



Annual Report

2016 - 17

LMRPCC Contact Details

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LMRPCC Staff

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Consortium Chair

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Copies of this report are available for download from the Loddon Mallee Regional Palliative Care Consortium website: http://www.lmrpcc.org.au/

CHAIRPERSON'S REPORT



Ms Kathy Wright Swan Hill District Health

Welcome to the Loddon Mallee Regional Palliative Care Consortium's Annual Report for 2016 -17.

2016 -17 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 we built upon our 2015 -16 *Carers Survey* results and partnered with *Carers Victoria* to develop a resource kit for the Loddon Mallee Region. Carers are key to supporting Loddon Mallee residents to be cared for and to die in their place of choice and we have worked hard to engage our carers to identify the key challenges they often face, and to build stronger linkages between carers and our specialist palliative care services.

Acknowledging the unique challenges faced by nurses in small rural communities we have piloted a clinical support model for our specialist community palliative care teams. Nursing and Allied Health staff have had access to a grief and bereavement counsellor to enable them to debrief complex care scenarios within their local community settings.

In partnership with the Murray Primary Health Network we undertook a review of our After Hours Model of Care and particularly explored the linkages between acute, community and primary care in the provision of After Hours support. Sunraysia Community Health Services piloted a new 'After Hours' Model of Care to provide access to after-hours nursing support for the last 2 weeks of life.

This financial year also saw a further increase in the use of technology to better support our more rural and remote services and clients. . Regular Tele-health clinics continued between the Consultancy and multiple 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.

We have also concentrated on building palliative care capacity across the region's general workforce. We engaged with 18 of our smaller rural health services as well as delivered 11 PEPA/Post PEPA workshops.

We look forward to continuing to strengthen palliative care service provision across the region.

Kathy Wright Consortium Chair

CONSORTIUM MANAGER'S REPORT



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 concentrated on building capacity for a palliative approach in our acute, community and aged care services across the region. We have also worked extensively with carers with a view to determining how we can better support carers of those with a life limiting illness in rural and remote regions.

We have noticed an increased public awareness of palliative care and we have tried to leverage this to support services with their approaches to advance care planning

Susan Morgan

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, re-auditing of the of the Palliative Care Outcomes Collaborative (PCOC) assessment tool in Kyneton, reducing Echuca's VINAH data errors to back to zero, following an update of the software program causing new errors, assisting Maryborough with the ongoing education and the sustainability of their Care of the Dying Management Plan and refining the admission assessment tools for Sunraysia, and expanding Bendigo's afterhours and administration phone call database to include bereavement phone call enquiries.

Region wide activities:

- Representative on the Palliative Care Clinical Network
- Visiting all the small hospitals within the region, introducing or re-affirming the local
 palliative care service, an overview of the forthcoming changes to End of Life policy and
 supporting documentation and other education pertinent to palliative care.

The Loddon Mallee Region

The Loddon Mallee Region is one of eight DH regions and it encompasses 26% of Victoria. The population as recorded in 2016 is 329,000. Approximately half the population are concentrated in Mildura and Bendigo.

20% of the region's population are aged 65 years and over, in contrast to the state average of 15.6%

The region has a strong Indigenous heritage, large Aboriginal population, and new skilled migrants are an ever-growing demographic in the region.

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.



CONSORTIUM MEMBERSHIP

Agency	Service Profile	Staffing (EFT)
Bendigo Health Care Group	Community Palliative Care Service including Chum House Day Hospice	8.87
	Specialist Inpatient Palliative Care Service	21.07
	Loddon Mallee Regional Consultancy Service (LMRPCCS)	4.72
Castlemaine Health	Community Palliative Care Service	1.6
Echuca Regional Health	Community Palliative Care Service	1.7
Kyneton District Health Service	Community Palliative Care Service	3.3
Maryborough District Health Services	Community Palliative Care Service	0.2
Mildura Base Hospital	Specialist Inpatient Palliative Care Service	3.3
Sunraysia Community Health Service	Community Palliative Care Service	3.5
	LMRPCCS	1.0
Swan Hill District Health Service	Community Palliative Care Service	2.75

LMRPCC 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.

LMRPCC Values

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



Photo Courtesy of Bendigo Health Integrated Palliative Care Service

LMRPCC OBJECTIVES AND ACTIVITIES

During the 2016 – 17 financial year the Consortium worked with partners to address priority areas within Victoria's "End of Life Care Framework':

Priority Areas

Loddon Mallee Activities

Person – centred services	 Small Rural Health Service Palliative Care Roadshow (18 sites) including the promotion of the EOLCF and Care for the Dying Toolkit Delivery of 2 Advance Care Planning workshops and promotion of further training opportunities
Engaging communities, embracing diversity	 Developed the Loddon Mallee Region Carers Workbook and ran 7 workshops for Carers across the region Cultural Safety Workshops across the region
People receive services that are coordinated and integrated	 After Hours Review in partnership with Murray Primary Health Network (2 Projects: Southern Loddon Mallee and Northern Loddon Mallee) LMICS Governance Group Member Linking Palliative Care services to Primary Health Network – Health Pathways
Quality end of life and palliative care is everyone's responsibility	 6 PEPA workshops for general health workers in acute, aged care and disability sectors 4 Post PEPA workshops for aged, community and acute workforce across the region Decision Assist Workshop
Specialist palliative care is strengthened	 Capacity building in 'Grief and Bereavement' support to clients Service Audits Clinical Supervision Pilot for SPC Nursing staff NP feasibility for northern region

Governance

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 Consortium Board meets bi-monthly

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 Member	Position	Business Group Member
Ms Kathy Wright	Chairperson (Swan Hill District Health)	Chair
Ms Diane Senior	Vice Chairperson Castlemaine Health	
Ms June Dyson	Echuca Regional Health	
Mr Paul Rumpff	Bendigo Health	
Ms Karen Laing	Kyneton District Health Service	
Ms Flo Cantwell Ms Nickola Allen	Maryborough District Health	Flo Cantwell was acting for Ms Deb Gervasoni. Nickola Allen became the new member in July 2017
Ms Janet Hicks	Mildura Base Hospital	
Ms Ruth Fox Ms Jan Lloyd	Sunraysia Community Health Services	Ruth Fox resigned in July 2017 and has been replaced by Jan Lloyd for the next financial year

Agency	Role	Attendance
Swan Hill District Health	Chair	90%
Castlemaine Health	Deputy Chair	90%
Echuca Regional Health	Voting	80%
Kyneton District Health Service	Voting	20%
Bendigo Health	Voting	100%
Maryborough District Health Services	Voting	40%
Sunraysia Community Health Services	Voting	90%
Mildura Base	Voting	40%
Kerang District Health (representing Small Rural Health Services)	Voting	90%

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	
Ms Katherine Formica	Echuca Regional Health	
Ms Alison Smith	Bendigo Health	
Ms Annemaree Jones	Maryborough District Health	
Ms Tracey Tonkin	Mildura Base Hospital	
Ms Annette Wilson	Sunraysia Community Health Services	 Annette Wilson resigned in December 2016 replaced by Julie Gentle
Ms Julie Gentle	Sunraysia Community Health Services	 Julie Gentle resigned in July 2017 and was replaced by Jan Smith
Ms Jan Smith	Sunraysia Community Health Services	• Current
Ms Lisa O'Connor	Loddon Mallee Regional Palliative Care Consultancy Service (northern)	 Lisa OConnor resigned December 2016 and was replaced by Liz Gallagher
Ms Liz Gallagher	Loddon Mallee Regional Palliative Care Consultancy Service (northern)	• Current
Ms Merrill Cole	Loddon Mallee Regional Palliative Care Consultancy Service (southern)	Resigned October 2016 and was replaced by Anita Wild
Ms Anita Wild	Loddon Mallee Regional Palliative Care Consultancy Service (southern)	Commenced

Employees

Name	Position	Dates acted (if not for whole year)
Ms Susan Morgan	Consortium Manager	
Ms Julie Misson	Service Improvement Officer	Resigned 30 June 2017
Ms Bronwen Machin	Admin Officer	Resigned 30 March 2016
Ms Kay How Kee	Admin Officer	Joined September 2016



Photo courtesy of Echuca Regional Health Community Palliative Care Service

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

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Photo Courtesy Macedon Ranges Palliative Care Service

Loddon Mallee Regional Palliative Care Consortium Trust Account: Funds Statement for the period ended 30th June 2017 (2016-17)

INFLOWS	YTD Recognised	
DHHS - Funding		
Pallative Care Consortium	128,330.33	
Other Revenue		
Centre for Palliative Care	29,000.00	
Castlemaine Health	3,098.91	
Swan Hill District Health	7,158.13	
Sunraysia Community Health Service	10,573.68	
Maryborough District Health Service	2,309.91	
Kyneton District Health Service	6,716.91	
Echuca Regional Health	6,478.13	
St Vincents Hospital	10,500.00	
Murray Health Network	88,000.00	
Internal Transfer Recovery	15,572.00	
TOTAL INFLOWS	3	307,738.00
OUTFLOWS		
Personnel Costs	(154,652)	
Depreciation/Asset Transfers	0	
Internal Transfers	(90,718)	
Patient Expenses	0	
Hotel and Domestic	(661)	
Repairs & Maintenance	(432)	
Corporate Charges	(22,540)	
Administrative Costs	(26,756)	
TOTAL OUTFLOWS	(2	295,759.00)
Net Surplus/(Deficit) for Year		11,979.00
Net Surplus/(Dencit) for Tear		11,979.00
Accumulated Surplus/(Deficit) at Beginning of Year		83,181.84
Accumulated Surplus/(Deficit) at End of Period		95,160.84

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Jess Pisevski | Business Services Accountant

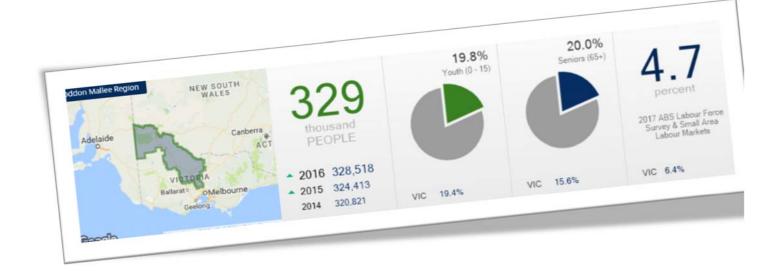
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