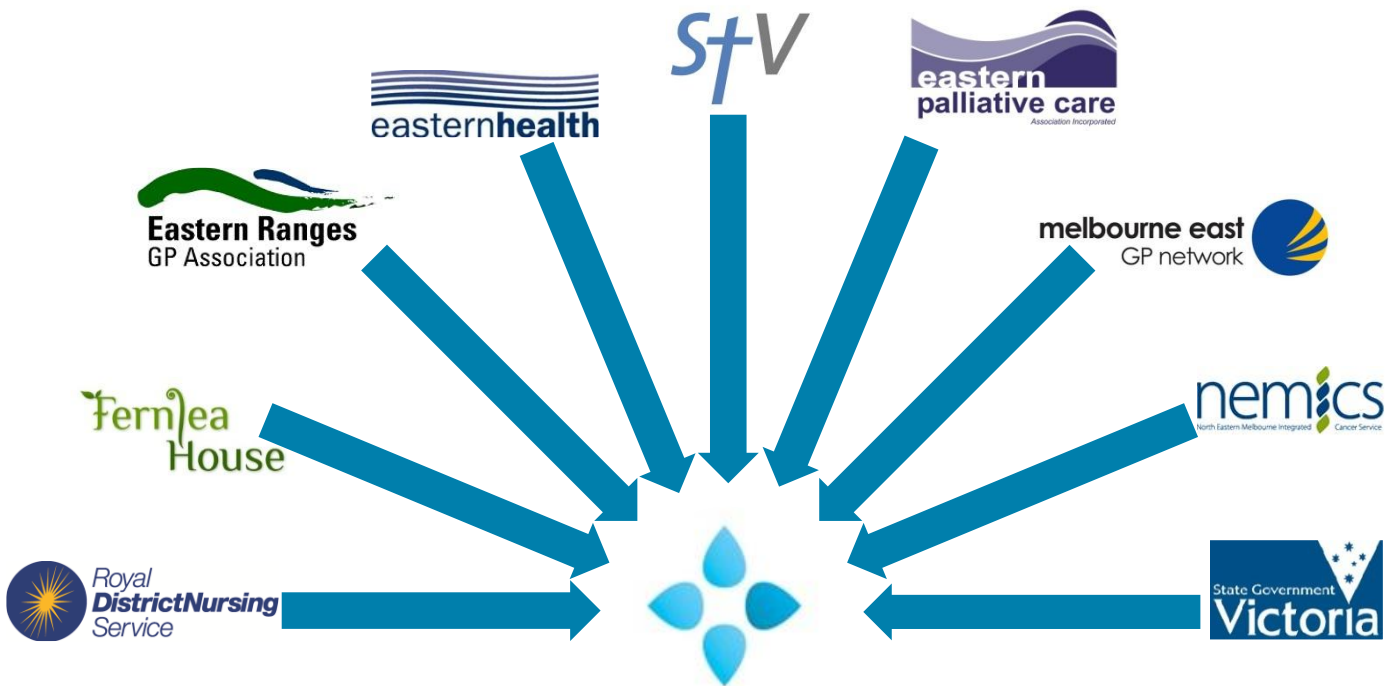




Eastern Metropolitan Region Palliative Care Consortium



Eastern Metropolitan Region Palliative Care Consortium

Annual Report 2010-2011

Welcome to the inaugural Eastern Metropolitan Palliative Care Consortium Annual Report

This report was prepared in September 2011 by:
C Brusamarello, Consortium Manager

On behalf of:
Eastern Metropolitan Region Palliative Care Consortium
c/- PO Box 227
Nunawading 3131

Telephone: 03 99552509
Fax: 03 99552599
Email: consortiummanager@epc.asn.au
Website: www.emrpcc.org.au

Copies of this report can be downloaded from the
Eastern Metropolitan Region Palliative Care Consortium website at
<http://www.emrpcc.org.au>

or by contacting the Consortium Chair/Manager,
Eastern Metropolitan Region Palliative Care Consortium at the above address.

Contents

From the Department of Health:	3
Consortium Chair's report	4
Consortium Manager's report	4
Demographics	5
Who we are	6
Consortium representation on other groups.....	6
Consortium Members attendance June 2010 – May 2011 (11 meetings)	7
EMRPCC – Clinical Working Group.....	7
Victorian Palliative Care Clinical Network.....	7
EMRPCC Achievements.....	8
Ongoing Plans & Areas of Interest.....	10
Post PEPA funded Education 2010-2011	11
Palliative Care Week 2011	11
Action plan arising from Audit of Role Statements.....	13
Role Statements Audit Tool	21

From the Department of Health:

Strengthening palliative care: Policy and strategic directions 2011–2015 will guide 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*
- *in conjunction with the Palliative Care Clinical Network (PCCN):*
 - *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.

***Palliative Care Section,
Continuing Care,
Victorian Department of Health 2011***

Consortium Chair's report

The Eastern Metropolitan Region Palliative Care Consortia (EMRPCC) has had a very busy and fruitful two years and I thank all consortia, working party members and Christine Brusamarello Consortium Manager, for their commitment and hard work over that period.

EMRPCC achievements include:

- Education
- Cross cultural awareness training
- Increasing community awareness of palliative care
- 'Four Funerals in One Day', on 26/05/2010 during palliative care week - funded via Post PEPA grant
- Development of the EMRPCC website
- Clinical Working Party development of clinical documents
- Department of Health committee involvement
- Governance
- Department of Health After Hours project with Hume and Barwon South West Palliative Care Consortiums
- Partnership Links

The year ahead is going to be a very exciting one with the EMRPCC conducting a planning day in August. There will be a review of the EMRPCC strategic plan with implementation of the Department of Health's reviewed Strengthening Palliative Care Policy and Service Delivery Framework documents incorporated into the way forward for palliative care in the Eastern Metropolitan Region.

Jenny Trewartha
EMRPCC Chair
(May 2009 – June 2011)

Consortium Manager's report

The achievements of the EMRPCC are built on sustainability, improvement and communication. The goodwill and commitment of the EMRPCC agencies is instrumental in continuing to develop the Consortium and progress palliative care.

In the eastern region, while waiting for finalisation of the Strengthening Palliative Care Policy, the EMRPCC has continued with palliative care activities linked to the 7 strategic principles of the 2005 -2009 policy.

The release of the Strengthening Palliative Care: policy & strategic directions 2011-2015 will allow the EMRPCC to continue building on past accomplishments and further develop palliative care across the region.

Christine Brusamarello
Consortium Manager

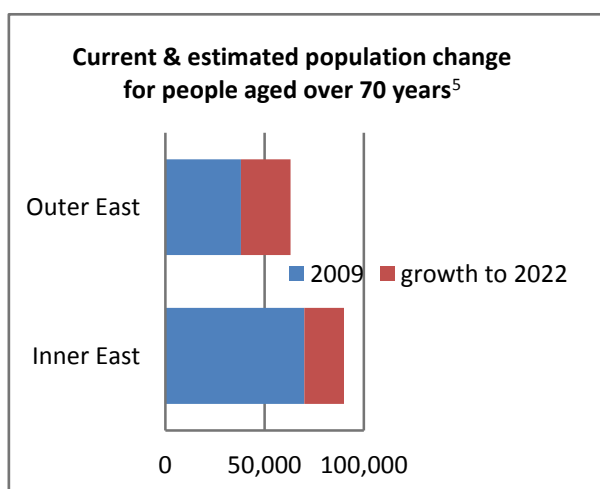


**Fernlea's Chinese Society partnership
(2010)**

Demographics

The Eastern Metropolitan Region (EMR) comprises the local government areas (LGAs) of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges. The regional population in 2006 was 1,017,345. The 2016 estimate increases marginally to 1,038,522.¹

The EMR population is ageing. Inner east LGAs have the greatest proportion of people aged over 70 with a 27.1% increase by 2022. The smaller and currently younger outer East population will have an 85.1% increase in age in the same period.⁵



The EMR communities are a diverse blend of nationalities, the palliative care services require flexible service delivery approaches when addressing care.

Our Aboriginal Communities

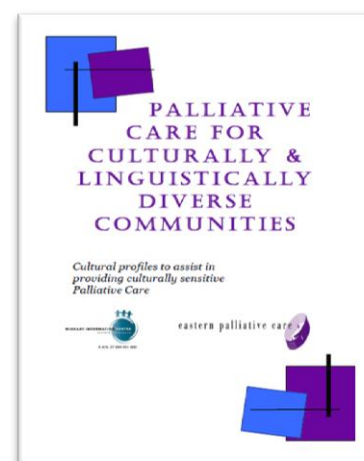
The EMR is home to 2,814 Aboriginal people, which equates to 8.4 per cent of the Victorian Aboriginal population. Within the region 1,811 Aboriginal people reside in the outer eastern LGAs of Knox, Maroondah and Yarra Ranges. The remainder are distributed across the four inner eastern LGAs.³

¹ Department of Planning & Community Development 2009, *Victoria in Future 2008*, Melbourne. P 22-28.

Across Victoria 23.8% (1,173,204) people were born overseas in more than 230 countries².

Top 10 birth places outside Australia – Census 2006 ²	Birth Place of EMR, ESL/CALD HACC Service Users (aged over 70 years) ⁴
England	Italy
Italy	Greece
Vietnam	China
China	Germany
New Zealand	Netherlands
Greece	Sri Lanka
India	Poland
Sri Lanka	India
Malaysia	Hungary

Eastern Palliative Care & Migrant Information Centre - East. Palliative care booklet (2009) (pictured)



The cultural, socio-economic and environmental landscapes vary considerably across the region – from inner city living, industrial outer suburbs, productive rural communities, to isolated residences and heavily forested national parks.

² Department of Planning & Community Development 2009, *Victoria in Future 2008*, Melbourne. P 22-28.

³ Population Diversity in Local Councils in Victoria: 2006 Census; Section 2 part 1, Metro LGAs Melbourne & balance of Victoria. Accessed 28/3/11

<http://www.multicultural.vic.gov.au/population-and-migration/victorias-diversity/population-diversity-in-local-councils>

⁴ Eastern Metropolitan: closing the health gap plan 2009-13; Aboriginal Health Branch, Victorian Department of Health August 2010.p 16

⁵ Victorian Department of Health 2010, *HACC minimum data set 2009-2010*.

⁶ Victorian Department of Health 2011, *Metropolitan Health Plan- Technical paper May 2011* p40

Who we are



Eastern Palliative Care Assoc Inc.

Specialist Community Palliative Care:
Received 1,973 referrals in 2010/2011;
admitted to the service on average 103
people per month and made a total of
88,210 client contacts.

Caritas Christi Hospice/St Vincent's Hospital

Provides inpatient consultancy, outpatient
clinic, day hospice and inpatient hospice
services.

288 people were admitted directly from
home, with a total of 669 admissions
during 2010.

74% of people had malignant disease and
26% a non-malignant diagnosis.

Eastern Health

Provides an inpatient palliative care unit,
outpatient clinic and inpatient consultancy
services.

During 2010/2011 Wantirna Health
Palliative Care Unit had 752 admissions
(average 63/month). 503 deaths occurred.

The Consultancy Service had 2,028 care
episodes, an annual increase of 15%.
2,638 outpatient contacts occurred.

Fernlea House - Day Hospice

During 2010 there were 58 referrals to the
service. Referrals come from both the
Eastern Metropolitan Region and from
South East Palliative Care, for people who
reside in a 30km radius of Fernlea.

Volunteers contribute 600 hours per
month to Fernlea.

Royal District Nursing Service

In arrangement with Eastern Palliative
Care, RDNS shares the clinical care of
some clients. This combines the expertise
of both services reflecting their differing
multidisciplinary teams.

Divisions of General Practice

The EMRPCC area encompasses two
whole and two part divisions of General
Practice.

Education and information has flowed to
and from the Divisions of GPs during
2010.

NEMICS and EMR Department of Health

The level of engagement increased during
2010/2011. Both are regular attendees at
Consortium meetings.

The Eastern Metropolitan Region
Department of Health attends in an ex-
officio capacity.

North East Melbourne Integrated Cancer
Service, work with agencies delivering
cancer and supportive care services.

Consortium representation on other groups

- Inner East Primary Care Partnership
- Victorian Aboriginal Palliative Care Advisory Committee
- Eastern Ranges GP Association Rural Palliative Care project
- EMRPCC agencies have been active on numerous consultative groups.

Consortium Members attendance June 2010 – May 2011 (11 meetings)

This table documents attendance only and does not reflect allowable absences

Name	Organisation	Comment	Attendance %
J Trewartha (chair)	Caritas Christi Hospice/St Vincent's		91%
M Boughey	Caritas Christi Hospice/St Vincent's		72%
J Moody	Eastern Palliative Care		100%
K Draper	Eastern Palliative Care		64%
G Georges	Eastern Health	Until Aug.2010	Combined 66.6%
A Nugent	Eastern Health	From Oct 2010	
S Fullerton	Eastern Health	Proxy x 2; rep from Feb 2011	Combined 54.5%
J Moran	Eastern Health	Aug- Dec 2010	
H Pike	Fernlea House		63.6%
J Brown	DH-EMR		45.45%
L Clark	RDNS	Until Dec 2010	Combined 72%
V Prout	RDNS	Proxy	
M Hodgins	RDNS	From Feb 2011	
K Simons	NEMICS		81.1%
P Bourke	MEGPN		72%
R Allan/G Barber	ERGPA		72%
R Rasalam	GEPH	Until Feb 2011	42.8%
C Brusamarello	EMRPCC		100%

EMRPCC – Clinical Working Group

The EMRPCC- Clinical Working Party (CWP) in 2010 consisted of three representatives from Eastern Health, two from Eastern Palliative Care, one from RDNS, two from the Centre of Palliative Care and the Consortium Manager. They met seven times in 2010. The CWP has had a clinical practice focus since its inception.

The Terms of Reference for the CWP are reviewed each November.

Previous achievements include two clinical documents:

- Syringe driver medication compatibilities 2008
- Opioid Conversion ratios 2008

During 2009 and 2010 the CWP developed regional guidelines on 'Managing terminal respiratory secretions in an imminently dying patient'. The guideline was finalised in December 2010. All EMR palliative care services and the

RDNS progressed the guideline through quality committees for clinical utilisation.

A revision occurred of the 2008 opioid document resulting in the December 2010 release of Opioid Conversion Ratios - guide to practice 2010. This work was undertaken entirely by the CWP.

A project officer was appointed in April 2011 to update the Syringe Driver medication compatibilities. The CWP have an advisory capacity in the project.

Victorian Palliative Care Clinical Network

Includes EMRPCC members: Dr M Boughey (St Vincent's / Caritas Christi Hospice) who is the Network Clinical Lead, K Draper (Eastern Palliative Care) and C Brusamarello (EMRPCC representative).

EMRPCC Achievements

Principle 1:

Informing and involving clients and carers

1. Completion of the after-hours project in conjunction with Hume & Barwon South West Palliative Care Consortiums.
2. Participation in the Victorian Palliative Care Satisfaction Survey.

Past achievements:

- *EMRPCC Website developed & launched 23/11/2009*
- *Advanced Care Planning- a topic at two education sessions in 2009*

-
1. Consortium and Agency representation on the Eastern Ranges GP Association Rural Palliative Care project advisory group. This project concluded in April 2011.
 2. Information links on the Consortium website.

Caring for carers

Principle 2:

Past achievements:

- *Respite briefing paper for EMRPCC in 2007*

Principle 3:

Working together to ensure people die in their place of choice

1. Post PEPA funding utilised for education for residential aged care facility staff.
2. Agencies participate in clinician placement to further develop understanding of a palliative approach.
3. Education program for the Indigenous Health Team (Healesville).

Past achievements:

- *Education sessions*
- *Link to 'palliative care for culturally & linguistically diverse communities' booklet through the Consortium website.*
- *Aboriginal cultural awareness training in 2009*

-
1. Participation in the after- hours project in conjunction with Hume & Barwon South West Palliative Care Consortiums.
 2. Grief and loss education.

Providing specialist care when and where it is needed

Principle 4:

Past achievements:

- *Service access and contact chart for GPs*

Principle 5:**Co-ordinating care across settings**

1. Palliative care in non-malignant disease, education program for GPs organised in conjunction with two Divisions of General Practice.
2. Representation on the Inner East Primary Care Partnership Service Co-ordination Steering committee.
3. Articles in newsletters for the regional Divisions of GPs.

Past achievements:

- *EPC/RDNS/HARP chronic disease referral project utilised the Consortium's service access chart for GPs*
-

1. Opioid Conversion Ratios-Guide to Practice 2010.
2. Management of respiratory secretions in an imminently dying patient practice guidelines released December 2010.
3. Nurse Practitioner candidates within two agencies.
4. Each funded Consortium agency undertakes quality and benchmarking activities.
5. Participation in the Victorian Palliative Care Satisfaction Survey with a regional action plan.

Providing quality care supported by evidence**Principle 6:***Past achievements:*

- *Syringe driver medication compatibilities 2008*
 - *Opioid Conversion ratios 2008*
-

Principle 7:**Ensuring support from communities**

1. Agency palliative care awareness week, newspaper articles, foyer & window displays, 'Before I die....'

Past achievements:

- *Aboriginal community forum 2009*
- *'Four Funerals in One Day' – palliative care week 2010*
- *Items in community newspapers*

Ongoing Plans

The following activities are anticipated for the forthcoming year:

- Operational planning - August 2011
- Aboriginal Cultural awareness training - August 2011
- Education for Residential aged care sector
- Ongoing Consortium strategic planning & activity based on Strengthening Palliative Care: policy and strategic directions 2011-2015
- Networking and palliative care supportive actions across all sectors
- Updating of Syringe Driver Medication Compatibilities document

Areas of Interest

Palliative Care Consortia Collaborative – Community After Hours Project

The 'Afterhours Project' funded by the Department of Health involved three regions who use Caritas Christi for afterhours triage. Commencing in 2009, the project included the appointment of a dedicated triage position at Caritas, gap identification of the pre-existing system, development of client and carer information brochures, standardisation of communication documents and service information tools and education specific for triage staff. Stakeholder and consumer consultation occurred throughout the project. Organisational and electronic processes were streamlined. Interim funding has been supplied to retain the dedicated triage model while the final recommendations are considered by the Department.

Motor Neurone Disease support in the EMR:

Based on the quarterly statistics provided by the MND Association for 2010/2011,

- 57-64 people with MND live in the region.
- 10-17 people were supported in their home by Eastern Palliative Care at any one time.

Services included nursing, massage therapy, family support and access to MND supportive funding maintained people at home. Minimal inpatient respite occurred at Wantirna Health and Caritas Christi Hospice during the 12 months. Day respite for people with MND is available at Fernlea but was not utilised during the year.

Post PEPA funded Education 2010-2011

- 6 sessions
- 225 people attended
- In April 2011, 40+ RACF's were represented at one session
- Participants included pharmacists, GPs, community nurses, PCAs, RNs, CEOs, quality co-ordinators, case managers, clinical coordinators
- Topics covered: drugs, conservative care in renal disease, end stage cardiac disease, aged care accreditation standards, grief and bereavement, pain management, dementia and pain assessment, palliative care services, hospital in reach programs....

Evaluation comments

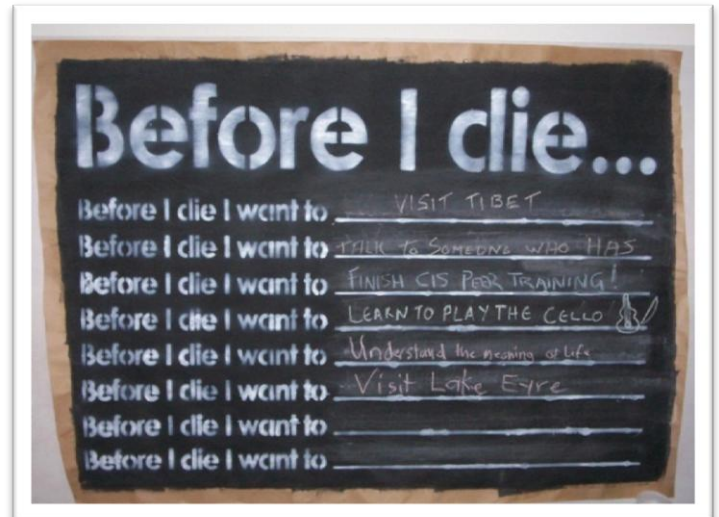
*'All went too quickly.
Most informative session,
listening to others ideas.'*

*'Very informative presentation
that provided useful
information to keep in mind
and implement. Needed more
time on conversions-
analgesics.'*

*'This area of nursing is very
important - to ensure
residents die with dignity and
peace and relatives have
special memories at this time.'*

*'Invaluable - makes me
realise how much work I have
to do in my facility.'*

*'Very valuable day, enjoyed
opportunity to network.'*



Palliative Care Week 2011

'Let's chat about Dying'

Eastern Palliative Care and Fernlea House created blackboards that allowed people to complete the sentence 'Before I die I want to...' Placed in six libraries, the interest and response was strong with articles appearing in local papers. Informative literature was made available.

Palliative care week was recognised with forums and displays at Eastern Health, Caritas Christi Hospice and St Vincent's.

The Consortium conducted a ½ day pain workshop for Residential Aged Care Facilities during palliative care week and had awareness posters and literature available.

Each year the Eastern Metropolitan Region Palliative Care Consortium undertakes an audit of performance against the Department of Health Palliative care decision making groups- Role Statements.

The following two appendices include planned Consortium action from the audit and the audit results.

Financial reports are not included as appendices at this time and will be submitted to the Department of Health when available.



Eastern Metropolitan Region
Palliative Care Consortium



Eastern Metropolitan Region
Palliative Care Consortium

ACTION PLAN arising from Audit of Role Statements

May 2011.

The following action plan has been devised by the Consortium Manager based on the Role Statement Audit undertaken May 2011. This action plan is tabled at the EMRPCC Executive and EMRPCC meetings

Key Actions listed in this 2011 action plan

- Consortium planning session 2/8/11
- Schedule a date to formulate a Strategic Plan 2011-2015.
- Create a policy section within the website document library (members access section) making EMRPCC policies accessible to EMRPCC representatives
- Add Department Role statements to website
- Memorandum of Understanding (the template update is Department responsibility)
- Consider role/relationship with CWP

Role Statement	Element	Established / Evident	Type of Evidence	Action required	By When/whom	Completion date
Palliative Care Consortium						
Role	Current regional plan	No		<ul style="list-style-type: none"> Strategic plan to be devised and approved by EMRPCC based on requirements of SPC-2011-2015 & planned actions arising from EMRPCC planning day August 2011 	EMRPCC Executive EMRPCC	
	Links with Department of Health	Yes				
	Regional Governance Structure	Yes	<ul style="list-style-type: none"> Regional Policy matrix developed Policy Review schedule in place. Terms of reference reviewed 	<ul style="list-style-type: none"> New MoU to be signed when DH template is updated 	DoH	
	Quality & Risk Management framework	Yes	<ul style="list-style-type: none"> Risk Management plan Schedules for policy & Terms of Reference review Policy & process matrix. 	<ul style="list-style-type: none"> Establish section within Members only section of Consortium website with EMRPCC policies 	September 2011	
Responsibilities	Organisation nominated as fund holder	Yes				
	Consortium chair elected	Yes	<ul style="list-style-type: none"> EMRPCC Consortia Chair & Deputy Chair policy Minuted change of Chair & appointment of deputy at meeting 3/5/11 			
	Consortium manager appointed	Yes				
	Performance management process for Consortium Manager	Yes	<ul style="list-style-type: none"> Annual appraisal each July 	<ul style="list-style-type: none"> Circulate next version of Role statement to improve awareness of performance criteria 	Once finalised by DH; Consortium Manager	
	Due diligence related to fund holder responsibilities.	Yes	<ul style="list-style-type: none"> Financial reports tabled at EMRPCC meetings 			
	Consortium Executive Group	Yes	<ul style="list-style-type: none"> Minutes of meeting Meeting dates set annually 			
	Mandatory groups – Clinical/practitioners and/or Regional advisory group	Yes	<ul style="list-style-type: none"> Minutes on website 			
Structure	One representative from each DH funded palliative care service	Yes				

Role Statement	Element	Established / Evident	Type of Evidence	Action required	By When/whom	Completion date
Structure	Each representative has the delegated authority of their agency	Yes	<ul style="list-style-type: none"> Membership policy & terms of reference highlight the role & responsibilities of the representatives 	<ul style="list-style-type: none"> MoU to be updated when Department template released 	Department of Health to release updated template.	
	One vote per DH funded organisation	Yes	<ul style="list-style-type: none"> EMRPCC group decision making (funded & unfunded agencies) EMRPCC Terms of Reference 			
	DH regional Office representative (ex-officio)	Yes	<ul style="list-style-type: none"> Minuted attendance Inclusion in electronic communication 			
	Consortium manager (non-voting)	Yes	<ul style="list-style-type: none"> Attendance Documented in minutes 			
	Meets 6 times per annum (minimum)	Yes	<ul style="list-style-type: none"> Met 11 times July 2010-June 2011 			
Communications	Circulate DH monthly update	Yes	<ul style="list-style-type: none"> Electronic circulation Placed on EMRPCC website Standing item on agenda 			
	Circulate statewide meeting update	Yes	<ul style="list-style-type: none"> Reports circulated 			
	Links with academic and statewide services	Yes	<ul style="list-style-type: none"> CPC active on CWP 			
Other	Aboriginal Palliative Care	Yes	<ul style="list-style-type: none"> Education program 2010 to Health team Cultural awareness training for p/c sector August 2011- scheduled 			
Palliative Care Consortium Chair						
Role	Liaises directly with DH on consortium behalf	Yes	<ul style="list-style-type: none"> Minuted correspondence 			
	Liaises with consortium members	Yes				
Responsibilities	Reports to DH on SPC policy implementation	Yes	<ul style="list-style-type: none"> Statewide meetings DH reporting requirements 			
	Supports and performance manages Consortium manager	Yes	<ul style="list-style-type: none"> Regular meetings Annual performance appraisal 			
Structure	Elected by consortium (biennially suggested)	Yes	<ul style="list-style-type: none"> Biennial rotation, confirmed EMRPCC meeting 3/5/11 			
	Employed by DH funded palliative care organisation	Yes				

Role Statement	Element	Established / Evident	Type of Evidence	Action required	By When/whom	Completion date
	Costs associated with attendance at statewide meeting and other meetings are met by the consortium	No	<ul style="list-style-type: none"> Costs absorbed by agency and Chair's time management abilities 			
Communications	Receives and actions DH communications	Yes	<ul style="list-style-type: none"> Direct communication from DH Receives communication via Consortium manager 			
	Attends statewide meetings	Yes	<ul style="list-style-type: none"> DH attendance record. 			
	Liases with Clinical/Practitioners and regional advisory/reference groups	Yes				
Individual Consortium Members (Voting)						
Role	Understands consortium role	Yes	<ul style="list-style-type: none"> Orientation document 			
Responsibilities	Actively participates in regional plan development	Yes	<ul style="list-style-type: none"> Planning session scheduled 		2/8/11	
	Is authorised to make decisions on agency behalf	Yes	<ul style="list-style-type: none"> EMRPCC membership policy (draft) 	<ul style="list-style-type: none"> MoU update to occur 	Department of Health	
	Reports consortium projects/issues to agency CEO (at least six monthly)	Yes	<ul style="list-style-type: none"> Role statement audit Minutes of agency meetings Agency emails, newsletters, updates 			
	Champions palliative care in own agency	Yes	<ul style="list-style-type: none"> Representatives on PCCN 			
	Consults with own agency re relevant palliative care issues.	Yes	<ul style="list-style-type: none"> PCCN information Implementation of PCOC, NSAP, Palliative care satisfaction survey 			
	Chairs consortium groups where required e.g. Clinical / Practitioners and Regional Advisory / Reference Groups	Yes	<ul style="list-style-type: none"> EMRPCC & CWP minutes 			
	Votes at consortium meetings on agency behalf	Yes	<ul style="list-style-type: none"> Meeting minutes 			
	Participates in funding and resource allocation decisions at consortium	Yes	<ul style="list-style-type: none"> Draft budget 			
Structure	Attends 75% of consortium meetings per annum	Yes	<ul style="list-style-type: none"> EMRPCC membership policy 	<ul style="list-style-type: none"> MoU template update 	DoH	
Communications	Receives and actions relevant	Yes	<ul style="list-style-type: none"> Agency reports 			

Role Statement	Element	Established / Evident	Type of Evidence	Action required	By When/whom	Completion date
	updates					
INDIVIDUAL CONSORTIUM MEMBERS (NON VOTING)						
Role	Understands consortium role	Yes	<ul style="list-style-type: none"> Role statement audit Contributions to discussions 			
Responsibilities	Actively participates in regional plan development	Yes	<ul style="list-style-type: none"> Planning session scheduled August 2011 	Completion of attendance record.	2/8/11	
	Reports consortium projects/issues to agency CEO (at least six monthly)	Yes	<ul style="list-style-type: none"> Agency minutes 			
	Champions palliative care in own agency	Yes	<ul style="list-style-type: none"> Palliative care week activities 			
	Consults with own agency re relevant palliative care issues	Yes	<ul style="list-style-type: none"> Staff surveys 			
Structure	Attends 75% of consortium meetings per annum	Yes	<ul style="list-style-type: none"> EMRPCC membership policy Annual Attendance audit June 2011 			
Communication	Receives and actions relevant updates	Yes	<ul style="list-style-type: none"> Provision of feedback 			
Other						
THE PALLIATIVE CARE CONSORTIUM ADVISORY GROUP/REFERENCE GROUP DOES NOT CURRENTLY EXIST IN THE EMR.						
Role	OPTIONAL – may be combined with clinical group	No		Review opportunities this group could offer as part of strategic planning.		
PALLIATIVE CARE CONSORTIUM CLINICAL/ PRACTITIONERS GROUP						
Role	Mandatory- may be combined with advisory group					
	Develops resources and makes decisions based on good clinical practice	Yes	<ul style="list-style-type: none"> Completion of 2 projects during 2010 Project 2011/1 Syringe driver compatibilities commenced 			
Responsibilities	Provides advice to the consortium on clinical issues	No		<ul style="list-style-type: none"> Review communication and linkages with EMRPCC via updated DH role statements 	DH – role statements EMRPCC/C WP – July/ Aug 2011.	
	Provides a forum for discussion/resolution of clinical issues	Yes	<ul style="list-style-type: none"> Project topics 			
Structure	Decided by consortium (chair, membership, meeting frequency and location)	Yes	<ul style="list-style-type: none"> EMRPCC minutes Feb-May 2011 	<ul style="list-style-type: none"> ToR for review Nov 2011 		

Role Statement	Element	Established / Evident	Type of Evidence	Action required	By When/whom	Completion date
	The chair is a member of the consortium	Yes				
Communication	The chair reports directly to the consortium	Yes	<ul style="list-style-type: none"> Via Consortium Manager's report 			
	Consults with own agency re relevant palliative care issues	Yes	<ul style="list-style-type: none"> 2010 Ethic/Quality approvals 			
PALLIATIVE CARE CONSORTIUM FUNDHOLDER						
Role	Consortium financial accountability	Yes	<ul style="list-style-type: none"> Annual budget prepared Minuted tabling of financial reports 			
	Quarterly financial reports provided to the consortium	Yes	<ul style="list-style-type: none"> Minuted tabling of financial reports Hard copy located with minutes 			
Responsibilities	Acquittal of consortium project funding and other administrative tasks	Yes	<ul style="list-style-type: none"> Minuted tabling and end of financial year audit. Reports to regional DH office 			
	Liaison with DH on financial accountability requirements	Yes	<ul style="list-style-type: none"> Provision of reports to regional DH office 			
Structure	Nominated and elected by consortium	Yes	<ul style="list-style-type: none"> Fund holder stated in MoU 			
	Financial Accountability Statement (FAS) is completed within 3 months of the end of the financial year.	Yes	<ul style="list-style-type: none"> Copy of letter 24/9/10 			
	FAS is lodged with relevant DH office	Yes	<ul style="list-style-type: none"> Copy of letter 24/9/10 			
	The Fundholder can be changed by decision of the consortium	Yes				
Communication	Financial reports provided to consortium/executive group/ DH as required	Yes	<ul style="list-style-type: none"> Monthly tabling of reports EMRPCC governance processes 			
PALLIATIVE CARE CONSORTIUM - EXECUTIVE						
Role	Supports consortium manager to operationalise regional plan	Yes	<ul style="list-style-type: none"> Annual Executive meeting schedule devised EMRPCC quality plans 			
	Consortium staff recruitment and performance management is undertaken	Yes	<ul style="list-style-type: none"> Annual performance appraisal Consortium policies & risk management plan Employing Agency H.R + OH&S policies 	<ul style="list-style-type: none"> Include Consortium Manager's role statement into Executive Orientation package. 		
Responsibilities	Reporting to consortium on all	Yes	<ul style="list-style-type: none"> Executive ToR 			

Role Statement	Element	Established / Evident	Type of Evidence	Action required	By When/whom	Completion date
	decisions for ratification					
	All decisions are related to the regional plan priorities	Yes	<ul style="list-style-type: none"> EMRPCC minutes 			
	Support and performance management of Consortium Manager (Chair and one other voting member)	Yes	<ul style="list-style-type: none"> Annual appraisal 			
Structure	Consortium Chair, Consortium manager (non- voting) and one or two other voting consortium members. Other members optional e.g Deputy Chair	Yes	<ul style="list-style-type: none"> ToR in place- reviewed annually 			
	Meets face to face or via tele/video conference	Yes	<ul style="list-style-type: none"> Met 5 times between 1/8/2010-31/5/11 			
Communication	Written reports provided to the consortium on any decisions made in the period since last consortium meeting	Yes	<ul style="list-style-type: none"> Minutes – Executive & EMRPCC 			
	Attends all meetings	Yes	<ul style="list-style-type: none"> Minuted attendance 			
PALLIATIVE CARE CONSORTIUM MANAGERS GROUP						
Role	Identifies common issues in implementing SPCP	Yes	<ul style="list-style-type: none"> Regional reports Agenda items 			
Responsibilities	A forum to provide updates and to address common issues	Yes	<ul style="list-style-type: none"> Regional reports Meeting minutes Education/ peer support within Manager's meeting 			
	Provides advice / recommendations to consortia and /or DH on common issues	Yes	<ul style="list-style-type: none"> Meeting minutes 			
	To meet with state wide project organisers / managers to discuss issues and implementation of projects	Yes	<ul style="list-style-type: none"> Attendance at State wide meetings Representative on Aboriginal palliative care advisory committee 			
Structure	Meets 6-8 weekly at an agreed location	Yes	<ul style="list-style-type: none"> Annual schedule of dates Meeting minutes ToR 			

Role Statement	Element	Established / Evident	Type of Evidence	Action required	By When/whom	Completion date
	Chair rotates annually – as agreed by members	Yes	<ul style="list-style-type: none"> Rotation occurred May 2011 			
	DH and / or PCV representative as required	Yes	<ul style="list-style-type: none"> PCV attend bimonthly Meeting minutes 			
Communication	As required	Yes	<ul style="list-style-type: none"> Sharing of resources and information Cross promotion of events. 			
Other			<ul style="list-style-type: none"> 	audit tool dated- some elements out of date/not reflecting Consortia structure; format/size of audit (break into smaller sections)		

Palliative Care Decision Making Groups

Role Statements Audit Tool

Eastern Metropolitan Region Palliative Care Consortium 2011

Background

In 2007 a revision of Victorian palliative care decision-making groups' roles, responsibilities, structure and relationships was undertaken by the then Department of Human Services (now the Department of Health). The groups are directly linked to implementing the department's Strengthening palliative care policy 2004–09. The decision making groups role statements are intended to support consortia activities and how they work with member services to make decisions for regional activities in a transparent way. The role statements will assist consortia in achieving effective implementation of palliative care policy into the future.

Stage two of the decision making groups project is to implement the role statements in a consistent and effective manner. To facilitate this, an audit tool has been developed for use by decision making groups to assess their compliance with each of the elements contained within the role statements. Each of the decision making groups will be required to complete the audit tool and develop an action plan to address any elements where structures or processes could be improved. The action plan must include the agreed actions required by the decision making group based on the audit process, with an indication of the responsible person/agency and a completion timeline attached to each action.

The audit tool requires completion for each element, requesting a comment and/or an action required for each of the elements that have not been achieved or established. For those elements that have been achieved or established, an indication of the evidence source should be recorded.

Each consortium will be required to submit an annual report to the department with attention to identified reporting elements and key performance indicators. The audit tool outcomes and action plan will significantly contribute to the annual consortium reports.

Decision Making Group Role Statement	Element	Established/evident	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM				
Role	Current regional plan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Strategic plan to be devised and approved by EMRPCC based on requirements of SPC-2011-2015 & planned actions arising from EMRPCC planning day August 2011	Date to be determined
	Links with DH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Regional governance structure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	New MoU to be signed when DH has template updated	
	Quality & risk management framework	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annual review processes in place	
Responsibilities	Organisation nominated as fundholder	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Consortium Chair elected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Consortium Manager appointed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Performance Management process for Consortium Manager	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limited awareness of competencies required. Circulate next version of Role statement to improve awareness of performance criteria	On release of updated role statement
	Due diligence related to fundholder responsibilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Consortium Executive Group	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Mandatory Groups – Clinical/Practitioners and/or Regional Advisory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Structure	One representative from each DH funded palliative care service	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Each representative has delegated authority for their agency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Awareness of limits of authority MoU to be updated when Department template released	

Decision Making Group Role Statement	Element	Established/evident	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM				
	One vote per DH funded organisation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	DH regional office representative (ex-officio)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Consortium Manager (non-voting)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Meets six times per annum (minimum)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Met 11 times July 2010 - June 2011	
Communications	Circulate DH monthly update	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Circulate statewide meeting updates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Update is no longer monthly. Any update released by the department is circulated & placed in the members section on the website.	
	Links with academic and statewide services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM CHAIR				
Role	Liaises directly with DH on consortium behalf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Liaises with consortium members	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities	Reports to DH on SPC policy	<input checked="" type="checkbox"/> Yes	Via statewide meetings, DOH reporting	

Decision Making Group Role Statement	Element	Established/ evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM CHAIR				
	implementation	<input type="checkbox"/> No	Requirements, when ever required	
	Represents consortium at statewide meetings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Supports and performance manages Consortium Manager	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annual Performacne appraisal	
Structure	Elected by consortium (biennially suggested)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rotation of Chair biennial- rotation occurred June 2011 with EMRPCC approval minuted.	
	Employed by DH funded palliative care organisation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Costs associated with attendance at statewide and other meetings are met by the consortium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time allocation absorbed into primary work role	
Communications	Receives and actions DH communications	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Attends statewide meetings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Liaises with Clinical/Practitioners and Regional Advisory/Reference groups	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Through Consortium Manager	
Other				

Decision Making Group Role Statement	Element	Established/ evident Yes/No	Comment/Action required	By whom/when?
INDIVIDUAL CONSORTIUM MEMBERS (VOTING)				
Role	Understands consortium role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities	Actively participates in regional plan development	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Planning day 2/8/11	
	Is authorised to make decisions on agency	<input checked="" type="checkbox"/> Yes	MoU update to occur	

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
INDIVIDUAL CONSORTIUM MEMBERS (VOTING)				
	behalf	<input type="checkbox"/> No		
	Reports consortium projects/issues to agency CEO (at least six monthly)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Champions palliative care in own agency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Primary work role	
	Consults with own agency re relevant palliative care issues	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Chairs consortium groups where required e.g. Clinical/Practitioners and Regional Advisory/Reference groups	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Votes at consortium meetings on agency behalf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Participates in funding and resource allocation decisions at consortium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Structure	Attends 75% of consortium meetings per annum	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MoU to be updated, Increase Awareness of EMRPCC policies & processes.	
Communications	Receives and actions relevant updates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Other				

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
INDIVIDUAL CONSORTIUM MEMBERS (NON-VOTING)				
Role	Understands consortium role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities	Actively participates in regional plan development	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Planning day 2/8/11	
	Reports consortium projects/issues to agency CEO (at least six monthly)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
INDIVIDUAL CONSORTIUM MEMBERS (NON-VOTING)				
	Champions palliative care in own agency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Consults with own agency re relevant palliative care issues	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Structure	Attends 75% of consortium meetings per annum	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Communications	Receives and actions relevant updates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Other				

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM ADVISORY/REFERENCE GROUP				
Role	Optional – may be combined with clinical group	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Builds relationships with consortium members and service providers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities	Provides advice on SPC policy implementation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Champions palliative care in own agency	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structure	Decided by consortium (membership, meeting frequency and location)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Capacity to meet once per annum as part of strategic planning process	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Membership reviewed at least biennially	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Communications	Determined by consortium as appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Decision Making Group Role Statement	Element	Established/ evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM ADVISORY/REFERENCE GROUP				
Other				

Decision Making Group Role Statement	Element	Established/ evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM CLINICAL/PRACTITIONERS GROUP				
Role	Mandatory – may be combined with advisory group	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Develops resources and makes decisions based on good clinical practice	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Update of opioid document & Release of respiratory secretions guidelines in 2010	
Responsibilities	Provides advice to the consortium on clinical issues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not a role that has been utilised	
	Provides a forum for discussion/resolution of clinical issues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Structure	Decided by consortium (chair, membership, meeting frequency and location)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Review communication and linkages with EMRPCC via updated DH role statements	
	The chair is a member of the consortium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Communications	The chair reports directly to the consortium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Consults with own agency re relevant palliative care issues	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Other				

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM FUNDHOLDER				
Role	Consortium financial accountability	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Quarterly financial reports are provided to the consortium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly reports	
Responsibilities	Acquittal of consortium project funding and other administrative tasks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Liaison with DH on financial accountability requirements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Structure	Nominated and elected by consortium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Financial Accountability Statement (FAS) is completed within 3 months of the end of financial year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	FAS is lodged with relevant DH regional office	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	The fundholder can be changed by decision of the consortium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Communications	Financial reports provided to consortium/executive group/DH as required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annual budget prepared	
Other				

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM EXECUTIVE				
Role	Supports consortium manager to operationalise regional plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Consortium staff recruitment and performance management is undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM EXECUTIVE				
Responsibilities	Reporting to consortium on all decisions for ratification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	All decisions are related to the regional plan priorities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Support and performance management of Consortium Manager (Chair and one other voting member)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Include Consortium manager's role statement in Executive orientation package.	
Structure	Consortium chair, consortium manager (non-voting) and one or two other voting consortium members. Other members optional e.g. Deputy chair	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Meets face-to-face or via tele/videoconference	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Met 5 times between 1/8/2010-31/5/2011	
Communications	Written reports provided to consortium on any decisions made in period since last consortium meeting	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Standing item on EMRPCC agenda	
	Attends all meetings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Other				

Decision Making Group Role Statement	Element	Established/evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM MANAGERS GROUP				
Role	Identifies common issues in implementing SPCP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Regional reports -agenda items	
Responsibilities	A forum to provide updates and to address common issues	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Establishing/improving information sharing - copy of collated Manager's report placed on EMRPCC website (members only section)	
	Provides advice/recommendations to consortia and/or DH on common issues	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Via regional reports, working groups	

Decision Making Group Role Statement	Element	Established/ evident Yes/No	Comment/Action required	By whom/when?
PALLIATIVE CARE CONSORTIUM MANAGERS GROUP				
	To meet with state wide project organisers /managers to discuss issues and implementation of projects	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	On Victorian Aboriginal Palliative Care Advisory group -Consortia rep on PCCN	
Structure	Meets 6-8 weekly at an agreed location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Chair rotated annually – as agreed by members	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ToR state "may" nominate a chair on an annual basis -new chair appointed May 2011 -deputy chair appointed May 2011	
	DH and/or PCV representative as required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PCV bimonthly attendance - DH for part of meetings	
Communications	As required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	-minutes -sharing of documents where appropriate	
Other			-audit tool dated- some elements out of date/not reflecting Consortia structure (same question funded & unfunded, DH updates not monthly, format/size of audit (break into smaller sections)	