



Latrobe Health
Advocate

Achieving Victoria's best end of life experience for people in Latrobe

Progress Report September 2022





Latrobe Health Advocate

PO Box 108
2 Tarwin Street, Morwell
Victoria 3840 Australia

1800 319 255

info@lhadvocate.vic.gov.au

www.lhadvocate.vic.gov.au



© Latrobe Health Advocate 2022



The Latrobe Health Advocate respectfully acknowledges Aboriginal people as the Original Custodians of the land we walk on today – the land of the Braiakaulung people of the Gunaikurnai nation and passes on respect to their Elders past and present, future and emerging.

Message from the Latrobe Health Advocate

To the Hon. Mary-Anne Thomas MP, Minister for Health,

I am pleased to provide you with this third progress update which acknowledges the significant achievements within the palliative care system in Latrobe to respond to the experiences of the community.

Service system leaders, palliative care specialists and local communities in Latrobe have demonstrated their readiness for the establishment of a dedicated palliative care facility in the area.

As you are aware, a great deal of engagement has been carried out on this issue, recognising there is a pressing need and opportunity to deliver Victoria's best palliative care system.

There are significant constraints within the public health system including a limited number (4) of funded inpatient palliative care beds within the hospital setting. Local services are reporting an increase in demand for end-of-life palliative care and have stated that the existing beds do not meet current demand. Work needs to occur to undertake a thorough assessment of the local system's capacity to meet current and future demand for inpatient palliative care

There is no doubt that local palliative care services are demonstrating increased levels of cooperation and collaboration among their workforces. Over the past 12 months, there has also been a notable shift where peak bodies, state-wide service providers and researchers have contributed to important work occurring in Latrobe.

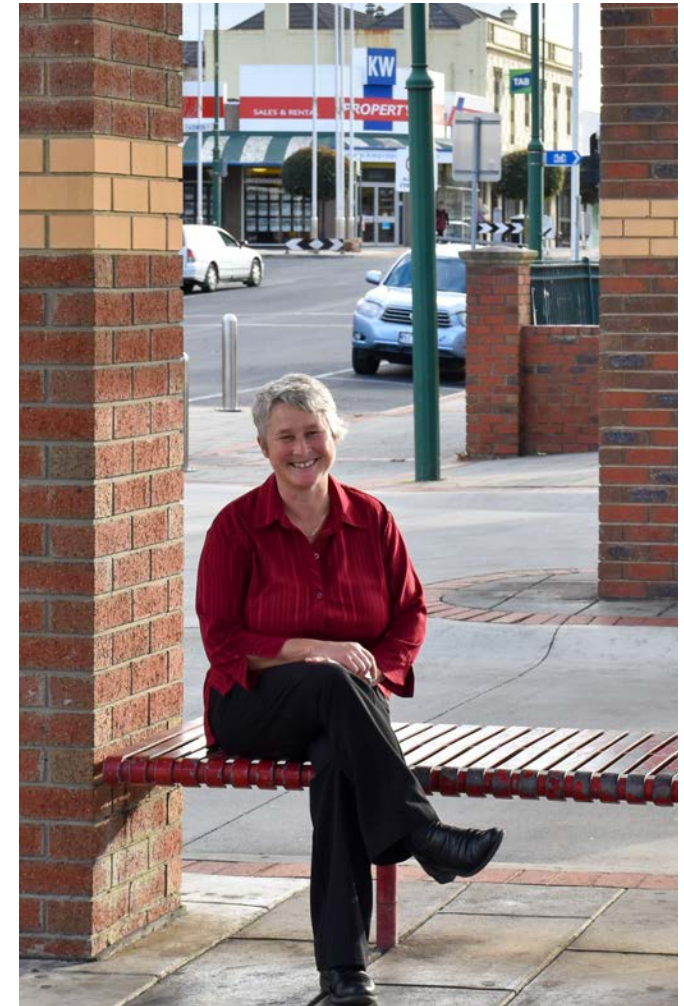
Gippsland Primary Health Network's implementation of the Greater Choices for Palliative Care at Home Measure is an opportunity to address the issues identified concerning timely access to medicines.

Engagement with communities and stakeholders highlighted the stark inequities between metropolitan and regional Victoria when patients need to access both metropolitan specialists and regional health services. It can be problematic to transition between these contexts with a lack of communication and relationships among staff and limited system integration.

An assessment of current and future demand for palliative care, along with a review of the size and skills of the Latrobe palliative care workforce relative to national standards, needs to be undertaken. This would inform the development of a regional palliative care workforce investment strategy.

The work occurring within Latrobe Community Health Service (LCHS) to increase capacity for the effective utilisation of volunteers is to be commended. Consideration should be given to a centralised approach to volunteer training and coordination in Latrobe. This would enable volunteers to transition across services with patients and carers.

Further consideration should also be given to how contemporary governance brings health services and communities together to share their collective expertise. This could be modelled on some of the emerging work occurring within Victoria as part of the mental health system reform.



J. Anderson

Jane Anderson

Latrobe Health Advocate

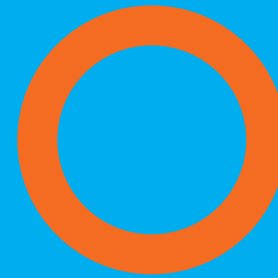
Guide to reading this report

This progress update is intended to be read in conjunction with the Advocate's original report, *Achieving Victoria's best end of life experience for people in Latrobe* which was released in September 2019. The original report provides a comprehensive description of each of the Advocate's recommendations, along with a summary of relevant evidence from the research that was undertaken. It also includes commentary about how the recommendations might be implemented and offers suggestions for areas that may require further consideration and discussion. This is the third progress update provided by the Advocate. Like the previous progress updates, this has been developed in consultation with the Department of Health and local services.

Progress Indicators



Further work is required to enable sustainable change to occur.



System reform is occurring and there are early signs of change being experienced within services and by community members.



Systems reform is well underway and change is being experienced within services and by community members.



Original report
2019



Progress report #1
May 2020



Progress report #2
September 2021




Progress report #3
September 2022 (this report)

Reform priority 1:



Empowering people in Latrobe to die in their place of choice and offering places to choose from.

Recommendation	Recommendation 1	Recommendation 2
Description	<p>A hospice as a place of choice for people in Latrobe.</p> <p>A shift in thinking and a commitment to achieving a home-like environment within the hospital setting to significantly improve the experience for patients and their loved ones.</p>	
Advocacy position	 <p>Service system leaders, palliative care specialists and local communities have demonstrated their readiness for the establishment of a dedicated facility in Latrobe, enabling greater place of choice.</p> <p>There are significant constraints within the public health system including a limited number (4) of funded inpatient palliative care beds within the hospital setting. Local services are reporting an increase in demand for end of life palliative care and have stated that the existing beds do not meet current demand. Work needs to occur to undertake a thorough assessment of the local system’s capacity to meet current and future demand for inpatient palliative care.</p>	
Progress highlights and where the system is working well	<p>Maryvale Private Hospital (MPH) has ongoing engagement with Latrobe Regional Hospital (LRH) and Latrobe Community Health Service (LCHS) to continue open dialogue of bed and service availability for the Latrobe and wider Gippsland community. Whilst availability is highlighted for all services, palliative care has been a prominent feature of discussion.</p> <p>Latrobe City Council has maintained an interest in the Victorian Government’s response to the Advocate’s recommendation and strong views from community members about the need for a dedicated palliative care facility in the region. At its meeting in June 2022, Council unanimously carried a resolution to continue to support and advocate for improvements to end of life care.</p> <p>LRH is supported by volunteers who provide small amounts of funding to purchase equipment such as CD players, bluetooth speakers and vaporisers to assist in making the environment more home-like. Other volunteers knit and sew quilts and blankets to further patient comfort.</p>	
Systems challenges and barriers that might be getting in the way	<p>The approach to death and dying is significantly influenced by the operating environment of the health service setting, which creates inconsistencies and disjointed experiences for patients, carers and families. For example, death is handled differently in the emergency department compared to an intensive care unit and a palliative care unit.</p> <p>It has been suggested that there needs to be a universally accessible directory of service availability across the Latrobe and wider Gippsland region so patients, carers, families and clinicians are aware of what is available and how to access these services. Patients should be provided with the available options for care so they can make a fully informed decision.</p> <p>The Advocate continues to hear from people who want to see the establishment of a hospice or palliative care unit in the region, expressing strong concerns that this does not yet exist. The Advocate has heard first-hand experiences from people who have been with loved ones who received hospice-based care in other locations. These people have highlighted the benefits that this type of care can bring.</p> <p>Local communities continue to describe the need for:</p> <ul style="list-style-type: none"> • An approach that is not clinical or regimented • A home-like space for families where you can go outside and walk • Quiet and spacious lounge areas, with options for music and pets • Volunteers and staff who quietly go about their business, are responsive and follow up afterwards • Close proximity to a hospital with medical infrastructure and expertise • Sacred spaces within hospital facilities to support spiritual wellbeing and practices including individual, cultural and religious rituals. 	

Reform priority 1:



Empowering people in Latrobe to die in their place of choice and offering places to choose from.

Emerging opportunities

LRH has plans for commencing an inpatient bed card for 2-4 palliative beds in 2023. This will mean that as well as the current consultancy based service, there will be capacity for visiting palliative care physicians to manage specialist patients directly. This will expand the current service and provide the beginnings of further development.

The Palliative Care Assessment Service (PCAS) can assist patients and carers to navigate the service system to enable them to access end of life care, irrespective of location or funding. PCAS works with local stakeholders across Victoria to ensure that their communities can access services when needed. This service can assist in addressing the suggestion of a universally accessible directory of service availability.

Maryvale Private Hospital has continued to facilitate public and private palliative care admissions for symptom management and end of life care. There is an existing service availability and beds at Maryvale Private Hospital which could be utilised, however this would require a committed funding strategy for a given period of time. The hospital is agile to respond to new ideas, concepts and models of care and would welcome a discussion where the hospital could further play a part in addressing the palliative care needs of the community.



Reform priority 2:



Latrobe communities experiencing a system that works in harmony with their needs.

Recommendation	Recommendation 3	Recommendation 4	Recommendation 5	Recommendation 6
<p>Description</p>	<p>Palliative care services available every hour of every day as a matter of course.</p>	<p>Timely access to medicines to prevent patients, families, and carers from suffering unnecessarily.</p>	<p>Services unite to provide a model of care that is experienced by every patient in every place.</p>	<p>A unified model of care where records are shared across the system for the benefit of patients.</p>
<p>Advocacy position</p>	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">  </div> <div> <p>There is no doubt that local palliative care services are demonstrating increased levels of cooperation and collaboration amongst their workforces. Over the past twelve months there has also been a notable shift where peak bodies, statewide service providers and researchers have been able to further contribute to work occurring in Latrobe.</p> <p>This improvement in working relationships and openness to working together with each other must continue and needs to be supported and championed by key leaders within health services and the Department of Health. This is fundamental to achieving effective service integration.</p> <p>It is evident that further work is required for the Gippsland Health Alliance to fully implement the PalCare software system in a way that ensures adequate access for staff working across the local system and achieves interoperability with LCHS. This matter needs to be addressed as a matter of priority to ensure that patients can experience improved continuity of care as they transition between services.</p> <p>Further work is required to address the issues that have been identified in relation to timely access to medicines. This work will occur through Gippsland PHN's implementation of the Greater Choices for Palliative Care at Home project.</p> </div> </div>			
<p>Progress highlights and where the system is working well</p>	<p>LCHS continues to provide community palliative care services seven days a week, with on call phone and in home support available after business hours. LCHS works closely with the Gippsland Regional Palliative Care Consultancy Service (GRPCCS) to provide combined specialist care for those who need it.</p> <p>Stakeholders from Gippsland have continued to promote the state-wide Palliative Care Advice Service (PCAS) as a means for anyone with a question about living with, or caring for someone with life-limiting illness, palliative care or end of life care. It is promoted as a specialist telephone service that helps direct those to appropriate services locally. PCAS equally supports clinicians, through specialist medical advice, care in the patient's place of choice, reducing the demand on Ambulance Victoria and emergency departments. Overall, PCAS is ensuring that the general public and clinicians are accessing information in a timely manner.</p> <p>The Gippsland Regional Palliative Care Consortium (GRPCC) continues to work on projects to support clinicians in providing consistent and contemporary palliative care practice in the after-hours time period. The Telephone Triage Tool is being further developed through continued partnerships with the Gippsland PHN to support nurses to provide consistent and responsive palliative care in a range of settings, including after-hours, aged care and primary health settings.</p> <p>The GRPCC facilitates a Community of Practice for palliative care clinicians, and health professionals who are involved in the delivery of palliative care. This group brings together clinicians across the region, to discuss, prioritise and work towards regional solutions on common palliative care and end of life challenges.</p> <p>Maryvale Private Hospital is now a member of the GRPCC Consortium Managers Group and the Latrobe Palliative Care Advancement Group that was established by LRH. This strengthens relationships, sharing of knowledge and resources and advances conversations about palliative care education and models of care.</p> <p>The GRPCC continues to support and advocate for the implementation and use of PalCare software across the region to streamline communication between services and clinicians regarding palliative care clients.</p> <p>Maryvale Private Hospital, through the Latrobe Health Advocate's roundtable events, has strengthened existing, and developed new relationships with providers and consultative services to understand how they can work together to provide choice for patients and carers on where palliative care services and support is received. This has led to Maryvale Private Hospital hosting groups on site to introduce available palliative care services (end of life/symptom management) and discussing pathways for admission to hospital and transferring care to the home with primary care support.</p>			

Reform priority 2:



Latrobe communities experiencing a system that works in harmony with their needs.

Recommendation	Recommendation 3	Recommendation 4	Recommendation 5	Recommendation 6
<p>Progress highlights and where the system is working well (cont.)</p>	<p>PCAS recognises that not all Victorians need ongoing specialist palliative care to live and die well. PCAS provides immediate specialist telephone support and guidance when required to generalist clinicians to continue providing care to Latrobe residents. This service is provided to any doctor, nurse, nurse practitioner or paramedic wishing to speak directly and immediately to a palliative medicine consultant.</p> <p>GRPCCS continues to work with clinicians, patients and families across Latrobe and Gippsland to ensure clinical advice and support for patients and families is provided.</p>			
<p>Systems challenges and barriers that might be getting in the way</p>	<p>The PalCare software has been rolled out across the region and is used as a referral and communication tool. Every subregional service has their own individual document system and PalCare is additional and primarily used to communicate with the GRPCCS. There is a proposal to expand this application so that all patients that are under palliative care in Gippsland may be able to be treated under the one system, however, there are multiple stakeholders that are outside of both the organisational governance of LRH and the Gippsland Health Alliance (GHA). It has been suggested that a privacy impact assessment should be undertaken to develop recommendations about the privacy suitability of this proposal and any risks and issues that should be considered.</p> <p>Engagement with communities and stakeholders has highlighted that there are stark inequities between metropolitan and regional Victoria that are experienced by patients when they need to access both metropolitan specialists and regional health services. It can be problematic to transition between these contexts with lack of communication and relationships amongst staff and limited system integration.</p> <p>LCCHS palliative care staff do not yet have full access to the PalCare software system as their primary record keeping tool which has direct impacts on patients and carers. There is a desire from all stakeholders to enable better utilisation of a universal software system, however IT governance and licensing issues appear to be a barrier.</p> <p>The PCAS provides tailored telephone advice to the general public as well as clinicians, directed by their postcode, to assist them in accessing the most appropriate local service to their area. For all clinicians the service is available to assist with specialist information and support when needed, to continue providing care in the patient's preferred setting. There is an ongoing need to raise awareness of PCAS.</p> <p>The provision of spiritual care, either as a dedicated professional service or embedded within models of care, is not obvious to all stakeholders and there is a need to achieve a more consistent understanding of where this is working well and what the opportunities are for improvement.</p>			
<p>Emerging opportunities</p>	<p>The GRPCC continues to collaborate with Gippsland PHN and other stakeholders to explore barriers and opportunities to increase timely access to medications in residential aged care through the Greater Choices for Palliative Care at Home Measure.</p> <p>PCAS is working with generalists to encourage early referral and planning for deterioration in health, with the current focus being on aged care, to ensure that those that do need ongoing specialist palliative care are referred earlier in time. Those who do not require ongoing specialist intervention are supported through the development of symptom management plans and anticipatory medications. Overall, PCAS is focused on preventing avoidable calls to 000 and emergency department presentations.</p> <p>Gippsland PHN, within the Greater Choices for Palliative Care at Home Measure, will work with Residential Aged Care Facilities (RACF) to ensure that their after-hours model of care is strengthened to better support residents whom are palliative. Potential areas to be strengthened include access to end of life medications, timely assessment of decline and consistent triage of patients in the case of hospitalisation.</p> <p>The Greater Choices for Palliative Care at Home Measure will also explore opportunities to increase access to core palliative care medicines by working with community pharmacies, hospitals, community health services and general practitioners across Gippsland (inclusive of Latrobe).</p>			

Reform priority 2:



Latrobe communities experiencing a system that works in harmony with their needs.


Recommendation	Recommendation 3	Recommendation 4	Recommendation 5	Recommendation 6
<p>Emerging opportunities (cont.)</p>	<p>In 2022–2023, Gippsland PHN is supporting the work of the Australian Digital Health Agency (ADHA) to register, establish and embed the use of My Health Record (MHR) in Residential Aged Care Facilities and integrating MHR into aged care software. This will further support access to clinical information including medication management.</p> <p>There is a general lack of awareness of the services offered through Maryvale Private Hospital and an opportunity exists to create public-private health service partnerships to enhance the palliative care system in Latrobe.</p> <p>There is a system gap that can be addressed to improve access to expertise to support spiritual care service development. This could be achieved through local direct access to expert consultation and advice through a senior leader in spiritual care service development and provision, as well as through the national organisation Spiritual Health Association (DHS/SCV funded peak body) and its freely available resources to support development of professional spiritual care services.</p>			



Reform priority 3:



Latrobe as the epicentre for those who have the heart for palliative care.

Recommendation	Recommendation 7	Recommendation 8	Recommendation 9
Description	Immediate and ongoing investment to build, grow and nurture the Latrobe palliative care workforce.	Volunteers in Latrobe are well utilised, valued and acknowledged.	The system fosters compassion for staff and volunteers to enable them to truly give this to others.
Advocacy position	 <p>It is reassuring to see positive impacts of the increased presence of palliative care physicians in Latrobe and the metro-regional health partnerships that have enabled this to occur. GRPCCS, LRH and LCHS are working within their means to design and implement workforce models that address many of the issues that have been raised by communities of workers in recent years.</p> <p>There remains an urgent need to build the capacity of the Gippsland palliative care workforce, build the infrastructure and implement a phased approach to strengthening the variety and quality of service offerings available to communities.</p> <p>An assessment of current and future demand for palliative care, along with a review of the size and skills of the Latrobe palliative care workforce relative to national standards should be undertaken. This could inform the development of a regional palliative care workforce investment strategy.</p> <p>The work occurring within LCHS to increase capacity for effective utilisation of volunteers is to be commended. Consideration should be given to a centralised approach to volunteer training and coordination in Latrobe to enable volunteers to transition across services with patients and carers.</p>		
Progress highlights and where the system is working well	<p>GRPCCS now has three permanent palliative care physicians working a total of 0.8 EFT, which is a shift from a previous reliance on locum clinicians. A GRPCCS nurse practitioner works one day per week specifically with LCHS visiting patients and family in the community and attending the weekly multidisciplinary team meeting. This expands across the week for phone support and improves continuity across the two health settings. Clinical nurse coordinators continue to manage the day-to-day coordination of patient care regionally and regularly liaise with LCHS nursing staff in relation to urgent hospital admissions and discharges.</p> <p>In 2022 LRH shared a GP registrar with Monash Medical Centre. This registrar worked for six months full time within LRH, working alongside the nurses and doctors of the GRPCCS team and contributed to improving patient care. This will be repeated in 2023.</p> <p>LCHS has established an integrated workforce model utilising palliative care and community care staff. Occupational therapists are currently the main source of allied health support, with others brought in as required. LCHS is in a unique position where recruitment of nurses is not currently a challenge, enabling competitive processes and greater opportunity to recruit for passion and care which is important for palliative care.</p> <p>LCHS continues to grow its partnerships with other palliative services outside of the region. There is an established relationship between LCHS and Palliative Care South East. This enables shared learning, opportunities for staff to do three days of job shadowing, and the ability to upskill through further education.</p> <p>A Gippsland Region Palliative Care, Social Work and Counsellors network has been established. This group meets monthly via Zoom and face-to-face once a year. This provides direct support to clinicians working with patients and families at end of life and for bereaved families.</p> <p>The GRPCC has partnered with Palliative Care South East and the Australian College of Nursing to create a program to assist registered nurses to undertake postgraduate studies in specialist palliative care. The Transition to Specialist Palliative Care Course (TSP) provides workshops, mentoring, guidance and study support to nurses to assist them to gain the skills and confidence to continue postgraduate studies, while also increasing their palliative care knowledge and critical thinking. This course commenced in 2021 and the third intake of nurses will commence in 2023. Successful completion of all the elements of this course awards the nurse a unit from the Graduate Certificate in Palliative Care. 14 Gippsland nurses have participated in this course in 2021-2022. Some participants in this course have continued with further postgraduate courses and moved to roles with increased complexity and responsibility.</p>		

Reform priority 3:



Latrobe as the epicentre for those who have the heart for palliative care.

Recommendation	Recommendation 7	Recommendation 8	Recommendation 9
<p>Progress highlights and where the system is working well (cont.)</p>	<p>The GRPCC continues to provide small, experiential communication skills workshops with a registered nurse, clinical psychologist and simulated patient actors, to nurses, allied health and medical students and GPs. These highly valued workshops provide learning opportunities for clinicians to practice skills regarding difficult discussions on transition to palliative care. This innovative model has been successfully delivered across Gippsland in a variety of settings including aged care, community palliative care, undergraduate university medical students and in the Transition to Specialty Palliative Care Practice course.</p> <p>The GRPCC continues to support workforce capacity, growth and retention of health professionals working in palliative care settings through education, resources, networking and professional support.</p> <p>LCHS has a volunteer program that is working in parallel with nurses to support clients which includes biography, companionship and bereavement. Suitability matters and only a small number of interested volunteers might be appropriate for palliative care. LCHS has a system to expose people to palliative care safely to ensure suitability from both perspectives. LCHS utilises the Palliative Care Victoria volunteer training models in addition to mandatory organisational training and onboarding processes. Robust volunteer position descriptions have been developed for each of the volunteer roles.</p> <p>LCHS is able to resource and coordinate palliative care volunteering through a separate and centralised volunteer team within the organisation. The work it takes to manage and develop volunteerism is acknowledged and recognised. There is a team leader and four volunteer coordinators. Volunteers are treated like staff and included with pictures on the wall in the staff room. LCHS currently has approximately 10 palliative care volunteers with a ratio of one volunteer per two clients, along with additional time built in for bereavement and reflection.</p> <p>LRH has a volunteer “community champion” program in place, where volunteers make colourful quilts and soft hearts that bereaved families can take home with them. These homely touches help to change the hospital environment and can be comforting for people. Volunteers also contribute \$10 fans that make a big difference to patients, helping them with breathing and anxiety.</p> <p>GRPCCS continues to provide monthly regional education via Zoom for palliative care clinicians. The GRPCCS Nurse Practitioner continues to provide monthly face-to-face education to LCHS staff on palliative care topics.</p>		
<p>Systems challenges and barriers that might be getting in the way</p>	<p>There is increasing demand for services across the region, yet there have been no changes to funding across multiple settings including home, aged care and hospital for some years. Ongoing recruitment and retention of generalist and specialist palliative care trained health professionals remains a challenge.</p> <p>Workforce turnover leads to lower retention of knowledge of service availability. Ideally there needs to be a program whereby palliative care education is provided to hospitals (medical officers/registrars) and primary care (GPs and GP registrars) periodically to keep the palliative care discussion going. These sessions can be in the form of education sessions followed by a service availability summary across the region.</p> <p>Services are looking for flexible and on demand access to good quality palliative care education. There are challenges in implementing education at high volumes across the general health workforce. These challenges have been exacerbated by the impacts of COVID-19. There is an ongoing need to raise awareness that end of life care is not only for specialist palliative care staff and to educate the general and primary healthcare workforce. Online learning/webinars which can be accessed on-demand would be a great opportunity for health professionals who may be juggling multiple commitments to strengthen palliative care knowledge.</p> <p>The workforce will be further stretched as services expand, the existing workforce retires and significant challenges to recruit staff domestically. International recruitment is a viable option but is costly, time consuming and has been significantly disrupted by the COVID-19 pandemic.</p> <p>It is recognised at a local and state level that the Latrobe Valley requires significant investment to make Latrobe and surrounding areas a place where the workforce has access to shops, services and infrastructure. We have seen further departure of shops, services and restaurants from the Morwell area which creates a challenge in engaging and attracting out of region workforce/specialists to relocate to Latrobe.</p>		

Reform priority 3:

Latrobe as the epicentre for those who have the heart for palliative care.




Recommendation	Recommendation 7	Recommendation 8	Recommendation 9
<p>Systems challenges and barriers that might be getting in the way (cont.)</p>	<p>Further work is needed to strengthen the visibility and provision of a professional spiritual care workforce in Latrobe healthcare services.</p> <p>It is important that voluntary pastoral care visitors have the appropriate credentialing and on-boarding, effectively defined scope of practice or appropriate supervision. Voluntary spiritual care workforces around the nation were stood down during the implementation of hospital pandemic restrictions which cut palliative patients off from effective spiritual care provision.</p> <p>From the outside looking in, volunteering might seem simple, however it is quite involved and such workforces are significantly limited in providing services during pandemic restrictions. There is a need to shift external perceptions of what is required to adequately recruit, train and support volunteer workforces to ensure that the best possible and most appropriate end of life care is provided.</p>		
<p>Emerging opportunities</p>	<p>Engagement with Maryvale Private Hospital offers the opportunity to strengthen palliative care workforce capacity through educational opportunities and engagement in regional and statewide projects and networking.</p> <p>LCCHS has a new community pharmacist position and would like to build this into the palliative care team into the future.</p> <p>LRH does not currently have palliative care volunteers, however it is something that is being planned for.</p> <p>There is interest in community paramedics trained in palliative care who can be part of a multidisciplinary team. LCCHS has community paramedics trained in palliative care who are working as a part of a multidisciplinary team. Program of Experience in the Palliative Approach (PEPA) and Ambulance Victoria are working together to educate paramedics in palliative care.</p> <p>Further Transition to Specialty Palliative Care course commencing in February 2023.</p> <p>Communication skills becoming core in professional development required for all health professionals.</p> <p>Gippsland PHN, within the Greater Choices for Palliative Care at Home Measure, will build the capacity of the palliative care workforce in Gippsland by conducting a needs assessment, then promoting and delivering targeted education and training.</p> <p>In late 2022 a new Nurse Practitioner will be joining the GRPCCS team at 0.6 EFT.</p>		



Reform priority 4:





Latrobe communities benefiting from a public health approach that brings death and dying out from the shadows.

Recommendation	Recommendation 10	Recommendation 11
Description	Localised education and awareness campaigns to shift community views and experiences with death.	Local grief and bereavement supports to ease the pain of death for Latrobe communities.
Advocacy position	 <p>Community members and service systems stakeholders have continued to raise the need for earlier access to palliative care, more proactive intervention and education. It is apparent that health services are not resourced sufficiently to deliver public awareness campaigns and community education about death and dying. Further, grief and bereavement supports are thin on the ground and through necessity are often prioritised for the most complex situations.</p> <p>Work needs to be done to better understand the opportunities and systems change required to address the question of who is best placed to deliver public awareness campaigns and the issue of inadequate grief and bereavement supports.</p>	
Progress highlights and where the system is working well	<p>LCHS continues to undertake activities to raise awareness for staff and the general public with community stories on its social media platform.</p> <p>Specialist social workers from GRPCCS provide monthly Death Reflections and debriefing sessions on LRH wards and at LCHS. They provide therapeutic interventions with patients and family at risk of complicated grief at the time of patient deterioration and after the patient has died</p> <p>In Palliative Care Week in May 2022, the GRPCC supported the promotion of palliative care by providing local libraries with information about palliative care and bereavement care. This helped to reinforce the significant role that the community plays in supporting carers and people with life limiting illness.</p> <p>GRPCC provides clinicians/care professionals with information on grief and loss by producing webinars available on the GRPCC website that are accessible to staff at any time.</p> <p>A project initiated by a nurse who completed the Transition to Specialty Palliative Care course in 2021 has resulted in a collaboration with the Country Women's Association, health services and the Australian Nursing and Midwifery Federation to provide "Sorry Bags" which provide a custom made bag for patient belongings after death. These bags also contain information relating to normal grief, bereavement and access to support. LRH staff are in discussion with volunteers willing to produce these fabric bags.</p> <p>The GRPCC has invested in refreshing the GRPCC website to increase accessibility for clinicians and the general public to relevant palliative care and end of life care information. Ongoing review ensures contemporary, current and evidence-based content.</p>	
Systems challenges and barriers that might be getting in the way	<p>There are challenges in meeting demands for community-based end of life care and bereavement supports resulting from untimely referrals (both too early and too late).</p> <p>There is a lack of high quality, safe, spiritual care provision and a lack of evaluation of the current state of sacred space provision in hospital facilities.</p> <p>There are shortfalls across the education, skill and confidence levels of the general health workforce that need to be addressed in order to improve the quality of end of life care across all settings. Patients and carers have shared their experiences of feeling that nurses were not able to look their patient in the eyes which can create anxiety and fear.</p>	
Emerging opportunities	<p>Gippsland PHN, within the Greater Choices for Palliative Care at Home Measure, will investigate the opportunity to collaboratively design and deliver awareness raising campaigns about at home palliative care to communities across Gippsland.</p> <p>There is a need to provide communities with access to expertise to support sacred space development. Local direct access to expert consultation and advice through a senior leader in spiritual care service development and provision and through the national organisation Spiritual Health Association (DH/SCV funded peak body) and its freely available resources to support development of professional spiritual care services.</p>	

Reform priority 5:



Contemporary governance brings health services and communities together to share their collective expertise.

Recommendation	Recommendation 12	
Description	Effective leadership and accountability structures where health services and communities come together to share their collective expertise.	
Advocacy position		Further consideration should be given to how a contemporary governance structure bringing health services and communities together to share their collective expertise can be achieved. This could be modelled on some of the emerging work occurring within Victoria as part of the mental health system reform. There is no evidence of a palliative care governance structure in Latrobe where community members are formally recognised as part of the membership. There are examples of health services partnering with community members and groups as part of a broader commitment to hearing the voice of local communities.
Progress highlights and where the system is working well	 <pre> graph TD DH[Department of Health] --> GRPCC_C[GRPCC Chair] GRPCC_C --> GRPCC_ET[GRPCC Executive Team] GRPCC_ET --> GRPCC_CMG[GRPCC Consortium Managers Group] GRPCC_CMG --> GRPCC_M[GRPCC Manager] GRPCC_M --> GRPCC_T[GRPCC Team] GRPCC_M --> COP[Community of Practice] GRPCC_M --> CPG[Clinical Practice Group] CPG --> EAG[Expert Advisory Group] </pre> <p>This group brings together clinicians across the region to discuss, prioritise and work towards regional solutions on common palliative care and end of life challenges.</p> <p>The GRPCC utilises health services' Community Advisory Groups for feedback on resources that are developed for use by consumers to ensure that they meet the health literacy standards and are relevant to consumers and carers.</p> <p>GRPCCS continues to work regionally to provide expertise to the GRPCC Community of Practice and Clinical Practice Group.</p>	<p>LCHS has an ongoing relationship with the local community group Gippsland Asbestos Related Diseases Support (GARDS) and is also accessing its own client and family experience group to gain consumer input.</p> <p>The Gippsland Region Palliative Care Consortium (GRPCC) is an alliance of 14 member agencies that provide inpatient and/or community palliative care for the residents of Gippsland. The GRPCC is one of eight regional consortia established as part of the Victorian Government's palliative care policy released in 2004. The Consortium's role is to help deliver and facilitate the Victorian Government's current policy, <i>End of life care and palliative care framework 2016</i>, across the Gippsland region.</p> <p>The GRPCC Clinical Practice Group (CPG) is a working group established to enhance the provision of quality palliative care through the development of common clinical policies and procedures for adoption by member services. The CPG comprises representatives from local palliative care services, GPs, palliative care medical, nursing and allied health specialist support.</p> <p>The GRPCC facilitates a Community of Practice for palliative care clinicians and health professionals who are involved in the delivery of palliative care.</p>
Systems challenges and barriers that might be getting in the way	<p>There are examples within the Latrobe Health Innovation Zone of increased commitment from health services to engage and partner with local communities.</p> <p>LRH has introduced a QR code system that encourages patient feedback and responsiveness from staff.</p> <p>LCHS has established a consumer experience team that aims to bring about service system improvement and innovation.</p> <p>Further work is required to identify and understand the opportunities for end of life care services to partner with community. It will be important to understand the current capacity of services to do this in a more comprehensive way. Potential limitations could be time, skills, resources or uncertainty about what value this can bring beyond the existing governance structures that exist.</p>	

Reform priority 5:

Contemporary governance brings health services and communities together to share their collective expertise.



Recommendation	Recommendation 12
Emerging opportunities	<p>Gippsland PHN, within the Greater Choices for Palliative Care at Home Measure, is currently establishing a governance group of relevant stakeholders to support the measure.</p> <p>There is an opportunity for health services to share patient and family reported outcomes. This sharing of evidence could help to maintain public trust in healthcare service providers and ensure recommendations are met. At a minimum this could include actual changes to hospital settings from one point in time to the next and include patient/family reported responses to the changes, preferably through independently conducted surveys, focus groups or interviews.</p> <p>Health services have local direct access to expert consultation and advice through a senior leader in spiritual care service development and provision at a clinical, operational and governance level in large multi-site healthcare services. Health services can also access the national organisation Spiritual Health Association (DH/SCV funded peak body).</p>

Acronym	Definition	Description
COVID-19	Coronavirus disease	COVID-19 is a new strain of Coronavirus. In March 2020 the World Health Organisation made the assessment that COVID-19 can be characterised as a pandemic. In response to the COVID-19 pandemic the Victorian Government declared a State of Emergency.
DH	Department of Health	DH is a Victorian Government department that delivers health services, drives reform and provides regulatory oversight.
GARDS	Gippsland Asbestos Related Diseases Support	GARDS is a non-profit charity and voluntary community based advocacy organisation.
GHA	Gippsland Health Alliance	GHA is a consortium of all publicly funded health services in the Gippsland region. GHA is one of five Rural Health Alliances established by DH.
Gippsland PHN	Gippsland Primary Health Network	Gippsland PHN is a federally funded primary health care organisation with a focus on supporting general practice, health planning, health system integration and commissioning services in line with national and local health priorities.
GP	General Practitioner	A GP is a doctor who is also qualified in general medical practice. GPs are often the first point of contact for someone, of any age, who feels sick or has a health concern. They treat a wide range of medical conditions and health issues.
GRPCC	Gippsland Regional Palliative Care Consortium	DH palliative care consortia bring together senior management representatives and clinicians from all healthcare services funded to provide specialist palliative care. Their focus is to work collaboratively within the region to deliver and develop palliative care services.
GRPCCS	Gippsland Regional Palliative Care Consultancy Service	The GRPCCS is based at LRH and works collaboratively with healthcare providers across Gippsland to ensure equity and access to specialist palliative care provision. DH describes the role of consultancy teams to provide advice, support, education and training to treating teams in hospitals, across acute and subacute services, to outpatient clinics and to community palliative care services.
HACC	Home and Community Care	HACC services provide basic support and maintenance to people living at home to help avoid premature or inappropriate admission to long term residential care.
HACC PYP	Home and Community Care Program for Younger People	The HACC Program for Younger People provides basic support and maintenance services to help people with disabilities remain living at home as independently as possible.
LCC	Latrobe City Council	LCC is a local government authority that has the same geographical boundaries as the Latrobe Health Innovation Zone.
LCHS	Latrobe Community Health Service	LCHS is a community health service that delivers a range of primary health, human services and community-based support to meet local community needs. DH provides funding to LCHS to deliver community palliative care services.
LHA	Latrobe Health Assembly	The primary role of the Assembly is to facilitate a new way of working to enable the community, local and statewide agencies and government to work together to improve health and wellbeing in the Latrobe Valley.
LHIZ	Latrobe Health Innovation Zone	The local government area of Latrobe is designated by the Victorian Government as a Health Innovation Zone as recommended by the Hazelwood Mine Fire Inquiry. Key components of the LHIZ are the Advocate and the Assembly.
LRH	Latrobe Regional Hospital	LRH is a regional public health service that provides public hospital services in accordance with the principles of the National Health Care Agreement (Medicare) and the <i>Health Services Act 1988</i> (Vic). DH provides funding to LRH to deliver inpatient palliative care services.
LVA	Latrobe Valley Authority	The Latrobe Valley Authority is a Victorian Government agency that partners with the community and businesses to deliver and coordinate action across all levels of government.

Acronym	Definition	Description
MPH	Maryvale Private Hospital	Maryvale Private Hospital, located in Gippsland in Victoria, is a 46-bed private acute medical and surgical hospital. Not-for-profit private health insurer Latrobe Health Services, owner and operator of Maryvale Private, established the hospital in 1991.
PCAS	Palliative Care Assessment Service	A Victorian Department of Health initiative provided by the Royal Melbourne Hospital, this statewide phone service provides the community and clinicians access to specialist palliative care nurses and doctors. Specialist clinical and non-clinical advice can be provided to ensure that all Victorians can access timely care when living with or caring for someone with a life limiting illness.
PEPA	Program of Experience in the Palliative Approach	PEPA is an approach to education and training for health professionals working in primary, secondary and tertiary settings.
SCV	Safer Care Victoria	Safer Care Victoria is the peak state authority for quality and safety improvement in healthcare. It oversees and supports health services to provide safe, high-quality care to patients.





Latrobe Health Advocate

PO Box 108
2 Tarwin Street, Morwell
Victoria 3840 Australia

1800 319 255

info@lhadvocate.vic.gov.au

www.lhadvocate.vic.gov.au



© Latrobe Health Advocate 2022