Eastern Metro Region Palliative Care Consortium
Annual Report 2019 - 2020

emrpcc

Eastern Metro 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 and present.

A message from the Chair

On behalf of the members of the Eastern Metro Region Palliative Care Consortium (EMRPCC), I am pleased to present the 2019-20 annual report.

The 2019- 2020 reporting year can be viewed as two chapters:- pre Covid19 in 2019 and Covid19 Impact in 2020. In the latter part of 2019 member organisations continued to communicate on, and respond to the implementation of VAD into the Victorian health system. Members worked closely with the Navigators and clients to refine processes which optimize end of life client care inclusive of client choices.

When Covid 19 emerged as a significant global challenge for everyone, the landscape for palliative and end of life care, service delivery and coordination, community engagement and capacity building, changed. Emrpcc members moved swiftly to work with the Department of Health and Human Services to assess and implement policy and practice amendments to ensure client and staff safety and wellbeing.

In December we said farewell to Lesa Stewart in her role on the Emrpcc executive. Lesa had made a strong contribution for several years, and her generous commitment, work and influence is much appreciated. In early January the Emrpcc executive welcomed me as one of the St.Vincent's health representatives.

At the Executive meeting in June, Professor Claire Johnson informed the Executive she will be taking up a position at the Australian Health Services Research Institute to work with the national Palliative Care Outcomes Collaboration (PCOC). We are thankful for *her generous offering of time as Chair, her passionate voice and research contributions to improving integrated palliative care perspectives across the sectors.*

As reported in 2018/2019 Annual Report,Victorian Palliative Care Consortia were awaiting the outcomes of a review commissioned by the Department of Health and Human Services. The review was held over till the latter part of 2019. This provided Emrpcc an opportunity to continue with activities which strengthen and support continuous, open and transparent communication with local palliative care services and the communities they serve.

Michael Bramwell

Emrpcc Chair

A word from the consortium manager

The spring of 2019 welcomed a refreshed Emrpcc website which went live in August, featuring our new logo. Planning activities were well underway with community members and partners to deliver a wide range of activities.

Thanks to the generosity of local Community Elders and leaders, our Deeper Connections project continued to gain momentum with input from members of the Yarra Ranges Indigenous Advisory Committee (IAC), Elders and leaders at Mullum Mullum Indigenous Gathering Place (MMIGP), and Oonah, formerly known as Healesville Indigenous Community Services Association (HICSA). Work commenced in November to prepare the annual eastern region Reconciliation Week event, and we thank Yarra Ranges Council (YRC) and the Indigenous Advisory Committee (IAC) for inviting Emrpcc participation in what was an outstanding event.

Chaos is the local representative body of Community Houses in the Eastern Region. Communication with the individual houses opened opportunities for workshops on Advanced Care Planning to be delivered by Eastern Health. A December highlight was the establishment of the Eastern End of Life Care Network (EELCN). Emrpcc also belongs to and/or contributes to a range of networks and groups.

A community capacities project commenced in late 2019. This aims to assess and notate the strengths, resources and capacities for community to contribute to the care of people living with a terminal illness.

In November, Emrpcc was invited to partner with Yarra Ranges Council to scope a Healthy End of Life project. Plans for the 2020 activities were interrupted by the first Covid 19 lockdown. Revisiting the project led to an extended partnership with Yarra Ranges Council, Emphn, Alalouie and community members, to prepare an online event for Dying to Know Day 2020 (DtKD2020).

Filming for the event hit a barrier with Stage 4 lockdown restrictions and will be reassessed when circumstances permit. Our thanks to all the partners for their time and creative spirits in designing the event. In late June, we were invited to work with HomeInstead to develop and contribute to another online event for DtKD2020. Great work by the staff at HomeInstead who are working to inspire increased conversations about living and dying well.

Ongoing collaboration with Safer Care Victoria focused on updating and reformatting two guidelines: Opioid Conversion and Syringe Driver Compatibility. They are expected to be released in October 2020.

Our Covid 19 response encompassed both a clinical and community focus. Our initial response was to commence gathering research to support clinicians in their work. Once the Caresearch Covid 19 portal was established, we stepped back while offering our collection of papers to staff responsible for the portal. As each sector worked to respond effectively, we observed the need to link smaller community organisations and service providers into the Department led initiatives. Being a connector has always been an important role for Consortia more broadly, however the need was elevated at this time. Clinical leaders at EPC established a Partners Forum for sharing and communication amongst key stakeholders and palliative care providers. This has proved to be a vital initiative contributing to improved communication.

Special thanks to Professor Claire Johnson for her leadership as Emrpcc Chair. Claire was inspiring, supportive and motivational to work with. Particular thanks also to our Vice Chair Jeanette Moody for her ongoing, consistent and generous support to the role of Consortium Manager. We welcomed Associate Professor Leeroy William and Michael Bramwell to the Emrpcc Executive, and look forward to working with them to fulfill our Vision for palliative care in the Eastern Region.

Barb Dobson

Emrpcc Governance

The Eastern Metro Region Palliative Care Consortium is an alliance of all funded palliative care services in the region as well as a number of associate members with a specific interest in collaboration to ensure the provision of high quality palliative care.

We work together to implement, review and improve services so the residents of the Eastern Metro Region with a life limiting 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.

Emrpcc is one of eight regional palliative care consortia. The consortium manager role is hosted by EPC. The three funded specialist palliative care services make up the Consortium Executive and oversee the implementation of the palliative care policy direction of the Department of Health and Human Services.

Emrpcc consists of funded palliative care providers (voting members):

- Eastern Health (EH)
- Eastern Palliative Care Assoc. Inc. (EPC)
- St Vincent's Hospital Melbourne (SVHM)

Associate Members are:

- Eastern Melbourne Primary Health Network (EMPHN)
- North Eastern Melbourne Integrated Cancer Service (NEMICS)
- Bolton Clarke (BC)

Emrpcc has worked towards implementing Victoria's end of life and palliative care framework with a particular emphasis on Priority 2 and 4.

1. Person-centered services
2. Engaging communities, embracing diversity
3. People receive services that are coordinated and integrated
4. Quality end of life and palliative care is everyone's responsibility
5. Specialist palliative care is strengthened

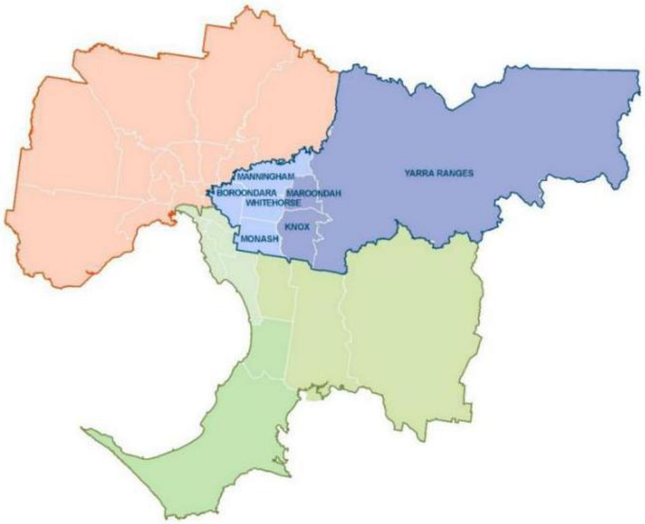
The role of palliative care consortia is to:

- 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, implement the service delivery framework and undertake communication, capacity building and clinical service improvement initiatives

Emrpcc met on six occasions during 2019 -2020. Meetings in 2019 were held at EPC offices in Mitcham. Meetings in 2020 have been conducted using a variety of online forums.

Organisation	Organisation	Focus Issues
St Vincent's Health L Stewart M Boughey M.Bramwell	**North Eastern Melbourne Integrated Cancer Services** K Simons B Zappa	Regional Service Coordination Referral and communication systems Emerging issues for clients and carers Palliative Care and VAD interface Private provider engagement Community engagement and capacity building Covid 19 management/coordination Member research updates/findings: implications for practice SCV/DHHS/PCCN updates Member project initiatives- scope; progress updates; results Member strategic planning directions Conference attendance and information sharing Workforce and staffing issues Education and training
Eastern Health K Marshall C Johnson L William	**Eastern Melbourne Primary Health Network** L Wright S Datta	
Eastern Palliative Care J Moody K Draper	**Department of Health & Human Services-** **Box Hill office** W Molesworth (ex- officio)	
Bolton Clarke – EMR J Gray L. Davey	**EMRPCC – Manager** B. Dobson (ex officio)	

Regional Profile



The Eastern Metro region encompasses seven Local Government Areas (LGAs) of ***Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse, and Yarra Ranges***

There is a significant difference in the demographic, cultural and geographic profiles of the inner and outer areas. The area has a particular feature of including inner suburban LGAs and Outer LGAs where service access and delivery is often affected by issues associate with rurality.

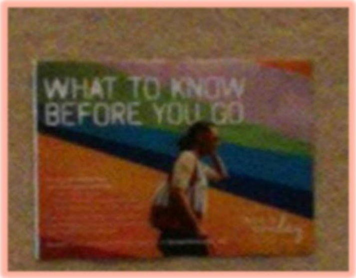
People in the interface LGA of Yarra Ranges experience particular issues with access to services due to distance and isolation. Collectively the region embraces cultural and linguistic diversity with the municipalities of Manningham, Monash and Whitehorse currently having the greatest number of people who speak a language other than English at home.

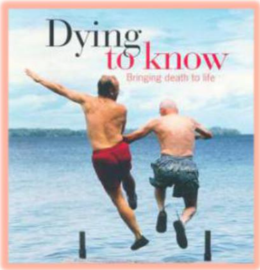
The Eastern Metro Region is experiencing the broader Australian trend of an aging population. The percentage of the population aged 65 and over is expected to grow from 15.5% in 2011 to 18.4% in 2021. Residents of Eastern region also have the highest life expectancy when compared with any other region in Victoria. The 2021 Census will provide us with more detailed information.

Working together: Emrpcc and Community

Dying to know day 2019

On a lovely August 6th day, Emrpcc joined with other guest speakers to offer a presentation at a Dying to Know Day event convened by the Be the Ripple project. The event was held at Knox City Council offices. It was well attended by a wide range of community participants, from young people wanting to know how they can support friends and family with life limiting illnesses, to older people wanting information to guide forward planning for end of life. Thanks to Maureen for organising a valuable and informative event.





Deeper Connections

The Deeper Connections Project commenced in 2018. Throughout this last year the project has gained momentum resulting in a range of activities.

Reconciliation Week 2019

Emrpcc contributed to the project steering group for Reconciliation Week 2019. Usually held in on-site at Healesville, the social distancing requirements provided an impetus for this event to be hosted online. This year the theme was Our Country, Our Future Igniting a shared responsibility. Over 1000 people watched the event live with subsequent hits of a further 1000 views to the link which remains open for sharing. In the final piece Uncle Kutcha Edwards skillfully drew attention to palliative care as he shared a special personal story.

Living will workshops

Conversations with the CEO and a community Elder from MMIGP led to plans for Living Will workshops to be held in November 2019. The importance of having culturally appropriate conversations with community was recognised as being an important gift to family members no matter what age we all are. The implementation of the workshops was held over as they coincided with the loss of a very significant elder in the Eastern region. We looked to early 2020 to hold the workshops, which have now been placed on hold until we can assess the most suitable delivery and engagement mode for a community living with Covid 19 related adjustments.

PEPA Workshops for Aboriginal Health Workers

PEPA Program of Experience in the Palliative Approach

Funded by the Australian Government Department of Health

ATTENTION: Health and community workers who care for Aboriginal and Torres Strait Islander patients/clients

Healesville Indigenous Community Services Association

Palliative Approach workshop

Aim:	Acquire knowledge, skills and confidence in providing care for Aboriginal and Torres Strait Islander peoples with a life-limiting illness, and their families.
Target audience:	Aboriginal Health Workers, Aboriginal Liaison Officers, Community Workers and health professionals who support Aboriginal and Torres Strait Islander people in Gippsland. You should have limited, or no palliative care experience.

Content:

Culturally safe practice approaches to care for Aboriginal and Torres Strait Islander peoples.

Topics include:

- The palliative approach
- Communication
- Grief and loss
- Advance care planning
- Caring for yourself

In consultation with staff at PEPA a workshop was planned and delivered for Aboriginal Health Care Workers at HICSA. On August 7 Tracey and Nicole facilitated a lively work shop on the Palliative Approach at the local ACCHO in Healesville. The service has renamed to Oonah Aboriginal Health service , however at the time of the workshop it retained its previous name of HICSA (Healesville Indigenous Community Services Association). 12 participants contributed to the day which was filled with generous sharing and exchange of cultural knowledge and clinical perspectives. Our thanks to Tracey and Nicole for working with us to offer a great workshop and travelling up to the Valley.

Community Lunch

Oonah and MMIGP both host a monthly community lunch where Community and service providers can share information and stories over lunches that have a reputation for being healthy and delicious! Emrpcc attends regularly which provides a safe space for Community to engage in conversations about palliative and end of life care. While there are dedicated and highly respected workers in AHLO roles, it is important for Community to have well- established relationships with those who may be involved in the care of loved ones living with a life-limiting illness.

Networks

A December highlight was the establishment of the Eastern End of Life Care Network (EELCN). This arose from earlier consultation with stakeholders who expressed a need for a communication forum where community capacity issues could be discussed and addressed. An additional focus is on the interface between community and health service providers and the spaces in between. Community want to know more about how to support each other and health service providers, particularly those in palliative care, want to know more about the capacities of local community. Membership is comprised of a range of inspiring people both from community and local organisations. Our thanks to Chaos for hosting and spoiling all those present.

Emrpcc belongs to and/or contributes to a range of networks/groups. In addition to attending meetings, presentations are requested on topics related to end of life and palliative care, advance care planning, the role of and support for carers, living well until we die and emerging social issues.

This includes:

Yarra Ranges Council Indigenous Advisory Committee	Palliative Care Clinical Network	Dhelk Dja (Indigenous Family Violence Prevention Regional Action Group)
The Healesville and District Service Provider network	Eastern Sector Development Team forums	Boroondara Aged Service Providers Association

Stronger Community Capacity

We know our communities are already compassionate and generous, with a high volunteer rate in the municipalities. Emrpcc supports and works closely with two projects which have compassionate communities as their foundational principles. Both aim to strengthen the resources and capacities of local communities. [1]

The **Be the Ripple Project (BTR)** is a three year project funded by DHHS. The CHAOS network (Community Houses Association of the Outer Eastern Suburbs) has governance and oversight of the project. Emrpcc contributes to the Project Reference Group offering support and promotion to planning, and participation in particular activities. BTR project is directing its focus to the five Community Houses in the City of Knox. It aims to support community members with a life limiting illness who wish to be cared for to die at home, and the people supporting them, with a particular emphasis on practical assistance. Yarra Ranges Council is exploring its capacity to design and implement a Healthy End of Life project. The intention is to work alongside and parallel to the BTR project with a geographic focus on the towns in the Hills. While some initiatives have been curtailed or placed on hold while the State manages Covid 19, other supports have emerged, such as the establishment of local Chatline and the delivery of home cooked meals. Both project leads have identified the need for access to resources which readily identify community assets in the community.

Community Capacity Mapping Project

Emrpcc commenced a community mapping project to support community initiatives with their work. An initial focus for the capacity assessment was the Outer East. Working along side the Community Development team at Yarra Ranges Council, a survey was sent to the 87 members of the Healesville and District Service Providers network. This was collated and further refined at a workshop with members of the service provider network. While this work is still underway, this initial piece of work points to areas for further capacity building in local communities.

Respondents were easily able to identify a range of organisations and community groups which contribute to community strength and wellbeing,however they did not associate those same groups as being supportive to people with a life limiting illness, or their family members. Unless respondents were from the palliative care sector,they were unable to identify community assets that might support end of life projects. Respondents to questions on where help beyond family and friends is available for people with a life limiting illness and their carers, directed their replies to a medical model.

The answers offered also indicated that respondents assume general medical and hospital services are able to offer palliative care information and support. There is a question for further exploration about whether or not the wide range of hospital and community health services have sufficient ready access to both practical information and referral level information. Notions of care and support from general community were not uppermost in people's minds. Broader level community support did not feature in the responses to this question.

The project will be extended to June 2021.

Eastern Palliative Care

Eastern Palliative Care Association Incorporated 2019/2020

EPC's focus is on the Eastern community and we work each year to support clients and their carers and also the General Practitioners in our community to provide the best available specialist palliative care.

2019/20 will go down in history as a very unusual and challenging year for so many reasons.

In this year we have had:

- An 18% growth in clients numbers
- A 12% increase in referrals
- New clients topped 1700 clients and total clients were just over 2200.
- Most months we had around 500 clients
- A 42% increase in referrals from Aged Care facilities
- In June 2020 we had 267 referrals – the highest number ever in any month.
- 100% of clients who were prioritised as needing to be seen within 24 hours were seen within his time frame.
- Priority Assessment Team assessments have grown by 50% over the past year with the appointment of a Nurse Practitioner candidate.

Aged Care and Disability

Once again we expanded our Aged Care and Disability Team with increased Nursing and Family Support Worker hours. EPC now spends significantly more than our DHHS Aged Care Funding on the supports we have for Aged Care and Disability Homes with up to 25% of all referrals coming from this sector. The inclusion of a Family Support Specialist role in the Team has been brought about following the recognition of the unique issues for families who have someone being cared for in an aged care or disability facility.

Education

EPC's community education program has been very busy mainly due to the effect of the Royal Commission into Aged Care Quality and Safety. Many facilities have been seeking understanding and upskilling of their staff in palliative care. In the last 12 months we have expanded our Community education days to 2 days per week and this has been welcomed by the aged care sector.

Community engagement

EPC continue to keep a focus on the Royal Commission to ensure we are meeting the needs of our community and for opportunities to innovate or expand our services in this sector.

In the last 18 months EPC has been working to establish its Community Advisory Committee. This committee now successfully operates with Mr. Jim Goode as the Chairman. EPC looks forward to the input from our Community and Consumers and we partner to support community engagement.

Covid 19 Impact

In the third part of the year we encountered something new that impacted the entire organisation with the spread of the Corona Virus (COVID-19). The impact from February to June was minimal for clients with EPC managing to adjust for safety and continue with business as usual. During this period EPC only had one client with COVID-19 as community transmission was very low in the Eastern Region.

There were many changes made to support the organisation to work normally with some staff working from home. EPC made the deliberate choice to keep our clinical staff and a number of support staff in the office to ensure we could continue to provide business as usual for all clients.

This was a time of high anxiety in our community. People did not want to go to hospital so we had more and more clients choosing to stay at home whereas in the past they may have chosen to go to hospital. Previously EPC had 48% of clients dying at home - and during this period we had up to 82% of client dying at home. From 1 February 30 June we averaged 62% of clients dying at home.

There was a significant impact on our services at this time with increased call outs overnight to support client and carers. EPC increased nursing hours during this time to support this demand. This increase became permanent from 1 July. From March we also decreased the number of visitors to the office in order to protect staff. This meant that many meetings, including all Committee of Management and Subcommittee meetings were converted to on line meetings.

24 Hour Service

EPC has continued to have nurses on duty from 8:30 am to 11 pm each day Monday to Friday and 8:30 AM – 5 PM Saturday and Sunday. After hours EPC has a call services (a Triage Service) that supports clients and EPC Nurses visit clients as needed.

The purpose of the Triage Nurses and On Call Nurses are to:

- Provide a responsive service to clients and carers 24 hours per day
- To answer questions that arise outside business hours from clients of EPC
- To explain medications, particularly when medications have changed or symptoms have changed
- To support clients and their carers as symptoms progress/change or there is general deterioration
- To advise on unexpected medial issues that arise
- To support family members following the death of the client.

The Triage Service is designed to prevent clients and carers from calling an ambulance or attending a hospital emergency department where they may or may not be known. The service also provides education and support as needed.

In the past year:

- We received 3237 calls over the year an increase of 13.5%.
- 32% of calls came from the partner of the client
- 40% came from a son or daughter
- 52% of calls came between 5 and 9 PM and were responded to by the Evening Shift of Nurses
- 25% of calls came between midnight and 7 AM.
- 330 clients needed a nurse to visit
- 30% of visits were because the client had died.

An amazing year with continued growth.

Jeanette Moody

St Vincent's Hospital Melbourne

St Vincent's Hospital Melbourne (SVHM) Palliative Care Services 2019-2020

Palliative care is a priority area for St Vincent's Hospital Melbourne (SVHM). In late 2019, SVHM launched the St Vincent's Palliative Care Services (SVPCS) Strategic Plan. This roadmap outlines how SVPCS will deliver on its strategic commitments of promoting excellence through demonstration of best practice models of care, participating in and shaping research and education, and more broadly advocacy and policy reform.

Clinical Care

Responding to COVID-19

In February 2020, as awareness of a pending global pandemic was upon us, palliative care services recognised and formed an organisationally supported hospital-wide COVID 19 End of Life and Bereavement Care Working Group. This became part of the organisation's Pandemic Taskforce to prepare and equip St Vincent's Hospital Melbourne for the anticipated needs of all patients and their families who would be affected by COVID 19.

This work led by the Centre for Palliative Care, has shaped how end of life care is delivered throughout the hospital during this time. This includes end of life communications, advance care planning, development and preparation of care pathways, and end of life clinical care that is appropriate, available and timely being delivered to our patients and their families. This model of care extends to patients within St Vincent's Hospital; those discharging to home; as well as those patients remaining at home and receiving their care in their own home.

During this time, significant effort has undertaken to operationalise the visitor exemption processes to support those dying with COVID-19 and their families to ensure end-of-life care and appropriate bereavement support is able to be provided.

As part of the response to COVID-19, SVHM's Palliative Care Service inpatient unit moved to St Vincent's Hospital on the Park in August 2020. St Vincent's Hospital on the Park is located approximately a 5 minute drive from our current site at Fitzroy. St Vincent's Hospital on the Park has a floor allocated for palliative care allowing us to accommodate up to 16 patients on the ward. It is located on the 7th floor with great views out over the park. We can configure this ward to create 7 private rooms for our use.Located at the former Peter MacCallum Cancer Centre site in East Melbourne, the move has enabled St Vincent's to free up beds to treat COVID-19 patients at the main public hospital in Fitzroy. The new site, which was commissioned in under three months, provides 84 inpatient beds and reinforces SVHM's commitment to providing strong patient-care support. We will remain at this site until our return to Caritas Christi in Kew.

The Caritas Christi site redevelopment is continuing despite the restrictions on construction with COVID-19. We hope to re-open Caritas Christ Kew in September 2021 and provide care to 26 patients in this remarkable purpose built facility.

Innovation in palliative care

An Australian-first medical trial being pioneered at St Vincent's Hospital Melbourne (SVHM), is prescribing psychedelic synthetic mushrooms to ease the paralysing anxiety felt by some palliative care patients.

Up to three in 10 palliative care patients can experience extreme distress in their final months. The SVHM trial is for terminally ill patients who are experiencing depression or anxiety and will see 40 patients receive psilocybin (the psychoactive compound in magic mushrooms), as well as a short program of psychotherapy and clinical support.

This treatment has been shown to dramatically reduce symptoms of anxiety and depression in cancer patients and in many cases produces a substantial positive shift in their perspectives on life and death.

Community Connect: Specialist Palliative Care Outreach

Two distinct but complimentary service initiatives were developed within the Palliative Care Discharge and Outreach Program:

- 7-Day Hospital-Wide Palliative Care Nurse Consultation, and
- Community Connect: Specialist Palliative Care Outreach.

The program was firmly embedded within existing palliative and community facing supportive services at St Vincent's Hospital Melbourne (SVHM). This service formalised the partnership between the Palliative Care Consultation Service (PCCS) and Health Improvement Programs (HIP) team at SVHM to deliver this community-focused initiative.

Interventions were targeted and needs-based, including referral to other community services such as allied health, community palliative care services, and symptom management and advance care planning in collaboration with the local community general practitioner.

Findings from this pilot demonstrated:

- Increased family education and continuity of care over the weekend
- Increased bed flow – efficient referrals to palliative care unit and discharge to community services or home
- Preventable admissions to hospital achieved
- Engagement and partnerships with community services – improving continuity of care
- High service satisfaction among hospital staff, community staff, patients, and families

The outcomes of this program are illustrated below:

7-day nursing service (6 months' activity)

(Previously 5-days – service extended to Sat and Sun)

166

Patients seen (Sat & Sun)

PURPOSE OF CONSULTATION

54%

Specialist palliative care assessment

49%

Symptom management

ACTIONS TAKEN ON WEEKEND

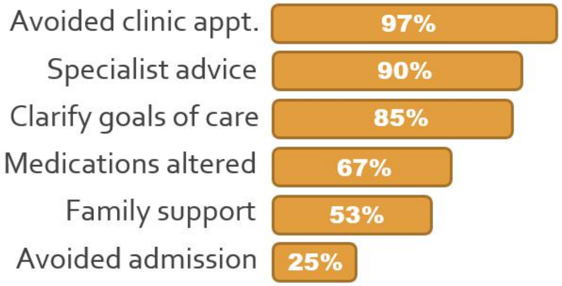
Community Connect (6 months' activity)

73 home visits

18 unplanned admissions, 71 clinic appointments avoided

TOP REASONS FOR REFERRAL

ACTIONS TAKEN

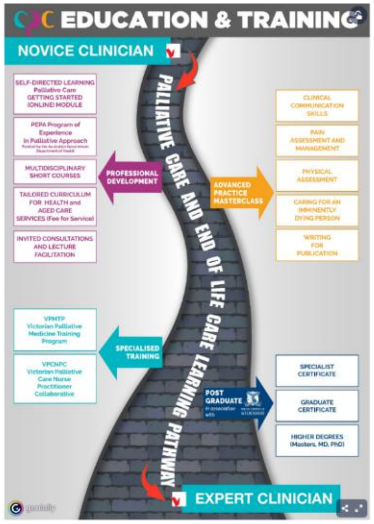


Education

Over the past year, the Centre for Palliative Care offered a variety of educational opportunities for novice to expert clinicians. This included:

- Palliative Care Getting Started, a free online module which is available to all health care professionals with an interest in palliative care.
- Our advanced practice masterclasses which covers a range of topics including pain assessment and management, physical assessment and writing for publication.
- The Centre continues to facilitate the Specialist and Graduate Certificates in Palliative Care at the University of Melbourne. These courses are valuable for a wide range of practitioners working in any setting.

[Visit the Centre for Palliative Care's website](#) to access our interactive Education and Training Pathway.



Palliative Care advocate

We are proud to announce the Honourable Dame Quentin Bryce AD CVO as an Advocate of the Centre for Palliative Care.

Ms Bryce, former Governor-General of Australia, is an admired, esteemed and much loved leader in the community. Her support of Indigenous people, women, children and carers is legendary.Ms Bryce is passionate about the importance of the provision of good palliative care services across the country and about the need to properly support carers in the community. Ms Bryce has enjoyed a rich and distinguished career as an academic, lawyer, community and human rights advocate, senior public officer, university college principal, and vice-regal representative in Queensland, and Australia. She was the first woman to take up the office as Australia's twenty-fifth Governor-General. She remains a pioneer in contemporary Australian society, and yet one who brings more than forty years of experience in reform, community building and leadership.

Research

CarerHelp: A new online resource to prepare family carers for end of life care

The Centre for Palliative Care (a department of St Vincent's Hospital Melbourne and a Collaborative Centre of The University of Melbourne) has recently completed a three year project to develop an online resource to better prepare family carers of people with an advanced disease.

The CarerHelp website (www.carerhelp.com.au) was launched in October 2019 and is being used by around 1000 people a month. The project was funded by a National Palliative Care Projects grant from the Australian Department of Health. Caresearch (Flinders University), Carer's Australia and University of Technology Sydney partnered with SVHM to create this evidence based resource.

The aim of CarerHelp is to provide easily accessible information and resources to people who are caring for a partner, relative or friend at the end of life. Information is presented in a range of formats including factsheet, templates, videos and interactive resources. The site is also useful for health professionals as most of the resources can be downloaded and printed for easy distribution to families. There are also a number of expert videos and also videos of carers talking about their own experiences of caring for someone at the end of life.

Michael Bramwell

North Eastern Melbourne Integrated Cancer Service (NEMICS)

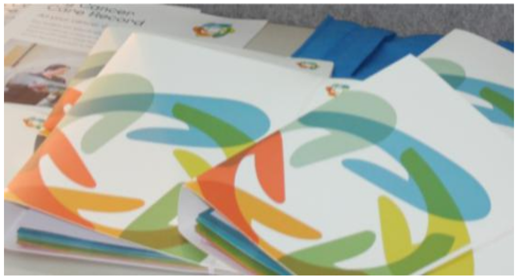
NEMICS is the cancer-service improvement network for northeastern Melbourne working with health services to improve the outcomes and experiences for people with cancer. Priorities include care in line with optimal cancer care pathways and the state's cancer plan.

The Covid-19 pandemic has interrupted some of our work this year. The Victorian Tumour Summits have transitioned to online for 2020 as did our annual forum and communication skills training.

NEMICS redirected its focus to provide practical assistance to health services make the rapid transition to telehealth and online cancer multidisciplinary meetings, including support to monitor the quality of the new models. 33 cancer multidisciplinary meetings and teams were surveyed about the quality of online meetings. Although technology provided some challenges, meeting participation increased slightly and multidisciplinary treatment planning occurred consistently.

Improving the timeliness of referral to palliative care has been a focus of the past year. Early palliative care offers benefits of reduced distress from symptoms and improved overall quality of life for cancer patients and their families.

At Eastern Health, a systematic approach to identifying patients with palliative care needs was piloted. A screening tool to identify triggers for referral to palliative like progressing cancer or distressing symptoms was implemented. The referral rate increased slightly from 11.4 % at baseline to 13.6 % over 3 months. Many patients refused the offer of referral to palliative care initially. Plans are in place for further refining the tool and roll out to other services.



We continue to work with our consumers to provide support and information to assist people with cancer to participate in their own care.

Our video series, *A common path,* is now also available as podcasts and the third edition of *My cancer care record* is underway.

A Common Path: Head and Neck Cancer

A Common Path: Endometrial Cancer

A Common Path: Ovarian Cancer

Other activities have focused on regional service planning, specialist referral pathways, education and the specific needs of older people with cancer. Further information at www.nemics.org.au .

The Victorian Cancer Plan 2020-24 will be released in September 2020 and will provide the priorities for the next four years.

Kathy Simons

Bolton Clark 2020

The past 12 months have been challenging for all with the Coronavirus pandemic. The focus has needed to be redirected to keeping updated with everchanging information, guidelines and keeping clients, families and staff safe across At Home Support, Residential Aged Care and Retirement Living.

Bolton Clarke's expert palliative care teams support clients and residents with a life-limiting illness to receive quality end of life care in the setting of their choice, whether in their own home or a residential community. We work collaboratively with clients, families and specialist palliative care providers to provide dignity and comfort for people approaching the end of life. Our emphasis is on promoting quality of life and supporting the holistic and personalised needs of our clients and their families including physical, psychological, social, cultural and spiritual needs.

The EMPHN funded Enhanced Palliative Care at Home project has continued to progress with some COVID19 adjustments. Achievements to date include:

- Care Managers (RN's) in the Outer East attended a full day palliative approach education provided by Eastern Palliative Care
- Staff education and access to Healthily® client and carer support videos developed as part of the project
- Regular staff newsletters highlighting palliative approach themes & resources
- Changes to systems and processes to enhance reporting, advance care planning & communication
- Staff surveys, development of quarterly data reports and steering committee meetings

The project has now been extended by 2 months with the final evaluation report to be completed by the end of February 2021.

Leanne Davey

Eastern Health

Eastern Health's Supportive and Palliative Care services engage with patients and their families across the spectrum of end-of-life care. The 32-bed inpatient Specialist Palliative Care Unit is located at Wantirna Health and provides interdisciplinary holisitic care to patients and their families. The Hospital Based Palliative Care Consultancy Service (HBPCCS) also provides specialist palliative care support to patients, families and clinicians throughout Eastern Health.

At the beginning of the 2019/20 financial year, Eastern Health welcomed Dr Grace Walpole, Dr Heidi Gregory and Dr Eswaran Waran to the medical team. Dr Kathryn Tham also returned in April 2020 to her Fellow position, after maternity leave for her son Ethan. The appointment of Louise Thai, as a Nurse Practitioner Candidate, was another welcome addition to the team.

We would also like to acknowledge the work of Professor Claire Johnson in all her roles within the region. Her continuing work with the Palliative Care Outcomes Collaboration (PCOC) will no doubt keep her busy as a formidable international researcher in palliative care. Leah Stephens also left Eastern Health to pastures new after being our Nurse Unit Manager. We wish her and Claire well and once again thank them for their work with us.

We celebrated NAIDOC week with a large gathering at our Wantirna site. Merilyn Duff spoke to us all about the sacred work of incorporating Aboriginal culture into all the care we provide, including the provision of culturally appropriate palliative care. The Djirri Djirri dancers led by Mandy Nicholson shared some beautiful traditional dance, accompanied by the didgeridoo.

Clinical

The focus of the 2019/20 year has been the consolidation of the service from a clinical perspective. We have adopted a regional approach to service delivery, considering the transitions of care within and between care settings. For the first time, the Wantirna palliative care unit met all the PCOC benchmarks in the July – Dec 2019 report. This was a great achievement by the team, and we continue to strive for similar results despite this period of disruption by COVID-19.

We also received our first PCOC reports for our HBPCCS that continues to see over 2,000 patients per year. The overall report only missed meeting the benchmarks in two areas – another impressive result for our first attempt. The report highlights the late referrals received by the team, and the excellent work that is done in a short timeframe. We are also delighted to have recruited Marama Robinson as the Nursing Team Leader of the HBPCCS.

Under the guidance of Dr Heidi Gregory and Louise Thai, we have also developed our Palliative Residential Aged Care Consultancy Service (PRACCS). This research project is in its second phase and has received positive feedback, as it aims to support discharges back to aged care facilities. Despite COVID-19, the team have continued to provide this service and adapt the model of care admirably.

COVID-19

Our support to palliative care patients and families has required constant policy and practice updates which includes the accommodation of directives from DHHS concerning visitor restrictions. Balancing high quality compassionate care with COVID-19 management has remained a focus of all our services. Many of us have been working at state and national levels to coordinate the responses to the COVID-19 pandemic and will continue to do so.

Although COVID-19 has affected us all in Victoria, we have been lucky that the Eastern region has not had the community outbreaks seen elsewhere in Melbourne. Our service has been supporting the Wantirna North Ward that was transformed into a COVID ward, but also playing a role across Eastern Health as required. We have appreciated the collaboration of the regional services on a weekly basis as a means of sharing information and supporting each other. We also applaud Eastern Palliative Care in maintaining community care in the face of uncertainty and adversity.

Education

We continue to provide our usual educational activities across Eastern Health, except with COVID-19 restrictions. The service is looking towards the education is will deliver into the future, as well as the educational needs of its specialist staff. Dr Kathryn Tham has been working in delirium education in the palliative care unit and we hope this will continue into a few acute wards. PCOC education will also continue, ensuring new staff are upskilled in palliative care assessments.

Work on the Accreditation Standards has also brought educational opportunities at Eastern Health for our service. Standard 5 relates to Comprehensive Care, which includes end-of-life care. Priscilla Stephenson has been leading this work that Professor Claire Johnson started.

As the current President of the Australian and New Zealand Society of Palliative Medicine (ANZSPM), I was pleased we could deliver our Conference this year with the theme of Strength Through Uncertainty. We also welcomed non-medical attendees to the Conference this year for the first time. We hope that those of you who attended enjoyed the educational content and opportunity to reflect on the uncertainty we have faced in our region.

Research

Our funded research projects include PRACCS, as noted above; a project to identify the most appropriate tool for routine symptom monitoring for quality in residential aged care; a project focusing on bereaved family members' perceptions of end of life care; and an innovation project to improve palliative care integration in the region. We have also collaborated with the Dr Beth Russel on RUN-PC Triage tool and look forward to working with Professor David Kissane, in his multi-centre research into better psychosocial and existential assessments. In conjunction with Bethlehem, we are part of the My Neuro-Palliative Care Project and look forward to future opportunities in working with the Public Health Palliative Care Unit at La Trobe University.

Other research activities include work on methadone, bereavement, short palliative care unit admissions, inter-professional communication skills, CJD, gendered analysis, hyperactive delirium, a referral triage tool, and voluntary assisted dying (VAD). Dr Eswaran Waran's MJA article about our first VAD case at Eastern Health was well received and was supplemented by an MJA podcast. We hope this work will help other Australian states and territories, as well as New Zealand, in the discussion about VAD legislation.

Leeroy William