for people with palliative care needs.

This summit will provide a unique opportunity for us to learn from each other, share best practices, and explore new approaches to palliative care. I am confident that through participation in this event, we will be able to better serve our patients and their families, and make a lasting impact on palliative care in Victoria.

I am grateful to be able to bring together such a talented and dedicated group of professionals to discuss the latest advances in palliative care.

I look forward to seeing you all at the summit, and to a successful and inspiring event.

Sincerely,

Adj. A/ Prof Violet Platt CEO
Palliative Care Victoria

Contents

- 3 General Information
- 4 Keynote Speaker
- 5 Victorian Palliative Care Consortia
- 9 Summit Program
- 11 Consortium Speaker Abstracts
- 17 Themes of the Day
- 18 PCV Strategic Plan 2022-2026
- 19 Noala Flynn AM Award 2023
- 20 PCV Membership



PalliativeCare
VICTORIA
Living, dying & grieving well

Palliative Care Victoria

Level 2, 182 Victoria Parade

East Melbourne VIC 3002

T: (03) 9662 9644

F: (03) 9662 9722

E: info@pallcarevic.asn.au

W: www.pallcarevic.asn.au

fb.com/PalliativeCareVictoria

Twitter: @pallcarevic

IG: @palliativecarevic

General Information

Registration

The registration desk will be located in the foyer outside the Bourke Room at the Windsor Hotel.

All delegates and speakers will be provided with a name badge which must always be worn within the summit venue.

Phones & Personal Devices

Please be courteous to other delegates and speakers by turning your mobile phones to silent, or by switching them off during the summit sessions.

Acknowledgement of Country

Palliative Care Victoria acknowledges the traditional owners of the land on which we meet today, the Wurundjeri people of the Kulin Nation. We pay our respects to their Elders past, present and emerging.

PCV also acknowledges Traditional Owners of country where palliative care services are delivered throughout Victoria, and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders both past and present.

Photography

Photos will be taken throughout the summit by a Palliative Care Victoria photographer. These images will be used for a range of platforms including the PCV website, newsletters, reports, and social media.

If you do not want your photo taken, please inform a PCV staff member.

Dietary Requirements

Palliative Care Victoria has advised the venue of all dietary requirements that you have provided in your registration.

Further Information

For all enquiries relating to the Palliative Care Victoria Summit 2023, please contact:

info@pallcarevic.asn.au

03 9662 9644

About PCV

Palliative Care Victoria is an independent not-for-profit peak body in Victoria. Established in 1981, we represent palliative care providers, people with palliative care needs and their families, and those with an interest in palliative care in Victoria. We are a member of the national peak body, Palliative Care Australia.



Keynote Speaker

Jennifer Bliss

Executive Director, Victorian Department of Health

Jen is passionate about improving the health system that serves our Victorian community. A highly skilled and values-driven senior health executive, Jen focuses on delivering strategic and operational success. She has achieved this across a range of services within large tertiary and specialist health services as well as most recently within government. Jen was seconded into the Victorian Department of Health for a 2 month period to create and design a stable COVID-19 testing system. The secondment evolved into 18 months in the department's COVID-19 Response, as the Executive Director of Pathology, Testing & Engagement, then Aged Care Policy & Preparedness and finally Case, Contact and Outbreak Management to plan for the transition of the COVID-19 Response to Public Health Division.

Jen is currently the Executive Director of Health Service and Aged Care Policy Improvement and Engagement in the Commissioning and System Improvement Division. This portfolio remit includes policy regarding end of life care.

Before joining the department, Jen was the COO and CNO of the Royal Victorian Eye and Ear Hospital with almost 15 years in the public health sector.

All these roles have seen Jen working closely with community health, aged care and the broader health system.



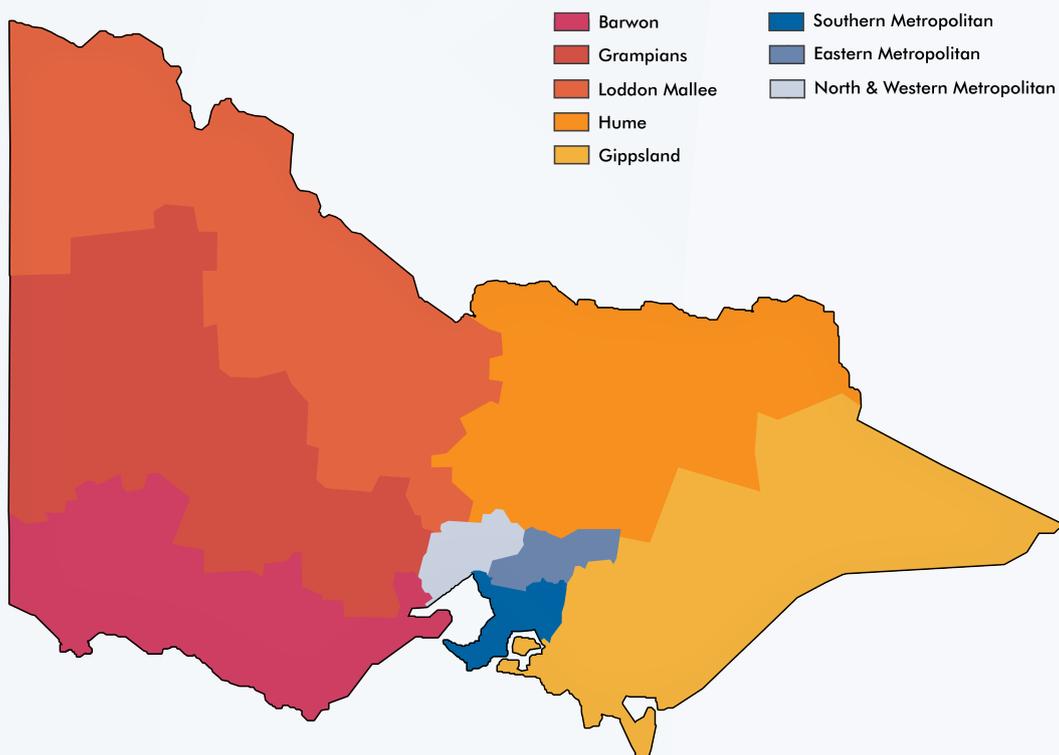
Victorian Palliative Care Consortia

Palliative care consortia bring together senior management representatives and clinicians from all healthcare services funded to provide specialist palliative care. Their focus is to work collaboratively within each Department of Health regions to deliver and develop palliative care services.

Palliative care consortia support palliative care providers within their designated catchment 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.

MAP OF VICTORIAN PALLIATIVE CARE CONSORTIA



Palliative Care Consortium

Introductions

Barwon South Western

Barwon South Western Region Palliative Care Consortium (BSWRPC) is committed to ensuring that everyone with a life-threatening illness has access to quality palliative care and support that's innovative, and meets their demands.

The Geelong based consortium includes six major palliative care providers across the region:

- Barwon Health
- Bellarine Community Health
- Colac Area Health
- Portland District Health
- South West Healthcare
- Western District Health Service

The BSWRPC alliance members aim to provide quality palliative care for the region's 360,000-plus residents who live in local government areas of Colac, Otway, Corangamite, Glenelg, City of Greater Geelong, Moyne, Queenscliff, Southern Grampians, Surf Coast, City of Warrnambool and South East Golden Plains.

Eastern Metropolitan

The Eastern Metropolitan Region Palliative Care Consortium (EMRPCC) is an alliance of hospital based and community palliative care providers for the eastern region of Greater Melbourne.

The EMRPCC includes:

- Bolton Clarke
- Eastern Health
- Eastern Palliative Care

- North Eastern Melbourne Integrated Cancer Service
- Eastern Melbourne Primary Health Network
- St. Vincent's Hospital (Caritas Christi)

The EMRPCC services a catchment area which includes the local government areas of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges.

Gippsland

The Gippsland Region Palliative Care Consortium's (GRPCC) vision is that Gippslanders with a life-threatening illness, their families and carers will have access to a high-quality service system that is innovative and provides evidence-based, coordinated care and support that is responsive to their individual needs.

The GRPCC is an alliance of 14 member agencies that provide inpatient and/or community palliative care for the residents of Gippsland:

- Bass Coast Health
- Bairnsdale Regional Health Service
- Central Gippsland Health
- Gippsland Lakes Complete Health Service
- Latrobe Community Health Service
- Latrobe Regional Health Service
- Maryvale Private Hospital
- Neerim District Health Service
- Omeo District Health
- Orbost Regional Health

- South Gippsland Palliative Care – Gippsland Southern Health Service
- South Gippsland Hospital
- West Gippsland Healthcare Group
- Yarram and District Health Service

The Gippsland region spans from Phillip Island and Wonthaggi in the west, across to Omeo and Orbost in the far east of Victoria.

Grampians

Grampians Region Palliative Care Consortium (GRPCC) is an alliance of five health services which provide specialist palliative care in the Grampians region. The Grampians region specialist palliative care service providers 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.

The current consortium organisation members are:

- Ballarat Hospice Care Inc.
- East Grampians Health Service
- Grampians Health - Ballarat
- Grampians Health - Horsham
- Western Health Bacchus Marsh

The GRPCC services the Ballarat, Hepburn, Moorabool, Golden Plains, Ararat Rural City, Pyrenees, Northern Grampians, Horsham Rural City, Hindmarsh, West Wimmera, and Yarriambiack Local Government Areas.

Hume

The Hume Region Palliative Care Consortium (HRPCC) comprises of representation from seven organisations funded by the Victorian Department of Health to provide specialist palliative care services in the Hume Region.

The list of HRPCC member organisations includes:

- Albury Wodonga Health (Wodonga Campus Palliative Care Service)
- Benalla Health (Benalla Palliative Care Service)
- Goulburn Valley Health
- Goulburn Valley Hospice Care Service
- NCN Health (Moirra Palliative Care Service)
- Northeast Health Wangaratta (Palliative Care Service)
- Seymour Health (Lower Hume Palliative Care Service)
- Victorian Department of Health

The Hume region spans from Nathalia to Corryong at the northern end, down to Marysville and Wallan at the southern end, and includes the local government areas of Alpine, Benalla, Greater Shepparton, Indigo, Mansfield, Mitchell, Moira, Murrindindi, Strathbogie, Towong, Wangaratta, Wodonga.

Loddon Mallee

The Loddon Mallee Regional Palliative Care Consortium (LMRPCC) works collaboratively with stakeholders and the community, so that people in the Loddon Mallee Regions with a progressive life-limiting illness and their families/carers have access to high quality, innovative, responsive and coordinated services.

The LMRPCC comprises members from palliative care services across the region. Current Consortium members are:

- Bendigo Health
- Castlemaine Health
- Cohuna District Hospital (representing LM Region small rural health services)
- Echuca Regional Health
- Kyneton District Health Service

- Maryborough District Health Service
- Mildura Base Hospital
- Sunraysia Community Health Service Inc
- Swan Hill District Health

The LMRPCC covers areas from Mildura in the North West region of Victoria, down to the Macedon Ranges at the edge of the Metropolitan regions. This area includes the Local Government Areas of Buloke, Campaspe, Central Goldfields Gannawarra, Greater Bendigo, Loddon, Macedon Ranges, Mildura Rural City, Mount Alexander, and Swan Hill.

North and West Metropolitan

The North West Metropolitan Region Palliative Care Consortium (NWMRPCC) supports the delivery of effective, responsive, and accessible palliative care services to people residing in the north west regions of Melbourne.

The NWMRPCC encourages collaborative approaches to quality improvement in palliative care and end of life care. The members of the NWMRPCC are:

- Austin Health
- Banksia Palliative Care Service
- Melbourne City Mission Palliative Care
- Melbourne Health and Peter MacCallum Cancer Institute operating together as the Parkville Integrated Palliative Care Service of the Victorian Comprehensive Cancer Centre
- Mercy Health incorporating Mercy Palliative Care and Werribee Mercy Hospital
- Northern Health
- Western Health
- North Western Melbourne Primary Health Network

14 Local Government Areas are covered by the NWMRPCC, with three community palliative care sub-regions:

The western part of the region includes the LGAs of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Wyndham. This is the community palliative care catchment area for Mercy Palliative Care.

The northern/central part of the region includes the LGAs of Yarra, Darebin, Moreland, Hume. This is the community palliative care catchment area for Melbourne City Mission Palliative Care.

The north-eastern part of the region includes the LGAs of Banyule, Nillumbik and Whittlesea. This is the community palliative care catchment area for Banksia Palliative Care Service.

Southern Metropolitan

The Southern Metropolitan Region Palliative Care Consortium (SMRPCC) is an alliance of all funded palliative care services in the region and several associate member agencies with an interest in collaborating regionally on issues around palliative care.

The SMRPCC is made up of several member organisations who service the region, including:

- Alfred Health
- Calvary Health Care Bethlehem
- Peninsula Health
- Peninsula Home Hospice
- Palliative Care South East
- Monash Health

Covering the entire South and South east of Greater Melbourne, the SMRPCC covers the Local Government Areas of Bayside, Cardinia, Casey, Frankston, Glen Eira, Greater Dandenong, Kingston, Mornington Peninsula, Port Phillip, and Stonnington.

Summit Program

8.30am	Arrival, Registration, Tea & Coffee
9.30am	Welcome Kelly Rogerson - Board Chair, Palliative Care Victoria
9.40am	Acknowledgement of Country Kelly Rogerson - Board Chair, Palliative Care Victoria
9.45am	Victorian Department of Health Palliative Care - next steps Jennifer Bliss - Executive Director, Victorian Department of Health
10.35am	Barwon South Western Region Palliative Care Consortium Pal at Home Myra McRae - Barwon South Western Region Palliative Care Consortium Manager
11.00am	Morning Break
11.25am	Eastern Metropolitan Region Palliative Care Consortium Improving access to Care Sarah Kleinitz - Eastern Metropolitan Region Palliative Care Consortium Manager
11.50am	Gippsland Region Palliative Care Consortium Region Overview Anny Byrne - Gippsland Region Palliative Care Consortium Manager The Professional Development and Skills Matrix Resource and Tools for Palliative Care Nurses (SMaRT) Anny Byrne - Gippsland Region Palliative Care Consortium Manager Transition to Specialty Practice (TSP) Carol Barbeler - Palliative Aged Care and Disability Resource Nurse & MND Shared Care Worker, Gippsland Region Palliative Care Consortium Communication Skills Training: Transition to Palliative Care Anny Byrne - Gippsland Region Palliative Care Consortium Manager Deceased Resident File Audits Carol Barbeler - Palliative Aged Care and Disability Resource Nurse & MND Shared Care Worker, Gippsland Region Palliative Care Consortium
12.15pm	Grampians Region Palliative Care Consortium Projects Diane Nimmo - Project and Research Coordinator & Project lead, Grampian Region Palliative Care Consortium Past and Future Initiatives Anna Gray - Grampians Region Palliative Care Consortium Manager

Summit Program - Continued

12.40pm	Palliative Care Victoria Aged Care Projects Theresa Williamson - Manager, Victorian Department of Health Violet Platt - PCV Chief Executive Office
1.05pm	Lunch
1.50pm	Hume Region Palliative Care Consortium Overview of Hume Region Innovation Projects Elizabeth Jenkins - Hume Palliative Care Consortium Manager Acute Palliative Care Liaison Nurse Role Kate Stratton - Northeast Health Wangaratta The Early Referral Clinic for Supportive and Symptom Care Project Samantha Moorhouse - Lower Hume Palliative Care Service, Seymour Health
2.15pm	Loddon Mallee Regional Palliative Care Consortium Region Overview Adam Rutyna - Loddon Mallee Region Palliative Care Consortium Manager Early Access, Symptom Management, and Education (EASE) Program Dr Hossein Kasiri - Consultant Palliative Medicine, Geriatric, Rehabilitation and Palliative Care Medicine, Bendigo Health Redesigning a Palliative Model of Care in Regional Victoria Jo Amos - Palliative Care Coordinator, Echuca Regional Health
2.40pm	North & West Metropolitan Region Palliative Care Consortium Banksia's Rapid Assessment Team (BRAT) Kylie Johnson - Clinical Operations Manager, Banksia Palliative Care Service Inc. Self-compassion Training in Palliative Care During COVID-19: A Pilot Study Suzanne Peyton - COVID-19 Response Business Partner/Clinical Lead, Melbourne City Mission Palliative Care
3.05pm	Southern Metropolitan Region Palliative Care Consortium "Out of Complexity Find Simplicity" - Albert Einstein Tanja Bahro - Southern Metropolitan Region Palliative Care Consortium Manager
3.30pm	Palliative Care Victoria Projects Current Projects Violet Platt - Chief Executive Officer, PCV Heike Fleischmann - Volunteer Engagement & Capacity Building Manager, PCV
3.55pm	Summit Finish
4.00pm	Afternoon Refreshments

Consortium Speaker Abstracts

Barwon South Western

Pal at Home

**Myra McRae - Barwon South West Region
Palliative Care Consortium Manager**

Pal at Home (PAH), part of the Barwon Health Palliative Care Program, is giving people more choice on how they spend the end of their life. PAH provides patients with palliative care needs in their homes and offers support and planned visits for both the patient and their carer(s). This is the first model of care of its kind in Australia and has proven very successful. Not only is PAH allowing palliative care patients to remain in the comfort of their own home, it is also freeing up beds at Barwon Health sites. PAH has supported more than 300 patients since commencing in December 2019.

Eastern Metropolitan

Improving Access to Care

**Sarah Kleinitz - Eastern Metropolitan Region
Palliative Care Consortium Manager**

Much of the work in the Eastern Metropolitan Region (EMRPCC) has concentrated on dealing with the fundamental issues of accessing specialist community-based and in-patient palliative care services, and addressing the challenges that pre-existed, remained, and emerged with the COVID-19 pandemic.

The continuing focus is on how to prepare community-based and in-patient services and staff for the regular COVID waves, in anticipation of the re-occurring emergencies associated with the virus and its sequelae (e.g. staffing, volunteers, access).

It is predicted that the increasing demand and expectation for EOLC in the home will continue in a region with fewer hospitals and outpatient palliative care services than others across Melbourne. Alongside this increase in demand has been the considerable impact on families and carers of the

discord between community expectations and the health services' harm minimisation requirements; including visitor restrictions, mask wearing and Rapid Antigen Tests amongst others.

Gippsland

Region Overview

Anny Byrne - Gippsland Region Palliative Care Consortium Manager

The Gippsland Region Palliative Care Consortium (GRPCC) member groups, the Clinical Practice Group (CPG) and the Community of Practice (COP) identify local priorities and concerns of health care professionals providing palliative and end of life care in Gippsland.

The GRPCC team explore, respond, initiate and act as a conduit to state-wide and national peak body programs and priorities that may address these concerns, and then support clinicians locally in response to identified needs.

The Professional Development and Skills Matrix Resource and Tools for Palliative Care Nurses (PD SMaRT)

Anny Byrne - Gippsland Region Palliative Care Consortium Manager

The PD SMaRT was developed as a kit for clinicians to self-identify capability, knowledge, and skills in the delivery of palliative care and as a tool for workforce planning that provides coordinated development of relevant and required educational opportunities.

Transition to Specialty Practice (TSP)

Carol Barbeler - Palliative Aged Care and Disability Resource Nurse & MND Shared Care Worker, Gippsland Region Palliative Care Consortium

To address the identified gap in specialist palliative care educated nurses the TSP provides a hybrid model of education to support the transition of registered nurses to specialist palliative care education at a post graduate level.

Communication skills training: Transition to Palliative Care

Anny Byrne, Gippsland Region Palliative Care Consortium Manager

This small group experiential communication skills training for health professionals focuses on the transition to palliative care. It has been consistently delivered across numerous settings to a variety of disciplines in Gippsland since 2015.

Using a unique team of clinical psychologists, a Registered Nurse, and a simulated patient/actor, the GRPCC has delivered 88 workshops to 500 health care professionals.

Deceased Resident File Audits

Carol Barbeler - Palliative Aged Care and Disability Resource Nurse & MND Shared Care Worker, Gippsland Region Palliative Care Consortium

The Deceased Resident File Audit Program enables the RACF to strategically target opportunities for quality improvement based on their practice evidence, to target clinical education and to evaluate the impact of change or improvements in clinical and organisational practice.

Grampians

Projects

Diane Nimmo - Project and Research Coordinator & Project Lead, Grampian Region Palliative Care Consortium

- Rapid Discharge Project

To limit preventable visits to the Emergency Department and inpatient hospital stays, and support the timely, smooth, safe and sustainable return of people with an advanced life-limiting illness back to home, the Rapid Discharge research project was conducted to identify local barriers and their solutions to returning home, identify and strengthen local enablers to return home, and develop an evidence-based shared acute hospital and community model of palliative and end of life care. The framework includes:

- A context-specific definition of patient-centred care
- A model of shared acute hospital and community dwelling palliative and end of life care
- Pathways
- Procedures
- Education materials and
- Local quality improvement program

- After Hours PalCare Project: Escalation to medical support in the Afterhours - Pilot Project

After hours specialist palliative care is provided by specialist palliative care nurses 24/7 across the region via phone support; home visits are available in emergencies in the Ballarat area. In the afterhours in particular, the nurses are the first port of call. However, palliative care patients sometimes require emergency medical support in the afterhours.

Medical support in the afterhours is generally very limited, in particular in rural areas. This project strengthens patient-centred care across the Grampians region by enabling access to medical

emergency support via Telehealth for palliative care patients from the comfort of their home. This can avoid presentations to Urgent Care Centres and Emergency Departments, and support patients to receive care in their place of choice.

- *'Starting the conversation': Psychology support in Residential Aged Care - Pilot Project*

This pilot project aims at providing the psychological support and framework to assist residents in aged care facilities, their families and carers, and residential aged care staff with managing the challenges of conversations with residents and their families around deterioration, end-of-life, and referral to specialist palliative care. Qualified and AHPRA registered Clinical Psychology Registrars on a twelve months placement will be initiating conversations with residents about the end of life, beliefs, personal preferences, and potentially referral to palliative care, resulting in increased access to specialist palliative care. They will also be initiating conversations about deteriorating and the benefits of palliative care with the families when and where appropriate, and build awareness and knowledge about palliative care among aged care staff and providing supervision.

Past and Future Initiatives

Anna Gray - Grampians Region Palliative Care Consortium Manager

- *'Where the wild things are - At the fringes of Palliative Care'* - GRPCT Virtual Conference

The theme of the 2021 Grampians Region Palliative Care Team virtual conference acknowledged the challenges faced by marginalised communities in accessing palliative care services and explored emerging treatments and their role in managing symptom distress at end of life. The conference theme delivered a dynamic and stimulating conference to more than 180 delegates. The topics included:

- Magic mushrooms and death anxiety
- Homelessness
- End of life care in prisons
- Hope, Heart and Healing in health care

- Immunotherapy in advanced cancer
- Organ donation and the palliative care interface, and much more.

Home Vigils - Cultural Responsiveness

Whilst in more urban areas there is the possibility to maintain the deceased in the home for an extended period, this is not available in regional areas. However, access to funeral homes, verification of death is more challenging due to often long travel times and limited number and resources of services available. Often, family members have to travel to say good-bye to a loved one, resulting in missing the opportunity to do so in their home. This initiative provides the opportunity to explore home vigils in regional areas by providing patients and their carers/families with cooling blankets in order to keep the deceased at home for an extended period. This increases responsiveness to the challenges caused by distance, and allows embracing cultural diversity.

Hume

Overview of Hume Region Innovation Projects

Elizabeth Jenkins - Hume Region Palliative Care Consortium Manager

Acute Palliative Care Liaison Nurse Role

Kate Stratton – Northeast Health Wangaratta

The role of the Palliative Care Liaison Nurse is to support and achieve optimal palliative care outcomes for clients with a life limiting disease admitted to NHW.

The program provides an essential link between the Acute Care and community services including, but not limited to community palliative care services, district nursing, residential aged care and disability sector to assist clients to be cared for and die in their site of choice.

The Liaison Nurse works in collaboration with emergency, acute and palliative care staff in the Acute Care setting and Community Services to achieve effective working relationships across organisations.

The Early Referral Clinic for Supportive and Symptom Care Project

Samantha Moorhouse - Lower Hume Palliative Care Service, Seymour Health

Funded by a Department of Health Innovation and Development Grant, the Lower Hume Palliative Care - Early Referral Clinic for Supportive and Symptom Care Project was a service development project to trial a Clinic for the early introduction to palliative care.

The clinic was for clients with malignant or chronic disease who are stable but are starting to have some symptoms or are looking for advice on services in their area. Positive outcomes from this program include an increased uptake of Advanced Care Planning, better symptom management, earlier awareness of support services available, reduced carer stress, and preferred place of care and death known to carers and members of the clients multidisciplinary team.

Loddon Mallee

Region Overview

Adam Rutyna - Loddon Mallee Region PCC Manager

Early Access, Symptom Management, and Education (EASE) Program

Dr Hossein Kasiri - Consultant Palliative Medicine, Geriatric, Rehabilitation and Palliative Care Medicine Bendigo Health

As part of a redesigned model of care within Bendigo Health Specialist Community Palliative Care Service, we implemented an Early Access, Symptom Management, and Education (EASE) program to respond to an increasing number of referrals to our service at an early stage in the course of illness.

We have integrated this program to improve access to a specialist service and quality of care early in the cancer illness trajectory. In addition to providing guidance on symptom management, this service enhances patient engagement in shared decision making and empowers patients to take charge of their own healthcare.

Redesigning a Palliative Model of Care in Regional Victoria

Jo Amos - Palliative Care Coordinator, Echuca Regional Health

After facilitating an extensive gap analysis of Palliative Care within Echuca Regional Health, Jo and the team set themselves the task of redesigning a Palliative Model of Care for the regional health service. Among the many outcomes of this work, the team delivered:

- Local implementation of Victorian End of life Care plan within community and ward-based services
- Implementation of PCOC and input of data at all levels at ERH.
- Improved recognition of patients requiring specialised palliative care with referral to appropriate services.
- Coordinated admissions and discharges between services – with ongoing improvement strategy.
- Improved culturally specific palliative care and engagement with indigenous leaders to engage with their community.

North & West Metropolitan

Banksia's Rapid Assessment Team (BRAT)

Kylie Johnson – Clinical operations Manager, Banksia Palliative Care Service Inc

The Banksia Rapid Assessment Team (BRAT) model was designed and implemented, specifically to address high-stress, acute situations that occur in client homes due to a rapid deterioration, acute exacerbation of symptoms, unexpected complications or carers stress and burden.

The model delivers face-to-face support and interventions in the home, within the shortest timeframe possible (maximum 1.5 hours from notification) to address the 'crisis' situation and implement measures to greatly reduce the need for Ambulance Victoria (AV) attendance, presentation

to acute health service emergency departments and unplanned in-patient admissions. The BRAT is comprised of a Palliative Care Physician, a senior registered nurse and a social worker, whose daily workload is managed to ensure they have flexibility to attend at any time, as required.

The aim of the BRAT is to:

- Provide immediate and effective supports to people in the homes, at times of crises;
- Provide timely, expert management of symptoms/ complications and emotional burden to clients and carers to decrease suffering and optimise emotional and physical comfort;
- Provide highest level of expertise in the home to ensure optimal outcomes, both immediate and long-term;
- Alleviate burden to emergency and health services by preventing presentations to EDs and calls to AV (wherever possible), and
- Support the clients and carers through acute episodes, with the goal of preventing disruption or changes to preferred site-of-care and end of life wishes.

Since implementation in early 2022, the BRAT has demonstrably prevented presentations to EDs and unplanned hospitalisations, increased the number of clients cared for at home for end of life, and greatly improved outcomes for carers and families, through the capacity to provide crisis support, when needed.

Self-compassion training in palliative care during COVID-19: a pilot study

Suzanne Peyton, COVID-19 Response Business Partner/ Clinical Lead Melbourne City Mission Palliative Care

This pilot project replicated a self-compassion program to support healthcare professionals in palliative care settings. We anticipated that undertaking this program would enhance participants' psychological wellbeing.

Participants were recruited by convenience sampling from palliative care services in an area of Melbourne, Australia. Because of the COVID-19 pandemic, the programme was offered online and comprised of gatherings held every once every six weeks. Three survey rounds with identical questions were conducted prior to, immediately after, and three months after training. Surveys consisted of six scales: the Self-compassion Scale, the Santa Clara Brief Compassion Scale, the Cognitive and Affective Mindfulness Scale, the Depression Anxiety Stress Scale, the Professional Quality of Life Scale, and the Interpersonal Reactivity Index Scale. Paired-sample t-test and repeated Measures ANOVA analyses were used to compare participant responses.

Nine participants working in palliative care completed the training and the three surveys, which also included qualitative responses. The program experience was overwhelmingly positive, with comments specifically relating to the on-line delivery mode.

Self-compassion ($F=14.44$; $p<0.05$) and mindfulness ($F=18.44$; $p<0.05$) scores significantly increased post- training; these changes were picked up in a short time and endured over time. The emotional state improved by compassion satisfaction showing a positive improvement three months post-training, from the baseline; along with there being no changes in compassion satisfaction, burnout and dispositional empathy.

Significance of Results: Participants all worked in a supportive work environment which encouraged self-care. Even against the difficulties caused by the COVID-19 pandemic, a short on-line self-compassion program was effective, assisting participants to cultivate their inner resources in mindfulness and self-compassion, to support and sustain their well-being. While this study was a small sample size, expansion of the training to a wider group, as part of ongoing organisational education, may benefit the wider palliative care workforce.

Southern Metropolitan

“Out of complexity find simplicity” - Albert Einstein

**Tanja Bahro, Southern Metropolitan Region
Palliative Care Consortium Manager**

The complexity of the palliative care (and adjacent) service system poses challenges as well as opportunities. The SMRPCC presentation will outline some of the complexities, how services in the region collaborate to achieve great outcomes and how we share our specific expertise beyond the region. This will be illustrated with the example of our most recent Parkinson’s project.



Themes of the Day

Across the course of the day there are a range of key themes that will be discussed by presenters. Most presentations fit across multiple themes. The themes include:

Improving quality of service delivery

- Pal at Home
- Rapid discharge projects
- Escalation in after-hours support to medical support
- Introduction of an acute palliative care liaison nurse role
- Reviewing the palliative care model across a region
- Deceased residents file audits

Improving Access

- Gap analysis of service delivery in in-patient and community settings across a consortium
- Community service surveys
- Information and resources for aged care services.
- Early referral for supportive and symptom care
- Early access for symptom management and education (EASE) program

Addressing Population Needs

- Parkinsons Disease and end-of-life care project
- Cultural responsiveness
- Aged Care (Commonwealth Projects)

Palliative Care Workforce Development

- The Professional Development and Skills Matrix Resource and Tools for Palliative Care Nurses (PD SMaRT)
- Transition to Specialty Practice (TSP)
- Communication skills training: Transition to Palliative Care
- Volunteering

PCV Strategic Plan

Last year Palliative Care Victoria launched the Strategic Plan 2022-2026.

The plan drew on extensive feedback from our membership, key stakeholders, and the wider community.

Access to palliative care is a human right. Over the next four years we will work collaboratively to ensure all Victorians have equitable access to timely care and support, based on their individual needs and wishes.

The plan is split in to three key population groups:

1. People with Palliative Care Needs, Carers and the Community
2. Health Professionals and Volunteers
3. Palliative Care Victoria Members

Each of these important populations have several priority areas of focus that are empowering, capacity building and advocating in direction.

PCV will deliver this new strategy with a pragmatic approach which acknowledges the size and resources of our organisation and supports the contributions of everyone.

[Click here to view the PCV Strategic Plan 2022-2026 on the PCV Website.](#)



Noala Flynn AM Award 2023

Nominations will soon open for the 2023 Noala Flynn Award for Excellence in Palliative Care Nursing.

This prestigious award recognizes and celebrates the outstanding contributions and dedication of palliative care nurses in Victoria. If you know of a deserving nurse or nursing team who has made a significant impact on the lives of patients and their families, we encourage you to submit a nomination.

This is an opportunity to recognise and honour the hard work and excellence of your colleagues in palliative care nursing.

Nominations will open on the 3rd of March.



Background:

Noala Flynn AM was a passionate palliative care nurse and leader who worked tirelessly to support those in palliative care. Noala started her palliative nursing career at Mercy Hospice in 1985. She was one of the trail-blazing palliative care nurses in the early formative years of the Hospice.

Following Noala's death, PCV worked with the Flynn family to develop this annual award which is presented during National Palliative Care week in May each year.



Palliative Care Victoria Membership

Join us in supporting palliative care



PalliativeCare
VICTORIA
Living, dying & grieving well

Membership Benefits Include:

- Access to a weekly e-bulletin Newsflash, which includes short up-to-date items on research, policy, conferences, employment opportunities, media coverage and relevant resources.
- Advocacy and representation to Government on priorities and issues related to palliative care and end of life care.
- Member discounts on resources and registration for events and conferences.
- Special Interest Group meetings, workshops and other education and networking opportunities.

Individual Membership

Any person with an interest in palliative care can apply for membership with PCV. This includes health professionals, aged care staff, carers, family members, patients and others wishing to support our work.

The individual membership fee for 2022/2023 is \$90.00 (including \$8.18 GST).

Organisational Membership

Organisations involved in the provision of palliative care services or related education, research or service planning/coordination may apply to become organisation members.

This includes specialist palliative care services, regional health services, aged, community and disability services.

Join us in supporting palliative care.



PalliativeCare
VICTORIA
Living, dying & grieving well