



Eastern Metropolitan Region
Palliative Care Consortium

Strategic Plan 2012-2015

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SUMMARY OF EMRPCC STRATEGIC PRIORITIES

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Palliative Care Consortia were established in 2005 in each Victorian Department of Health region. The Eastern Metropolitan Region Palliative Care Consortium (EMRPCC) is a partnering of



In August 2011 the Victorian Department of Health released

'Strengthening palliative care: Policy & strategic directions 2011-2015' .

The policy provides new opportunities for the EMRPCC across 7 strategic principles. As the 2011-2015 policy is implemented across the region the Consortium partnerships will strengthen as the EMRPCC strives towards the regional vision.

Our Vision:

The Consortium's aspiration is that EMR residents with a terminal condition, their families and 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.

SUMMARY OF EMRPCC STRATEGIC PRIORITIES

Strategic Direction 1 - Informing and involving clients and carers

- ◇ Provide information about palliative care that is tailored to the needs of clients and carers

Strategic Direction 2 – Caring for Carers

- ◇ Increase regional support for carers, with awareness of changing needs during the palliative journey
- ◇ Continued provision of afterhours support to community clients and carers in their homes

Strategic Direction 3 – Working together to ensure people die in their place of choice

- ◇ Engagement with management of residential aged care
- ◇ Regional aged care /palliative care nurse to support residential aged care services
- ◇ Support the implementation of end of life pathways in residential aged care facilities
- ◇ Support disability accommodation services in palliative concepts
- ◇ Provide palliative education that crosses differing health sectors and levels of knowledge
- ◇ Increase understanding of the palliative support systems with general health sectors.
- ◇ Support general health and community care providers to deliver end of life care
- ◇ Increase palliative care support to people with dementia in residential aged care

Strategic Direction 4 – Providing specialist palliative care when and where it is needed

- ◇ Work in partnership with health providers to deliver quality palliative care for Aboriginal communities
- ◇ Interact with multicultural organisations to promote access to culturally appropriate palliative care
- ◇ Support funded palliative care services in the implementation of the palliative care Service Delivery Framework

Strategic Direction 5—Coordinating care across settings

- ◇ Renew the Memorandum of Understanding with all Consortium partner services
- ◇ Increase the EMRPCC profile in the region
- ◇ Effectively inform all stakeholders about the EMRPCC
- ◇ Strengthen the role of Palliative Care Consortia within the 2 Medicare Locals being established in the region

Strategic Direction 6 — Providing quality care supported by evidence

- ◇ Have an active Consortium Clinical Group within the region
- ◇ Consortium clinical guidelines reflect best practice
- ◇ Regional palliative care sector education

Strategic Direction 7 — Ensuring support from communities

- ◇ Strengthening community awareness, and capacity to better support people in relation to death, dying



Strategic Direction 1 -Informing and involving clients and carers

Strategic Priorities

◇ Provide information about palliative care that is tailored to the needs of clients and carers

Strategic Objectives	Measures for success	Responsibility / When
1.1 Carers and clients receive information about palliative care appropriate to their needs	<ul style="list-style-type: none"> * Improved ratings within the Victorian Palliative Care Satisfaction Survey. Action plan in place *Carers expo (open to public) 2015 	<ul style="list-style-type: none"> EMRPCC, on release of survey results – annually. Carers Resource group & Consortium Manager
<ul style="list-style-type: none"> • Consortium website content has current information 	<ul style="list-style-type: none"> *Updating of information on Consortium website *Reporting graph of EMRPCC website activity 	<ul style="list-style-type: none"> Consortium Manager, ongoing Consortium Manager, March & September
<ul style="list-style-type: none"> • Increase Palliative care week awareness activities 	<ul style="list-style-type: none"> *Promote on EMRPCC website *Palliative care week 2014 – palliative care awareness via channel 31 Eastern region TV program *Palliative care week 2014 & 2015 interview on Palliative care on Eastern FM 	<ul style="list-style-type: none"> Consortium Manager Consortium Manager & Fernlea or Eastern Palliative Care Consortium Manager & Fernlea or Eastern Palliative Care



Strategic Direction 2- Caring for Carers

Strategic Priorities

- ◇ Increase regional support for carers, with awareness of changing needs during the palliative journey.
- ◇ Continued provision of afterhours support to community clients and carers in their homes.

Strategic Objectives	Measures for Success	Responsibility / When
2.1 A regional approach is taken when planning and improving carer supports, including Aboriginal & CALD groups	<ul style="list-style-type: none"> * Regional forum for palliative care services * Develop a regional long term plan for improvement of supports * Updating of carer information on Consortium website * Palliative carers resource group plan 2015 Carers expo * Carers expo held in 2015 * Increase consumer input via a regional reference group 	<ul style="list-style-type: none"> * Consortium Manager, commence September 2011. * Consortium December 2012 * Consortium Manager, ongoing * PCRG * PCRG * Executive
2.2 Develop alliances ensuring key carer support agencies are involved	<ul style="list-style-type: none"> * 3 key carer support services are aware of the service parameters of the EMR palliative care services * Carers expo 2015 	Consortium Manager, November 2011, then ongoing * PCRG
2.3 A carers support model project paper (for end of life care)	<ul style="list-style-type: none"> * Background paper developed * Scoping for funding and implementation undertaken 	<ul style="list-style-type: none"> * Consortium Manager and project team. Background paper by November 2012. Funding scoping by June 2013. Background paper resulted in no further action at present
2.4 Specialist Community Palliative Care remain accessible to clients & carers	<ul style="list-style-type: none"> * Report on After Hours access within the Consortium annual report. 	<ul style="list-style-type: none"> * Consortium Manager, annually
2.5 Utilise Medicare Locals as a regional network to build awareness of the needs and resources for palliative carers	<ul style="list-style-type: none"> * Consortium contributing to Medicare Local network—meeting attendance, participation in projects/work/clinical groups 	<ul style="list-style-type: none"> * Executive



Strategic Direction 3- Working together to ensure people die in their place of choice

Strategic Priorities

- ◇ Engagement with management of residential aged care
- ◇ Regional aged care palliative care nurse to support residential aged care services
- ◇ Support the implementation of end of life pathways in residential aged care facilities
- ◇ Support disability accommodation services in palliative concepts
- ◇ Provide palliative education crossing differing health sectors and levels of knowledge
- ◇ Increase understanding of the palliative support systems with general health sectors
- ◇ Support general health and community care providers to deliver end of life care

Strategic Objectives	Measures of Success	Responsibility/ When
3.1 Engagement of Residential Aged Care (RAC) management to facilitate quality palliative care practice change.	<ul style="list-style-type: none"> * Annual - RACF Management forums held * Development of RAC network, based on common goals/interests * PSNs attend EMMML & IEMML RAC education/network meetings 	<ul style="list-style-type: none"> * Consortium Manager, commence November 2011. * Consortium Manager, PSNs & 2 Medicare Locals
3.2 Sustainable regional model for the Palliative Support Nurse in place.	<ul style="list-style-type: none"> * Model developed and approved by Department of Health * Model implemented and monitored by regional advisory group * Quarterly reports to Consortium 	<ul style="list-style-type: none"> * Consortium, Commenced October 2011. * Model Advisory group, establish early 2012 , concluded June 2013 * Aged care/Palliative care nurse, reports commence March 2012.
3.3 Support to implement End of life pathways to be available for residential aged care facilities	<ul style="list-style-type: none"> * Data to indicate number of facilities undertaking the pathway approach to care * Establishment of RAC Collaborative group which includes ACAS 	<ul style="list-style-type: none"> * Aged care/palliative support nurse * Consortium Manager & Executive
3.4 Build capacity within general health and community care providers to deliver quality end of life care in the place of choice	<ul style="list-style-type: none"> * Education delivered at service level to private hospitals * Include private hospitals in regional education event promotion 	<ul style="list-style-type: none"> * Palliative Care Services
3.5 Ongoing regional education program for RAC clinical staff	<ul style="list-style-type: none"> * Attendance numbers remain over 30 per session 	<ul style="list-style-type: none"> * Consortium Manager
3.6 Disability services have support to improve the capacity to care for ageing and palliative residents within their residential accommodation	<ul style="list-style-type: none"> * Activities & an implementation plan devised in conjunction with disability accommodation providers 	<ul style="list-style-type: none"> * Aged care/palliative care regional nurse in conjunction with regional disability services



Strategic Direction 4– Providing specialist palliative care when and where it is needed

Strategic Priorities

- ◇ Work in partnership with health providers to deliver quality palliative care for Aboriginal communities .
- ◇ Interact with multicultural organisations to promote access to culturally appropriate palliative care .
- ◇ Support funded palliative care services in the implementation of the palliative care Service Delivery Framework
- ◇ Increase palliative care support to people with dementia in residential aged care

Strategic Objectives	Measures of success	Responsibility / When
4.1 Regional palliative care sector receive Aboriginal cultural awareness training	* Biennial Training conducted	* Consortium Manager, biennially from 2012
4.2 Partner with Eastern Health to support the Aboriginal Health team	*Twice yearly contact with Eastern Health Aboriginal Liaison officer	* Consortium Manager, Eastern Health representatives. Commence March 2012
4.3 Interact with multicultural organisations to increase their awareness of regional palliative care services. Use the interaction to identify and address regional care & support issues for clients and their carers, requiring palliative care.	* Reporting of issues related to palliative care to the EMRPCC *Ongoing networking interaction with Migrant Information Centre- Eastern Melbourne	* Consortium Manager
4.4 Through a collaborative approach in regional planning — support services in the implementation of the palliative care Service Delivery Framework	* Based on Department of Health directives	* EMRPCC services
4.5 Increase palliative care support to people with dementia in residential aged care, through a targeted mentoring approach by Eastern Palliative Care Assoc. Inc.	*Report on the range of activities undertaken by EPC for inclusion in the EMRPCC 2013-15 annual reports	Eastern Palliative Care Assoc. Inc



Strategic Direction 5 – Co-ordinating care across settings

Strategic Priorities

- ◇ Renew the Memorandum of Understanding with all Consortium partner services
- ◇ Increase the EMRPCC profile in the region
- ◇ Effectively inform all stakeholders about the EMRPCC
- ◇ Strengthen the role of Palliative Care Consortia within the 2 Medicare Locals being established in the region

Strategic Objectives	Measures of success	Responsibility / When
5.1 All partner services renew the Memorandum of Understanding with the Consortium.	* Current Memorandums of Understanding be in place	* Consortium Executive December 2012
5.2 Promote the relationship between services and the Consortium	* Services displaying a certificate highlighting participation * Inclusion of service names on selected Consortium documentation * Upgrading of consortium website * explore the utilisation of PCeHR at a service level (documented in a report) * Presentation on telehealth at a EMRPCC meeting * Evidence of Cross agency work on topics (i.e. ACP)	Consortium Manager and nominated representatives,
5.3 Inform all stakeholders and the regional health community about Consortium activities	* Consortium electronic update distributed 3 times a year * Increased visitation to Consortium website shown through activity graph reported to EMRPCC	* Consortium Manager — from November 2011. * Consortium Manager— biannual report to EMRPCC
5.4 The EMRPCC be active within the 2 Medicare Local networks in the region both at strategic and clinical levels	* Engagement with the regional Medicare Locals—shown through minutes and regional reports	* Consortium Manager and nominated representatives,



Strategic Direction 6– Providing quality care supported by evidence

Strategic Priorities

- ◇ Consortium Clinical Group promote quality practice within the region
- ◇ Consortium clinical guidelines reflect best practice
- ◇ Palliative care education available to all sectors

Strategic objectives	Measures of Success	Responsibility /when
6.1 Consortium Clinical Group be engaged with the EMRPCC in promoting and implementing best practice within the sector	<ul style="list-style-type: none"> * Annual work plan * Current Terms of reference 	* Consortium Manager/Consortium Clinical Group Chair, November 2011, then annually
6.2 Consortium clinical guidelines reflect contemporary care and best practice.	<ul style="list-style-type: none"> * Clinical group work plan includes guideline review dates * Documents updated on schedule 	* Consortium Clinical Working group Chair
6.3 Regional education program for specialist palliative care services (links to 4.1)	<ul style="list-style-type: none"> * Program in place * Education delivered as per program 	* Consortium , commence by June 2012
6.4 Education program for general & community sectors	<ul style="list-style-type: none"> * Program in place and delivered as planned * Engagement of various disciplines within program * Supporting good Medication practice at the end of life - education 	* Consortium , commence July 2012. *IEMML & EMLM Sept 2014
6.5 Strong links between Consortium Clinical Group and the Victorian Palliative Care Clinical network	<ul style="list-style-type: none"> * Reporting of activities from PCCN * Regional representation on PCCN * Submission of regional documents to PCCN where appropriate 	<ul style="list-style-type: none"> * Consortium Manager * EMRPCC * Consortium Clinical Group
6.6 Palliative Support Nurses implement evidence based initiatives and education to the residential sector	<ul style="list-style-type: none"> * Evaluation on the number and type of sessions provided. * Facility support plans devised with evidence based strategies 	* Palliative Support Nurses.



Strategic Direction 7– Ensuring support from Communities

Strategic Priorities

◇ Strengthening community awareness, and capacity to better support people in relation to death, dying and bereavement

Strategic Objective	Measure of Success	Responsibility/When
7.1 Participate in regional activities that directly or indirectly strengthen community awareness	* Membership of Knox Healthy Ageing Advisory Group *Participation in Boroondara Aged Services Providers Group	* Consortium Manager 2012-2014. *Consortium Manager
7.2 Strengthen community awareness of support services	*Carer expo 2015 *Fernlea conduct the Community awareness events as proposed in “ The last taboo-talking about death & dying community education project”	* PCRG 2014-2015 *Fernlea House 2014
7.3 Promotion of activities of current public interest (like dementia)	*EPC open session on dementia has community attendance	* Eastern Palliative Care Assoc. Inc.