



Annual Report



2015 – 16

Our vision

Working collaboratively with stakeholders and the community, so that people in the Loddon Mallee Region with a progressive life-limiting illness and their families/carers, have access to high quality, innovative, responsive and coordinated services.

Our values

- Open, respectful and transparent communication.
- Collaborative planning underpinned by a social model of health.
- Commitment to consumer, carer & stakeholder participation.
- Evidence based quality care.

About Us

The Loddon Mallee Region is one of eight DH regions and it encompasses 26% of Victoria. The population as recorded in 2012 is 308,000 and is predicted to grow by 21.5% by 2031. Approximately half the population are concentrated in Mildura and Bendigo.

The map shows the boundaries of the region and the locations of the 23 health services. All deliver generalist palliative care services and our eight members deliver specialist palliative care services.



SECTION 1

AN OVERVIEW OF Consortium Members

Agency	Service Profile	Staffing (EFT)	Key initiatives
Bendigo Health Care Group	Community Palliative Care Service including Chum House Day Hospice	7.7	After Hours reporting and follow-up (automation) Phone call and administration register
	Specialist Inpatient Palliative Care Service	15.3	PCOC audit
	Loddon Mallee Regional Consultancy Service (LMRPCCS)	3	Aged Care / Disability Link Telehealth Strengthened outreach
Castlemaine Health	Community Palliative Care Service	1	PCOC Data optimisation Guidance to unfunded partner hospitals on assessment tools
Echuca Regional Health	Community Palliative Care Service	1.7	NSAP audit VINAH data error
Kyneton District Health Service	Community Palliative Care Service	3.3	PCOC audit Bereavement project IPADs - electronic
Maryborough District Health Services	Community Palliative Care Service	0.2	Care of the Dying Management Plan (associated training)
Mildura Base Hospital	Specialist Inpatient Palliative Care Service	3.3	Process Improvement Mapping ongoing
Sunraysia Community Health Service	Community Palliative Care Service	3.5	Admission Assessment Tool Overview of Services Document Pain Assessment Tool
	LMRPCCS	1.0	Aged Care Link Nurse Disability Project (c Latrobe) Aboriginal Pathway
Swan Hill District Health Service	Community Palliative Care Service	2.0	Auditing Tele-health clinic

OUR PEOPLE



The LMRPCC Structure is based on template “Role Statements” development and managed by DHHS. The peak governance group for the Consortium is the Board. Its primary responsibilities are to set and monitor the delivery of the Strategic Plan, ensure that the financial affairs of the Consortium are managed, promote and enable the work of the Consortium across the region.

The Board is supported by the Business Group, the Clinical Operations Reference Group (CORG), and special projects or working groups. These groups do not have individual decision making or delegation responsibilities, but make considered recommendations for Board ratification.

Board members

Name	Position	Business Group Member
Ms Kathy Wright	Chairperson (Swan Hill District Health)	Chair
Ms Amanda Edwards	Vice Chairperson Castlemaine Health	Member
Ms June Dyson	Echuca Regional Health	
Mr Paul Rumpff	Bendigo Health	Member
Ms Karen Laing	Kyneton District Health Service	
Ms Debbie Gervasoni	Maryborough District Health	
Ms Simone Heald	Mildura Base Hospital	
Ms Janet Hicks	Mildura Base Hospital	
Ms Ruth Fox	Sunraysia Community Health Services	Member

Clinical Operations Reference Group (CORG) members

Name	Position	Dates acted (if not for whole year)
Ms Alison Lowe	Chairperson Kyneton District Health Service	
Ms Catherine Kemp	Swan Hill District Health	
Ms Kathryn Donkin	Castlemaine Health	Commenced 29 February 2016
Mr Ian Morelli	Castlemaine Health	Resigned 26 February 2016
Ms Katherine Formica	Echuca Regional Health	
Ms Elizabeth Loughnan	Bendigo Health	Acted July 2015 – March 2016
Ms Alison Smith	Bendigo Health	Commenced April 2016
Ms Debbie Gervasoni	Maryborough District Health	
Ms Claire Hammerton	Mildura Base Hospital	
Ms Tania Hobbs	Mildura Base Hospital	
Ms Julie Gentle	Sunraysia Community Health Services	
Ms Annette Wilson	Sunraysia Community Health Services	
Ms Lisa O'Connor	Loddon Mallee Regional Palliative Care Consultancy Service (northern)	

Employees

Name	Position	Dates acted (if not for whole year)
Ms Susan Morgan	Consortium Manager	
Ms Julie Misson	Service Improvement Officer	
Ms Bronwen Machin	Admin Officer	Resigned 30 March 2016

Ms Merrill Cole	Loddon Mallee Regional Palliative Care Consultancy Service (northern)	
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Loddon Mallee Regional Palliative Care Consortium Partners

- ❖ *Bendigo Health 'Collaborative Health Education & Research Centre'*
- ❖ *Carers Victoria*
- ❖ *Centre for Palliative Care*
- ❖ *Mallee District Aboriginal Service*
- ❖ *Murray Primary Health Network*
- ❖ *Loddon Mallee Integrated Cancer Services*
- ❖ *Victorian Aboriginal Community Control Health Organisation*



CHAIRPERSON'S REPORT



Ms Kathy Wright
Swan Hill District Health

2015 -16 was a busy year for Consortium Members with increased collaboration and progress against strategic priorities, including strengthening capacities of our carers, delivering culturally appropriate palliative care services for Aboriginal and Torres Strait Islander clients, increasing community awareness of end of life care needs and further strengthening capacity of our specialist and generalist workforces.

During the year, utilising ABS data we built a death profile for the Loddon Mallee region and have been able to compare our actual service levels with potential demand for palliative care services. This has enabled us to set service goals and to consider capacity building activities which will enable the health sector and communities to work together to support people to be cared for and to die in their place of choice.

We have also worked hard on improving our activity reporting, as all funded services came together to review definitions and interpretations of VINAH to enable consistent and correct reporting for the region. Our *Service Improvement Officer* also worked one on one with members to reduce reporting errors to zero.

Our Consortium Board worked with our Consultancy Service to identify potential areas of service improvement and established a new set of key performance indicators to enable us to monitor and feedback on service supports to our specialist community palliative care service providers.

This financial year also saw an increase in the use of technology to better support our more rural and remote services and clients. Regular Tele-health clinics commenced between the Consultancy and Swan Hill Services, teams increased their use of IPAD technology at the patient bedside and the Consortium developed a 'Carers Kit' APP to be made available for patients and carers in the home.

Palliative Care patients, carers and staff from across our member services participated in the Parliamentary Inquiry into 'End of Life Choices' willingly sharing their experience, knowledge and expertise. Also the Consortium is pleased to have worked with the Department of Health and Human Services to support the development of a new 'End of Life Care Framework' and we look forward to implementing this new state wide policy.

Kathy Wright
Consortium Chair
Executive Officer Clinical services
Swan Hill District Health

CONSORTIUM MANAGER'S REPORT



The existing state wide palliative care policy came to an end and the Consortium Secretariat team acknowledges the specialist community palliative care services across the Loddon Mallee for their hard work and commitment to enabling people to die in their place of choice under the previous policy.

Our region is vast and we continue to need to be creative in terms of service provision to people from more rural and remote locations. Our use of technology is increasing, as well as development of tools and resources to share across the region.

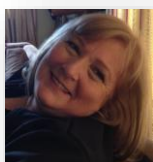
This year we have supported projects to strengthen culturally appropriate palliative care for our Aboriginal populations. The Consortium has also been cooperating effectively with our regional Consultancy and together we are tackling specialist service provision and capacity building. We are also investing in supportive tools and networks for our Carers and also building capacity in our communities to support people dying at home.

The Consortium team and our members look forward to working with colleagues across the state to further strengthen palliative care services by articulating further with health and community partners.



Susan Morgan
Consortium Manager

SERVICE IMPROVEMENT OFFICER'S REPORT



"The previous 12 months has been one of learnings, meeting new people, travelling throughout the Loddon Mallee Region and ultimately assisting the diverse range of palliative care services within the region, to do what they do."

Some of these activities included: auditing patient histories in Swan Hill, auditing of the introduction of Palliative Care Outcomes Collaborative (PCOS) assessment tool in Kyneton, reducing Echuca's VINAH data errors to zero, assisting Maryborough with the introduction and the sustainability of their Care of the Dying Management Plan, developing admission assessment tools for Sunraysia, and providing education to Castlemaine's rural hospital (Maldon) on the available assessment tools for introduction into their hospital. Further activities included:

- Setting up an afterhours and administration phone call database to monitor the workload and ensure timely follow-up of clients
- Developing a new KPI report for the consultancy services.

There were also a few region wide activities:

- A VINAH day, to help to ensure Loddon Mallee Region is reporting the correct and consistent data to the department
- Sourcing the Cause of Death data from the ABS and compiling and distributing it to the services, to assist them with planning their services.
- Converting the Carers Kit into an app

- Representative on the Palliative Care Clinical Network

Julie Misson

OUR OBJECTIVES AND ACTIVITIES

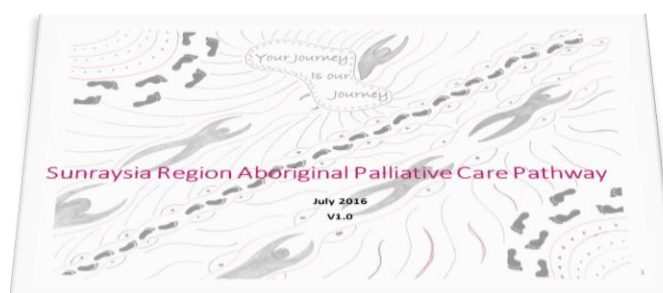
During the 2015 – 16 financial year the Consortium continued to work against the ‘*Strengthening Palliative Care state wide Policy*’

Strategic Directions ¹	<i>Strengthening palliative care: Policy and strategic directions 2011-2015</i>
1. Coordinating Quality Care Across Settings	1. Informing and involving clients and carers 3. Working together to ensure that people die in their place of choice 4. Providing specialist care when and where it is needed 5. Coordinating care across settings 6. Providing quality care supported by evidence
2. Building capacity in the palliative care workforce	4. Providing specialist care when and where it is needed 5. Coordinating care across settings
3. Delivering targeted health promotions	1. Informing and involving clients and carers 2. Caring for carers 3. Working together to ensure that people die in their place of choice 5. Coordinating care across settings 7. Ensuring support from communities
4. Building and maintaining a sustainable Consortium	5. Coordinating care across settings

The following projects were implemented against these strategic directions:

Aboriginal Palliative Care: During 2015 – 16 financial year the Consortium worked in partnership with **Mallee District Aboriginal Services (Mildura), Sunraysia Community Health Services and Mildura Base Hospital** to develop up the inaugural *Sunraysia Palliative Care Pathway* for Aboriginal people in the Mildura region. The Consortium was also successful in receiving grant funding for a second project (to be carried out in 2016-17 financial year) which aims to increase cultural awareness for improved palliative care service delivery in the region.

The Consortium worked in partnership with the **Victorian Aboriginal Community Controlled Health Organisation (VACCHO)** to deliver 4 ‘Cultural Safety’ training sessions with the aim to strengthen palliative care service provision across the region and a PEPA workshop was conducted with Aboriginal Health Workers and Elders in Mildura.



Caring for Carers: In recognition of the importance Carer's, the Consortium undertook community consultations with the aim of building awareness across the Loddon Mallee Region. This **Compassionate Communities Project** included community meetings in 7 locations: forums which outlined the need to open the conversations around death, dying, palliative care and the role and impacts on carers within our communities. The overall aim was to increase knowledge of Carer stresses, pressures and commitment, and to identify how communities do better to support them.

1. The sustainable development of a region based network connecting individuals caring for a friend or relative with a life limiting illness,
2. Ongoing facilitation of the network to introduce new members and support existing ones,
3. Workshops and events to connect carers regarding palliative care, grief, self-care, financial and legal issues,
4. Significant level of integration between services that support the patient such as GP clinics or palliative care services in the region or Melbourne,
5. The distribution of information provided at times the carer, not the professional, deems appropriate,
6. Professionals to follow-up with carers about the information provided and if they need any referrals,
7. Other services and supports provided at times the carer deems appropriate, and,
8. Ongoing professional and peer support after the caring role ends.

The Consortium also engaged **Carers Victoria** to undertake a scoping exercise to identify the needs of Carers of people with a life limiting illness in the Loddon Mallee, specifically to consider the need to develop a Loddon Mallee Palliative Care Carers Support Network.

The Report identified the following 8 recommendations – see left.

A copy of the full report is available from the

Palliative Care Regional Consultancy Service Review / Survey / new Key Performance Indicators: In September 2015 key regional palliative care stakeholders met at Bendigo Health to participate in a *Loddon Mallee Regional Palliative Care Consultancy Service Planning Meeting*. Key recommendations emerging from the meeting included the commitment to undertake a survey of consultancy consumers and to develop up new performance indicators.

The Survey was conducted between February and March 2016 and recruited 58 responders from across the region:

Type	Percentage	Total
A Community Palliative Care Provider	31.03%	18
A Regional Consultancy Clinician	3.45%	2
An Acute Clinician (Medical, Nursing, Allied Health, other)	31.03%	18
An Aged Care staff member	12.07%	7
A GP	6.90%	4
Other	15.52%	9
TOTAL	100%	58
Post Codes		
Northern	3490, 3500	10
Southern	3444, 3450, 3463, 3465, 3472, 3523, 3533, 3550, 3551, 3561, 3564, 3568, 3579, 3585	48

The Survey consisted of 23 questions and sought opinion on: ease of referral, type of referral, access to Consultancy staff, preferred mode of contact and capacity building requirements at the local community level. Key findings included:

- 72% of Responders replied that the Consultancy Service is working well
- 46% of Responders replied that they generally contact the Specialist Palliative Care Physician within the team

- 67% indicated that they could benefit from increased access to online tools and resources from the Consultancy
- Pain management was the most common request for Consultancy assistance.

In general it was also reported that there is a perceived lack of awareness across the region as to support available from the Consultancy. The Consortium in partnership with the Bendigo Health, the Centre for Palliative Care and the Murray Primary Health Network have been cooperating to raise awareness amongst primary health care providers. **A copy of the Survey Final Report is available from the Consortium Office.**

The Consortium also worked with Consultancy staff to develop up new key performance indicators for the Consultancy Service. The aim was to set targets for service levels inside /outside of the key metro areas, as well as to expand service delivery modalities to ensure more equitable access across the region. The new KPI's also aligned the two service teams (Bendigo and Mildura) and automated reported was established at the time of implementation.

The Loddon Mallee Regional Palliative Care Consortium Board adopted the new KPIs in 2016 and continues to monitor performance 6 weekly. **A copy of Consultancy KPIs are available from the Consortium Office.**

Carers Kit APP: During 2015 -16 the Consortium created a Carers Kit App from the existing hardcopy *Carers Kit*. The App is currently under testing across the specialist Community palliative care providers in the region.

Further detail on the APP is available from the Consortium Office. 54549214



Training

TOPIC	Location
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Telephone Triage Training for After Hours	Bendigo	Swan Hill			
Cultural Safety Training	Bendigo	Mildura	Echuca	Swan Hill	
Compassionate Communities	Mildura	Bendigo	Echuca	Swan Hill	Kyneton
	Maryborough	Castlemaine			
Carer Forums	Bendigo	Swan Hill			
PEPA	Bendigo Aged Care	Bendigo Acute	Mildura Aboriginal	Mildura Aged	Mildura Disability
Caring for the Bereaved	Mildura	Bendigo	Kyneton	Swan Hill	Bendigo
Bereavement Standards	Mildura	Bendigo	Echuca	Swan Hill	Kyneton
A Palliative Approach to Dementia Care	Bendigo	Mildura			

End of Life Care Framework Consultations

Consumers, community groups, health service providers, specialist groups, health organisations and consumer and carer peaks from across the Loddon Mallee were invited to participate in a consultation process to inform for the development of a new **End of Life Care Framework** for Victoria.

End of Life Care Framework Consultation	
Bendigo	26 th November 2015
Mildura	27 th November 2015
Swan Hill	27 th November 2015

Cause of Death data Regional Profile: The Consortium sourced 'Cause of Death data' for New South Wales and Victoria, 2011-2014 from the Australian Bureau of Statistics and developed up Local Government profiles for palliative care 'appropriate deaths to enable services to analyse levels of services across projected demand.

The Consortium then provided these profiles to all Consortia across the State.

Total Deaths				
	2011	2012	2013	Grand Total
Loddon Mallee	2720	2669	2591	7980
Grand Total	2720	2669	2591	7980

Total Deaths Malignant vs Non Malignant				
	2011	2012	2013	Grand Total
Malignant	801	799	766	2366
Non-malignant	311	286	295	892
Excluded*	1608	1584	1530	4722
Grand Total	2720	2669	2591	7980

Deaths by Gender				
	2011	2012	2013	Grand Total
Malignant	801	799	766	2366
Female	326	349	333	1008
Male	475	450	433	1358
Non-malignant	311	286	295	892
Female	158	147	137	442
Male	153	139	158	450
Grand Total	1112	1085	1061	3258

Deaths by Aboriginal Status*

*The ABS includes a provision that these numbers are not accurate

	2011	2012	2013	Grand Total
Malignant	801	799	766	2366
Aboriginal	4	4	6	14
Both Aboriginal and Torres Strait Islander	1			1
Non Indigenous	795	794	759	2348
Not Stated	1	1	1	3
Non-malignant	311	286	295	892
Aboriginal	2	5	4	11
Non Indigenous	309	281	291	881
Grand Total	1112	1085	1061	3258

Deaths by Disease Category

	2011	2012	2013	Grand Total
Malignant	801	799	766	2366
Benign neoplasms	2	4	2	8
Malignant neoplasm of bone and articular cartilage		4	1	5
Malignant neoplasm of breast	45	52	41	138
Malignant neoplasm of digestive organs	215	220	212	647
Malignant neoplasm of eye, brain and other parts of central nervous system	35	29	10	74
Malignant neoplasm of female genital organs	25	35	33	93
Malignant neoplasm of ill defined, secondary and unspecified sites	59	50	53	162
Malignant neoplasm of lip, oral cavity and pharynx	16	7	15	38
Malignant neoplasm of lymphoid, haematopoietic and related tissues	63	69	68	200
Malignant neoplasm of male genital organs	75	60	60	195
Malignant neoplasm of mesothelial and soft tissue	14	10	14	38
Malignant neoplasm of respiratory and intrathoracic organs	146	178	160	484
Malignant neoplasm of thyroid and other endocrine glands	1	1	5	7
Malignant neoplasm of urinary tract	39	31	35	105
Melanoma and other malignant neoplasms of skin	44	26	35	105
Neoplasms of uncertain or unknown behaviour	22	23	22	67
Non-malignant	311	286	295	892
Alzheimer's disease	68	39	49	156
Chronic respiratory disease	119	126	150	395
Heart disease	50	38	37	125
Kidney disease	24	25	12	61
Liver failure	3	12	10	25
Motor neuron disease	15	17	9	41

Parkinsons disease	32	29	28	89
Grand Total	1112	1085	1061	3258

Death By Age Group**

	2011	2012	2013	Grand Total
Malignant	791	790	748	2329
1-10 years	1			1
11-20 years		2		2
21-30 years	7	2	1	10
31-40 years	4	4	5	13
41-50 years	26	30	31	87
51-60 years	81	77	73	231
61-70 years	184	164	151	499
71-80 years	212	251	219	682
81-90 years	238	220	230	688
91-100 years	36	40	37	113
Over 100 years	2		1	3
Non-malignant	299	272	290	861
31-40 years	1		2	3
41-50 years	3	6	4	13
51-60 years	6	9	13	28
61-70 years	19	37	27	83
71-80 years	70	66	64	200
81-90 years	156	118	139	413
91-100 years	44	33	38	115
Over 100 years		3	3	6
Grand Total	1090	1062	1038	3190

Deaths by Country of Birth**

	2011	2012	2013	Grand Total
Malignant	801	797	763	2361
Americas	2	2	2	6
Australia	707	687	668	2062
North Africa and The Middle East	1	1	1	3
North-East Asia	1	1	2	4
North-West Europe	62	75	56	193
Oceania and Antarctica	7	7	3	17
South-East Asia	2	3	3	8
Southern and Central Asia	1	1	1	3
Southern and Eastern Europe	17	18	26	61
Sub-Saharan Africa	1	2	1	4
Non-malignant	309	285	295	889
Americas	2			2
Australia	273	254	255	782

North Africa and The Middle East			1	1
North-West Europe	19	22	29	70
Oceania and Antarctica	3	2	4	9
South-East Asia	1			1
Southern and Eastern Europe	11	7	6	24
Grand Total	1110	1082	1058	3250

Notes: * Excluded deaths are those likely not to require palliative care services i.e. accidents, acute infections etc and are excluded from subsequent tables.



TREASURER'S REPORT

Loddon Mallee Regional Palliative Care Consortium Trust Account
Funds Statement for the period ended 30th June 2016

2015-16

INFLOWS		YTD Recognised	
	DHHS - Funding		
	Palliative Care Consortium	125,704.00	
	Other Revenue		
	Castlemaine Health	139,639.84	
	Other Health Services	56,049.00	
	Internal Transfer Recovery	31,722.00	
TOTAL INFLOWS			353,114.84
OUTFLOWS			
	Personnel Costs	(147,535)	
	Depreciation/Asset Transfers	(1,715)	
	Internal Transfers	(14,495)	
	Patient Expenses	(1,000)	
	Hotel and Domestic	(39)	
	Repairs and Maintenance	(1,626)	
	Administrative Costs	(103,523)	
TOTAL OUTFLOWS			(269,933.00)
Net Surplus/(Deficit) for Year			83,181.84
Accumulated Surplus/(Deficit) at Beginning of Year			-
Accumulated Surplus/(Deficit) at End of Period			83,181.84

Monies in Trust

Jess Pisevski | Business Services Accountant

Bendigo Health

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HEALTHY COMMUNITIES AND
 WORLD CLASS HEALTHCARE

FINANCIAL STATEMENTS



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