loddon mallee
regional palliative care consortium

Annual Report

2020-2021

Acknowledgement of Country

The Loddon Mallee Region Palliative Care Consortium acknowledges the first peoples of the Millewa-Malee, Latji Latji, Ngintait, Nyeri Nyeri, Dadi Dadi, Jarijari, Wadiwadi, Wemba, Wergaia, Baraba and Dja Dja Wurrung - as the traditional owners and custodians of the country that the Loddon Mallee Health Region is located on, and pay our respects to their Elders past and present.

We proudly acknowledge the First Peoples of Victoria and their ongoing strength in practising the world's oldest living culture.

LMRPCC Contact Details

Loddon Mallee Regional Palliative Care Consortium

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Consortium Chair

Di Senior
Executive Director Clinical and Community Programs
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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/

A message from the Consortium Chair.

Welcome to the Loddon Mallee Regional Palliative Care Consortium Annual Report 2021.

The pandemic has obviously provided numerous challenges for our health system, it has however had some positives. We have seen the rapid shift to the increasing use of technology such as telehealth as a way for us communicate with people in their homes which has enabled healthcare workers to be more responsive. We have seen more families being able to remain at home with their loved ones with the support of visiting staff and telehealth.

We continue to expand Consultancy support to each of the funded services and build on specialist knowledge that enables the smaller services to provide evidence based care.

Our focus is on the needs of our consumers and building services that provide access to palliative care which is co-ordinated, responsive and of a high quality.

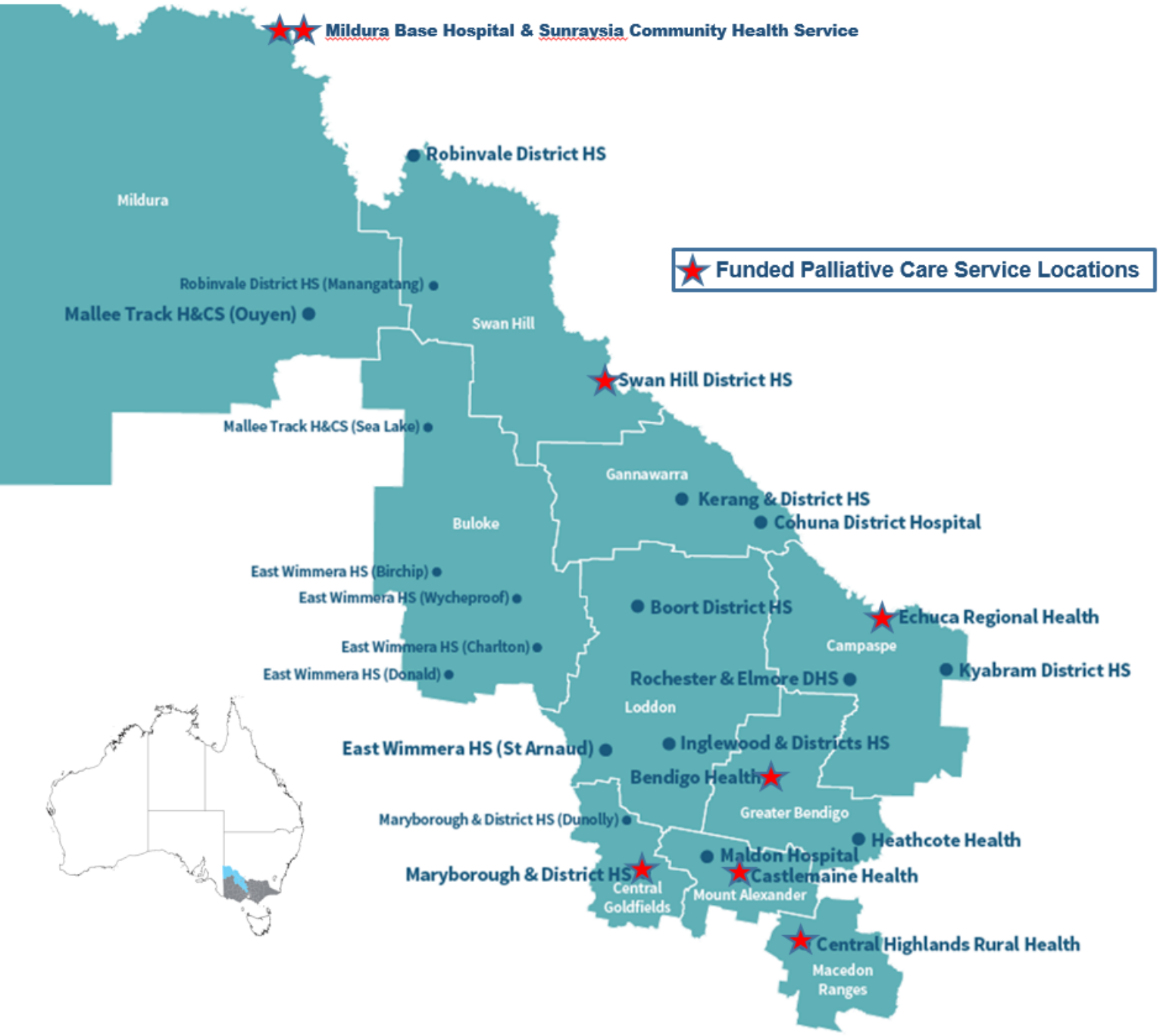
I would like to acknowledge the continued hard work of our dedicated palliative care staff across the region.

DI Senior

Chair

Loddon Mallee Regional Palliative Care Consortium

The Loddon Mallee Health Region



The Loddon Mallee Region is one of eight DH regions and it encompasses 26% of Victoria. The population as recorded in 2020 is 342164. Approximately half the population are concentrated in Mildura and Bendigo. There will be variation in growth across LGA's and the City of Greater Bendigo is expected to increase by 31%.

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	8.66
	Palliative Care at Home	2.5
	Specialist Inpatient Palliative Care Service	29.89
	Loddon Mallee Regional Consultancy Service (LMRPCCS)	5.92
Castlemaine Health	Community Palliative Care Service	1.6
Echuca Regional Health	Community Palliative Care Service	2.5 (+ 0.7EFT Palliative Care Inpatient liaison role)
	Specialist Inpatient beds	0.6
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	4.2
	LMRPCCS	0.8 (+0.8 EFT hospital liaison role)
Swan Hill District Health Service	Community Palliative Care Service	3.1

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 Consortium is supported by the Clinical Operations Reference Group (CORG), and special projects or working groups.

Consortium Member	Position
Ms Di Senior	**(Chair)**(Castlemaine Health)
Ms Chloe Keogh	Swan Hill
Ms June Dyson	Echuca Regional Health
Mr Kym Peter	Bendigo Health
Ms Shannon Story	Central Highlands Rural Health
Ms Wendy Giddings	Maryborough District Health
Ms Janet Hicks	Mildura Base Hospital
Ms Melissa Wade	Sunraysia Community Health Services
Ms Wendy Lunghussen	Cohuna District Health (non-funded member)

Clinical Operations & Reference Group Member	Position
Ms Alison Lowe Chair	**(Chair)** Kyneton District Health Service
Ms Merridee Taverna	Swan Hill District Health
Mr Ian Morelli	Castlemaine Health
Ms Katherine Formica	Echuca Regional Health
Ms Alison Smith	Bendigo Health
Ms Anne Jones	Maryborough District Health
Ms Tracey Tonkin	Mildura Base Hospital
Ms Mel Livens	Sunraysia Community Health Services & Palliative Care Consultancy Service (northern)
Ms Tanna Taylor	Cohuna District Health
Ms Anita Wild	LMR Specialist Palliative Care Consultancy (NP)
Angela Munro -	LMR Specialist Palliative Care Consultancy (CNS, MND)
Jo Lane Walsh	LMR Specialist Palliative Care Consultancy (NP)

Strategic Plan

In 2018 the Loddon Mallee Consortium developed a strategic plan in line with Victoria's End of Life and Palliative Care Framework. Within the Five priorities set out by the framework, 52 specific goals were created by the consortium to address opportunities for improvement of end of life and palliative care in the Loddon Mallee Region.

Some of these goals have been achieved and realised in the 2 years since the creation of the strategic plan, and others have been prioritised for the year to come.

In the 2020/2021 period, the following projects and activities were undertaken;

- Caring @ Home Packs
- Palliative Care Advice Service
- Children with life limiting illnesses
- Giving our mob a voice: Advanced Care Planning
- Triaging Referrals from Aged Care
- Covid-19, Palliative and end of life care guidance
- Early Access Program
- Palliative Care Liaison Nurse
- RUN- PC Triage Tool Implementation
- Service Development Project, Echuca Regional Health
- Palliative Care Residential In-reach Project
- Integrated Motor Neurone Disease out-patients clinic
- Increase Palliative Care at Home beds
- Effective Clinical/therapeutic Communication workshops
- ConqUer Breathlessness Program (CURB)
- PEPA facilitation
- Palliative Care Nurse Practitioners, New and Celebrated
- Integrated Social Work model
- Sparking Joy

Priority 1: Person-centred services

Caring @ Home Packs

Towards the end of life, palliative care patients may need subcutaneous medicines for breakthrough symptom control. Carers, when adequately trained, can assist in this role at home.

The resources are free, evidence-based and facilitate high-value care; they support person-centred outcomes and improve service performance efficiency and effectiveness.

In 2021 the community palliative care services within the Loddon Mallee Region provided many of these packages, because they allowed greater freedom of choice for the dying person and their carer(s).

Home Care Package providers can use the caring@home resources to educate carers and support high-quality palliative care practice. Our services continue to make use of the online resources, and have started assembling their own home packs for their patients.

The caring@home project is funded by the Australian Government and led by the Brisbane South Palliative Care Collaborative.

Palliative Care Advice Service

Although officially launched in August 2021, the Palliative Care Advice service has been promoted by the Consortium and its member health services for over a year.

The consortium will continue to promote the advice line, and will work with individual services to better realise how they might effectively incorporate its use in their model of care.

Early Access Program

The Bendigo Health Community Palliative Care Service, in conjunction with the Day Respite Centre, have implemented a new medical & social model for patient care called the Early Access Program.

The team has developed an early referral and access program that allows patients and carers to prepare for the months ahead of them with advanced care planning empowerment and knowledge to make decisions about timing to re-connect back into the palliative care services.

Priority 2: Engaging communities and embracing diversity

Children with life limiting illnesses

The Loddon Mallee Region Palliative Care Consortium was approached by the Paediatric Palliative Care National Action Plan Project to participate in developing a Paediatric Palliative Care National Action Plan. As part of the planning process, it is consulted with a large number of people and organisations to seek their feedback on issues relevant to the plan. This work will continue in 2022, and the consortium will offer to participate in;

- Developing a National Paediatric Palliative Care Action Plan
- Developing an online resource hub for Paediatric Palliative Care (website)
- Establishing a Paediatric Palliative Care Education Special Interest Group
- Providing information services for parents/carers and health professionals
- Undertaking research to provide a national snapshot of children with high medical needs and life limiting conditions

Giving our mob a voice: Advanced Care Planning

In 2016, the Loddon Mallee Region Palliative Care Consortium responded to a gap in palliative care service delivery to Aboriginal clients in the Sunraysia Region. A group of local stakeholders came together to determine an Aboriginal Palliative Care Referral Pathway, and also agreed to a set of principles to underpin the service delivery. From this work, came recognition that there was a need for Advanced Care Planning that was relatable and culturally-specific to the first-nations people of the Sunraysia and Mildura health regions.

The printed resource, *"Advance Care Planning - Giving our mob a voice"* was developed in Sunraysia and Mildura via a community of practice, supported by the Loddon Mallee Palliative Care Consortium.

The official launch in August 2021 was celebrated by Elders and Representatives of the First Peoples of the MillewaMallee, The Latji Latji, Ngintait and Nyeri Nyeri, Sunraysia Community Health Services, Mallee District Aboriginal Services and Mildura Base Hospital.

Priority 3: People receive services that are coordinated and integrated

Triaging Referrals from Aged Care - Kyneton Health (Central Highlands Rural Health)

Kyneton Health successfully completed their Palliative link nurse project which sought to empower and educate nursing staff in RACFs to send palliative care referrals for their residents in a timely manner, to ensure all residents receive optimum care.
Macedon Ranges Specialist Community Palliative Care service identified that it was consistently receiving late referrals from Residential Aged Care Facilities (the client was often deceased within 24 hours of referral). Referrals also lacked information – that could allow prioritisation within the specialist service.

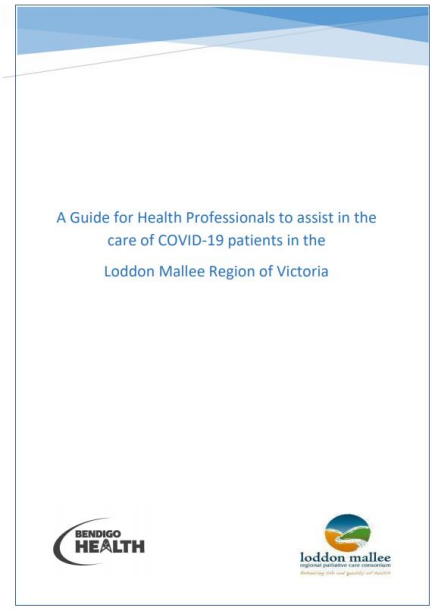
Following consultation with the specialist palliative clinicians, RACFs, local GPs and the ambulance service, the project team;

- Reviewed existing referrals for timeliness and quality.
- Developed and distributed a survey for the RACFs to identify staff mix, knowledge and general understanding of palliative care.
- Redesigned the referral pathway for Community Palliative Care from RACFs – which uses a traffic light system to communicate priority and effectively triage at the point of referral.

The project yielded some great outcomes for the services involved, including better engagement from RACFs, and increased referrals to the specialist palliative care service (despite setbacks associated with the pandemic).

The year prior to the project, the Macedon Ranges Specialist Community Palliative Care service received 19 referrals, of which 8 were late.
In the year following implementation of the new referral tool, the service received 41 referrals, of which 5 were late.
Having increased referrals by 115%, and proportionally less late referrals, the people living within RACFs are receiving more timely Palliative Care with better access.

An added benefit of the project has also enhanced and strengthened the services relationship with the RACFs.



Covid-19, Palliative and end of life care guidance

With the sudden escalation of the pandemic in 2020, health service delivery for specialist clinicians changed almost immediately. The Loddon Mallee Palliative Care Consortium and the Specialist Palliative Care Consultancy responded by creating a Guide for Health Professionals to assist in the care of COVID-19 patients in the Loddon Mallee Region of Victoria.

The guide was implemented through the Consortium by members of the Clinical Operations Reference Group (CORG).

This collaboration demonstrated the true value of our clinical and operational networks with their swift response to a problem that threatened access and quality of care provision.

Palliative Care Liaison Nurse

A joint-project between the Loddon Mallee Integrated Cancer Service (LMICS) and Bendigo Health has seen the creation of a new role (the Palliative Care Liaison Nurse).

The new role has been developed to streamline referrals and access to Palliative Care services at Bendigo Health and the region from inpatient wards and oncology services within Bendigo Health. The Palliative Care Liaison Nurse role is pivotal in supporting people admitted within inpatient units to transfer care to their home.

RUN- PC Triage Tool Implementation

The Responding to Urgency of Need in Palliative Care (RUN-PC) Triage Tool has been successfully implemented across the community and inpatient services at Bendigo Health.

With increased demands on services through referral and acuity, the RUN-PC tool has contributed to better clinical coordination, clinical judgement, and patient outcomes, such as preferred place of death.

The Tool is a novel, validated 7-item tool covering physical, psychosocial and caregiver domains, developed through a pioneering body of research as an evidence-based, transparent and equitable method by which to manage waiting lists and workflow.

Since implementation, the teams have used the tool to support decisions about which patients' needs are most urgent and deserving of earlier attention than others.

Increased Palliative Care at Home beds – Bendigo Health

Following a review of their model of care, Bendigo Community Palliative Care increased their capacity for Intensive Palliative Care at home.

Increasing from 6 to 20 "Palliative Care at Home" beds has allowed greater autonomy and choice of people who have been referred to their service. Adopting this person-centred approach in service development has enabled their team to meet the growing needs of the Loddon and Greater Bendigo community.

Integrated Motor Neurone Disease out-patients clinic

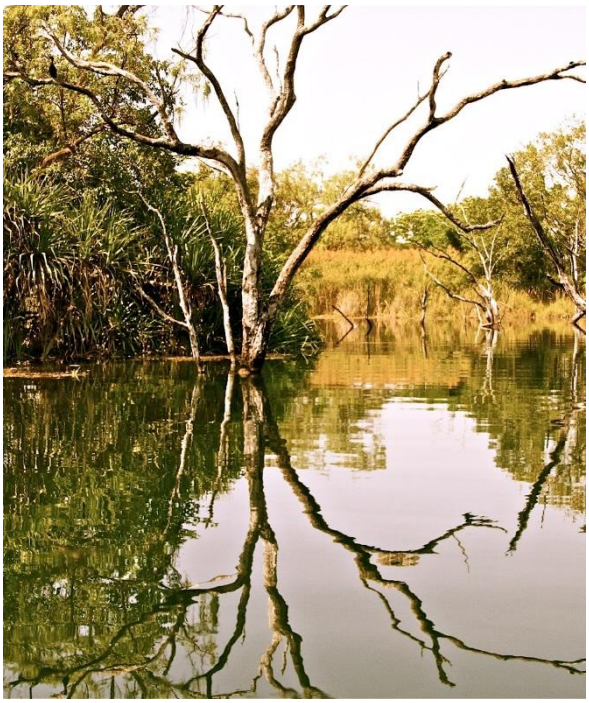
Dr Buddy Mudugamuwa (Consultant Palliative Care Medicine) and Angela Munro (Motor Neurone Disease CNC) have progressed with the Integrated Motor Neurone Disease out-patients clinic and have been working with Robyn Soulsby & Dr Faraz Jeddi (Consultant Rehabilitation Medicine) to finalize the documentation, quality process and patient literature.
This new regional specialist clinic will be a joint venture between the Bendigo Health Outpatient Rehabilitation Services and the Loddon Mallee Region Specialist Palliative Care Consultancy Service. When launched later in 2021, the clinic will provide more coordinated care for MND patients and encourage earlier involvement with a palliative care service.

Palliative Care Residential In-reach Project

Sarah Avery (CNS, Echuca Regional Health) led an important project that introduced policy, decision making tools and staff education that increased capability and quality of palliative care in the residential aged care in Echuca.

Some of the successes in the Echuca RACFs to date are;

- Improved assessment and identification of residents requiring palliative support, with the implementation of PCOC and a referral decision tool.
- Palliative Care and end of life care education to RACF staff with the development of an online education toolkit, resource folder, and clinical guidelines.
- Improved coordination of care from ERH to RACF's with the implementation of transfer forms/flowcharts to assist in streamlined and coordinated discharges from acute wards back to the RACF.
- Advance care planning processes within RACFs reviewed and updated



Echuca Regional Health have also commissioned a research project into development of a residential in-reach palliative care nursing role for their region. The results of which will be made available to the consortium in November 2021.

Service Development Project, Echuca Regional Health

In 2019, Echuca Regional Health were successful grant application to Safer Care Victoria to develop up a new Model of Care for Palliative services.

Redesigning the Model of Care for Echuca Palliative Care services was a monumental task during the pandemic, which required great focus and persistence from the Project Coordinator, Jo-Anne Amos.

Following a gap analysis of current services and issues, Jo and the team identified many opportunities to improve services. Addressing these issues, the project team delivered a large amount of quality improvement work, which included;

- Local implementation of Victorian End of life Care plan within community and ward-based services
- Implementation of PCOC and input of data at all levels at ERH.
- Standardised bereavement follow-up and documentation, supported by policy and family resources.
- Improved documentation and adherence to Advanced care directives (ACD)
- Improved recognition of patients requiring specialised palliative care with referral to appropriate services
- Recognition of preferred site of death.
- Update and addition of relevant policies and procedures.
- Palliative and end of life care is consistent across all health services by standardising processes including assessment and referral process.
- Recognition and appropriate referral to chronic health teams, supported by local policy and procedure
- Coordinated admissions and discharges between services – with ongoing improvement strategy.
- Improved culturally specific palliative care and engagement with indigenous leaders to engage with their community.

The other Palliative Care Services in the region can look forward to sharing in the success of this project by sharing the knowledge, experience, and learning from Jo and her team in Echuca.

Priority 4: Quality end of life and palliative care is everyone's responsibility

Effective Clinical/therapeutic Communication workshops

Jo Lane Welsh, NP and Angela Munro CNC (Loddon Mallee Specialist Palliative Care Consultancy) have undertaken Effective Cancer Communication facilitator training with the Cancer Council of Victoria, with the aim of providing workshops in the region.

The Effective Cancer Communication (ECC) program is a suite of workshops that teach best practice communication skills to health professionals, non-clinical staff and volunteers.

Through experiential learning with a simulated patient (actor), participants explore and recognise emotional reactions to cancer and apply evidence-based communication frameworks to respond effectively.

Participants are also provided with tools and language to build trusting relationships for better patient experience and health outcomes.

Members of the Loddon Mallee Regional Palliative Care Consortium have identified real enthusiasm for our staff to undertake Effective Clinical Communication training, as those who have previously participated in this training have witnessed the benefits that ultimately lead to better patient experiences and outcomes.

ConqUer Breathlessness Program (CURB)

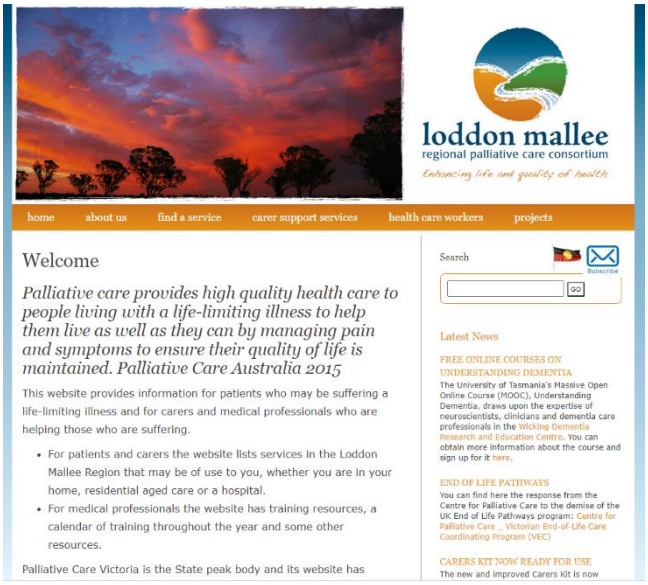
Based on the Cambridge breathlessness intervention service that has been widely researched and tested, Bendigo Health will soon be facilitating their own ConqUer Breathlessness Program for the Loddon Mallee Region.

Having had positive feedback for the program from the consumer reference group, the biggest issue voiced by breathless patients was inconsistent information.

The clinic is an 8-12 week program where patients are educated on strategies to manage their breathlessness. Patient literature and promotion materials have been developed for the local region – and the next phase for the project will be to implement these resources within other regional palliative care services. With standardised language and clinical approach to breathlessness – people living in the Loddon Mallee Health Region, afflicted with this distressing symptom, will benefit from these efforts.

Website Development

The Loddon Mallee Region Palliative Care Consortium's website: "http://www.lmrpcc.org.au/" has continued to service the region with an average of 1,152 visitors and 14,538 hits to the site per month. *(Monthly Data for 20-21 is shown to the right.)*

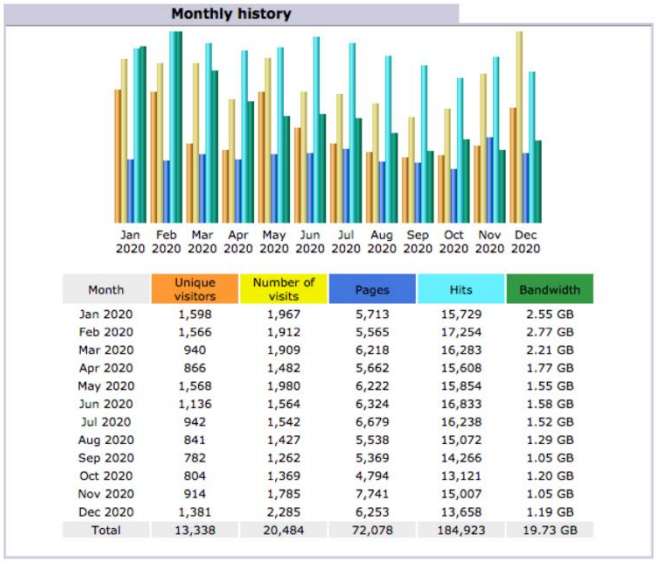


Based on the website report, the majority of downloaded documents were those that offered carer support. These documents had over 50,000 hits for the year of 2020.

The consortium has recognised that the website is providing needed support to the region, and offers many opportunities to connect to people in the Loddon Mallee for better broadcasting of services.

In the later months of 2021, the consortium manager will work with the members to update the content of the website, as well as the functionality.

2020

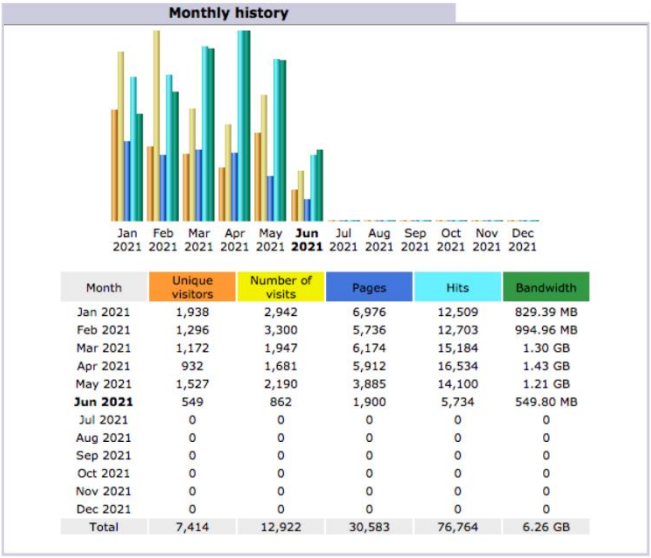


Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2020	1,598	1,967	5,713	15,729	2.55 GB
Feb 2020	1,566	1,912	5,565	17,254	2.77 GB
Mar 2020	940	1,909	6,218	16,283	2.21 GB
Apr 2020	866	1,482	5,662	15,608	1.77 GB
May 2020	1,568	1,980	6,222	15,854	1.55 GB
Jun 2020	1,136	1,564	6,324	16,833	1.58 GB
Jul 2020	942	1,542	6,679	16,238	1.52 GB
Aug 2020	841	1,427	5,538	15,072	1.29 GB
Sep 2020	782	1,262	5,369	14,266	1.05 GB
Oct 2020	804	1,369	4,794	13,121	1.20 GB
Nov 2020	914	1,785	7,741	15,007	1.05 GB
Dec 2020	1,381	2,285	6,253	13,658	1.19 GB
Total	13,338	20,484	72,078	184,923	19.73 GB

In 2022 the consortium will aspire to developing the website into an information hub for patients and carers that offers advice on care, bereavement and access to specialist palliative care.

The consortium has also recognised that there is an opportunity to use the website as an Education and Professional networking hub for Specialist Palliative Care Clinicians and those who aspire to the specialisation.

2021 (to date)



Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2021	1,938	2,942	6,976	12,509	829.39 MB
Feb 2021	1,296	3,300	5,736	12,703	994.96 MB
Mar 2021	1,172	1,947	6,174	15,184	1.30 GB
Apr 2021	932	1,681	5,912	16,534	1.43 GB
May 2021	1,527	2,190	3,885	14,100	1.21 GB
Jun 2021	549	862	1,900	5,734	549.80 MB
Jul 2021	0	0	0	0	0
Aug 2021	0	0	0	0	0
Sep 2021	0	0	0	0	0
Oct 2021	0	0	0	0	0
Nov 2021	0	0	0	0	0
Dec 2021	0	0	0	0	0
Total	7,414	12,922	30,583	76,764	6.26 GB

Priority 5: Specialist palliative care is strengthened

PEPA

With most of their courses being provided online, it has been difficult to determine the uptake of the Program of Experience in the Palliative Approach (PEPA) in the Loddon Mallee Health Region, as the facilitator of PEPA are not discerning this information from the attendees.

We congratulated Mel Livens, the Palliative Care Coordinator from Sunraysia who facilitated a PEPA session in Mildura on the 24th of June 2021, an amazing achievement considering the amount of time that their health services had to exclude visitors as a requirement of lock down.

Palliative Care Nurse Practitioners, New and Celebrated

The Loddon Mallee Region welcomed Jo Lane-Welsh as a newly-endorsed Nurse Practitioner in January, 2021. Increasing the region's capacity for access to specialist palliative care, Jo has joined the Loddon Mallee Region Specialist Palliative Care Consultancy Service.

Anita Wild, also a Nurse Practitioner with the LMR Specialist Palliative Care Consultancy was announced as the Australian College of Nurse Practitioners "Mentor of the Year" at a ceremony on Saturday 13th December 2020.

The region is very fortunate to have these two incredibly knowledgeable and skilled clinicians working with us – Thankyou Anita and Jo.

Integrated Social Work model

Bendigo Health has increased Social Work hours and developed an inter-department model of care. In the pursuit of continuity of care and improved patient outcomes, social workers now operate across inpatient units and community palliative care services. Following the patient on their journey, has facilitated continuous support, ergo, better communication and social outcomes for those transitioning their care to the home.

Sparking Joy

This pandemic has put unprecedented increased demands on palliative care staff. Never has it been more important for managers and our leaders to find ways to introduce moments of mindfulness to re-energise our front-line staff. The team at Kyneton District Health have found great success in their "Reflections at Chisolm" display – in which staff were invited to present phots of things that "spark joy".

The staff have responded positively to the initiative, and have reported that activities like these are essential in our time

Consortium Priorities for 2022

Pathways to Palliative Care in Rural Victoria

A project was undertaken by the consortium in 2019 to identify gaps in service provision, and where possible seek standardisation of referral pathways to specialist palliative care. From this work, the consortium set some priorities to improve palliative care pathways that included:

- Work together to standardise (as possible) referral, triage and intake tools.
- Work together to develop and implement a more strategic education strategy for the general health work to strengthen ' a palliative approach' and access to palliative care services.
- Implement PCOC reporting a wide as possible in the region to enable benchmarking. Echuca Regional Health is also working to implement PCOC across the entire health service in an attempt to standardise assessment and care. This is an aspiration for the broader region
- Target our Aged Care capacity building approaches in a palliative approach, as well as to potentially work on ensuring palliative care policy development in the public and private facilities.
- Develop a resource to build awareness in metropolitan health services about 'good discharge' to palliative care services in the Loddon Mallee
- Develop a strategy with our Primary Health Networks to strengthen palliative care service awareness across primary care, including OMGs
- Continue to advocate and build a common understanding about opportunities/ barriers emanating from commonwealth funding models
- Continue to work with CALD and ATSI communities to remove barriers to service access and utilisation

The consortium has accomplished some work towards these priorities, however, the challenges presented by the pandemic have slowed our progression somewhat. These priorities will continue to guide the work undertaken by the consortia, and the following projects have been prioritised for 2022.

- Murray PHN Palliative Care Referral Pathways
- The Palliative Care Outcomes Collaboration (PCOC)
- RACS program project
- PDSMART
- Clinical Capability Building in Generalist Care

RACS program project

There is an unmet need for specialist palliative care service involvement in Aged Care. This is demonstrated at a national level, with recommendations from the Royal Commission into Aged Care Quality and Safety. The need is reported at a State level with recommendations made by Safer Care Victoria and Palliative Care Australia. The need is also apparent locally with aged care staff acknowledging a gap in skills and knowledge pertaining to Palliative and end of life care.

This project seeks to improve the quality of Palliative, and End of Life care delivered to residents and their families by working with representatives of RACFs and connecting their organisations to Palliative Care Specialists and existing services.

Following an audit process, the project team will work with representatives of the RACFs to create a quality improvement program tailored to their organisation that addresses gaps in both organisational governance and workforce knowledge & skill.

In response to the Royal Commission into Aged Care Quality and Safety, this project relates directly to 5 of the 11 Palliative Care-Specific recommendations made by the commission(the remaining 6 recommendations involve federal health policy).

While providing guidance, clear goals for governance (policies and procedures), quality, and improving staff capability & confidence, participants will also benefit from;

- Incorporating “Palliative Care needs rounding” into practice. - This rounding practice facilitates better communication with RACFs staff, GPs and family members. It improves documentation of advanced care plans and help to identify resident with complex palliative care needs for referral to the Palliative Care Consultancy
- Becoming familiar with the use of PCOC assessment tools. The Palliative Care Outcomes Collaboration (PCOC) are well established as best-practice tools for ongoing assessment of people palliative care. Users of this tool also become familiar with the standardised vernacular/clinical language of palliative care.
- Becoming a part of a professional network specifically for Palliative and End of life care in RACFs. All participants will be invited to join the Loddon Mallee RACFs Palliative Care Network, which will be supported by the Residential Aged Care and Disability clinical support role within the Loddon Mallee consultancy.

Based on each Training Needs Analysis, RACF’s will be provided with recommendations (based on workforce capability) that may include;

- PEPA placements or reverse PEPA placements
- Online training through recommended sites (based on RACF training budget)
- Consultancy led in-services
- Palliative Care Specific Workshops/webinars
- Support for enrolling in Post-graduate studies

Murray PHN Palliative Care Referral Pathways

To date, GPs in the Loddon Mallee have not been provided with a consistent referral pathway to the Specialist Palliative Care Consultancy. Utilising the *"Health-Pathways"* system already in place, The Loddon Mallee Region Palliative Care Consortium will be working with the Murray PHN to create decision making and referral tools, along with the appropriate contact information. This work will commence in the first quarter of 2022.

Palliative Care Outcomes Collaboration (PCOC) Reporting

The consortium continues to prioritise the use and reporting of Palliative Care Outcomes. With two of the funded services reporting their data to PCOC, and the remainder actively using the PCOC assessment tool, the services in the region have committed to greater engagement with the program.

In 2022 the consortium will be engaging with services to identify barriers to PCOC reporting, and support opportunities to connect to the Palliative Care Outcomes Collaboration.

Currently, three additional services are developing and implementing databases, with the aim to integrate PCOC reporting into their work.

PDSMART

The Professional Development and Skills Matrix Resource Toolkit (PDSMART) for Palliative Care Nurses is a resource developed by the Gippsland Palliative Care Consortium for Palliative Care Specialist Nurses. By facilitating PDSMART in our health region, the Loddon Mallee Region Palliative Care Consortium shares the same goals as the amazing team that developed this resource, which are;

- To identify, measure and address the individual learning needs and appropriate professional development strategies for palliative care nurses working in palliative care settings (community and inpatient).
- Use the data collected as an evidence base tool for workforce planning in palliative care which provides regional direction for coordinated development of relevant and required educational opportunities for staff, a framework for position descriptions for recruitment of staff and succession planning, and greater uniformity across the region in consistency of skills to reduce unwanted variations in provision of care.

The data generated by this work will help healthcare organisations and universities within the region to understand the skill and knowledge challenges that lie ahead of this specialised group of health professionals, and work towards a sustainable succession plan for this workforce.

Clinical Capability Building in Generalist Care

The 2021 Continuing Nursing Education survey for the Loddon Mallee Region (reported by Bendigo Health), aimed to capture the training and education needs of nurses working in public health across the region. With 2475 responses from staff in all health services of the region, the data was presented with a good degree of confidence. The largest group of staff responding to the survey worked in aged care, and the report revealed that End of Life care was the second-most most specifically-requested topic for education and training.

The Loddon Mallee Region Palliative Care Consortium will undertake an additional (palliative care-specific) training needs survey to determine which areas of palliative care knowledge and training are needed most in the regions generalist nurses.

Dr Buddy Mudugamuwa (Consultant Palliative Care Medicine, has delivered communication skills training to medical students in the Region in 2021, and the consultancy has also supported Palliative Care generalist training in Kyneton. The Loddon Mallee Region Specialist Palliative Care Consultancy will continue to provide support to the region, as they have in the past year.

Funds Statement for the period ended 30th June 2021

		2020-21	
INFLOWS		YTD Recognised	
	DHHS - Funding		
	Palliative Care Consortium	139,191	
TOTAL INFLOWS			139,191
OUTFLOWS			
	Personnel Costs	(47,642)	
	Internal Transfers	(21,227)	
	Group Charges	(504)	
	Corporate Charges	(16,956)	
	Administrative Costs	(3,348)	
TOTAL OUTFLOWS			(89,677)
Net Surplus/(Deficit) for Year			49,514
Accumulated Surplus/(Deficit) at Beginning of Year			16,113
Accumulated Surplus/(Deficit) at End of Period			65,627

Acknowledgements

The Loddon Mallee Palliative Care Consortium would like to acknowledge the fantastic work in palliative care and kind support for our services from all of our professional associates and partner organisations.