



Latrobe Health
Advocate

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

Progress Report March 2024





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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 fourth progress update which acknowledges the significant achievements within the palliative care system in Latrobe to respond to the experiences of the community.

Most recommendations have been achieved or significant progress made. The main outstanding item is the establishment of a hospice or palliative care ward in Latrobe. The local community remains keen for such a facility to be established as it is the missing service option. Service system leaders and local palliative care specialists have demonstrated their commitment to working together to maximise service options and are ready to support the establishment of a dedicated palliative care facility in the area. While the Department of Health is not supportive of establishing a hospice, it has expressed some interest in a dedicated palliative care unit as part of Latrobe Regional Health (LRH). LRH is considering more palliative care in future masterplans, currently at implementation Stage 3A, and funded an extra bed to increase its capacity from four to five as part of its 2022-23 service plan.

As you are aware, a great deal of engagement has been carried out on this issue, and significant progress has been made against the other 11 recommendations. The three key providers of palliative care in the Latrobe Valley, LRH, Maryvale Private Hospital (MPH) and Latrobe Community Health Service (LCHS) are actively working together to address demand pressures. LRH has negotiated service delivery options with MPH to facilitate access to its palliative care beds when LRH beds are oversubscribed. This initiative has been supported by the Department of Health.

Work is occurring within LCHS and LRH to increase capacity and diversity of utilisation of volunteers. 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.

There is no doubt that local palliative care services are demonstrating increased levels of cooperation and collaboration among their workforces, and all are extending their training and development opportunities to increase the number of staff with palliative care skills, as well as to develop the expertise of their dedicated palliative care staff.

Over the past 12 months, the Gippsland Region Palliative Care Consortium and service providers from other regions, such as Palliative Care South East, have expanded their training and support offerings to nurture the palliative care staff working in Latrobe.

Gippsland Primary Health Network's implementation of the Greater Choices for At Home Palliative Care has continued to address the issues identified concerning timely access to medicines. Its project to ensure residential aged care homes have timely access to palliative care medications using the imprest system has thus far resulted in 95% having implemented the system. It is anticipated that all but one residential aged care home in Gippsland will have implemented the imprest system for end-of-life medications by the end of 2024.

The Gippsland Health Alliance, a consortium of all publicly funded health services in the Gippsland region, has funded the introduction of the PalCare system to both maximise the effectiveness of patient care and optimise the use of

scarce resources. Funding has been provided to coordinate the implementation of the PalCare software system across Gippsland.

Engagement with communities and stakeholders continues to highlight the perceived inequities between metropolitan and regional Victoria, especially when patients need to access both metropolitan specialists and regional health services. This can be problematic to transition between these contexts with lack of communication and relationships amongst 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 assist the community to understand the magnitude of any gaps in regional palliative care.

Further consideration should also be given to how contemporary governance brings health services and communities together to share their collective expertise. This could be considered as part of the current review of regional health systems.



Jane Anderson

Latrobe Health Advocate

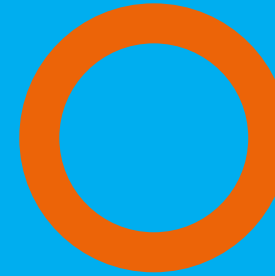
Guide to reading this report

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 fourth 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



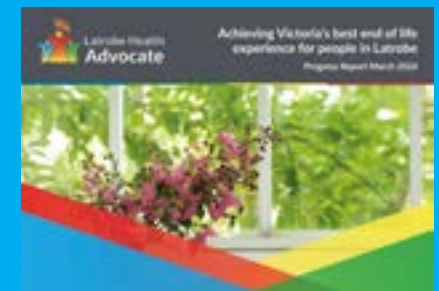
Progress report #1
May 2020



Progress report #2
September 2021



Progress report #3
September 2022




Progress report #4
March 2024 (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	A hospice as a place of choice for people in Latrobe.	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.
Advocacy position	 <p>Service system leaders, palliative care specialists and local communities continue to demonstrate their desire for the establishment of a dedicated hospice facility in Latrobe. Elderly community members are especially keen to have access to a dedicated facility to enable a greater level of choice in planning end-of-life care.</p> <p>Community members have provided feedback on improvements in the environment at the two local hospitals providing palliative care, Latrobe Regional Health (LRH) and Maryvale Private Hospital (MPH), and in the quality of services provided by the community palliative care nurses employed by the Latrobe Community Health Service (LCHS). Latrobe City Council consultations in early 2023 confirmed a shift occurring with more interest in hospital in the home as well as continuing to develop more home-like environments in acute hospital settings.</p>	
Progress highlights and where the system is working well	<p>As part of its 2022-23 service plan, LRH expanded its dedicated palliative care beds from four to five. LRH has remodeled the four palliative care beds within the Nicholson rehabilitation ward to make the area more home-like. This has included improved furnishings and equipment for patients as well as providing a television, chairs and tea and coffee facilities for carers. Additional patients with palliative and end-of-life needs are cared for in the acute wards (such as Tanjil, Bass, Avon, etc.) alongside other patients. As this clinical environment is recognised as unsuitable for dying patients, the hospital is considering more palliative care in future masterplans as well as the refurbishment of the current ward. LRH commenced implementing Stage 3A in 2023-24.</p> <p>LRH has increased its staffing in the palliative care ward and increased its focus on training and career paths in palliative care. A chronic disease initiative is in progress which provides training in wound care, palliative care and renal dialysis. LRH developed a new bed card in May 2023 to improve care coordination and has reformed discharge planning to better integrate hospital-based and community-based palliative care. The new bed card system is based on the Australian Palliative Care Outcomes Collaboration (PCOC) which was established in 2005. It is a framework for routine clinical assessments and point-of-care data collection to capture clinically meaningful information at significant periods in a patient's disease progression. The PCOC aims to drive improvement through providing feedback to individual services and providing service-to-service benchmarking.</p> <p>LRH is working closely with MPH to facilitate access to its palliative care beds when LRH's beds are oversubscribed. The strengthened service coordination between MPH and LRH has been supported by the Victorian Department of Health. The Department of Health has also assisted in supporting LRH to include both demand and opportunity in its 2023 service plan so that activity funding incorporates what may be required by MPH service delivery.</p> <p>MPH has redeveloped its palliative care capacity and refurbished its spaces to make it more home-like and welcoming for patients and their carers. MPH has a palliative care specialist that provides secondary consultations to local GPs as well as supporting hospital patients and their treating doctors.</p> <p>LCHS has addressed demand pressures by changing its palliative care model. The new model has increased access to specialists and ensures better provisions of care with tailored client and carer education. LCHS had a significant recruitment drive, combined with increased internal and external educational opportunities which has led to improved retention of quality staff. LCHS has increased the number of specialist palliative care nurses which enables it to proactively encourage less experienced team members to improve their skills and knowledge in the palliative care space. Review of information given to clients has led to a more targeted and individual approach with a focus on what is expected of both client, carer and nursing staff.</p> <p>LCHS has also recruited a non-dispensing community pharmacist, based on learnings from a primary care model in New Zealand. This pharmacist has implemented a medication training carer model which improves medication knowledge for clients and carers in the home. All these steps have significantly improved client outcomes.</p> <p>Latrobe City Council has maintained its interest in the need for a dedicated palliative care facility in the region. This reflects the strong views from community members about this need.</p>	

Reform priority 1 cont.



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


<p>Systems challenges and barriers that might be getting in the way</p>	<p>There is no commitment within the public health system for a dedicated hospice or palliative care unit in Latrobe.</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 disappointment that this does not yet exist. The Advocate has heard first-hand of experiences from people who have been with loved ones who received hospice-based care in other locations and 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. • Coordinated care that ensures timely referrals to community-based palliative care services on discharge. • More reliable access to medication on discharge, especially for patients in smaller rural towns and areas without a local pharmacy. • 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.
<p>Emerging opportunities</p>	<p>In early 2023, Palliative Care South East opened a new Palliative Care Hub and Wellness Centre in Narre Warren. This not-for-profit provides palliative care in south east metropolitan Melbourne, specifically in the local government areas of Cardinia, Casey, Greater Dandenong and part of Kingston. This service provides support at home to improve the quality of life for individuals with life-limiting illnesses, their carers and families.</p> <p>The services offered are palliative care nurses, counsellors, social workers, occupational therapists, music therapists, art therapists and spiritual care workers. The service is also supported by a pool of volunteers. The service is provided to people of all ages, free of charge and is available 24 hours a day, 365 days a year. It is primarily funded by grants from the Victorian Government. Clients can be referred by treating doctors, local hospitals, treating specialists, allied health professionals, by self or by family members and friends. This service is currently not accessible to Latrobe residents. A model similar to this would be welcomed in Latrobe.</p> <p>While the Palliative Care South East model remains aspirational for Gippsland, the Gippsland Region Palliative Care Consortium (GRPCC) has partnered with Palliative Care South East in the delivery of the Transition to Specialist Palliative Care Practice courses (TSP) training and also established scheduled Program of Experience in the Palliative Approach (PEPA) placements for Gippsland health practitioners at Palliative Care South East.</p> <p>The Palliative Care Advice Service (PCAS) offers free, confidential advice for all Victorians seeking information about life-limiting illness, palliative care or end-of-life care. The service is for non-emergency health advice and 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.</p> <p>MPH has continued to facilitate public and private palliative care admissions for symptom management and end-of-life care. There is an existing annual arrangement with LRH to fund service availability and beds at MPH, however more capacity could be opened if additional funding was committed for a longer period.</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
Description	Palliative care services available every hour of every day as a matter of course.	Timely access to medicines to prevent patients, families and carers from suffering unnecessarily.	Services unite to provide a model of care that is experienced by every patient in every place.	A unified model of care where records are shared across the system for the benefit of patients.
Advocacy position	<p> Naturally, the community wants palliative care services available every hour of every day as a matter of course. This has largely been achieved. LCHS provides community palliative care services seven days a week, with on-call phone and in-home support available after business hours. 24/7 in-patient services are provided by LRH and MPH.</p> <p>LCHS's community-based service has eliminated waiting lists by redeveloping its service model so that every person referred receives some level of service. The remaining challenge is the quantity of in-patient beds available and the level of intensity of community-based services matching client needs.</p> <p>Timely access to medications remains a live issue, especially in smaller towns and rural areas without access to a local chemist. To address this, timely access to medications has been incorporated into comprehensive discharge planning at both LRH and MPH. LRH provides bridging medication at discharge. MPH and LRH have developed partnerships with local pharmacies to inform them of medications being prescribed and to ensure these medications will be available when patients are discharged. Several local pharmacies have been supported by the Gippsland Primary Health Network (Gippsland PHN) and LCHS to develop priority delivery systems for palliative care patients. LCHS has also worked with its community pharmacist to provide targeted information to carers about medication. LCHS continues to have issues for community clients obtaining medication on an ongoing basis due to lack of supply in the Latrobe Valley area.</p> <p>Gippsland PHN, with the support of the GRPCC worked with 11 residential aged care homes to establish and implement an imprest system for palliative care and end-of-life medication. The imprest system facilitates timely access to palliative care and end-of-life care medications. At the end of 2023, 95 per cent of aged care homes in Gippsland had implemented the system access to medications via a medication imprest system, with a further two homes due to implement this system by mid-2024.</p> <p>Coordinated service delivery especially between in-patient and at-home care remains a key objective. Local palliative care services are consistently demonstrating significant levels of cooperation and collaboration in relation to service delivery and service coordination. Service providers meet regularly to coordinate their service offerings and models. Referrals from LRH and MPH to the LCHS community-based palliative service are a key part of discharge planning.</p> <p>The development of a unified model of care has been assisted by LCHS working closely with Palliative Care Consultancy Gippsland (PCCG) to provide education, formal/informal debriefing and mentoring to health professionals involved in the delivery of palliative care services across the region.</p> <p>The unified model of care has also been supported by the Gippsland Health Alliance (GHA), a consortium of all publicly funded health services in the Gippsland region, whose overarching objective is to provide timely information to health professionals and administrators wherever needed. GHA through Department of Health funding has supported the introduction of the PalCare system to both maximise the effectiveness of patient care and optimise the use of scarce resources. Funding has been provided to coordinate the full implementation of the PalCare software system across Gippsland as a referral tool and as a communication mechanism with PCCG. LCHS currently only has use of the PalCare software for exchange of referral information to PCCG. LCHS has requested access to the software for all palliative care clients, rather than just using the software tool.</p> <p>PalCare is a secure, encrypted, web-based patient information management system that is used extensively throughout the palliative care sector Australia and New Zealand. PalCare allows organisations to access client information and create clinical documentation in real-time, from multiple locations (wherever there is internet access) and by multiple disciplines involved in the care of the patient.</p>			

Reform priority 2 cont.



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

Progress highlights and where the system is working well

Stakeholders from Gippsland have continued to promote the statewide PCAS as a means for anyone with a question about living with, or caring for someone with a life-limiting illness, or receiving 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. Overall, PCAS is ensuring that the general public and clinicians are accessing information in a timely manner. 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 being able to speak directly and immediately to a palliative medicine consultant.

The PCCG has expanded its on call service to be palliative care specific, and it is a 24 hour, 7 day per week service. Previously the service was a mixture of oncology and palliative care clinicians.

The GRPCC is an alliance of 14 member agencies that provide in-patient and/or community palliative care for 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 GRPCC undertakes regional planning, coordinates palliative care service provision, advises the Department of Health about regional priorities for future service development and funding and manages the service delivery framework.

The GRPCC also undertakes communication, capacity building and clinical service improvement initiatives in conjunction with the Palliative Care Clinical Network. It provides specialist training and facilitates a clinical practice group to embed evidence-based practice. In June 2022, the GRPCC website was redesigned to better link users to palliative care services within Gippsland. The GRPCC also provides online education to residential aged care facility staff (35 in 2023). 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.

The GRPCC continues to work on projects to support clinicians in providing consistent and contemporary palliative care practice in the after-hours time period. Three telephone triage tools have been developed through a continued partnership 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.

The first tool, for community palliative care clients in the after-hours time period, has been customised to an electronic form. This e-tool has been implemented into health services and community health services in Gippsland for use predominantly by generalist nurses who receive telephone calls from palliative care clients/caregivers in the after-hours time period.

The second tool was developed for the primary health setting. It was envisaged that practice nurses in GP clinics would use this tool to support the triage of calls from clients/caregivers related to palliative care symptomology and communication with general practitioners. The primary health tool has been adopted into subacute areas including the Hospital Admission Reduction Program (HARP), community-based nursing (in business hours), and by the GRPCC as an intake tool.

The third tool was developed and customised for the Residential Aged Care (RAC) setting. This tool is used by registered and enrolled nurses in RAC for the purpose of assessment and communication with other health professionals, namely GPs, in the assessment and communication of palliative care symptoms in residents in aged care.

These three e-tools are only available for use within Gippsland.

The Victorian Government funded the Supercare Pharmacies initiative to provide afterhours healthcare advice and treatment in locations across Victoria for five years from 2018 to the end of 2023. These pharmacies operated seven days a week until at least 11pm with free onsite nightly nursing services from 6pm to 10pm. Chemist Warehouse in Traralgon (Latrobe LGA) was the only Supercare Pharmacy in Gippsland. Chemist Warehouse in Traralgon will continue to provide these services until the end of 2026. As part of its service as a Supercare Pharmacy, Traralgon's Chemist Warehouse is required to stock palliative care medications, as per a list provided as part of its agreement with the Department of Health. Anecdotal evidence from local providers and consumers indicates that they do not always have the stock on hand, nor has it been obtained it within a 12-hour window, so this progress still has challenges to address. The Gippsland PHN is working with the pharmacy and local service providers to address these challenges.

Reform priority 2 cont.



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


<p>Systems challenges and barriers that might be getting in the way</p>	<p>Community pharmacists have obstacles to stocking end-of-life medications which include regulatory requirements for stocking 58 medications, space limitations, inconsistency in demand, waste when medications expire, quantity of some medications able to be ordered and the range of medications that are required to be stocked when operating a business for profit.</p> <p>The rollout of the PalCare software to provide a common referral and communication tool has experienced challenges as every subregional service has its own individual document system and adding an additional system is time consuming. Currently, PalCare is primarily used to communicate with PCCG. PCCG is the only department based at LRH using PalCare for referrals and communication/documentation of clinical care for patients referred for specialist palliative care. The Palcare software system is not used in LRH inpatient settings, or outreach services. As many other local services interact with PCCG at LRH for access to inpatient, hospital in the home and community-based palliative care this is driving broader system adoption. While the intention is to expand this application so that all patients that are under palliative care in Gippsland can be treated under the one system, the presence of multiple stakeholders that are outside of the organisational governance of both LRH and GHA makes this challenging.</p> <p>Only specialist palliative care and team lead nursing staff at LCHS have access to the PalCare software system and are limited to clients sent by PCCG clinicians. Palcare software in this instance is used as a referral tool only.</p> <p>Engagement with communities and stakeholders has highlighted that perceived inequities remain between metropolitan and regional Victoria in relation to timely access to 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>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 At Home Palliative Care project. The Gippsland, Murray and Western Victoria Collaborative Palliative Care Toolkit for General Practices in regional Victoria project has commenced. The project has recruited 18 GP clinics across the three catchments, including six in Gippsland, that are participating in a pilot implementation of the toolkit over the next 12 months. This project involves general practices undertaking education with PEPA and developing three quality improvement initiatives to enhance their practice over a 12-month period utilising the resources and toolkit. Gippsland PHN is also working with GRPCC in reviewing and updating existing RAC home referral pathways in each Gippsland local government area. In undertaking consultations with aged care homes and other stakeholders in this work, the GRPCC is also scoping the needs for upskilling staff in aged care for palliative care.</p> <p>PCAS is a statewide service working with generalists to encourage early referral and planning for deterioration in health, with a current focus being on aged care to ensure that those that do need ongoing specialist palliative care are referred earlier in time. These services are available in response to an enquiry from an aged care facility. They do not include proactive planning in RAC settings. Those who do not require ongoing specialist intervention are supported through the development of symptom management plans and anticipatory medications. PCAS is focused on preventing avoidable calls to triple zero and emergency department presentations. PCAS does not have any services targeted specifically for Gippsland.</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>Building the palliative care workforce remains a priority for the community. Specialist palliative care physicians are based at LRH and MPH in Latrobe. LRH has been accredited by the Royal Australasian College of Physicians (RACP) as an advanced training site for palliative care, which allows LRH to offer training towards a Palliative Care Diploma for GP registrars. The PCCG, previously called the Gippsland Region Palliative Care Consultancy Service (GRPCCS), is based at LRH. It provides specialist consultation to health professionals, palliative clients and their families/carers throughout the Gippsland region. The PCCG aims to support palliative care providers, not replace existing community services. The team works collaboratively with local healthcare providers to ensure equity and access to specialist palliative care provision.</p> <p>GRPCC, PCCG, LRH and LCHS are working to design and implement workforce models that address many of the issues that have been raised by communities about workers in recent years. All of these organisations are expanding their education and training programs to build, grow and nurture the Latrobe palliative care workforce.</p> <p>LCHS has an established volunteer program and the volunteers are considered important members of the palliative care team. The GRPCC website provides a link for volunteers to search for local service providers and to link interested community members to Palliative Care Victoria, Volunteering Victoria and Volunteering Australia. Palliative Care Victoria also provides training and support for volunteers. LRH has a long-term plan to have trained palliative care volunteers as part of its Community Champions program. GRPCC has worked with Palliative Care Victoria to support volunteer managers to attend training in 2024.</p>		
Progress highlights and where the system is working well	<p>In 2022-23, the GRPCC facilitated 38 education workshops and forums with over 200 attending face-to-face sessions throughout Gippsland and 250 participating in online modes of delivery. These included:</p> <ul style="list-style-type: none"> • A communication skills workshop (10 attendees); • Paediatric palliative care e-learning modules and face-to-face interactive workshop (23 attendees); • Two Transition to Specialist Palliative Care Practice courses (TSP) (18 week course with a total of 43 participants); • A physical assessment masterclass (13 attendees); • Three tailored Motor Neurone Disease (MND) education sessions; • Two Palliative Approach in Aged Care workshops (PEPA) (16 attendees); • Two Palliative Approach for Aged Care Workers in the Community Setting workshops (PEPA) (10 attendees); • A PEPA and Communication Skills for Aged Care Nurses workshop (23 attendees); • Three MND education sessions for nurses and carers in RAC facilities; • Two RACFs undertaking reverse PEPA placements; • Nine customised palliative care education sessions in residential aged care facilities; 		

Reform priority 3 cont.



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

<p>Progress highlights and where the system is working well cont.</p>	<ul style="list-style-type: none"> • A Palliative Approach in Disability workshop (PEPA) (19 attendees); • Eight Communication Skills for Medical Students workshops (41 attendees); • A MND online webinar with 63 online views; and • A grief, loss and bereavement webinar series (four sessions) with 190 online views. <p>These differing modes of delivery of education sessions, workshops, forums and webinars aim to increase the accessibility and flexibility of access to education by clinicians and care and support workers. The PCCG Nurse Practitioner continues to provide monthly face-to-face education to LCHS staff on palliative care topics.</p> <p>GRPCC has provided specific communication skills workshops as part of its Transition to Specialist Palliative Care Practice course to Latrobe healthcare workers. GRPCC ran two sessions for MPH's nursing and allied health staff and two sessions for LRH's nursing and allied health staff. A total of 24 staff attended these sessions.</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 job shadowing and the ability to upskill through further education.</p> <p>A Gippsland Region Palliative Care, Social Work and Counsellors network is supported by the PCCG. 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. PCCG has two, part-time (0.6 FTE) social workers on staff to provide consultation on complex factors, facilitate supportive death debriefs/reflections or support debrief conversations, coordinate the regular peer support meetings and provide education to health professionals. The social workers also undertake therapeutic bereavement counselling to family members at risk of complicated grief and end-of-life therapeutic counselling to patients exhibiting emotional or existential distress.</p> <p>The LCHS volunteer program works in parallel with nurses to support clients. It includes biography assistance, companionship and bereavement support. LCHS utilises the Palliative Care Victoria volunteer training models in addition to mandatory organisational training and onboarding processes. LCHS can resource and coordinate palliative care volunteering through a separate and centralised volunteer team within its 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 their work is highly valued. LCHS currently has approximately ten palliative care volunteers with a ratio of one volunteer to 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 often provide comfort for people.</p> <p>The GRPCC, in partnership with Palliative Care South East and the Australian College of Nursing, has been facilitating the Transition to Specialty Palliative Care Practice course (TSP) that was developed in 2021. In 2023, the TSP course was delivered to 26 nurses in the Southern Metropolitan region and in regional Victoria, increasing the nurses' palliative care knowledge and skills, and assisting them to gain the skills and confidence to continue with postgraduate palliative care education and qualifications. Last year (2023) was the third year of this hybrid face-to-face and online course, and it continues to attract registered nurses from Gippsland and across Victoria. Plans for 2024 include both metropolitan and regional locations for the course delivery, as well as an increase in the number of participants.</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 significant changes to funding at LRH or LCHS. LRH's 2022-23 service plan enabled an expansion of funded palliative care beds from four to five. More capacity is required as LRH is often oversubscribed. With the Department of Health's support, LRH has negotiated a service agreement that allows it to access beds at MPH on an ad-hoc basis. A longer-term agreement would assist MPH to expand its capacity to meet growing demand until LRH is funded to expand its palliative care services as part of Stage 4 of its capital development master plan.</p> <p>Ongoing recruitment and retention of generalist and specialist palliative care trained health professionals remains a challenge. LRH and LCHS have both instituted staff training streams to encourage staff to develop palliative care expertise and to consider working in this specialty. This is also helping to raise awareness that end-of-life care is not only for specialist palliative care</p>

Reform priority 3 cont.



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

<p>Systems challenges and barriers that might be getting in the way cont.</p>	<p>staff but is a skill required by the general and primary healthcare workforce.</p> <p>Online learning/webinars, like those delivered by the GRPCC, which can be accessed on-demand are a great opportunity for health professionals, who may be juggling multiple commitments, to strengthen their palliative care knowledge. The PCCG also provides education sessions online available to healthcare providers across Latrobe and the region on a variety of topics provided by specialist palliative care clinicians.</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 as pay and conditions in Victoria are attractive to international health professionals, however it is costly and time consuming and was significantly disrupted in 2020-22 by the COVID-19 pandemic. LCHS commenced its new international recruitment drive in May 2023 with a successful campaign in New Zealand, followed by further success in London in September 2023. Several staff from the New Zealand campaign have commenced, and staff from the London campaign are due to commence in March 2024. In September 2023, LRH embarked on a successful international recruitment campaign which resulted in 300 potential candidates being identified for interviews. 116 of these have been followed up and six have already commenced pre-employment checks. LRH has developed a welcome concierge position to assist these new staff to settle in Latrobe. Recruitment efforts are scheduled for New Zealand and Canada next.</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. In 2023 there has been further departure of shops, services and restaurants from the Latrobe area which present a challenge in attracting and retaining out-of-region workers to relocate to Latrobe.</p> <p>There are no pastoral care or spiritual care services attached to palliative care in Gippsland. Further work is needed to strengthen the visibility and provision of a professional spiritual care workforce in Latrobe healthcare services. While LRH and MPH have a chaplaincy service, it is based on utilising local ministers. Other palliative care services, like Palliative Care South East, have spiritual care workers that can provide spiritual support to patients and their carers and family. Whatever model is adopted, it is important that pastoral care visitors have the appropriate credentialing and on-boarding and a defined scope of practice or appropriate supervision.</p>
<p>Emerging opportunities</p>	<p>Gippsland PHN received funding from the Australian Department of Health and Aged Care for the Greater Choices for At Home Palliative Care initiative. As part of this initiative, a consultant was engaged to undertake a review of Gippsland's palliative care resources, including education and training. The project aimed to identify current Gippsland-based education, training and resources for palliative care at home, audit current offerings, identify where they are meeting identified needs and any gaps and propose recommendations to meet identified needs in a sustainable manner. Phase two of the project involved the co-design of a community and clinician campaign (targetting the general practice workforce) and development of resources to increase awareness of and access to existing education, training and resources.</p> <p>The consultation with clinicians and clinical groups elicited the following recommendations:</p> <ul style="list-style-type: none"> • Create one "go to" website listing training and resources in a clear, accessible manner for clinicians who know what they are seeking. • Implement a campaign to raise awareness about palliative care, what it is, how to provide it and resources for those who have limited understanding or are unsure of what they are seeking. • Develop an education offering for generalist clinicians/workers (for instance disability workers, aged care workers) on how to support people who require palliative care. • Provide specific, targeted training (e.g. a workshop) for generalist professionals who provide palliative care in any setting. • Implement a local/place-based consumer awareness campaign which can be rolled out across the Gippsland region over a period of time, in collaboration with local services. • Promote the GRPCC's services to enhance understanding of the services provided and resources available. • Include adjunct pharmacology to highlight the importance of medication for pain relief in training.

Reform priority 3 cont.



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

Emerging opportunities cont.

The Gippsland PHN will progress these recommendations through the Greater Choices for At Home Palliative Care Advisory Group. As part of the project, discussions are occurring with the GRPCC to ensure that new initiatives do not duplicate existing work and that new interventions strengthen existing projects. This especially applies to the third dot point where the education offering for generalist clinicians/workers is part of the GRPCC's remit under its palliative aged care and disability programs.

There is interest in community paramedics trained in palliative care who can be part of a multidisciplinary team. PEPA and Ambulance Victoria are working together to educate paramedics in palliative care.



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.	
Advocacy position	<p>Local grief and bereavement supports to ease the pain of death for Latrobe communities.</p> <p>While LRH, MPH and LCHS all have information on palliative care on their websites, they have not delivered public awareness campaigns or community education about death and dying. The GRPCC did provide some information to local libraries about palliative and bereavement care during Palliative Care Week and continues to provide online education resources, but these are directed to health professionals.</p> <p>Work needs to be done to address the question of who is best placed to deliver public awareness campaigns and the issue of inadequate grief and bereavement supports.</p> <p>Community members still raise concerns about access to palliative care services. They now seem to be aware of the local services like community palliative care nurses from LCHS, but complain that these services can be difficult to access in a timely way and are not always well coordinated into hospital discharge plans. The desire for a hospice is still raised, although now co-location with other health services is seen as desirable. The hospital-in-the-home service from LRH is valued, as are the palliative care beds at LRH and MPH. There is still a gap in grief and bereavement support.</p> <p>Social workers from PCCG do provide therapeutic interventions with patients and family at risk of complicated grief, at the time of patient deterioration and after the patient has died, however these are limited to complex cases. LCHS also has counselling services and social workers that can assist. Community members however advise that their experience in seeking support for family members and friends after a loved one's death is still difficult.</p>	
Progress highlights and where the system is working well	<p>Gippsland PHN received funding from the Australian Department of Health and Aged Care, for the Greater Choices for At Home Palliative Care initiative. Phase two of the project involves the co-design of a community and clinician campaign and/or resources to increase awareness of and access to existing education, training and resources.</p> <p>The recommendations emerging through consumer consultations by Gippsland PHN as part of the Greater Choices for At Home Palliative Care initiative include providing education for GPs on services and supports for palliative care, raising community awareness through a range of activities including print, radio and online media, developing education and support for carers on providing palliative care and creating curated online information for carers of people who require palliative care. Gippsland PHN has plans underway for a community education session in conjunction with PCAS and Ambulance Victoria. Work is also being undertaken to increase GP awareness of resources through direct contact, Gippsland PHN newsletters and planned updates to the Gippsland PHN website. Gippsland PHN is also working collaboratively with GRPCC to support the screening of the movie <i>Live the Life you Please</i> across a variety of Gippsland venues.</p> <p>LCHS continues to undertake activities to raise awareness for staff and the broader public with community stories on its social media platform.</p> <p>In Palliative Care Week in May 2023, the GRPCC promoted palliative care by providing local libraries with information about palliative care and bereavement care to reinforce the significant role that the community plays in supporting carers and people with life limiting illness. The GRPCC has developed a 2024 palliative care month campaign that includes region wide screenings of <i>Live the Life you Please</i> followed by information and awareness provided by palliative care services and a 'before I die board' to stimulate discussion. The 2024 program includes the introduction to the Healthy End of Life (HELP) Project. There will also be further community education occurring at local libraries with screenings of the <i>Live the Life you Please</i> and community education. HELP education and GRPCC awareness was also included at Gippsland's agricultural field days Farm World in March 2024.</p> <p>GRPCC is working with the GRPCC Clinical Practice Group (CPG) to scope the implementation of the Carer Support Needs Assessment Tool (CSNAT) region wide. A GRPCC bereavement booklet was developed through the CPG for use in the bereavement sorry bags, a GRPCC project that provides community made bags for patient's belongings to be provided to carers after death in hospital.</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.</p>	

Reform priority 4 cont.



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


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) and inconsistent discharge planning from hospital-based services that leave families without timely access to community-based supports.</p> <p>Some community members report there is a lack of high quality, safe, spiritual care provision. An evaluation of the current state of sacred space provision in hospital facilities would be useful. There is no paid pastoral care position in Latrobe.</p> <p>All palliative care service providers and the GRPCC have invested in additional training to improve the skills and confidence levels of the general health workforce to improve the quality of end-of-life care across all settings. Continued investment by the GRPCC in this area has seen 36 sessions booked across the region between January and June 2024. Despite this, carers still report variable experiences and feel that some nurses and doctors were very uncomfortable working in this area.</p>
Emerging opportunities	<p>As part of the Greater Choices for At Home Palliative Care project, Gippsland PHN is investigating opportunities 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.</p> <p>In 2023, the Spiritual Health Association launched a National Model for Spiritual Care in Health developed via a co-design process with public and private hospitals in Victoria, NSW, SA and Tasmania, the Australian Commission on Safety and Quality in Health Care and the Anglican Diocese of Melbourne. The guide is a freely available resource to support development of professional spiritual care services. It is currently being evaluated in 11 hospitals across Australia.</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	 <p>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.</p> <p>Gippsland PHN's Community-Led Integrated Healthcare projects launched in July 2023 that resulted from a community-led design process are a model of how service models can include community leadership.</p> <p>The governance structure of the Gippsland PHN Greater Choices for At Home Palliative Care project includes community representation.</p> <p>There are other examples of health services partnering with community members. For example, LRH has a community advisory committee of 10 members who help the LRH Board of Directors, executive, health professionals and other staff stay in touch with what is important to the people who use LRH's services. MPH and the Gippsland PHN also have operating community advisory committees.</p> <p>The GRPCC has a Consortium Managers Group, Clinical Practice Group and a Community of Practice. All consumer-facing documents are passed through one of the consumer advisory groups for input and feedback.</p>
Progress highlights and where the system is working well	<p>In July 2023, the Victorian Government commissioned a review of the Victorian <i>Voluntary Assisted Dying Act 2017</i> by the Centre for Evaluation and Research Evidence. Those engaged in voluntary assisted dying, including doctors and families, are taking part in the consultation process. Including families along with doctors demonstrates an approach where health services and communities can share their experiences and ideas for reform.</p> <p>The GRPCC utilises community advisory groups of its health service members 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>The Gippsland PHN, within its Greater Choices for At Home Palliative Care project, has consulted the community on its palliative care needs as part of the assessment stage. This project is governed by group of relevant stakeholders and community representatives. It is working on supporting RAC homes to access palliative care medication, reviewing the palliative care in aged care referral pathways, increasing access to palliative care education and training for health professionals and the community, investigating and trialling palliative care digital health tools and supporting quality improvement for palliative care in general practice.</p> <p>LRH has established a web-based Jot Form to encourage consumer feedback to help it review and improve its services.</p> <p>LCMS has a consumer experience team that works with consumers and other community advocates to bring about service system improvements and innovation.</p> <p>Throughout 2023, the Latrobe Health Assembly, other Latrobe Health Innovation Zone partners and the Morwell Neighbourhood House have arranged a number of health pop-ups in small towns to provide information on services, fun activities and to collect information on community needs.</p>

Reform priority 5 cont.



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

Systems challenges and barriers that might be getting in the way	<p>The Victorian Council of Social Service's (VCOSS) listening tour reached out to the Gippsland community to ask 'what a good life is'. The feedback included community views on the responsiveness and quality of healthcare services. A common issue raised was the need for health professionals to really listen.</p> <p>Further work is required to identify and understand the opportunities for end-of-life care services to partner with the community. While the new operating model at LCHS has eliminated waiting lists and the partnership between LRH and MPH has more than doubled bed capacity, challenges remain in seamless transfers between hospital and community-based services and in timely access to medication. Currently community members raise these issues with the Latrobe Health Advocate who passes on the feedback to the relevant health service. It would be helpful if a more proactive follow-up mechanism could be implemented to check that everything is in place when patients transfer between health settings.</p>
Emerging opportunities	<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. In 2018, the Victorian Department of Health undertook a 'palliative care client and carer experience survey' to analyse and report on the experience of people accessing Victoria's admitted and non-admitted (community) designated specialist palliative care services. It would be useful if this could be repeated and analysed by geographical areas to help the community and health providers to track progress.</p>





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