

Annual Report

2022/2023

**EASTERN METROPOLITAN
REGION**

**PALLIATIVE CARE
CONSORTIUM**



Eastern Metro Region Palliative Care Consortium
630 Mitcham Road, Mitcham 3132
phone: 0413 264214
email: consortiummanager@epc.asn.au

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A Message from the Chair

Michael Bramwell
EMRPCC Consortium Chair



On behalf of the members of the Eastern Metropolitan Region Palliative Care Consortium (EMRPCC), I am pleased to present the 2022/2023 Annual Report.

I would like to thank the members of the EMRPCC Executive and the EMRPCC Advisory Group for their ongoing support and active contributions to the Consortium over the past year. This year we have welcomed the easing of COVID restrictions and have worked hard towards improving patient and carer outcomes and negotiating the significant and ongoing challenges of providing palliative care in the current environment. The EMRPCC continues to play a pivotal role in coordinating and resourcing the broader health and aged sector in the Eastern Metropolitan Region. Particular thanks to Gaylene Coulton, CEO of Eastern Palliative Care Association Incorporated (EPC); Professor Leeroy William, Clinical Director of Supportive and Palliative Care, Eastern Health; and Andrea Lockwood, Program Manager – Aged and Palliative Care, Eastern Melbourne Primary Health Network (EMPHN).

EMRPCC has continued to work with our partners and stakeholders to strengthen diversity awareness and inclusive practice in the delivery of our regional palliative care services. We have been fortunate this year to also be able to offer a number of education bursaries to attend palliative care training and scholarships for palliative care staff to attend palliative care conferences. This type of support ensures a robust workforce with palliative care skills to support our community.

On behalf of EMRPCC, I would like to express deep appreciation to our Consortium Manager Sarah Kleinitz for all of her hard work and commitment to the palliative care sector and EMRPCC specifically. Sarah has also been a terrific support and source of wisdom to the Chairperson and this has been truly welcomed. I'd also like to acknowledge all of our stakeholders and partners for their constant efforts to strive for excellence in the delivery of both community-based and hospital-based specialist palliative care; and, to the broader community network for their support of the work of the Consortium.

From the Consortium Manager

Sarah Kleinitz

EMRPCC Consortium Manager



I commenced as the Eastern Metropolitan Palliative Care Consortium Manager in September 2022 and would like to thank Barb Dobson for her work as the previous Consortium Manager. As noted in the EMRPCC's previous Annual Report, the past few years have been challenging as we faced lockdowns in response to the COVID-19 pandemic here in Melbourne. For specialist palliative care services, this COVID-19 affected environment continues to throw out challenges.

This year the EMRPCC has concentrated on upskilling and building capacity in our workforce. We have encouraged non-specialist palliative care health workers to increase their palliative care knowledge and skills to further their careers and build capacity in their workplace. This has included offering an Education Bursary program to individual staff working in hospital, aged care and general practice settings; PEPA placements into specialist palliative care services within the Eastern Metropolitan Region; and, funding places to the Oceanic Palliative Care Conference. As well as sharing information about education courses, study days, and webinars on the EMRPCC website.

The EMRPCC's key focus areas continue to be:

- Working together to implement the standards of care outlined in the Victorian Government's end-of-life and palliative care framework
- Meeting regularly to plan and review how services can meet our collective goal of providing the highest standard of palliative care to our community
- Engaging in research to keep learning and developing best practice
- Listening to community members and leaders to learn how our care and services can maintain excellent cultural safety, respect for cultural traditions and social diversity
- Providing information to community and health professionals on palliative care and how to access services.

EMRPCC is an active participant in the Victorian Palliative Care Network and regularly meets and communicates with the other Regional Palliative Care Consortium Managers and our key stakeholders. Alongside these colleagues, it was a pleasure to present at the Palliative Care Victoria Summit in February 2023 which was an opportunity to promote the initiatives and projects undertaken by the Regional Palliative Care Consortia across the state. The EMRPCC presentation, *Bridging the Gaps: Improving Access to Palliative Care in the Eastern Metropolitan Region* outlined the COVID-19 pandemic experience in the Eastern Metropolitan Region and the consequent service innovations and adaptations that were required and continue to be undertaken.

Joining the EMRPCC Executive this year has been the new Eastern Palliative Care CEO, Gaylene Coulton who commenced in this role in August 2022. I would like to acknowledge and thank all of the members of the EMRPCC Executive for their welcoming and supportive approach to the Consortium partners and to me as the Consortium Manager. It is a privilege to work with our Chair, Michael Bramwell and other Executive members, Professor Leeroy William and Gaylene Coulton.

Thank you also to the EMRPCC Associate Member organisations and their representatives: Janeen Cato at Bolton Clarke, Andrea Lockwood and Sonya Imbesi at the Eastern Melbourne Primary Health Network and Linda Nolte at the North East Melbourne Integrated Cancer Service. It is a joy to work with you.

EMRPCC Governance

EMRPCC is one of eight regional palliative care consortia in Victoria. The Eastern Metropolitan Palliative Care Consortium is an alliance of publicly funded specialist palliative care services in the region and a number of associate members with a specific interest in collaboration to ensure the provision of high-quality palliative care.

The three funded specialist palliative care services comprise the Consortium Executive and oversee the implementation of the palliative care policy direction of the Victorian Department of Health. As the auspice organisation, Eastern Palliative Care Association Incorporated is the funds holder for the Consortium and hosts the Consortium Manager.

EMRPCC members work together to implement, review and improve services so people in the Eastern Metropolitan Region of Melbourne who are living with a life limiting condition, their families and their carers have access to a high-quality palliative care system that fosters innovation and provides coordinated care and support that is responsive to their needs.

EMRPCC Members

Executive/Voting Members:-



Associate Members:-



| EMRPCC Executive | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Role | Responsibilities |
| <ul style="list-style-type: none"> Ensure the Consortium regional plan is implemented Support the Consortium Chair and Consortium Manager to implement the policy in the region Ensure financial accountability of the Consortium Provide quarterly financial reports to the Consortium Support the Consortium Chair to undertake staff recruitment and performance management | <ul style="list-style-type: none"> Make decisions outside of Consortium meetings as delegated by the Consortium Monitor and report outcomes and achievements against the regional plan to the Consortium Make decisions on matters that fall within the priorities stated in the regional plan Report on all decisions for ratification by the Consortium Make decisions on matters that fall within the priorities stated in the regional plan Ensure performance management of the Consortium Manager Promote the profile of the Consortium in the region |
| EMRPCC Advisory Group | |
| Role | Responsibilities |
| <ul style="list-style-type: none"> Inform decision making, planning, implementation and care coordination related to policy and strategic planning within the region Build and maintain relationships with service providers in the region | <ul style="list-style-type: none"> Provide advice to the Consortium on relevant issues in a timely manner Champion the policy and palliative care/palliative approach in own agency |

EMRPCC Governance

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| St. Vincent's Health Melbourne | Bolton Clarke |
|  Michael Bramwell (Chair)  Mark Boughey |  Janeen Cato |
| Eastern Health | Eastern Melbourne Primary Health Network |
|  Professor Leeroy William  Marama Robinson (to November 2022)  Samantha Trevaskis (from April 2023) |  Andrea Lockwood - by invitation [ex-officio] to Executive (from April 2023)  Sonya Imbesi [ex-officio] - by invitation (from April 2023) |
| Eastern Palliative Care Association Inc. | North Eastern Melbourne Integrated Cancer Service |
|  Gaylene Coulton  Kylie Draper (to February 2023)  Christopher Cliffe (from April 2023)  Tania King (from April 2023) |  Linda Nolte |
| EMRPCC | |
|  Consortium Manager [ex officio]: Sarah Kleinitz (from September 2022) | |
| KEY: | |
|  Executive Committee & Advisory Group  Executive Committee  Advisory Group | |
| FOCUS AREAS: | |
| <ul style="list-style-type: none"> * Regional Service Coordination * Referral and communication systems * Workforce upskilling and capacity building * Emerging issues for clients and carers * Palliative Care and VAD interface * Community engagement * COVID-19 management/coordination * Member research updates/findings and implications for practice * Stakeholder engagement and updates * Member project initiatives * Member strategic planning directions * Conference and webinar attendance and information sharing * Workforce and staffing issues | |

- The EMRPCC Executive met on 4 occasions in 2022/2023.
- The Consortium Advisory Group met on 4 occasions in 2022/2023.
- Most meetings were held in a hybrid format.



Regional Profile

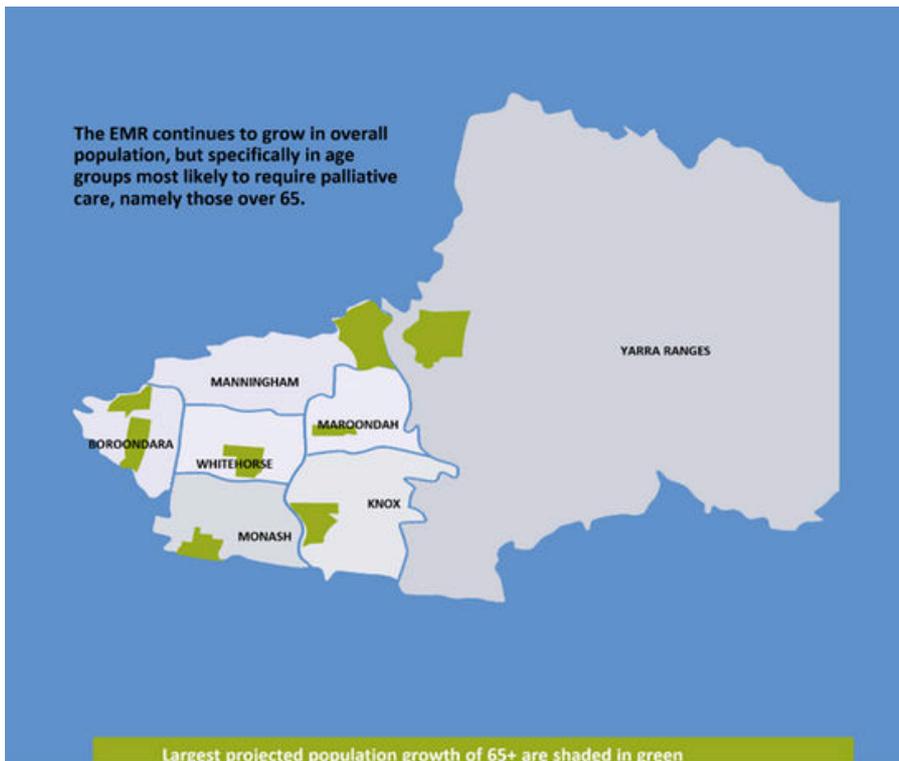


The Eastern Metropolitan Region covers just over 2,025 square kilometres, stretching from the inner suburbs to townships in the Yarra Valley and Dandenong Ranges. It includes the Local Government Areas of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges. People in the outermost local government area experience particular issues with access to a range of services including for their health, due to distance and isolation. There are suburbs of high affluence and pockets of entrenched socioeconomic disadvantage.

At the 2021 Census, the Eastern Metropolitan Region's population was a little over 1.15 million people. And so, the region is home to just below 18% of the Victorian population and around 24% of Victorians who live in the capital city area of Greater Melbourne.

Around 24% of people were born in a non-English speaking country with the most common language other than English being Mandarin or Cantonese.

It is anticipated that the number of those aged over 65 in the Eastern Metropolitan Region will be approximately 222,000 by 2024. The current median age is just over 40 years.



Adapted from:
Eastern Palliative Care Assoc. Inc.,
Strategic Directions 2022





In 2021, Aboriginal Australians died 8 to 9 years earlier than non-Aboriginal Australians. The average life expectancy for Indigenous Australians is estimated to be 71.6 years for males and 75.6 years for females; the median life expectancy was 24 years, up from 23 years in 2016 and 21 years in 2013.

The leading causes of death for Aboriginal and Torres Strait Islander people in the period 2015 to 2019 accounted for 80% of all deaths in this population; these were cancer and other neoplasms; circulatory diseases; injury and poisoning; respiratory disease; and endocrine, metabolic and nutritional disorders. Over the decade from 2010 to 2019, the death rates for Indigenous Australians due to circulatory diseases and kidney diseases decreased, while death rates due to cancer and other neoplasms and injury and poisoning both worsened. From 2018 to 2019, based on self-reported survey responses an estimated 24% of Indigenous Australians reported having a diagnosed mental health or behavioural condition and 3 in 10 of Indigenous adults reported 'high or very high' levels of psychological distress.

Comparison of burden of disease results for Indigenous and non-Indigenous Australians shows that overall, Indigenous Australians experience burden at 2.3 times the rate of non-Indigenous Australians, but that the absolute gap narrowed between 2003 and 2018.

The Aboriginal population in the Eastern Metropolitan region is approximately 3,977 people and accounts for around 8% of Victoria's total Aboriginal population. In this population, the top long-term health conditions experienced are arthritis, asthma, cancer, dementia and either heart disease or diabetes.

Eastern Metropolitan Region Palliative Care Consortium members provide services on the traditional lands and waterways of the Wurundjeri people and offer our respect to their Elders past, present and emerging. We acknowledge all Aboriginal and Torres Strait Islander communities living in the Eastern Metropolitan Region.

Palliative Care Services

It is predicted that the increasing demand and expectation for End-of-Life Care in the home will continue in this region which has fewer hospitals and outpatient palliative care services than others across Melbourne. For both specialist inpatient services and specialist community palliative care services, people are being referred later than was the case prior to the COVID-19 pandemic and are at times dying more quickly.

The Eastern Metropolitan Region has five publicly funded hospitals and three health services. The Inner East has one hospital and three health services: Peter James Centre, Caritas Christi Hospice and St George's Health Service. The Outer East has four hospitals: Maroondah Hospital, Angliss Hospital, Wantirna Health and Healesville and District Hospital. There are designated palliative care beds across the 2 funded inpatient palliative care health services: Wantirna Health Specialist Palliative Care Unit and Caritas Christi (SVHM). Doctors and nurses also provide specialist palliative care advice to patients being cared for elsewhere in these health services.

Eastern Palliative Care Association Incorporated (EPC) is the largest single provider of specialist community-based palliative care services in Victoria and offers a full range of support programs. The volume and complexity of the work undertaken by EPC to keep clients in their own home, safe and supported by high quality care has multiplied with the number of people who wish to die at home.

GP Services

The Eastern Metropolitan Region has around 310 General Practices. The distribution of these may not strongly correlate with population numbers or demand for primary health services including for palliative care.

Building Capacity in the Eastern Metropolitan Region

Education / Training

EMRPCC is committed to upskilling and building capacity in the Eastern Metropolitan Region health workforce to deliver the best possible palliative care in both in-patient and at-home settings.

Education Bursary Program

12 Education Bursaries Awarded

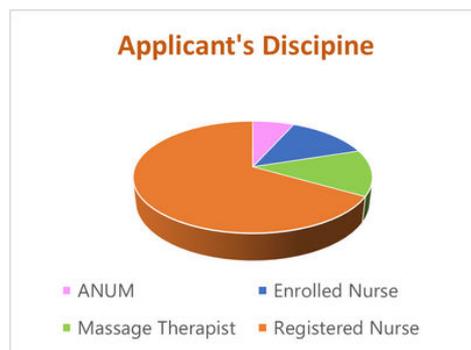
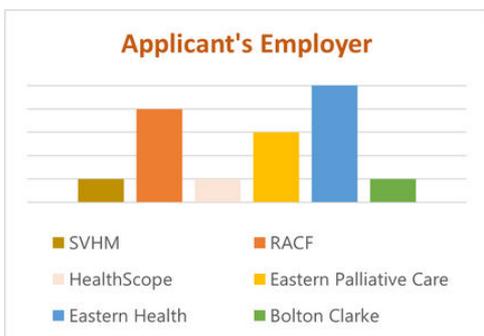


EMRPCC offered Education Bursaries valued up to \$1,500 each for health workers employed by health, disability and aged care service providers or general practices in the Eastern Metropolitan Region to upskill and build capacity in this workforce. The program funded course fees for a palliative care course or study day and required that a PEPA placement into a palliative care service in the Eastern Metropolitan Region also be completed. Fifteen applications were received, and 12 bursaries were approved for funding by a 3-member independent panel (three applications were withdrawn by the applicant during this process). The majority of the bursaries were awarded to attend an Introduction to Palliative Care course.

Respondent survey feedback on the EMRPCC Education Bursary Program included the following:



The following graphics show where the applicants work and what disciplines they come from:



Funded Places to Conference Program

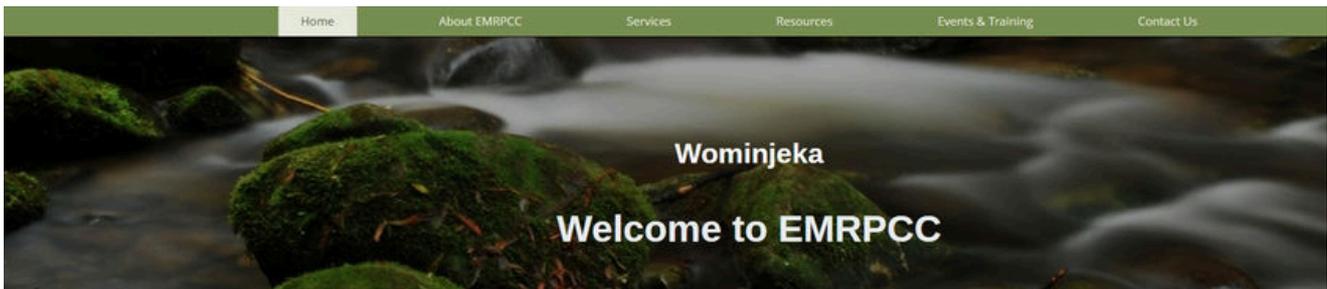
28 places funded to attend the 2023 Oceanic Palliative Care Conference

EMRPCC has funded places for 28 nurses and allied health staff from its member organisations to attend Palliative Care Australia's 2023 Oceanic Palliative Care Conference to upskill and build capacity in this workforce. These are staff that would otherwise be unlikely to be offered a place to attend a multi-day palliative care conference. They will represent Eastern Palliative Care, Eastern Health, Eastern Melbourne PHN and St Vincent's Health Melbourne.

Building Capacity in the Eastern Metropolitan Region

EMRPCC Website

The EMRPPCC website provides a range of resources and information for health professionals, palliative care patients and their families and carers, as well as the general community. Regular updates include links to education and professional development opportunities and useful resources and newsletters. The EMRPCC website also provides a forum for feedback and enquiries.



| Resources | Community | Conversations |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  |  |
| Access guidelines and resources to help you provide the best possible end of life care for your patients. | Learn about how we care for different communities and look after people in ways sensitive to culture. | We understand that having a conversation about the end of life might feel challenging. Many people say "I didn't know how to bring it up but I'm so glad we had this conversation". The links to these resources help open the conversation. |
| View Resources | View Our Community | Start a Conversation |

Building Capacity in the Eastern Metropolitan Region Networks

Victorian Palliative Care Networks

EMRPCC is an active member of the Victorian Palliative Care Consortium Managers Network and the Victorian Palliative Care Network. Both of which meet bi-monthly.

The Victorian Palliative Care Network includes representatives from a range of key stakeholders in the palliative care sector who gather to discuss emerging issues and to enhance coordination and communication across the State. This Network also assists the Department of Health to implement the Victorian Government's End of Life and Palliative Care Framework and other policies and programs to support people with a life limiting illness and their carers, families, friends and communities.

Eastern End of Life Care Network (EELCN)

The Eastern End of Life Care Network was reconvened in December 2022 with the EMRPCC Consortium Manager acting as the Network's Chair. This network provides an interactive and informative forum for people working and volunteering in end-of-life care and promotes and support the development of compassionate community initiatives. Meetings are held several times a year. Members represent:

- Bolton Clarke
- Buddhist Council Victoria
- Community Houses Association of the Outer Eastern Suburbs (CHAOS)
- EACH
- Eastern Health
- Eastern Melbourne PHN (EMPHN) (EPC)
- Eastern Palliative Care Association Incorporated
- HomeInstead
- Inspiro
- La Trobe University
- Monash Health
- Mullum Mullum Indigenous Gathering Place (MMiGP)
- Natural Grace
- Palliative Care Victoria (PCV)
- Social Health Australia
- Yarra Ranges Council

Other Networks and Groups

EMRPCC supports a range of other networks and groups including:

- Boroondara Aged Service Providers Association
- CarerHelp Diversity National Reference Group
- Eastern Health Rainbow eQuality Working Group
- Eastern Sector Development Team forums
- Valley Service Provider Network
- Yarra Ranges Council Indigenous Advisory Committee

Diversity

EMRPCC member organisations have been working on and supporting initiatives that aim to heighten awareness of inclusive practice.

National CarerHelp Diversity Project



The primary aim of the CarerHelp Diversity project (2020-2023) is to ensure that CarerHelp is accessible and within reach of diverse groups of Australian family carers. The methodology involved developing a National Reference Group of key stakeholders that represent a range of diverse populations as well as substantial consultation with community groups.

LGBTQI+ palliative care

EMRPCC members continue to be aware of and support work to promote LGBTQI+ awareness and rights in palliative care, health care and beyond. EMRPCC connects with Eastern Health's Rainbow eQuality Working Group and promotes professional and educational opportunities that upskill and build capacity in the workforce in LGBTQI+ awareness and actions.



EMRPCC Partner Reports 2022/2023

Eastern Health



The Eastern Health Supportive & Palliative Care Service (SPCS) continues to perform at a high level, according to national specialist palliative care benchmarks. The vision of creating a regional specialist palliative care network that manages complex clinical care, develops with research and supports generalist and specialist palliative care education is stronger than ever. Nothing is ever achieved without overcoming the challenges we face and seeking the opportunities that exist in adversity.

Overview

There have been many changes to our service over the last year, as we have adapted to the post-COVID landscape and sought to improve our work in the region. Eastern Health awaits a change to its organisational structure, following which our service will be able to adapt to the new governance. Meeting the healthcare demands of our population with a reduced workforce is a challenge that all services are facing. It is therefore important for us to work as efficiently as possible, and in collaboration with one another to maintain a high standard of care. This certainly has been the approach taken by EMRPCC as we look to review and plan for the future.

As I have previously mentioned, the content of this report reflects the resilience, professionalism and compassionate care and leadership of the clinical and non-clinical members of our team. I am truly grateful for their support and sacrifices.

Clinical Care

As we began 2023, we were delighted that our service had received a special mention from the accreditors who visited Eastern Health. Palliative Care was praised, alongside advance care planning and the Hospital Admissions Risk Program (HARP); this has validated our collaborations with these latter teams. Due to workforce changes, we had to transition from the successful Palliative Residential Aged Care Consult Service (PRACCS) to the Palliative Ambulatory Care Consult Team (PACCT). This new service has been an important way to provide earlier palliative care and advance care planning discussions to people with non-malignant diagnoses. Our first community palliative medicine registrars, Dr Myles Wright and Dr Nisha Nadarajan should be congratulated on setting up the PACCT service and driving education and research for the project. Dr Katie Tham is now driving the service, working within HARP and General Medicine.

Excitingly, with funding from EMRPCC we are planning a new community palliative medicine registrar position to work with Eastern Palliative Care (EPC). This registrar will be co-supervised by consultants working with EPC and Eastern Health. I am pleased that we can further develop our working relationship with EPC, also demonstrated by Dr Katie Tham's positions across our organisations and my position on the Clinical Governance Subcommittee of EPC.

Aliesha-Jane Fejgl, our NUM at Wantirna returned to the ward and continues to lead the team superbly. We have met all the PCOC benchmarks for our specialist palliative care unit since 2022. The consistency represented in these national benchmarking reports is an indication of the hard work and passion of the Wantirna PCU team led by Aliesha, Dr Yok-Yin Lee, Dr Grace Walpole and Lyndal Greenwood.

As we embark on a new model of care for our service, there will be an opportunity to further develop our consultation liaison across the Eastern Health campuses. The team continues to meet almost all of the PCOC benchmarks, supporting approximately 2,000 episodes of care per annum but there have been changes in staffing and processes due to organisational issues.

EMRPCC Partner Reports 2022/2023

Eastern Health



Sam Trevaskis now leads the nursing team, supported by Dr Eswaran Waran, Dr Lucy Kernick, Dr Andrew Ng and Dr Nisha Nadarajan. Unfortunately, Dr Heidi Gregory and Louise Thai left our service, but both are doing well as Deputy CMO at Austin Health and Nurse Practitioner at Calvary Health Care Bethlehem, respectively.

Our service remains hampered by the lack of an electronic medical record to collect PCOC data, causing inefficiencies and an inability to optimally transition care into the community. In addition, early palliative care cannot be ideally provided without an outpatient clinic. PACCT provides an opportunity to meet some of this need, but we must develop the evidence base to support its efficacy. We continue to explore both formal outpatient clinics and telemedicine options within the Eastern Region.

Education

Eastern Health has supported the online education of hospital staff as part of the Comprehensive Care Standard of the National Accreditation Standards, although this is not mandatory. Our team has been involved in the promotion of these resources for Eastern Health staff whilst also supporting specialist professional development, e.g., PCOC and CPCER education and in-house case-based training.

We continue our education of medical, nursing and allied health students from Monash, Deakin and La Trobe Universities. Dr Grace Walpole has become an established and respected communication skills educator and is the Lead in Clinical Communication Skills at the Eastern Health Clinical School. We successfully incorporated her expertise into the final year Monash University medical student teaching via Zoom this year.

Our team is looking forward to contributing to more educational activities in the region during 2023/2024, in conjunction with EPC.

Research

There have been national and international presentations delivered about voluntary assisted dying (VAD), as other states and territories begin the process of implementing their VAD legislation. Our experiences have been valuable in prompting important reflections in this area and how we can reduce the conflation between palliative care and VAD. Other presentations have covered communication skills, social media in palliative care, quality of life, the role of technology in palliative care, humanising healthcare, compassionate leadership and future challenges and opportunities for palliative care. The publications from our work in COVID and the multi-site implementation of screening for psycho-existential symptoms have been important additions to the academic literature.

We continue our research into delirium in palliative care as part of the NHMRC Ideas Grant funding for the international multi-site project. Our partnership with the Public Health & Palliative Care Unit at La Trobe University continues and will support a two-year research proposal investigating length of stay on the specialist palliative care unit, end-of-life prescribing and local general practitioner involvement in palliative care. Additionally, we are progressing a study which involves: (i) investigating quality of life towards the end of life (EOL) for Eastern Health palliative care inpatients; and (ii) the extent of health and social services used among people who died within Victoria over a 3-year period.

Two Eastern Health Foundation Awards were received: the first to Dr Myles Wright for PACCT in HARP and the second to Dr Nisha Nadarajan for her research into rehabilitative palliative care in a specialist palliative care unit.

EMRPCC Partner Reports 2022/2023

Eastern Health



At the recent Oceanic Palliative Care Conference 2023, we presented five posters related to PRACCS, PACCT, Palliative Rehabilitation, Advance Care Planning in Vulnerable and Disadvantaged Adults and PCOC data from the PCU over five years.



We thank EMRPCC for generously funding so many of our staff to attend this important international palliative care conference!

We have also been involved in collaborative work with the Eastern Health nephrology team and ambulatory services, as well as the progressive neurological diseases state-wide service based at Calvary Health. Sam Breen deserves a special mention as she obtained a high distinction in her Honours study, supported by Kaori Shimoinaba, Katrina Recoche, Ali Lakhani, and myself.

EMRPCC Partner Reports 2022/2023

Eastern Health



Sometimes it's little things like getting flowers, or something from the café, or even just sitting with them to fill in the gap before a relative comes to see them. Just knowing I've connected with them, even in a small way, I walk out the door feeling like I've helped

It has been great to have volunteers back on our ward!



I would like to thank Pam Redcliffe and her amazing volunteers.

Pam leads our fantastic volunteers in the Wantirna Palliative Care Ward. Behind the mask, Pam enjoys organising regular social get-togethers for the Wantirna Health volunteer team.



Special thanks also to Palliative Care nurse Berni Swinkles who has led the Handover HeARTwork Project - a great initiative to help bereaved families.

Year 9 students from Aquinas College in Ringwood are lending a helping hand to Wantirna Health, decorating handover bags for the families of loved ones who have passed away. Berni started the project to give families a more dignified handover of a patient's belongings.

Professor Leeroy William

Clinical Director of Supportive & Palliative Care | Eastern Health

Adjunct Clinical Professor | Eastern Health Clinical School | Monash University

Adjunct Associate Professor | Public Health Palliative Care Unit | La Trobe University

EMRPCC Partner Reports 2022/2023

Eastern Palliative Care Association Incorporated



After the retirement of Jeanette Moody, EPC's CEO for 14½ years, I was welcomed as the new Chief Executive at the beginning of August 2022. I am a Registered Nurse with an early background in specialist palliative care and an experienced CEO from primary health networks, aged care and community care settings.

In February 2023, Kylie Draper, Manager of Nursing and Medical Services left EPC after 23 years. Kylie was known as a passionate nurse advocate and her expertise in community palliative care was unparalleled. Christopher Cliffe stepped in as Interim General Manager of Nursing and Medical Services and provided stable leadership for the remainder of the year whilst a review of the organisational structure was undertaken, and a new General Manager was recruited.

The number of referrals (3,193) and clients cared for (2,888) continues to grow year on year with an average of 651 clients receiving care each month. Deaths and discharges decreased (by 49) from 2021/2022 to 1862 clients.

We continue to see:

- Reducing client length of stay (53% less than 30 days / average stay = 40 days)
- Referrals arriving later in disease progression (71% deteriorating or terminal)
- Patients living longer with complex disease/burden
- General increasing life expectancy in the community

EPC continues to provide a 24-hour service with nurses on duty from 8:30am to 11pm Monday to Friday and 8:30am to 5pm Saturday and Sunday. EPC has an After-hours call service (a Triage Service) and EPC nurses visit clients out of hours as needed. These 24-hour service offerings allow EPC to provide a responsive service to clients and carers by:

- Answering questions that arise outside business hours
- Explaining medications, particularly when medications or symptoms have changed
- Supporting clients and their carers as symptoms progress/change or when there is general deterioration
- Advising on unexpected medical issues that arise
- Supporting family members following the death of the client.

EPC's clinical workforce consists of specialist nurses, medical physicians, nurse practitioners, social workers, occupational therapists, massage therapists, music therapists and an MND support worker.

Our full volunteer program has been re-instigated and provides a range of support services to clients and carers including our award-winning Biography Program.

Our education program supports GPs and health professionals in aged and community care and our Community Speakers program works to increase community awareness of palliative care.

EPC has commenced implementing our value-based healthcare strategy across the organisation. This aims to measure improved outcomes for our clients relative to the funding we receive. A review of our allied health model of care has been undertaken with changes to be implemented in 2023/2024.

Gaylene Coulton
CEO

EMRPCC Partner Reports 2022/2023

St Vincent's Hospital Melbourne Palliative Care Services



St Vincent's Hospital Melbourne (SVHM) is committed to the delivery of best-practice palliative care that enables people to achieve the best quality of life.

At SVHM, we recognise that contemporary palliative care is not only for people at the end of their life but for those living with chronic life-limiting disease. Through clinical care, education and research, SVHM promotes the capacity of people to have early access to information about palliative care that supports them to live well and make informed choices.

Clinical Services

Caritas Christi inpatient palliative care unit

For most of 2022/2023, SVHM was operating and staffed at 18 palliative care beds at Caritas Christi. Unfortunately, due to the ongoing visitor restrictions and patients' preference to die within their own home, we were unable to consistently fill these inpatient beds. It is proposed to reduce this to 16 beds in the 2023/2024 financial year to better reflect the demand. We are also hopeful that visitor restrictions will significantly ease in the next financial year. Our average length of stay during 2022/2023 within Caritas Christi ranged between 7 and 14 days.

Specialist Clinics

SVHM continue to provide specialist palliative care clinics that offer assessment and advice in collaboration with other specialty services including renal, cancer, pain or general medicine at our Fitzroy Campus. The partnership with other specialty services has resulted in the early identification of possible patients and the introduction of palliative care to this patient cohort.

Palliative Care Community Connect

This home-visiting team consists of a palliative care consultant and either a nurse practitioner or clinical nurse consultant. Within the SVHM community, there is an identified patient cohort who require the input of a specialist palliative care team and who face barriers to accessing hospital outpatient clinic appointments. These patients may not meet the criteria to be linked with a community palliative care service but often require one or two home visits from the specialised team to assist with symptom management and advance care planning. The team also works closely with other programs across SVHM, such as the Health Independence Program (HIP), Residential In-Reach and the mental health teams to offer palliative care assessments and symptom management.

Palliative Care @ Home (pilot)

This year we piloted the Palliative Care @ Home program which delivered intensive specialist palliative care to patients admitted in their own homes for a short period of time as an alternative to an inpatient hospital admission. The program is delivered by a team consisting of nurse practitioners, specialist palliative care doctors and clinical nurse consultants. The model delivered a minimum of two points of contact per day and utilised telehealth when appropriate. After-hours support was

EMRPCC Partner Reports 2022/2023

St Vincent's Hospital Melbourne Palliative Care Services



provided by the SVHM After-Hours Telephone Triage Service and supplemented by a home-visiting nursing service for patients who are identified as most in need or who are in the terminal phase of their disease. The program aimed to support patients whose choice is to die at home, avoiding emergency department and other hospital admissions. The pilot was funded via an inpatient bed substitution model and will continue as a proof of concept and be incorporated into the newly formed St. Vincent's Virtual & Home Program.

Palliative Care Consultation Service

An organisation-wide service that provides comprehensive specialist palliative care consultancy and advice across all SVHM campuses including St Vincent's Private Hospital Melbourne (SVPHM) Fitzroy and East Melbourne; St. Johns Ward, Port Phillip Prison; and Outpatient clinics

Regional Specialist Clinics and Call Line Support (Medical)

Delivery of specialist palliative medical support to Goulburn Valley Health and Albury Wodonga Health that includes some or all of the following activity at each site:

- Palliative medical consultation (face-to-face or telehealth) for palliative care patients
- Palliative medical consultation (telephone or video) support for medical officers caring for palliative care inpatients
- Supervision, support and mentoring for junior medical staff and medical physicians, including SVHM site visits
- Monthly case reviews by palliative medical officers
- Strategic and service development guidance as requested

SVHM After-Hours Telephone Triage Service (Nursing)

The After-Hours Telephone Triage Service provides specialised palliative care advice to registered patients and families cared for by 20 palliative care services across metropolitan and regional Victoria. The service operates from 4:30pm to 7:30am Monday to Friday and 24 hours on weekends and public holidays. Experienced nurses offer specialist advice consistent with detailed patient care plans developed by community palliative care services. After-hours support aims to alleviate patient and family issues in a timely and clinically appropriate manner and reduce hospital admissions. Each night, there are up to 2,000 patients and families who are eligible to access the service, with an average of 700 callers supported each month.

Psychosocial Cancer Care

The Psychosocial Cancer Care (PSCC) service undertakes the assessment and management of complex psychological and psychiatric issues encountered on the cancer and end-of-life journey. The program utilises behavioural, psychological, psychopharmacological and systemic interventions as well as music therapy to address concerns, including:

- Adjustment and coping with the stage and trajectory of ill health

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- Distress, anxiety, demoralisation, depression and post-traumatic stress syndromes
- Existential and spiritual concerns
- Co-morbid psychiatric illness
- Complex illness and treatment-related organic syndromes
- Grief and bereavement

Clinical Trials Program

SVHM has participated in a number of clinical trials in collaboration with national and international researchers. In 2022/2023, recruitment occurred for the following symptom-based studies:

- A medicinal cannabis trial for advanced cancer patients
- An appetite study for small cell lung cancer patients
- An analgesic trial for cancer patients with neuropathic pain
- A landmark clinical trial utilising psilocybin paired with a program of psychotherapy and clinical support for terminally ill patients who are experiencing depression or anxiety was conducted over the past year. It was run by our Psychosocial Cancer Care service in collaboration with palliative care staff and patients and has generated significant interest from the broader community.

Research Services

SVHM undertakes research that advances the aims of people affected by serious illness and their family carers. This research is conducted by the Centre for Palliative Care and Palliative Nexus Research Group. Our collective research initiatives include:

- Clinical trials, health service evaluation and psychosocial interventions
- PhD and research trainee supervision
- Grants from multiple sources including NH&MRC and the Commonwealth Palliative Care Program
- Publications in international peer-reviewed journals
- Presentations at international conferences
- Co-investigators on European Union grants and National Institute Health (USA) grants
- Formal academic partnerships with Vrije University Brussels and University of Melbourne
- Academic appointments with University of Melbourne
- Development of evidence-informed models translated into policy and national guidelines

Palliative Care Research Network

The Palliative Care Research Network (PCRN) fosters the evolution of collaborative scholarly inquiry in palliative care. The PCRN is supported by the Victorian Department of Health and administered by The Centre for Palliative Care.

Research Outcomes

CPC has 30+ active projects in collaboration with other academic bodies, including University of Melbourne and clinical colleagues from the St Vincent's Hospital network

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- Research at CPC is informed by clinical practice and needs with a strong focus on translating research outcomes back into practice
- Palliative Nexus has steadily grown in research output and success; including 7 completed Ph.D. students and 38 publications in peer-reviewed journals in 2022

Education Services

Centre for Palliative Care Education and Training Services



The Centre for Palliative Care (CPC) Education team and teaching faculty combine their clinical experience, knowledge and expertise to bring a 'real world' perspective. Healthcare professionals attending the education sessions/events return to their workplaces well-prepared to navigate the complexities of providing a palliative approach to health care and make meaningful contributions to the outcomes of their patients and residents in their care.

Reasons why clinicians continue to attend CPC education and training:

- Lead provider of clinically-focused palliative care education and skills training in Australia and overseas.
- 'Point of difference' is a commitment to cost-competitive, accessible professional development and webinar events relevant to a multidisciplinary workforce
- An interdisciplinary teaching environment that encourages collaboration and fosters understanding, effective communication and interaction among healthcare teams
- Training programs designed to equip organisations and the healthcare workforce with the skills and knowledge for successful clinical practice changes that make tangible differences in patients' and resident's lives.
- Recognition of the inherent need to educate both generalist and specialist healthcare workforce.

Attendance data

- In 2022/2023, CPC provided education to 284 healthcare professionals, many of whom were return customers.

Michael Bramwell
Operations Manager, Palliative Care Services

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Bolton Clarke



Bolton Clarke provides a **generalist/palliative approach** to care for people with a life-limiting illness. Care encompasses the philosophy of palliative care whilst working collaboratively with the person, their family, general practitioners, allied health and when symptoms are complex, with specialist palliative care services. Our emphasis is on promoting quality of life, ensuring culturally informed practice and supporting the holistic and personalised needs of clients and their families.

Our teams are committed to ensuring a comprehensive and person-centred approach to care and aim to improve quality of life by providing physical, psychosocial and spiritual support, as well as symptom management. Our generalist palliative approach to care includes:

- Supporting clients, their carers and family
- Recognising and responding to clinical deterioration
- Monitoring and escalating physical and psychosocial symptoms.

We work collaboratively with the client's general practitioner, Palliative Care Specialist, Allied Health providers and palliative care services when a client's physical and/or psychosocial symptoms are complex. We are focused on communication, a clear definition of roles and responsibilities and providing opportunities for shared learning, education and care coordination.

Our Bolton Clarke Palliative and End of Life Care Standard, Advance Care Planning Guideline, Voluntary Assisted Dying Standard and Procedure and a Grief, Loss and Bereavement Guideline underpin our palliative care approach.



Leanne Davey
Nurse Practitioner Palliative Care, Bolton Clarke

Janeen Cato Manager Clinical Innovation

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Eastern Melbourne Primary Health Network



Eastern Melbourne Primary Health Network (EMPHN) is a not-for-profit organisation funded by the Australian Government to increase the efficiency of medical services, reduce fragmentation of care and improve health outcomes for everyone, especially the most vulnerable in our community. EMPHN is one of 6 PHNs in Victoria and 31 PHNs nationally.

Alongside all PHNs nationally, EMPHN is funded from 2021 to 2025 to deliver the Greater Choices for At Home Palliative Care Measure. This program aims to increase awareness of and facilitate access to safe quality palliative and end-of-life care at home.

Over the previous year, we have had a few staffing changes and are pleased to introduce Sonya Imbesi, who commenced in late 2022 as our Program Facilitator. Sonya brings over 10 years of clinical experience as a physiotherapist specialising in palliative care.

Key highlights:

Our activities over the past 12 months have focused on 3 areas: education, engagement and data collection.

Education

Building on the partnerships we have with EPC, we continued to support the delivery of a 4-part workshop series for General Practice staff in May and June 2023. EMPHN provided RACGP accreditation to the event and ensured the workshop content met the CPD accreditation requirements. The sessions were delivered by Specialist Palliative Clinicians from across the region who shared their knowledge on key topics including dying well at home; managing urgent palliative care needs; decision-making; and opioids in palliative care. 50 GPs attended this training and key outcomes included:

- greater than 90% of learning outcomes being entirely met
- 100% of workshops are recommendable to GP colleagues

EMPHN will also support the RACGP accreditation of Banksia Palliative Care Service's 4-part workshop series.

Sector Engagement and Information Sharing

EMPHN is working in collaboration with South Eastern Melbourne PHN (SEMPHN) and the Pharmaceutical Society of Australia (PSA) on a project that is focused on engaging pharmacies across our respective catchments to stock core medicines that are essential for effective end-of-life symptom management. This is based on a project that North Western Melbourne PHN (NWMPHN) completed in 2021 with PSA to develop a Core Medicine List (CML). The CML includes medicines endorsed by the Australian and New Zealand Society for Palliative Medicines for use with community-based palliative patients and is considered the core palliative care medicine list published in other states.

The current project with PSA will use this same Core Medicine List. PSA will engage with at least five pharmacies across each of EMPHN's and SEMPHN's Local Government Areas (LGAs) to confirm their agreement to stock all medicines in the CML. The details for each of these pharmacies will then be uploaded to an existing online Google map, which currently includes pharmacies in the NWMPHN region that stock the CML. The map will then be a metro-Melbourne-wide resource.

This project also includes the provision of a RACGP-accredited webinar for GPs, focused on anticipatory medicines and medication management for end-of-life care. EMPHN will promote these resources to GPs to.

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increase their awareness of anticipatory prescribing and enable their patients to have timely access to these important medicines.

Data Collection

EMPHN is finalising a data-sharing agreement with EPC that will build our understanding of the gaps in palliative care service access for at-risk populations; including people with disabilities; people from CALD backgrounds; Aboriginal and Torres Strait Islander people; and people with dementia and non-malignant chronic illness. The intention of the agreement is for EMPHN to coordinate the delivery of targeted education and awareness campaigns for primary care and other community providers and consumer groups who are not currently represented in service delivery data.

Andrea Lockwood
Program Manager, Aged and Palliative Care



Eastern Metro Region Palliative Care Consortium
630 Mitcham Road, Mitcham 3132
phone: 0413 264214
email: consortiummanager@epc.asn.au