



**Eastern Metropolitan Palliative Care Consortium  
Annual Report 2020 – 2021**



**emrpcc**



*Eastern Metropolitan  
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 Metropolitan Region Palliative Care Consortium (Emrpcc), I am pleased to present the 2020-21 annual report. Amidst the significant challenges of providing care in a Covid19 affected environment, Emrpcc members have shown resilience, creativity and a strong collaborative spirit.

I would like to express appreciation to our active members for their consistent contribution to Consortium activities which enable Emrpcc to continue its coordinating and resourcing function to the eastern region. Particular thanks to Jeanette Moody, CEO of Eastern Palliative Care, Prof. Leeroy William, Clinical Director of Supportive and Palliative Care from Eastern Health and Shirmilla Datta, System Design Specialist from Eastern Melbourne Primary Health

Network. Our colleague Dr. Mark Boughey from St. Vincent's Health stepped away from his role to undertake sabbatical leave from January to June. During this time he was undertaking innovative project activities which are mentioned later in this report.

I am proud of the direction Emrpcc has taken in its work on strengthening diversity awareness and inclusive practice. Emrpcc members are involved in a range of projects which support both reconciliation and diversity practice. Our education activities have featured a move to virtual delivery modes. We have also sponsored places in training programs for colleagues working in regional Aged Care facilities. While we recognise the inherent value of face to face delivery modes, I'd like to thank our members and guest presenters who have given generously of their time to support the various online education activities.

Continuing to provide high quality specialist palliative care remains at the forefront of all our activities as we work together to negotiate the challenges arising from a Covid19 affected environment. Thank you to our Consortium Manager and all our members who continue to respond with flexibility and dedication to our collective work.

*Michael Bramwell*

*Emrpcc Chair*

## A word from the consortium manager

As the new financial year opened in July 2021, members of the Consortium were collectively managing service delivery in the challenging conditions of an extended lockdown. Metropolitan Melbourne's tight lockdown extended until late October. Individual organisations had previously invested in policy and procedural amendments to accommodate changes required by Department of Health. Experience from 2020 meant there was a familiarity with fluctuating adjustments to service delivery. These encompassed facilitating access to PPE, workplace spacing adjustments, working from home arrangements and communication via online mechanisms. Eastern Palliative Care hosted a regular partners and service provider meeting which facilitated communication and information sharing throughout this time. Accommodating lockdown status remained fluid throughout the reporting period as circumstances continued to change. Achieving this required a considerable investment of time and resources from member organisations and their management teams. Within this context, services continued to ensure responsive and timely specialist palliative care was provided in the region. Additional pressure was placed on Eastern Palliative Care with a significant rise in clients accessing Specialist Community Palliative Care. Pressure was placed on Eastern Health and St Vincent's Health to open wards which accommodated Covid19 related care and manage staff on furlough.

Moving to virtual forms of communication, Emrpcc continued to work with partners in community initiatives. *A Dying to know Day* event was held on August 7, hosted by HomeInstead. The annual Eastern Reconciliation event hosted by Yarra Ranges Council was a wonderful contribution to reconciliation initiatives in the east with over 1000 people accessing the event. Emrpcc was invited to participate in the National CarerHelp Diversity project which is chaired by Dr. Mark Boughey.

Our workforce capacity building initiatives featured a series of webinars for GPs, and two cycles of training courses run by Eastern Palliative Care. Being aware of the significant pressure being placed on Aged Care providers, we reached out to our local Aged Care providers to offer sponsored places at the training courses for interested staff.

The review of two significant clinical guidelines was completed. Opioid Conversion Ratios and Syringe Driver Compatibility guidelines are now incorporated into the suite of guidance documents provided by Safer Care Victoria. They are also housed on the Emrpcc website. Our thanks to the numerous colleagues from across the palliative care sector who offered their time and expertise into this process.

Emrcc continued to play a connecting role between sectors and services by promoting or introducing significant pieces of work to colleagues. We were involved in several surveys and focus groups connected with research and strengthening practice. Clinical and community network participation and communication remained online, supported by intermittent opportunities for face to face connections in between lockdowns. Emrcc met on six occasions during 2020 -2021. Meetings in 2020/21 were conducted using a variety of online forums.

It is in times of significant challenge that individual strengths are revealed. The Eastern region has been well served by some extraordinary examples of resilience, compassion, clinical excellence, dedication and exemplary leadership.



*Barb Dobson*

*Consortium manager*

# Emrpcc Governance

The Eastern Metro Palliative Care Consortium is an alliance comprised of publically 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.

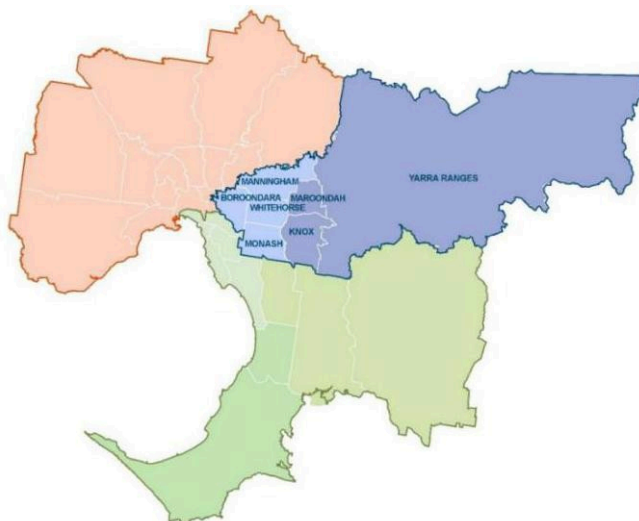
We work together to implement, review and improve services so the residents of the Eastern Metropolitan Region with a life limiting condition, their families and carers have access to a high quality palliative care system that fosters innovation, and provides coordinated care and support that is responsive 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.

Executive and Voting members	Associate Members
Eastern Health (EH)	Eastern Melbourne Primary Health Network (EMPHN)
Eastern Palliative Care Assoc. Inc. (EPC)	North Eastern Melbourne Integrated Cancer Service (NEMICS)
St Vincent's Hospital Melbourne (SVHM)	Bolton Clarke (BC)



# Regional Profile



*The Eastern Metropolitan 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 associated 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 Metropolitan 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.

In addition to the issues affecting everyone statewide, the Eastern region experienced a devastating storm in May which resulted in significant power outages, floods, widespread damage to infrastructure and individual property. Several residents continue to experience the ongoing impact, in particular with being dislocated from their homes. Community Palliative Care continued to be provided in these challenging circumstances.



# Education

*"It has been a very worthwhile series of webinars and I appreciate the time given by all".*

## Webinar series

Given the increased uptake of online communication during 2020, a webinar series on a range of palliative care issues was proposed as a concept in November 2020. The series was designed and delivered in consultation with Emrpcc members. A targeted needs assessment was conducted by Emrpcc. Representatives from the Eastern region palliative care sector were consulted about their perceptions of General Practitioner education needs on Palliative Care. The findings were submitted along with research evidence to support an application for CME points by staff at EMPHN which was successful. The series was co-designed and delivered in consultation with colleagues. Four sessions were conducted weekly from Feb to March. Topics covered included: signposts for the last year of life; compassionate conversations; recognising dying/ anticipatory prescribing; palliative care and Covid. We would like to acknowledge the generous contribution of presenters Dr. Es Warran, Dr. Chien Lin, Dr. Barbara Hayes, Dr. Leeroy William, Dr Grace Walpole. Dr. Katie Tham and Nurse Practitioner Kathryn Bennett, who offered their time, extensive knowledge and experience to the series. We are appreciative of the additional contribution made by Emphn colleagues who took the lead with promotion hosting and IT servicing. Each session was very well subscribed and attended and feedback was very positive.

The graphic features a dark blue background with a faint image of a person's face. The title 'Reading the Signs' is prominently displayed in white. Below the title, there is a paragraph of text describing the webinar series. To the right, there are four distinct text boxes, each detailing a specific webinar session with its title, guest presenters, and a 'Register here' link. In the top right corner, there are accreditation logos for CPD, RACGP, and a '02' badge.

**Reading the Signs**

This webinar series focusing on Palliative Care is being offered in 2021 on Tuesday evenings. Commencing in February, four information segments will focus on the experience of specialist palliative care providers in recognising the important phases of a patient's journey towards the end of life.

Dates: February 16 and 23, March 2 and 9  
Time: 6.30pm - 7.30pm

Each webinar is accredited for  
CPD RACGP  
CPD Activity  
02

**Webinar 1: The last year: Signposts**  
Guest presenters and palliative care physicians Dr's Es Warran and Chien Lin, will offer perspectives on indicators which point to the last year of life: the importance of pattern recognition in chronic illness progression, the significance of increasing frailty, identifying transition points that will impact on clinical decision making, guide communication and planning for palliative and end of life care. [Register here](#)

**Webinar 2: Compassionate Conversations**  
"An early conversation is always better than a conversation had at a late stage". Guest presenters Dr's Katie Tham and Barbara Hayes will offer reflections on the importance of planning with patients for the end of life; how to have conversations; recording decisions; ensuring documentation is in place to support Goals of Care; how to address future care planning for people without capacity. [Register here](#)

**Webinar 3: Recognising Dying/Anticipatory Prescribing**  
Guest presenter and palliative care physician Dr Kathryn Bennet, will offer insight into how we can refine our recognition that the dying process has begun. What are the indicators? What do we tell carers to look for? In the inpatient setting, at what point should the family be called in? Dr Grace Walpole will address the application of the SCV guidelines on Anticipatory Prescribing. [Register here](#)

**Webinar 4: Palliative Care and COVID**  
Sharing insights into palliative care service delivery during the recent pandemic. Drs. Leeroy William and Dr Aaron Wong will focus on Communication and Palliative Care in the COVID-19 context. Why is it different? What implications are there for medication? How to have compassionate conversation with families. Why are these conversations different? Presenters will reflect on the lessons learned and areas to strengthen. [Register here](#)



## Online Courses



April and May featured education for Personal Care Assistants (PCAs) and Registered Nurses (RNs). Emrpcc sponsored places for at the Introduction to Palliative Care for PCAs. This was promoted amongst Emrpcc members and local Registered Aged Care Facilities(RACFs).

With funding provided by Emrpcc, EPC also delivered a Skills Development Program over 4 x 2 hour online sessions to RNs and PCAs at Aged Care Facilities, identified as 'in need' of additional training. EPC staff were also invited to attend the sessions.

Session 1 - Aims & Philosophies, Communication and Advance Care Planning for RNs, PCAs & Allied Health Staff

Session 2 - Symptom Management for RNs

Session 3 - Symptom Management, the Dying Process and End of Life Care for PCAs & Allied Health Staff

Session 4 - Syringe Driver Theory, the Dying Process and End of Life care for RNs.

10 funded places were offered in each session with facilities invited to send additional participants at their cost. 13 facilities were invited to participate in the program

# Emrpcc, Community and Capacity Building

## Dying to know day 2020

*Emrpcc collaborated with colleagues from HomeInstead to plan and offer an online event for Dying to Know Day.*

*Held on August 7<sup>th</sup>, a focus of the presentations was exploring the various nuances involved in opening discussions with those we care for, both professionally and at home, about what is important to people when the end of life is approaching.*

*“There are no prescriptions, but there are some key ingredients. We're a community of people from a wide range of cultural, faith and family backgrounds. Some of us are already completely comfortable with talking about life reaching its end. Some of us are in the middle and some of us just don't want to go there, for a range of reasons.”*

*Conversation arising from questions addressed a range of questions. Over 50 people were in attendance. Positive feedback was received immediately and subsequent to the event.*

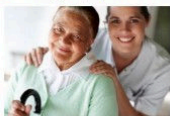
## PEPA Workshop

PALLIATIVE CARE EDUCATION & TRAINING COLLABORATIVE



Funded by the Australian Government Department of Health

The Program of Experience in the Palliative Approach (PEPA) aims to improve palliative care by increasing the skills and confidence of health professionals caring for people with life-limiting illnesses, and their families.



## Culture Centred Care Workshop - CALD

*In consultation with staff at PEPA, a Culture Centred Care workshop was hosted at Kilsyth on May 5<sup>th</sup>. Presented in partnership with Palliative Care Victoria, the workshop was delivered by Dr Hung Nguyen who shared his extensive experience in cross-cultural medicine and facilitated a lively workshop. 22 participants contributed actively to the day which was filled with generous sharing and exchange of experiences and practice perspectives.*

## DYING TO KNOW

Facing Death in Order to Embrace Life

A Free, Not-For-Profit Event in Support of National 'Dying to Know' Day

### Online Event

Hear Sonja's story, ask questions and discuss a topic that affects us all

- Opening & Introductions
- The Final Gift Project' – Why Talk About this Now?  
Wendy Miles & Sonja Hartnett: Registered Nurses
- Dying to Know - Conversations  
Barb Dobson: Emrpcc Consortium Manager
- What happens if someone I love dies during covid?  
What about the funeral?  
Liz Trevan – Picaluna
- Group Discussion and Close

4.00pm – 5.00pm, 7th August

Register [here](#) or call the office on 03 9754 4861



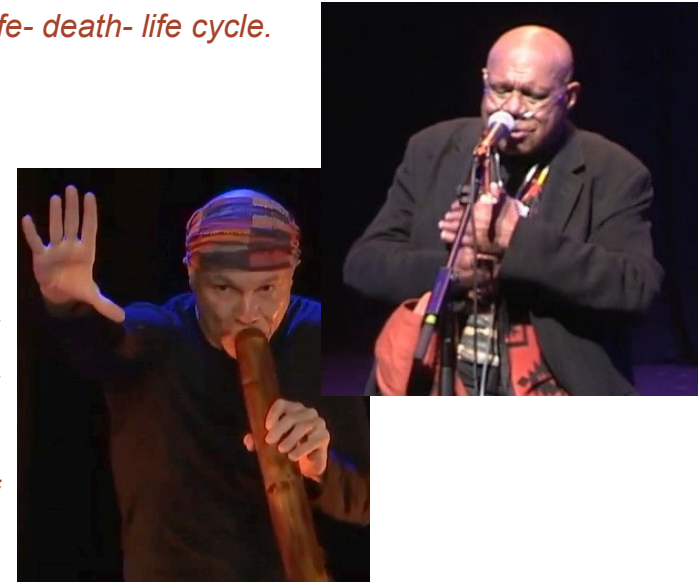
## Deeper Connections

*Deeper Connections has been ongoing project focusing on strengthening member relationships with Aboriginal and Torres Strait Islander peoples. This encompasses contributing to local networks, being involved in key Reconciliation and NAIDOC week events and working with Community on initiatives which encourages conversation related to the life- death- life cycle.*

### Reconciliation Week 2021

Emrpcc contributed to the project steering group for Reconciliation Week 2021.

Our Country, Our Future featured a Welcome to Country by Brooke Wandin and the children from Healesville Primary School, rich presentations from keynote speakers Judy Atkinson, Uncle Richard Franklin, Adam Goodes, and Victor Steffensen, beautifully supported by moving artistic performances from Chenile Chandler, Ash Dargan and Uncle Archie Roach. In keeping with the previous year, the event attracted thousands of viewers. It remains available for viewing on the Yarra Ranges Council website.



### Thrive project



An invitation was received to offer a contribution to the work of a local Community member Alana Marsh. Alana is also a Wayapa Wuurrk practitioner. Wyappa is an Aboriginal method of yoga style relaxation and self care. One of Alana's initiatives is the development a model of regeneration for Community. Part 5 of the model focuses on "Thrive - by connecting to Sacred Business of Dying / Thrive with birth, death and the colours in between". Project contributors were involved in three sessions of two hour online meetings to offer insights, share stories and support the development and implementation of this work.

## Networks

Emrpcc is an active member of the Victorian Palliative Care Consortium Managers Network. Meetings are held bi-monthly where a range of representatives from key stakeholders in the palliative care sector gather to discuss emerging issues and enhance coordination and communication across the State.

To ensure best shared-care for clients and families during the immediate onset of the Covid19 crisis, Eastern Palliative Care hosted a regular partners and service provider meeting. Facilitated by Dr. Chen Lee via zoom, the meeting provided a forum for all collaborating service partners to communicate unfolding changes in their services in response to Covid19. These continued until the end of 2020.

Our Eastern End of Life Care Network (EELCN) moved to an online format. Members identified the importance of maintaining connection via this mechanism, particularly during lockdowns. Information sharing remained a feature with peer support requiring elevation.

Emrpcc 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.

*These include:*

<i>Yarra Ranges Council Indigenous Advisory Committee</i>	<i>Palliative Care Clinical Network</i>	<i>Dhelk Dja (Indigenous Family Violence Prevention) RAG</i>
<i>The Healesville and District Service Provider network</i>	<i>Eastern Sector Development Team forums</i>	<i>Boroondara Aged Service Providers Association</i>
<i>Carer Help Diversity National Reference Group (NRG)</i>	<i>Be the Ripple PRG</i>	<i>Eastern Heath Rainbow Equality Working group</i>

## Be the Ripple Project

*Emrpcc continues to support the work of the Be the Ripple project which aims to strengthen the resources and capacities of local communities.*

The **Be the Ripple Project (BTR)** is a three year project funded by DH. The CHAOS network (Community Houses Association of the Outer Eastern Suburbs) has governance and oversight of the project. Emrpcc continued to contribute to the Project Reference Group offering support and promotion to planning, and participation in particular activities. As a creative response to supporting people during lockdowns in the previous year, BTR had redirected some its resources to prepare and deliver home cooked meals. This very successful and much appreciated activity continued this year.



Caring for someone with a life limiting illness can feel like you are trying to navigate a maze without a map.

A series of six education sessions were run from February to March help provide practical and information support to carers. This was supported by a range of guest presenters Kylie Draper and Kathryn Bennet clinical staff from EPC who were sponsored by Emrpcc.

## National CarerHelp Diversity Project

*The [CarerHelp Diversity project](#) is a three year nationally funded project running from 2020 - 2023. As well as maintaining the CarerHelp website, the primary aim of the funding is to ensure that CarerHelp is accessible and able to reach a diverse population of Australian family carers.*



Emrpcc was invited to contribute to the Carer Help Diversity National Reference Group.

The National Reference Group for the project behind CarerHelp Diversity is comprised of representatives of a range of groups in Australia that support people from diverse groups or support people with advanced diseases and their carers. Their role is to provide feedback during all the stages involved in developing CarerHelp and assist with promoting the project and website resources. An [interview piece](#) on palliative care was offered to the website. The following [membership list](#) was current in April 2021.

## **Eastern Palliative Care Association Incorporated 2020/2021**

*EPC's focus is on the Eastern region 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.*

**2020/21, an unusual and challenging year which commenced with Metro Melbourne in lockdown, clients fearing going to hospital as they could not have visitors and staff managing children at home. What a way to start the year!**

**So many areas of our service had to be revisited with many challenges. EPC took to telehealth with stable clients and those who did not want any visitors to their home. We set up 3 – 4 rooms where telehealth could be undertaken in a quiet area and this changed eventually to 2 rooms but in June 2021 telehealth once again expanded due to the fourth lockdown.**

What we learnt was that telehealth through a video platform does not work for most of our clients. Clinically, it is not the best way to assess a client in regards to observation of the client, skin colour, wound assessment, understanding dosages of newly commenced medications where the image is not clear and non-verbal psycho-social indicators of distress. This was a difficulty for staff at times and face to face visits are our preferred mode of delivery of care for these reasons. Challenges for our clients in the adoption of telehealth included access to appropriate devices, poor internet connectivity and varying IT capabilities. Many clients with these issues opted to have a telehealth session via telephone. Some clients found the telehealth to be preferential to face to face visits when there was concern about health care staff visiting their home during a lockdown. Some clients, in particular our clients with MND, are familiar with using telehealth platforms for their specialist appointments and our visits via telehealth were at times more convenient for those clients. Telehealth in Residential Aged Care Facilities (RACF's) proved to be challenging for both our staff and the staff of the RACF's. Some RACF's did not have a device that was suitable for facilitating telehealth (i.e. no iPad/laptop etc.) which meant that individual staff in the RACF's were at times using their own personal devices to access the doxy.me platform or video. This was also impacted by poor internet quality in many RACF's.

Rapid adoption of telehealth within EPC has seen individual staff develop new IT skills in an accelerated way. Clinicians at EPC have adapted well and have also strengthened their skills in phone assessment and identifying clients who had a change in their condition requiring a face to face visit and review.

In the year EPC:

- Cared for and supported 2200 clients and their carers
- Received nearly 2900 referrals
- Had an increase of 79 deaths on the previous year – up 4%.

## **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 medical 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 3622 calls – an increase of 11% on the previous year.
- 28% of calls came from the partner of the client, down by 4% from the previous year
- 44% came from a son or daughter up from 40% the previous year
- 52% of calls came between 5 and 9 PM and were responded to by the Evening Shift of Nurses
- 24% of calls came between midnight and 7 AM.
- 439 clients needed a nurse to visit out of hours - an increase in one year of 33%.
- 34% of visits were because the client had died.



*Jeanette Moody*





*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 and we have completed our first year of the Strategic Plan. This past year has been a time of significant change for the Service during a year often spent in lockdown. Palliative Care Services at St Vincent's Health include the inpatient unit at Caritas Christi, the Hospital Based Consultancy Service, including Community Connect at Fitzroy; the Centre for Palliative Care; and the After-Hours Telephone Triage Service. This annual report focusses on three areas of our work over the past 12 months.*

## **Responding to COVID-19**

Since the last Report, St Vincent's Hospital has been working to address the needs of our community who are affected by COVID 19. Like the other agencies in the Consortium, the nature of the provision of health care has substantially change. We strive to ensure that the delivery of specialist palliative care continues to our patients and their families despite the new context of care. Significant effort has also been undertaken to ensure that patients continue to receive visitors during their time on the palliative care ward.

As part of the response to COVID-19, SVHM's Palliative Care Service inpatient unit moved to St Vincent's Hospital on the Park (SVHOP) in August 2020. Located at the former Peter MacCallum Cancer Centre site in East Melbourne, the move enabled St Vincent's to free up beds to treat COVID-19 patients at the main public hospital in Fitzroy. Our time at SVHOP ensured we were allowed to continue to receive visitors to our palliative care patients for most of this time despite the lockdowns and restrictions.

We have become skilled at screening our patients and their visitors at entry to the hospital. We became skilled at managing visitors from interstate or overseas who were in quarantine and had received exemptions from their respective governments to visit their loved ones at the hospital. We also got use to organising staff into separate teams to minimise risks of possible infection. Sadly we also got use to staff being in furlough after exposure to patients with COVID or had contact with Tier 1 and Tier 2 sites.

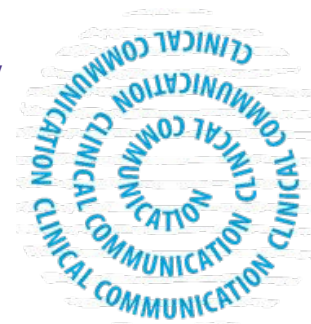
## Education Services at Centre for Palliative Care

The education team at Centre for Palliative Care has actively responded to the unpredictable restrictions the COVID-19 pandemic has placed on face-to-face teaching during 2020 - 2021. The majority of our multidisciplinary health professional education program, including our postgraduate



course commitments at The University of Melbourne, have now been adapted to on-line delivery. The move to on-line delivery of our advance practice Masterclass programs has had the added benefit of increasing the ability of health professionals from both regional and interstate to attend. The Masterclass programs are regularly oversubscribed and new classes scheduled which is a testament to the success of the shift to on-line delivery. During the 2020/21 financial year there were 6 masterclasses with 111 registrants and 5 free webinars with 3152 registrants.

Other project work is associated with the Centre of Palliative Care's recognised expertise in health professional clinical communication skills training. We led a Western Health Integrated Cancer Services (WCMICS) competitively funded project titled *Advanced Communications Skills Workshops for Oncology, Haematology and Palliative Medicine Registrars*. The aim of the project was to develop a clinical communication skills intervention to equip the cancer and palliative care medicine training Registrar workforce with the skills to communicate effectively with seriously ill patients and their families. Sustainability outcomes for the project included the identification and training of a highly qualified and experienced Faculty of medical facilitators and the development of a *Facilitator Trainer Toolkit*. This suite of evidence-based communication skills training resources is designed to provide the teaching Faculty with an innovative multi-media programme that ensures effective experiential knowledge translation. Training Registrars at SVHM, PMCC and RMH will be the first to receive training using the resources with the aim of expansion to other WCMICS catchment health services in the future.



**Victorian Aged Care Education & Training (VACET)**

**What will participants learn?**  
This package comprises three categories as identified above. Each category of learning has a number of modules that have been designed to be completed in around 30 minutes.

Dementia Care	Palliative Care	Oral Care
<ul style="list-style-type: none"> <li>Understanding dementia</li> <li>Understanding care</li> <li>Recognising and responding to responsive behaviours</li> <li>Depression and dementia</li> <li>Sleep and dementia</li> </ul>	<ul style="list-style-type: none"> <li>Palliative care introduction</li> <li>Symptom management</li> <li>Recognition and management of an actively dying resident</li> <li>Loss, grief and bereavement</li> <li>Self-care and resilience</li> </ul>	<ul style="list-style-type: none"> <li>Perspectives on oral care</li> <li>Aged Care Quality Standards</li> <li>Oral care and communication</li> <li>Healthy oral structures</li> <li>Oral screening and oral care planning</li> <li>Oral health and general health</li> <li>Specific personalised oral care</li> <li>Additional preventive options</li> <li>Oral sensitivity and comfort</li> </ul>

In addition we have included a portfolio module where users can keep a log of their learning, add information they want to refer back to and note their thoughts and feelings in response to the learning.

**Who developed the package?**  
The Australian Centre for Evidence Based Aged Care (ACEBAC) at La Trobe University, Melbourne, is an internationally recognised leader in evidence based aged care. ACEBAC has a wealth of experience developing, identifying and promoting the dissemination and integration of evidence into aged care practice. The package was funded by the Victorian State Government.

**Who can I contact for more information?**  
Australian Centre for Evidence Based Aged Care (ACEBAC), La Trobe University  
EMAIL: ACEBAC@latrobe.edu.au | PHONE: +61 3 9479 6027  
latrobe.edu.au

[Register your interest](#)

In addition to our busy teaching program our team has been actively working on education related projects. We collaborated with Latrobe University's Australian Centre for Evidence Based Aged Care to develop a suite of palliative and end-of-life care related modules specifically for the Victorian Residential Aged Care Sector workforce. The *Victorian Aged Care Education & Training (VACET)* is a free, on-line, self-paced workforce training package that, in addition to the Recognising and providing a palliative response to care content, includes modules on Dementia Care and Oral and dental hygiene. These three areas were training related gaps identified in The Royal Commission into Aged Care Quality and Safety.

## The new Caritas Christi

Founded in 1938 by the Sisters of Charity, Caritas Christi has been redeveloped to become the newest inpatient palliative and supportive care service in Victoria. After many decades of providing wonderful hospice care, Caritas Christi began a rebuild in early 2019 to improve amenities and facilities for patients, staff and visitors, ensuring we can continue to provide the excellent care that our patients need and so richly deserve. After two and a half years of construction, Caritas Christi Palliative Care Service is scheduled to return to Kew on September 1, 2021.



A brand new purpose built facility Caritas Christi Kew will reopen with a capacity to provide care to 20 patients in single rooms. Sadly, with current COVID restrictions we expect to be limited in capacity to allow full access to some of the spaces in the building - such as the Creative Arts Room; the Patient/Family Dining Room and the family lounges. Despite this, this redevelopment will cement the future of Caritas Christi and improve amenities and facilities for patients, staff and visitors. A formal opening of the new facility will occur early in 2022.

*Michael Bramwell*

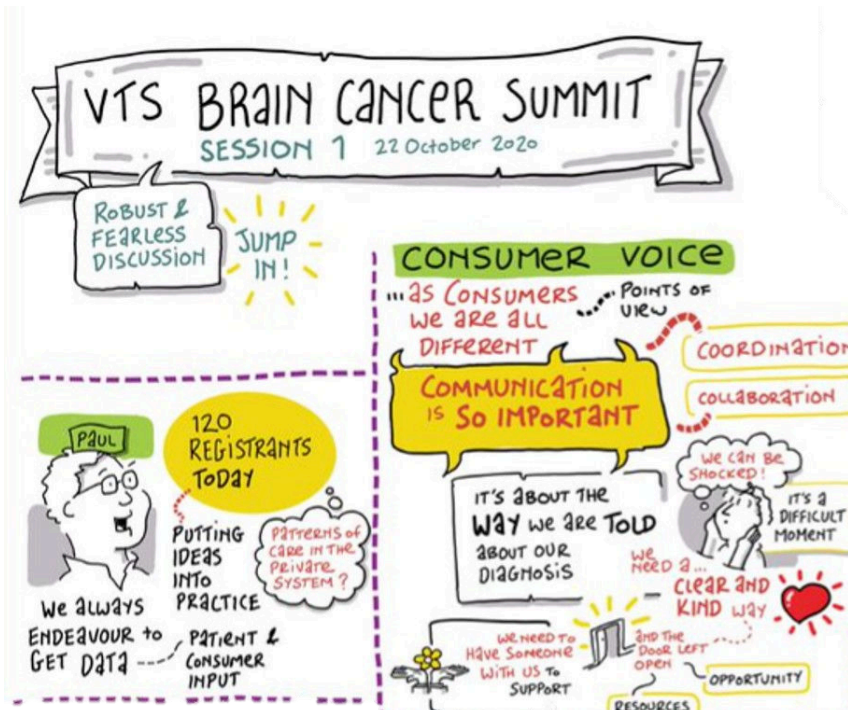
*NEMICS is one of nine cancer-service improvement networks in Victoria. Covering the northeastern region of Melbourne working with health services to improve the outcomes and experiences for people with cancer. In 2020-21 service improvement activities have continued in the context of the Covid-19 pandemic.*



The nine integrated cancer services (ICS) have developed an implementation plan for their responsibilities under the *Victorian Cancer Plan 2020-24* released in September 2020. The implementation plan has nine focus areas for collaborative effort.

The Victoria Tumour Summits program continues to engage clinicians in available data, dialogue on opportunities for change and agreed priorities for action. The transition to online events has been successful with Brain, Prostate and Breast cancer summits all well attended.

*Figure - Graphic recording from the Brain Cancer Summit*



Cancer is predominantly a disease of ageing with most cancer diagnoses occurring in people over 65 years. NEMICS has provided grants have been provided to implement new models of care for older people with cancer. These models aim to incorporate geriatric care with cancer care at Austin, Eastern and Northern Health for people with Lung, Prostate and Blood cancers.

The projects will be completed in 2022.

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

*My Cancer Care Record* has been revised and will be available again from November 2021. This hard copy resource supports people affected by cancer to store and record their medical and health-related information in one place. Information can be found at:

[https://www.nemics.org.au/page/improving\\_cancer\\_care/My\\_Cancer\\_Care\\_Record/](https://www.nemics.org.au/page/improving_cancer_care/My_Cancer_Care_Record/) .

Further information on our work can be found at [www.nemics.org.au](http://www.nemics.org.au) .

*Kathy Simons*



*“Bolton Clarke works collaboratively with clients, families, GP’s and specialist palliative care providers to promote dignity, comfort and choice 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. The past 12 months have been challenging for all with the Coronavirus pandemic. The focus has needed to be redirected to keeping up to date with ever changing information, guidelines and keeping clients, families and staff safe across At Home Support, Residential Aged Care and Retirement Living.”*

The past 12 months continued to be challenging for all with the Coronavirus pandemic. The focus continued 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.



An EMPHN funded Enhanced Palliative Care at Home project has continued to progress with some COVID19 adjustments. This was a major initiative in our palliative care service delivery

The final evaluation report will provide directions for the the service as we move forward into 2022.

*Leanne Davey*

In 2020, the Eastern Health Supportive & Palliative Care service (SPCS) mapped out a Service Plan to support palliative care in the region. Using a public health approach, and collaborating with internal and external stakeholders, Eastern Health aims to support high-quality service delivery, education, and research in palliative care.

### Overview

The ongoing issues with COVID and the unfortunate cyberattack on Eastern Health have hampered much of our work in 2020/21. Volunteers and pet therapy are yet to return to our unit, making psychosocial and existential care more problematic. We acknowledge the challenges faced by everyone in our region and the subsequent repercussions of the pandemic. In these uncertain times, we are certainly more aware of supporting each other and have seen the benefits of working together. Every member of our service, whether clinical or non-clinical, has shown great resilience, professionalism, and kindness. Their contribution cannot be underestimated in the outcomes detailed in this report.

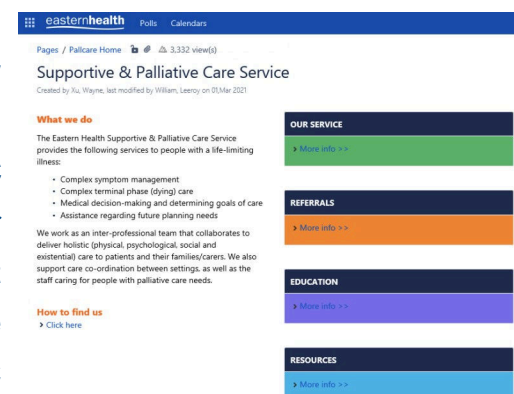
We are optimistic that our service will be able to use our Innovation Grant to implement PalCare. There is a clear need for palliative care outpatient services in our region, especially for early palliative care involvement in cancer care. We are exploring both formal outpatient clinics and telemedicine options. In November 2020, the SPCS received confirmation of ongoing accreditation as a specialist training site. Furthermore, accreditation of Registrar training for an extra consult position, and two community positions was received.

Development is underway on the Wantirna site of a new four-storey, dementia-friendly, 120-bed nursing home, that is due for completion in 2022. The Wantirna palliative care unit has now returned to the 30-bed unit it was been funded for. The SPCS is also reviewing its model of care and work has commenced with key stakeholders to ensure transitions of care occur smoothly. We continue to screen carefully for COVID and voluntary assisted dying issues on admission.

## Clinical Care

The focus of the 2020/21 year moved from consolidation to development of the service. We have been fortunate to recruit Dr Kathryn Tham as a consultant for the Angliss Hospital. In addition, Katie played an important role in education and transitional care liaison. Dr Lucy Kernick will return to cover the Angliss whilst Katie goes on maternity leave with our best wishes. We are also pleased to announce Louise Thai as our newly qualified nurse practitioner. In the latter half of 2020, we recruited a new Nurse Unit Manager, Aliasha-Jane Fejgl. Her appointment has transformed the culture and performance of the palliative care unit at Wantirna, that has now met all the PCOC benchmarks on three occasions. She continues to impressively lead the unit, alongside Dr Yok-Yin Lee and Dr Grace Walpole, as we prepare for accreditation in early 2022. The last new addition to the team in April 2021 was Anthony ‘Jock’ Allan, our Spiritual Care Practitioner. Jock’s calm and reassuring presence has benefited patients, families, and staff alike in these difficult times.

Our consult service continues to support over 2,000 patients (and their families) per year. It is, therefore, the biggest consult service in the country with dedicated staff that work beyond their paid hours. We now have offices at Box Hill, Maroondah, and Angliss hospitals. Despite the continuing late referrals and higher complexity of patients during 2020/21, the team have managed to meet the majority of the PCOC benchmarks, under the leadership of Marama Robinson (Nursing Team Leader), Dr Eswaran Waran, Dr Heidi Gregory and Dr Kathryn Tham. COVID and staffing issues also plague the work of the consult service, especially at the current time. The Palliative Residential Aged Care Consultancy Service (PRACCS) has continued its excellent work, despite COVID, managing to meet all the PCOC benchmarks in its first report from Jan-Jun 2021. We look forward to presenting the work of Louise Thai & Heidi Gregory at conferences and via publications.



We continue to work collaboratively with Eastern Health services to advocate for the palliative care population in our region. This has involved working with ambulatory services, medical oncology, radiation oncology, renal services, geriatric services, and advance care planning. Furthermore, we have been working with external stakeholders in addition to our work with other members of the consortium. Our work with other colleagues in the sector led to the two Safer Care Victoria guidelines for Opioid conversion and Syringe driver compatibility.



## COVID-19

COVID continues to dominate our healthcare systems as we move towards maximizing vaccinations for herd immunity. Our initial preparations for COVID via our intranet remain relevant to supporting Eastern Health staff with an increase in end-of-life care. We have adopted a flexible approach to visiting restrictions, balancing protocols with compassion, and will continue to do so into the future.

During 2020/21, it has been the indirect effects of COVID, affecting non-COVID patients, that has kept us busy. A reduction in the usual services available to people has led to later presentations to healthcare services, with more complex issues at presentation. The COVID numbers in our region have yet to rival other areas of Melbourne, and we hope this continues to be the case.

## Education

Over the course of 2020/21, the topic of education in palliative care has been high on the Eastern Health agenda. Priscilla Stephenson continues to promote the need for more education, especially via the Comprehensive Care Standard of the National Accreditation Standards. Our team has been involved in the promotion of online educational resources in palliative care for Eastern Health staff, whilst also supporting specialist professional development, e.g., PCOC education, CPCER education, and in-house case-based training.

Our links with Monash and Deakin University allow us to contribute to medical student education, mainly at third and final year levels. We are delighted that Dr Grace Walpole has become the Clinical Lead for Communication Skills at the Eastern Health Clinical School – an opportunity that will help more palliative care to be taught in the undergraduate curriculum. We continued our final year Monash medical student teaching via Zoom this year, collaborating with our colleagues at Monash Health to teach over 400 medical students.

We were grateful for the opportunity to participate in the consortium-led regional palliative care education, via the Eastern Melbourne Primary Health Network. Our team is looking forward to contributing to more educational activities in the region during 2021/22.

## Research

Our research activities continue via the following projects: PRACCS; Prof Kissane's multi-centre research into better psychosocial and existential assessments, locally led by Rachel Eade; the My Neuro-Palliative Care Project; and ongoing collaborations with the Public Health Palliative Care Unit at La Trobe University.

Other research activities include work on methadone, bereavement, short palliative care unit admissions, CJD, gendered analysis, hyperactive delirium, deaths outside the terminal phase, and a referral triage tool. Our research has been disseminated via publications, posters, and presentations on the topics of assisted dying, delirium, COVID, inter-professional communication skills, subcutaneous esomeprazole infusion, methadone conversion, and palliative care in renal dialysis patients.



*Professor Leeroy William*

*Eastern Melbourne Primary Health Network (EMPHN) is a not for profit organisation funded by the Australian Government to improve the care and support people living in the east and north east of Melbourne receive from community health services.*

*EMPHN is one of 11 PHNs that were tasked with implementing activities as part of the Greater Choices for At Home Palliative Care Measure. The Greater Choice for At Home Palliative Care (GCfAHPC) measure provided funding for coordinating palliative care through Primary Health Networks (PHNs). Being cared for and dying at home is most people's preference. This initiative aimed to help make that possible.*

**The four year program commenced 1 July 2017 and ended on 30 June 2021.**

In the final year of the first phase of the Greater Choice program EMPHNs area of focus included

- COVID-19 response in Aged Care
- Digital Storytelling
- Advance Care Planning resources in General Practice
- Palliative Care education sessions
- Digital Health research Aged Care
- Starting the conversations (Advance Care planning education for Aged Care Workers)

## Key highlights

### COVID-19 response

The last 18 months have had an unprecedented effect of the provision of health care services in Australia. In Victorian, the impact of the COVID-19 pandemic was felt particularly within the Aged Population in 2020 with several large outbreaks in Residential Aged Care Facilities.

During the pandemic EMPHN have played key roles in:

- The support of RACF outbreaks including facilitation of GP/RACF and outbreak response team conferences, and the provision of emergency PPE supplies
- The support and facilitation of Influenza Vaccinations in Aged Care in 2020.
- The facilitation and communication with RACFs in the COVID-19 Vaccination rollout.

### Starting the Conversation

Initially planned to be face to face educational sessions, EMPHN adapted to the impact of the pandemic and developed an e-learning course, codesigned with a participating RACF to educate Aged Care workers on key elements of Advance care planning and starting conversations with residents. The course was taken by 40 aged care workers with clear increase in confidence in starting conversations being shown.

### Palliative Care Education sessions

EMPHN partnered with the Eastern Metropolitan Region Palliative Care Consortium to deliver Palliative education webinars to GP's and other clinicians including Aged Care clinicians. The sessions were supported by Specialist Palliative Clinicians across the region who were able to share their knowledge in key areas including recognising dying and the last year of life, advanced care planning and prescribing at the end of life. The sessions were well attended and received and were successful in developing relationships between GP's and the specialist palliative care, and between EMPHN, GP's and the specialist palliative care network.

EMPHN has received confirmation of a further, Australian wide 4 year extension of the Greater Choices For at Home Palliative Care program and is now in the process of redesigning the program.

*Shirmilla Datta*