



**NORTH AND WEST
METROPOLITAN REGION
PALLIATIVE CARE CONSORTIUM**

Annual Report 2018-19



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Table of Contents

ABOUT US	4
<i>Message from Chair</i>	4
<i>North and West Metropolitan Region of Melbourne</i>	5
<i>Key demographics</i>	5
<i>Consortium Members</i>	6
FEDERAL AND STATE GOVERNMENT CONTEXT	7
<i>Federal Government</i>	7
<i>Victorian State Government</i>	7
OPERATIONS AND GOVERNANCE	8
THE 2018-19 YEAR IN REVIEW	9
<i>Projects and improvement initiatives</i>	9
<i>Education, training and networking</i>	13
WHAT'S NEXT	15
FINANCIAL REPORT	16

ABOUT US

Message from Chair



Janet Phillips

Strategy & Operations Manager | Palliative Care Melbourne City Mission

It gives me great pleasure to present the North and West Metropolitan Consortium Annual Report.

2018/19 has seen an exciting new direction with a more robust governance and reporting framework. A new committee structure will enable projects to align with Victoria's End of Life Framework and the National Palliative Care strategy principles.

This year has seen further innovation in the aged care sector with development of rapid response teams, testing new models of care and advocacy with submissions by member organisations to the Royal Commission on Aged Care. The NWM Primary Health Network funded project: 'Improving After-hours Access to Palliative Care in Residential Aged Care' has resulted in successful outcomes with the aim to submit for publication in respected journals and present at the next palliative care conference.

A new strategic direction has occurred in consultation with the NW Consortium Management Committee and NW Consortium Clinical Advisory Committee. Key areas of focus are to improve coordination and integration of services, engaging communities and embracing diversity, and making quality end of life everyone's business. One exciting innovation is to establish quarterly clinical network forums for education, training and networking. Topics will be informed by training needs analysis and sessions will be open to stakeholders in the region.

Our Consortium is a vital forum for the NW Metropolitan Region to collaborate on future innovative initiatives, share information and resources, build capacity by supporting education.

I wish to congratulate the NW Metropolitan Region Consortium on its strong commitment and passion to ensure high quality palliative care across the region.



Janet Phillips
Consortium Chair

North and West Metropolitan Region of Melbourne

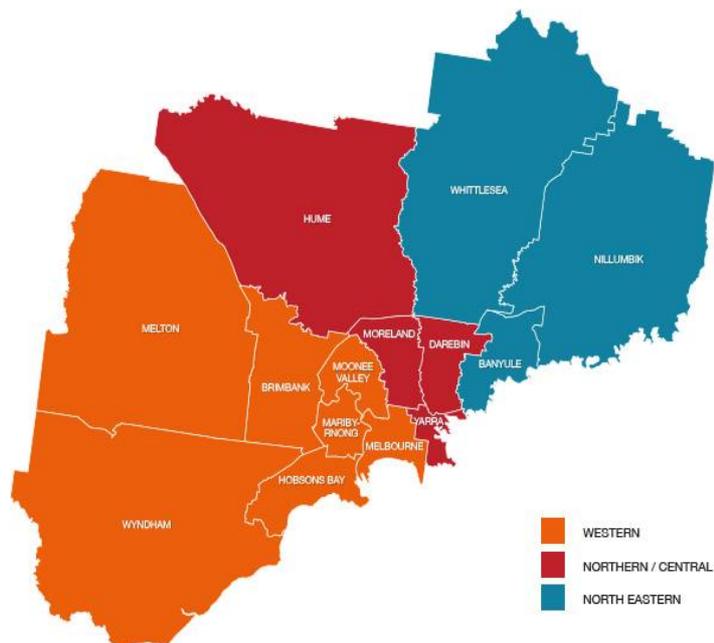
The North and West Metropolitan Region Palliative Care Consortium (the Consortium) is one of eight regional palliative care consortia funded by DHHS. It is an alliance of services providing palliative care for people living in the north and west metropolitan region of Melbourne. It covers fourteen local government areas (LGAs) with three community palliative care sub-regions:

- The western part of the region includes the LGAs of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Wyndham. This is the community palliative care catchment area for Mercy Palliative Care.
- The northern/central part of the region includes the LGAs of Yarra, Darebin, Moreland, Hume. This is the community palliative care catchment area for Melbourne City Mission Palliative Care.
- The north-eastern part of the region includes the LGAs of Banyule, Nillumbik and Whittlesea. This is the community palliative care catchment area for Banksia Palliative Care Service.

Key demographics

The north and west metropolitan region of Melbourne based on 2016 Census data:

- comprises around one third (33.1%) of the population of Victoria
- has expected growth of over half a million people (521,478) in the ten years to 2026
- is an ageing population where the population of people aged 70 years or older is expected to increase by more than half (50.6%) in the ten years to 2026
- includes around one quarter (24.8%) of Victoria's Aboriginal and Torres Strait Islander population
- is culturally diverse, with three out of every ten residents in the region (29.8%) being born in a non-English speaking country
- has a projected growth rate of persons with a diagnosis of dementia of 420% to 2050 (26,101 in 2017 to 118,192 persons by 2050) Source: NATSEM, University of Canberra, January 2016. Commissioned by Alzheimer's Australia Vic.



Consortium Members

Consortium members include community palliative care services, public hospital palliative care services and the North Western Melbourne Primary Health Network.

<p>Austin Health palliative care services</p>	<ul style="list-style-type: none"> •Palliative Care Inpatient Unit providing care for people requiring complex pain and symptom management or emotional or psychological distress. Where possible, the unit assists patients to return to their home, with the support of community-based palliative care service providers. •Palliative Care Consultative Service consisting of medical and nursing consultants, works with inpatients across Austin Health who have a life-threatening illness to help them manage their pain and symptoms and maximise their wellbeing in the face of their illness.
<p>Banksia Palliative Care Service</p>	<ul style="list-style-type: none"> •Provides specialist palliative care and practical support for people who have been diagnosed with a progressive terminal illness residing in the local government areas of Banyule, Nillumbik and Whittlesea
<p>Melbourne City Mission Palliative Care</p>	<ul style="list-style-type: none"> •Provides in-home palliative care services 7 days a week in the cities of Hume, Moreland, Darebin and Yarra. It offers a range of nursing, medical, allied health and consulting services to help people experiencing a life-limiting illness to have the best possible quality of life.
<p>Melbourne Health and Peter MacCallum Cancer Centre</p>	<ul style="list-style-type: none"> •Operating together through the Parkville Integrated Palliative Care Service of the Victorian Comprehensive Cancer Centre partnering to deliver a comprehensive and coordinated palliative care service across the Parkville Precinct.
<p>Mercy Health inc Mercy Palliative Care & Werribee Mercy Hospital</p>	<ul style="list-style-type: none"> •Mercy Palliative Care is a community-based Palliative care service offering support in the North and West Metropolitan Region of Melbourne servicing 7 municipalities including Brimbank, Maribyrnong, Melbourne, Melton, Moonee Valley, Hobsons Bay and Wyndham offering 24-hour support and advice •Gabrielle Jennings Centre for Palliative Care at Werribee Mercy Hospital providing inpatient palliative care and end of life care
<p>Northern Health palliative care services</p>	<ul style="list-style-type: none"> •Inpatient Palliative Care Unit caring for patients who require symptom assessment & management and future planning options, end of life care and inpatient specialist palliative care. •Palliative Care Consultation Service - multidisciplinary team working together with other teams to look after inpatients of The Northern Hospital Epping, Broadmeadows Hospital or Northern Health Bundoora, or who are attending a specialist clinic at the hospital.
<p>Western Health palliative care services</p>	<ul style="list-style-type: none"> •Consultancy Service providing expertise and advice to patients, carers and health professionals across all campuses. •Outpatient Clinics including the SMART (Symptom Management and Referral Team) Clinic - multidisciplinary Palliative Care outpatient clinic which is a partnership between Western Health Palliative Care and Pharmacy Teams and Mercy Palliative Care. •Palliative Care Ward for adult patients requiring ongoing palliative care

FEDERAL AND STATE GOVERNMENT CONTEXT

Federal Government

The Federal Government has demonstrated a commitment to palliative care through:

- Release of the updated National Palliative Care Strategy 2018 by the Australian Government Department of Health which provides a road map for the future of palliative care services across Australia. The Strategy has been endorsed by all Australian Health Ministers. The implementation plan for the Strategy is currently under development.
- Allocation of \$32.8 million announced in the 2018 May Budget for 2018/19 to support residential aged care services to deliver a palliative care service response.

In addition, the Royal Commission into Aged Care Quality and Safety was established October 2018 by the Governor-General of the Commonwealth of Australia, His Excellency General the Honourable Sir Peter Cosgrove AK MC. This Commission provides the palliative care sector with the opportunity to highlight the importance of end of life care for older adults in aged care. Some Consortium members (through their individual agencies) provided submissions to the Commission reflecting on their experiences in the aged care sector and the need to strengthen palliative care in aged care.

Victorian State Government

On 19 June 2019 the Voluntary Assisted Dying Act 2017 came into effect in Victoria. The Consortium Management Group discussed the implications of the Act on service delivery and variation in philosophical positions within the Consortium membership, staff and clinicians delivering services. Member agencies within the Consortium have adopted various Voluntary assisted dying pathways. Voluntary assisted dying has been included as a standing agenda item for the Consortium Management Group to support information sharing and explore solutions to system and process challenges.

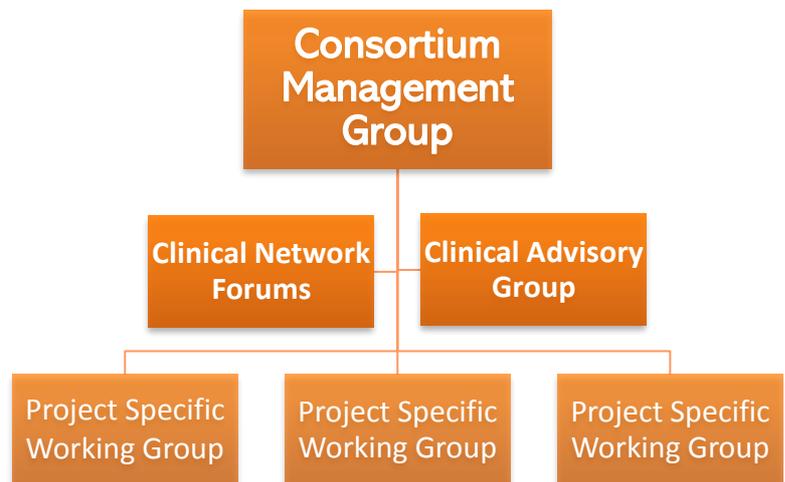
The Victorian Policy and Funding Guidelines 2019-20 – DHHS includes “\$72 million over four years will continue support for Victorians requiring end-of-life care, including home-based palliative care in rural and regional Victoria and regional palliative care consultancy as well as a 24-hour support line...” On 30 October 2018, the Victorian Government announced an extra \$23.4 million dollars for palliative care funding, of which \$2.5 million was set aside to support projects that enable better integration between hospital and community palliative care services so that clients, their families and carers can access the best possible end of life and palliative care irrespective of their care setting.

The Consortium welcomes these funding announcements. Member agencies have been granted innovation funds to undertake a range of initiatives including but not limited to Telehealth capability; Infrastructure grant for early intervention clinic; Workforce and care implementation plan; Community In-Reach and Review Program; Aged Care In-reach Program, and Hospital 2 Home initiatives.

OPERATIONS AND GOVERNANCE

The Consortium reviewed and strengthened its operational and governance arrangements in July 2019. This included:

- establishing a new committee structure including revision of Terms of Reference of the Management and Clinical Groups and establishment of Project Specific Working Groups
- strengthening project governance structures including:
 - regular and robust oversight and reporting of consortium work including improvement initiatives and project activities and outcomes, utilisation of consortium funds and resources and distribution of same
 - all projects and improvement initiatives to be supported comprehensive project scoping documents and to be considered and endorsed by the Consortium Management Group and confirmed by participating agencies
 - project workplans and risk management plans for each project and improvement initiative
 - terms of reference for each project specific working group
 - budget plans
 - project reporting templates (progress and end of project) and reports
 - regular and routine project update reports to Consortium Management Group including budget status reports, achievements and outcomes.
- ensuring projects and improvement initiatives to be undertaken:
 - are consistent with Victoria's End of Life and Palliative Care Framework priority areas and the National Palliative Care Strategy guiding principles
 - focus on improving outcomes for patients and carers and able to be implemented and evaluated by June 2020
 - facilitate and enhance communication and collaboration across and between Consortium agencies
 - maximise the utilisation of the skills, expertise and resources of the Consortium Manager and Project Coordinator in project coordination, management and support.



- introduction of Clinical Network Forums providing a regular opportunity for the presentation by guest speakers to talk about sector innovations, improvement initiatives, new models of care, project updates, changes in policy etc and to support networking and information sharing opportunities.

THE 2018-19 YEAR IN REVIEW

Projects and improvement initiatives

Improving after-hours access to palliative care in residential aged care

North Western Melbourne Primary Health Network (NWMPHN) and the North West Metropolitan Palliative Care Consortium (NWMPCC) identified gaps in the provision of palliative care in Residential Aged Care Facilities (RACF). In response, a Project was established utilising the expertise of the two organisations (along with their associated linkages and networks across the regions) to better understand these gaps, including system and process issues underlying them, and to work cohesively to improve resident outcomes and provide the right care, at the right time, in the right location, in line with Victoria's end of life and palliative care framework.

The project commenced April 2018. It was funded by the North Western Melbourne Primary Health Network and the Consortium was the lead project agency. The project is due to be completed in October 2019.

Project Aim:

Improve access to after-hours palliative care and support for people living in RACFs in the NWMPHN catchment (Yarra; Moreland; Darebin; Hume; Melbourne; Maribyrnong; Moonee Valley; Hobsons Bay; Brimbank; Wyndham; Melton; Moorabool (the parts of Moorabool within the NWMPHN Catchment, including Bacchus Marsh) and Macedon Ranges (the parts of Macedon Ranges within the NWMPHN Catchment, including Gisborne and Lancefield).

Key project outcomes:

- Through comprehensive stakeholder consultation, identified structural barriers and issues and local opportunities to strengthen and improve systems and processes.
- Recruited eight Pilot RACFs within NWMPHN catchment to participate in improvement project.
- Focused participating RACF Executive Sponsors' on palliative care and EOL care in aged care.
- Introduced ELDAC audits and scans as a valid mechanism to identify improvement opportunities and system gaps.
- Supported development and implementation of models of care for palliative care in RACFs.

- Supported review and strengthening of key policies and procedures including ACP, Palliative approach to care, EOL care.
- Supported identification of training need analysis through ELDAC Personal Learning assessment of palliative care and ACP to identify training needs.
- Provided palliative approach to care and ACP education and training for RNs, ENs and PCAs.
- Supported the introduction of the Stop & Watch Model in RACFs where the care workforce was predominantly PCAs.
- Supported the introduction of Medical/Treatment goals of care processes.
- Actively supported RACF GPs to be involved in strengthening ACP systems and practices.
- Actively encouraged and supported engagement and collaboration with key stakeholders, e.g. RACF GPs, RIR services, Community Palliative Care, other participating RACFs.
- Formalised and documented referral pathways to support referral to services e.g. GP, In-Reach or Community Palliative Care.
- Developed and introduced GP directions form to support and enhance treating GP communication with visiting services such as Locums, Community Palliative Care, Residential In-reach.
- Supported the review and enhancement of information packs for residents and relatives, including easy to understand information regarding ACP, palliative care and EOL care.
- Supported introduction of bereavement risk assessment processes.
- Supported a continuous improvement approach encouraging RACFs to monitor palliative care practice and outcome KPIs beyond the project timelines.

Austin - Banksia Palliative and Aged Care Collaboration (ABPACC)

Project Aim:

Facilitated cooperation between Austin Health (AH) Palliative Care Services, AH Residential Outreach Service (ROS) and Banksia Palliative Care Service (BPCS) to improve specialist palliative care for patients in Residential Aged Care Facilities (RACFs). Project focused on improved support for staff of RACFs in the AH – BPCS catchment, resulting in the provision of best practice and timely generalist palliative care to residents.

Key project outcomes:

- Demonstrable benefits of integrated service delivery for patients and partners.
- AH ROS team now routinely making referrals to BPCS.
- Significantly improved relationships between ROS, BPCS, AH PCU and AH Palliative care consultancy services.

- Increased capacity of RACF staff through interactions with BPCS staff onsite, resulting in improved relationships and referrals for other residents not aligned to ROS.
- Increase in PCU referrals to ROS to assist with transition back to RACFs.
- Increase in identification of patients who required palliative support in RACF by ROS and PCU teams. Same patients were linked to BPCS due to increased knowledge and improved relationships between services. Increased capacity for BPCS to take referrals for patients in RACF.
- Unexpected outcome of provision of bereavement support for staff in RACF. One RACF had a high mortality of long-term residents in a short time. BPCS were involved and provided bereavement support to staff.
- Development of an engaged, collaborative project group of senior managers and clinicians who are keen to work together post project completion to explore opportunities of increased access to community palliative care services for shared patients.
- Greatly improved communication between services, enabling ROS and BPCS to share respective expertise when dealing with complex cases, which was beneficial for partners and patients.
- Overall greatly improved understanding of each other's services, especially of after-hours support, allied health and bereavement provided by BPCS to both patients and their carers and by RACFs.

Melbourne Health and Parkville Integrated Palliative Care Service - Residential In-Reach and Specialist Palliative Care (community and hospital): Working together for better palliative care outcomes in residential aged care

Project Aim:

To enhance workings between hospital and community outreach services, to reduce gaps in care, reduce unplanned readmissions and develop supportive models to residential aged care facilities to provide optimal palliative care.

Key project outcomes:

- Increased harmonization of workings between Specialist palliative care outreach (RAPID Assist), community palliative care and residential in-reach services and nursing homes.
- Improved understanding between residential in-reach services, residential aged care and specialist palliative care.
- Encouraged the development of improved relationships, protocols and systems/practices to promote cooperation between residential in reach and specialist palliative care, in the support to residential aged care facilities.

- Presented options for recommendations to the Victorian DHHS for long term system improvements in the provision of palliative care supports to residential aged care - project report delivered to DHHS Palliative Care.

Courageous Conversations: Enabling difficult conversations in Palliative Care

Project Aim:

Capacity building of chronic health clinicians in the area of communication with clients, carers and families on end of life matters.

Key project outcomes:

- Extensive stakeholder consultation with representatives from Consortium member agencies providing specialist palliative care services; associated organisations including Eastern Primary Health Network and North West Primary Health Network; Safer Victoria (DHHS) and Chronic/ complex health teams in North and West Metropolitan region.
- Literature review identifying limited information regarding conversations for people on a chronic illness pathway to palliative care. The literature focused on the challenges of the timing of the conversation, rather than how it should be undertaken.
- Development of a Framework of a Courageous Conversation aimed at advancing and strengthening healthcare clinicians' communication skills when initiating of transitioning conversations. The Framework acknowledged multiple levels of dialogue that clinicians engage in, within any one conversation, at any one time, with clients, carers and family.
- A poster presentation displayed at the 2019 Oceanic Palliative Care Conference.



A framework for exploring and evolving communications skills in a purposeful and complex conversation.



Pilot

2hr facilitated workshop with community outreach team working with complex and chronic health clients, connected to large metropolitan Melbourne hospital. Introducing and engaging with the framework of a courageous conversation when initiating a change in health pathway — preliminary palliative care discussions.

Key Feedback

- Valued time to work interactively and experientially as a team at a difficult interface, transitioning clients from a chronic health pathway to that of palliative care.
- Utilising a framework with a number of differentiated elements to support and encourage the initiating of a complex care discussion.

“When it comes to End of Life Care, one conversation can make all the difference.”

(Barst, 2018 conversation: Creating Choice in End of Life Care, ACORN)

Mercy Palliative Care Collaborative with Western Health in Aged Care Facilities

Project Aim:

Mercy Palliative Care collaboration with Western Health to provide assessments over and above usual practice for residents in aged care facilities requiring short term case management. Project funds were utilised to support extra sessions by Palliative Care Consultant and Clinical Nurse Consultant and Social Worker.

Key project outcomes:

- Reduced duplication of service delivery to individual residents in aged care facilities by strengthening communication between in-reach and community palliative care services.
- Strengthened collaboration between Western Health and Mercy Palliative Care in relation to syringe driver management e.g. monitoring, maintenance and trouble shooting.
- Upskilled Western Health aged care liaison staff in palliative care and provided these staff with access to Mercy Palliative Care's 24-hour number to provide clinical advice and guidance as required.
- Simplified referral processes for aged care staff to community palliative care to support easy referral and communication of relevant information.
- Going forward, providing further education days and conducting joint visits by Western Health and Mercy Palliative Care representatives to aged care facilities.

Northern Hospital In-Reach team collaboration with Community Palliative Care: Working together for better palliative care outcomes in residential aged care**Project Aim:**

The project was designed to improve understanding between RIR services and specialist palliative care (hospital and community) regarding roles and practices in providing palliative care support to residents of RACFs. It also focused on improved communication and relationships between the agencies and supported the development of protocols, systems and practices to promote co-operation between residential-in-reach and specialist palliative care (hospital and community) in the provision of palliative care support to RACFs.

Key project outcomes:

Funds contributed to the recruitment of Palliative Care CNC and Registrar 0.2 EFT CNC/Reg time allocated to residential-in-reach to facilitate clinical reviews and support education opportunities for RACF and RIR staff.

Education, training and networking

Each year the Consortium allocates funds to member agencies to provide support for education and training initiatives and networking activities.

Over the past year, the Consortium, has supported a range of activities including:

- Twenty clinicians and managers from member agencies participated in the inaugural Oceanic Palliative Care Conference 2019 held in Perth, Australia. Four representatives from member agencies presented the following papers to the conference:



- *Unique and evolving ethical challenges faced by a community palliative care service with the implementation of voluntary assisted dying.*
- *Implementing a delirium framework into a Palliative Care setting*
- *From 9-5 to 24/7, the evolution of a community palliative care service model*
- *Is there a doctor in the house? A first-hand experience of Toronto community palliative care.*

Eight poster presentations were submitted by member agencies:

- *What a difference more beds make!*
- *Seizing the opportunity: developing a vision and strategic plan for our palliative care service.*
- *Introducing mindfulness as a self care tool in the Palliative Care Unit (PCU)*
- *Caring around the clock*
- *Courageous conversations: - enabling difficult conversations in palliative care*
- *Palliative Care Guidelines and Policies – Keeping up with the Evidence*
- *The Transition of Nurses to Community Palliative Care*
- *Parkinson's Disease at the End of Life.*

Other education and training activities supported by the Consortium included but were not limited to:

- one staff member attended the World Indigenous Cancer Congress 2019 in Calgary, Canada and presented an oral abstract
- three staff were supported to attend Safer Care Victoria – Teaching Communication in the clinical workplace forum.
- MND Clinical Practice Placement for one palliative care ward nurse
- conference attendance for one palliative care ward nurse at National Delirium Conference. Abstract accepted for oral presentation for 'Implementation of a delirium framework on palliative care ward'
- conference attendance for one palliative care ward ANUM at national Falls Conference. Abstract accepted for poster for ward initiatives to reduce falls in palliative care inpatients
- mindfulness training sessions for multidisciplinary palliative care ward and consultancy staff to improve self-care. Presented as poster at 2019 Oceanic Palliative Care Conference.

WHAT'S NEXT

Our focus for the 2019/2020 period is to implement projects and undertake improvement activities that:

- are consistent with Victoria's end of life and palliative care framework and National Palliative Care strategy principles
- improve patient and carer outcomes
- strengthen practice linkages between consortium agencies and other stakeholders, and
- support capacity building.

The diagram below provides an overview of key work being implemented for the next 12 months to June 2020:

Initiatives we will undertake that focus on coordinating and integrating services:

- Improve after hours access to palliative care services in aged care: targeted roll out of improvement initiatives across aged care organisations in western suburbs of Melbourne
- Strengthen referral pathways between Hospital Independence Program to Community Palliative Care

Initiatives we will undertake that focus on engaging communities, embracing diversity

- Building stronger links with CALD organisations to support the provision of culturally appropriate care
- Working with disadvantaged communities to support timely referral to community palliative care

Initiatives we will undertake that focus on quality end of life and palliative care as everyone's business through:

- Quarterly Clinical Network Forums widely promoted and open to staff from Consortium agencies and other stakeholders in the region
- Providing Education and training opportunities informed by training needs analysis
- producing and distributing news and information bulletins

Robust governance and reporting processes

FINANCIAL REPORT

Statement of Income & Expenditure 2018-19

North and West Metropolitan Region Palliative Care Consortium
 Re: Funding Agreement with the Victorian Department of Health and Human Services (DHHS)
 For the Year ending 30 June 2019

Income	2018/19 (GST Exc.)	2017/18 (GST Exc.)
Balance c/f from prior year	488,833	262,189
DHHS Core Consortium	221,553	215,403
DHHS Regional Consultancy Aged / Disability	122,110	118,721
DHHS Other Regional Consulting	105,188	76,690
DHHS Education Training	-	25,579
Other Income	125,000	100,000
Sub-total Operating Income	573,851	563,393
Total Income, including prior year balance c/f	1,062,684	798,582
Expenditure		
Salaries & on-costs	237,377	239,218
Service Delivery Enhancement Grants	338,959	-
Non-salary costs	62,481	70,531
Total Expenditure	638,817	309,749
Operating Surplus (Deficit)	(64,966)	226,644
C/f Surplus Total	423,867	488,833

Notes on monies carried forward	\$	\$
Operating surplus (deficit) for year	(64,966)	226,644
Add previous year C/f	488,833	262,189
Total Carried forward into next year (1)	\$423,867	\$488,833

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