loddon mallee
regional palliative care consortium

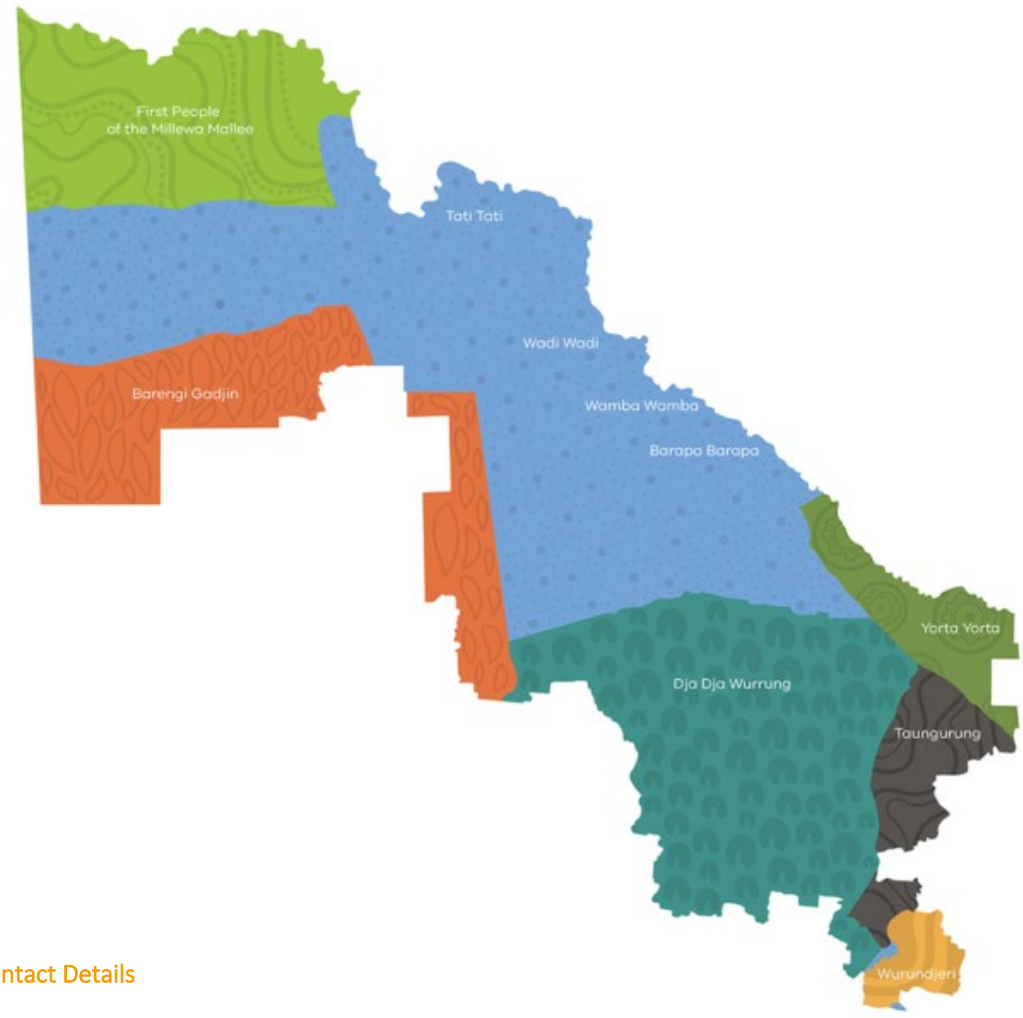
Annual Report

2024

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

Consortium Chair: Cynthia Robbins
Executive Director of Community Services, Echuca Regional Health
226 Service Street, Echuca, Victoria 3564

Consortium Manager: Adam Rutyna
Email: arutyna@bendigohealth.org.au
Website: http://www.lmrpcc.org.au/

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 2024.

This year Palliative Care Australia sought recognition for the specialist Palliative Care workforce with its campaign to connect the community with the 'people at the heart of quality palliative care' – particularly in a healthcare environment that continues to experience demand on its resources.

Efforts to strengthen and continuously improve remains a high priority for the Consortia in order to keep ahead of the increasing demand. We have continued to plan our work based on our strategic plan developed by the consortium in March 2023, of five shared priorities that primarily focus on; workforce development through capacity building, a regional plan for after-hours support and advocacy for increased specialist resources.

In response to these priorities, the Consortia has supported Palliative Care Clinicians across the region to undertake advanced practice training, group clinical supervision and Post graduate study. The Services within the Loddon Mallee has also seen increased specialist resourcing through new regional positions such as the Regional Specialist Palliative Care Educator, the Palliative Aged Care Resource Nurse and the Palliative Care Liaison Nurse roles.

I would like to extend my thanks, on behalf of the Consortia Governance Committee, for the beauty, kindness and care that the Palliative Care service delivers each and every day.

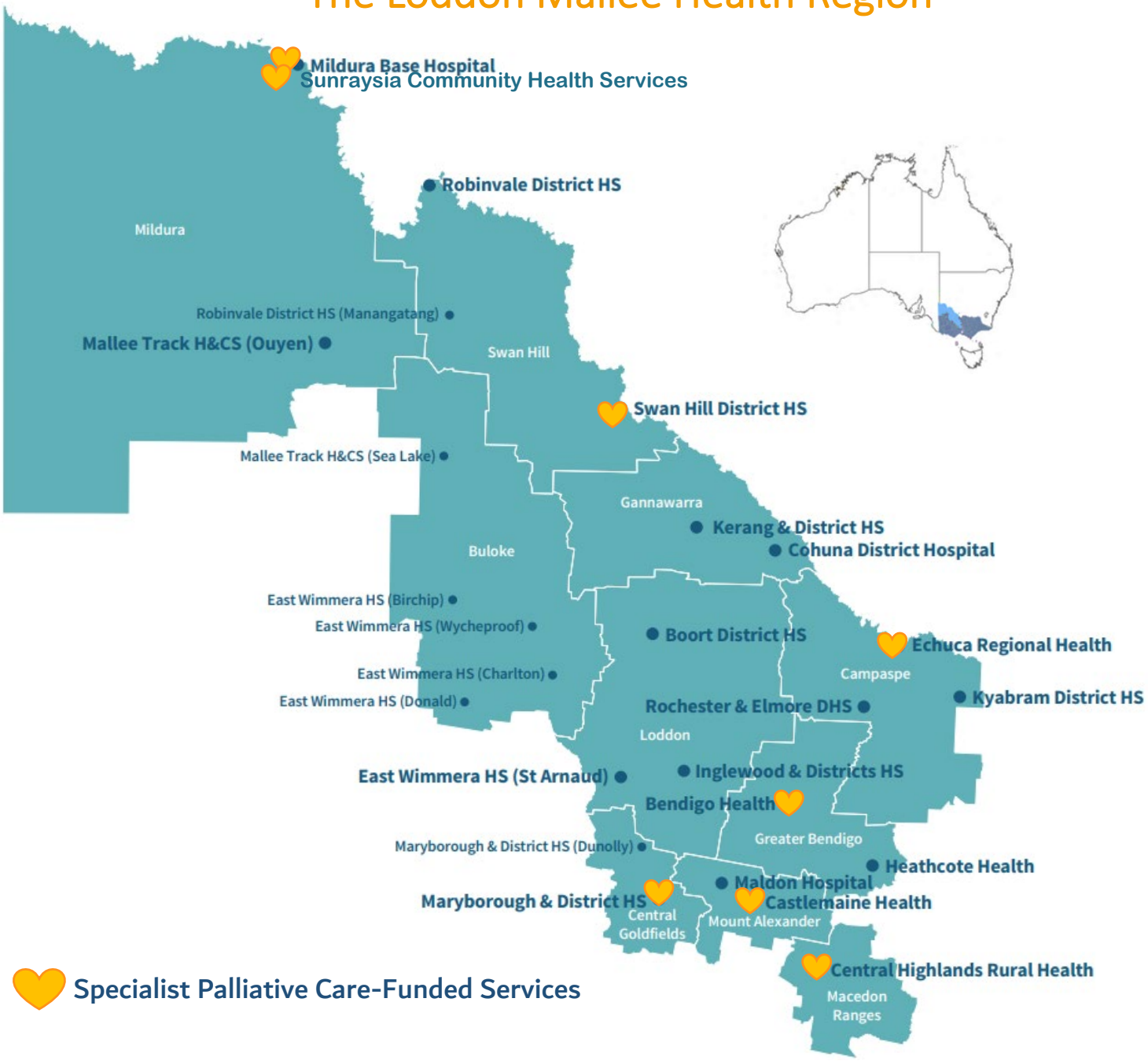
To our clinicians and volunteers, thank you, you are very much appreciated and we look forward to continuing to strengthen our response well into the future.

Warm wishes,

Cynthia Robins

Loddon Mallee Regional Palliative Care Consortium Chair

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 the 2021 census is 348,394. Approximately half the population are concentrated in Mildura and Bendigo. There will be variation in growth across LGA's but the regional population is forecast to grow 14.7% to 399,872 by 2036 (Victoria in Future 2023).

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 cultural 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 2022-23

Service	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 (10 beds)	29.89
	LMRSPCCS (Southern Consultancy)	7.42
Dhelkaya Health	Community Palliative Care Service	1.6
Echuca Regional Health	Community Palliative Care Service	3.8
	Specialist Inpatient beds (2 beds)	0.6
	Community Palliative Care Social Worker	0.4
Kyneton District Health Service	Community Palliative Care Service	3.3
Maryborough District Health Services	Community Palliative Care Service	0.4
Mildura Base Public Hospital	Specialist Inpatient Palliative Care Service (2 beds)	3.3
Sunraysia Community Health Service	Community Palliative Care Service	5.4
	LMRPCCS (Northern Consultancy)	1.6
Swan Hill District Health Service	Community Palliative Care Service	3.1

Governance

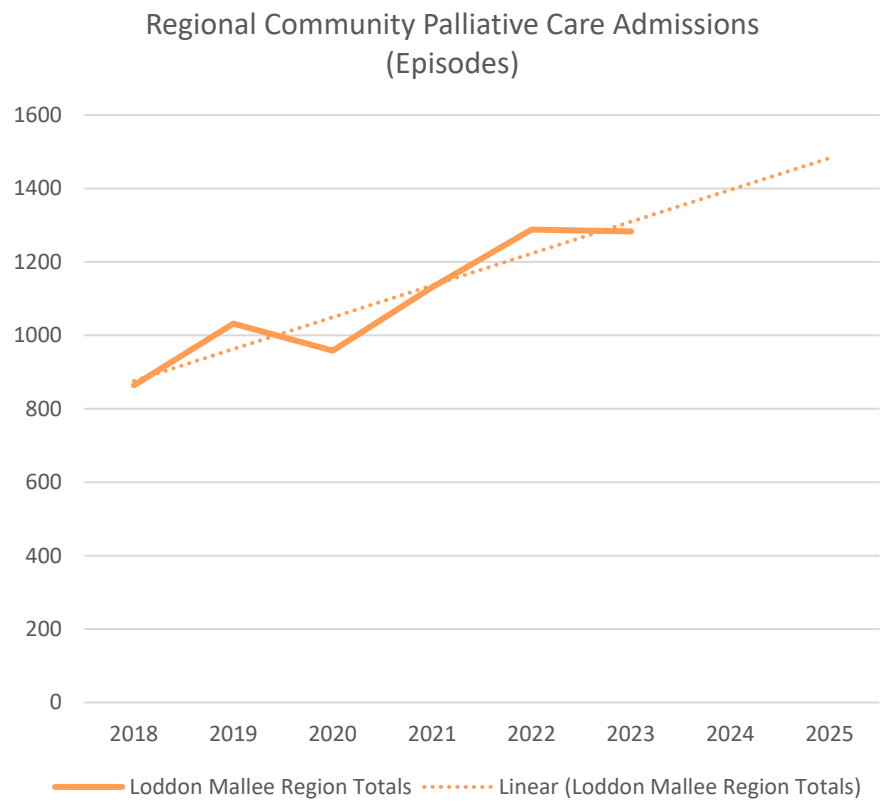
The LMRPCC Structure is based on template "Role Statements" developed and managed by DHHS. The peak governance group for the Consortium is the Board. Its primary responsibilities are to set and monitor the delivery of the Strategic Plan, ensure that the financial affairs of the Consortium are managed, 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	Service
Cynthia Robins (Chair)	Echuca Regional Health
Chloe Keogh	Swan Hill
Darren Gaut	Dhelkaya Health
Alison Smith	Bendigo Health
Susan Whitfield	Central Highlands Rural Health (Kyneton)
Lisa Evans	Maryborough District Health
Lucas Lloyd	Mildura Base Hospital
Norry Elder	Sunraysia Community Health Services
Angie Dredge	Heathcote Health (non-funded member)

Clinical Operations & Reference Group Member	Service
Alison Lowe Chair	Kyneton District Health Service
Merridee Taverna	Swan Hill District Health
Susan Andrews	Castlemaine Health
Katherine Formica	Echuca Regional Health
Alison Smith	Bendigo Health
Anne Jones	Maryborough District Health
Tracey Tonkin	Mildura Base Hospital
Mel Livens	Sunraysia CHS & LMRPCCS (Northern Consultancy)
Anita Wild	LMRSPCCS (Southern Consultancy) (NP)
Angela Munro -	LMRSPCCS (Southern Consultancy) (CNS, MND SCW)
Jo Lane Walsh	LMRSPCCS (Southern Consultancy) (NP)

Regional Activity

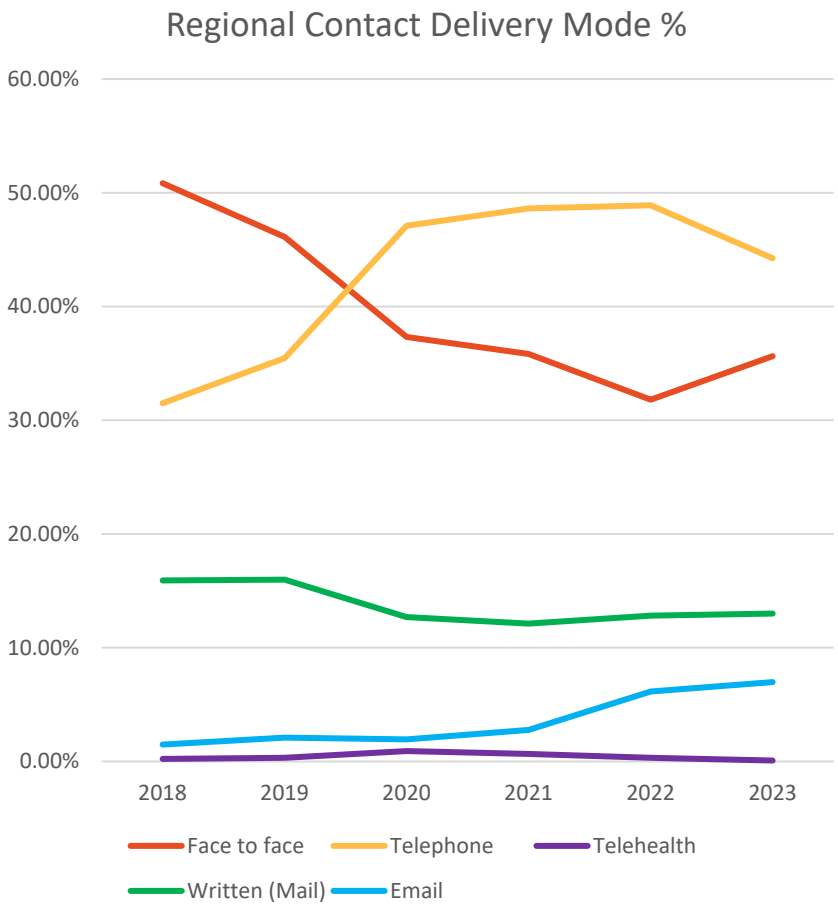


Our services have continued to provide great care to their communities in 2023. Reported activity is similar to that of the previous year, however it should be noted that one of the services in the region has not been able to report VINAH data for over 12 months. Actual regional activity is likely higher, which would be more in line with regional population growth and demand on Palliative Care services.

It is anticipated that demand on Palliative Care Services will increase with population growth and disease burden in the region. Although our specialist staff and consultancies are providing a high level of care, currently only one of the Specialist Palliative Care services in the region are meeting the requirements set by DH for Afterhours access to Specialist Palliative Care.

The ways in which our services provide patient care is changing. Face-to-face visits can be necessary for practical elements of care such as physical assessment and interventions, but also require a substantial amount of travel time in most of our regional areas, averaging 30mins per patient, but can extend to over 2 hours travel time per patient in remote areas.

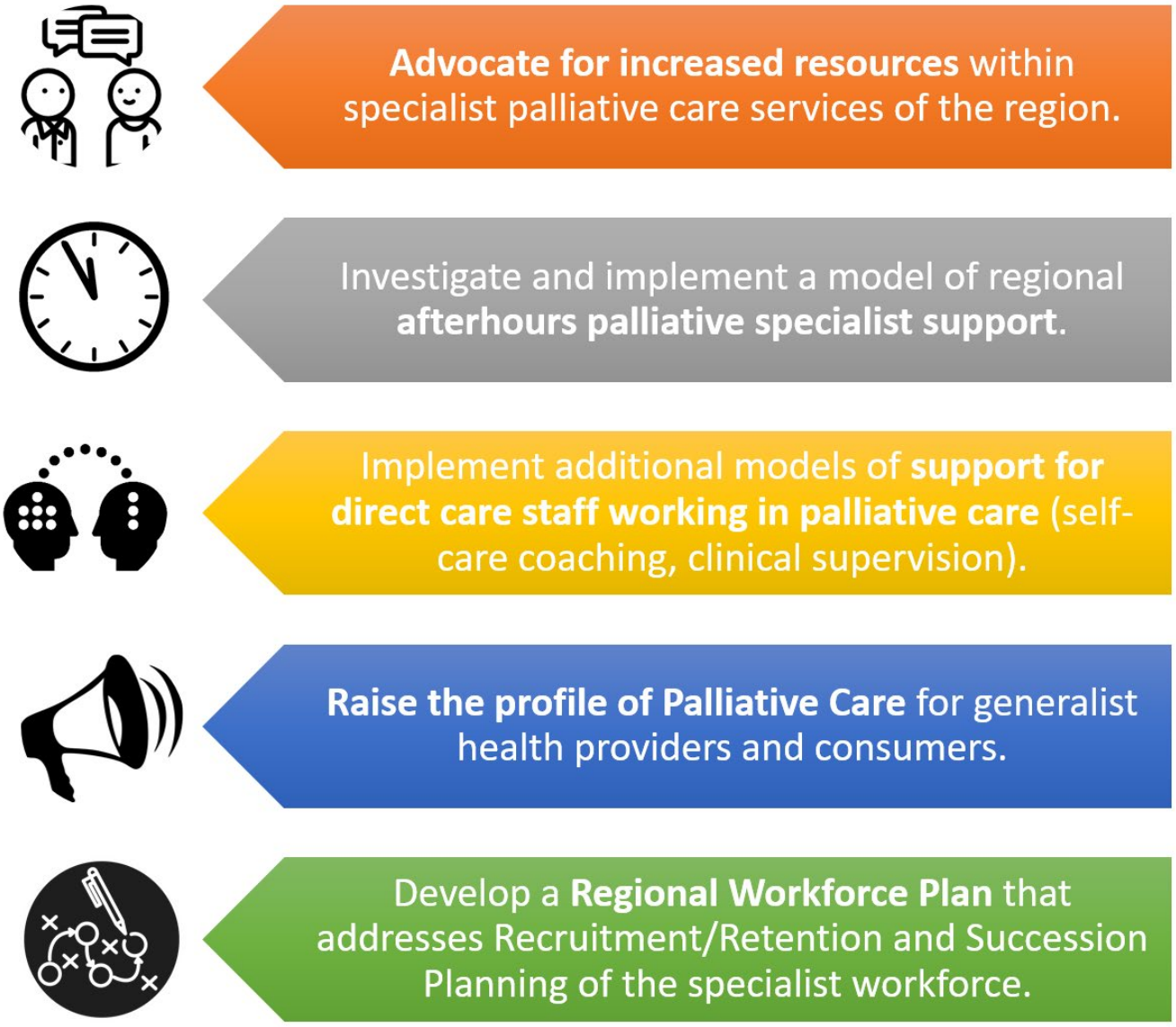
In 2024-25 the consortium will be exploring opportunities that increase operational efficiency and access to our services



Strategic Plan

The consortium met in March 2023 to discuss our challenges – and determine strategic goals for all of our specialist health services.

Following consultation and a strategic planning session with consortium members, the Loddon Mallee Region Palliative Care Consortium had developed the following strategic goals which will be used in 2024-25.



Our Work in 2024

In 2024, the consortium continues to demonstrate success with a number of programs and projects, namely;

- Regional Complex Case Review
- Early Access Program
- ConqUer Breathlessness Program (CURB)
- Victorian State-wide Disability Palliative Care Advisory Group
- Palliative Care Week
- Palliative Care Liaison Nurse
- Aboriginal Health Service Partnerships
- Palliative Aged Care Resource Nurse Project
- Website Access
- Transition to Specialty Practice Program
- Regional Specialist Palliative Care Educator
- Group Clinical Supervision
- Novice to Advanced Practice Framework for Specialist Palliative Care
- Loddon Mallee Specialist Palliative Care Nursing Symposium
- Telehealth
- Consortia Collaborations

Each of these programs and projects have been aligned within *Victoria's end of life and palliative care framework,* as set by the Department of Health in 2016.

Priority 1: Person-centred services

Regional Complex Case Review

As part of the newly formed clinician's network, 6 x 1.5 hour sessions have been facilitated in 2024. The Regional Complex Case review was conceived by the Clinical Operations Resource Group (CORG) in 2022, and sought to share experiences related to patient care, clinical knowledge and problem solving.

Palliative care clinicians from across the region meet for a Multidisciplinary discussion regarding a patient (information was de-identified) and how the care was provided.

The services presenting this year were Bendigo Health, Echuca Regional Health, Kyneton District Health, Dhelkaya Health, Swan Hill District Health and Maryborough District Health. Themes emerging from the complex case reviews included; complex social problems, co-morbidities, complex pain, advanced tumor burden and moral distress of clinicians.

Early Access Program

The Bendigo Health 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.

The program was on hiatus for much of 2022 due to visiting restrictions to health services. In 2023 the Early Access Program has received 24 admissions, which has led to improved outcomes for patients through better carer and patient support and a seamless transition to the community palliative care service.

Other benefits of the program have been demonstrated with efficiency of clinical resources;

- Clinic requires relatively few staff and can serve a large number of patients. (more patients can be reviewed in the clinic compared to separate home visits.)
- The clinic can provide better and easier access for support by utilising the same number of staff, with no extra budget- based on needs and preferences.

ConqUer Breathlessness Program (CURB)

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

The CURB program is an 8–12-week program where patients are educated on strategies to manage their breathlessness. Studies show that where patients are able to understand the how and why of breathlessness and the reasoning behind the Breathing Thinking Functioning strategies: they are better able to control their breathlessness. The program has shown to be effective with a decrease in patient reported symptom burden related to their breathlessness, especially in relation to anxiety. Other reported benefits of completing the program include; the ability and confidence to resume activities of daily living (independently), for some this meant showering for the first time in months or being able to go to the shops instead of being house bound.

The program had 16 new patients referred in and 54 occasions of care: Of the 16 patients 14 completed the program, with several going on to then engage with the pulmonary rehab program. The program has been rolled out to some of the regional palliative care services with telehealth appointments for the regional patients supported by the regional teams. The CURB program had a poster presentation accepted and displayed the Oceanic Palliative Care Conference in Sydney last October 2023.

Priority 2: Engaging communities and embracing diversity

Victorian State-wide Disability Palliative Care Advisory Group

Facilitated by Victoria's NW Metro Palliative Care Consortia manager, the Victorian State-wide Disability Palliative Care Advisory Group was created this year, in response to a growing need for better end-of-life and palliative care for people living with a disability.

In partnership with key stakeholders from Palliative care services and the disability sector within Victoria, the group has formed for the purposes of advocacy, consumer and carer engagement, with the intention of improving the outcomes of people with disability.

Members of the Loddon Mallee Consortium have been active in the group – and are excited to assist with the trial of the *Palliative Care Assessment and Referral Tool for people with disability and life limiting illness* in 2024-25.

Partnerships with Aboriginal Community Controlled Organisation's

In the Loddon Mallee Region, 2.6% of population identify as Aboriginal and Torres Strait Islander people, however only 1.08% of patient receiving Palliative Care in the community identified as Aboriginal or Torres Strait Islander.

Indigenous Status as reported within regional VINAH data in 2023	
Indigenous - Aboriginal but not Torres Strait Islander origin	0.67%
Indigenous - Torres Strait Islander but not Aboriginal origin	0.13%
Indigenous – Both Aboriginal and Torres Strait Islander origin	0.28%
Not indigenous – Neither Aboriginal or Torres Strait Islander	74.05%
Question unable to be answered	19.59%
Client refused to answer	5.29%

In 2024-25 the Consortium will be working with Specialist Funded Palliative Care services in the region to improve their presence and community relationships with Aboriginal Community Controlled Organisation's (ACCO's) in the region. The Southern Consultancy, Bendigo Community Palliative Care and the Consortium have already started meeting with Bendigo and District Aboriginal Co-operative (BDAC) to share information about Advanced Care Planning, Bereavement and Palliative Care with the cooperative members. In 2024-25 the specialist palliative care services will be offering several training sessions to their staff, as well as community information sessions hosted by BDAC.

Palliative Care Week

In 2024, National Palliative Care Week ran from Sunday, 19 May to Saturday, 25 May – and this year's campaign aims to connect our community with the 'people at the heart of quality palliative care' – the doctors, nurses, social workers, volunteers, and many others. Palliative Care Australia have also adopted the Orange Heart as a new symbol for Palliative Care.

The week coincided with significant and ongoing reforms across the health, aged care, and disability sectors and is a great opportunity for us to highlight the contribution palliative care is making and what more needs to be done.

The last 4 years have presented us with enormous challenges in Healthcare, and we have seen increases in demand on our Palliative Care services year-on year. It is important to acknowledge the incredible work that all of our specialist palliative care clinicians are doing whilst facing these challenges, and to also recognise the continued passion that they all demonstrate.

Some of our Specialist Palliative Care Nurses have kindly shared their thoughts and experiences about palliative care. We were very humbled to read these responses – they just reaffirmed how truly amazing palliative care clinicians are by what motivates them.

Please have a read of some of these responses:

- *"The honour of spending time with people who have a life-limiting illness, and learning from them what matters most in life."*

- *"Sitting in a room with a family (after their loved one had died), while they all laughed and cried and shared stories about their Dad."*

- *"I was following up with the wife of one of my first palliative care clients, and was hearing talk about how important our service had been, not only in his illness and end of life care, but also how she was able to live and grieve after his death."*

- *"I was able to make a real difference for people in some of their most vulnerable times of their life."*

- *"Caring for a patient with complex needs, I had developed a beautiful rapport with them and their family. I was able to provide valuable support to help them through."*

Priority 3: People receive services that are coordinated and integrated

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.

This role has been recruited to 1.5EFT and commenced in September 2023.

In the 2023-24 FY the Palliative Care Liaison Nurse (PCLN) service had received **846 referrals**. The liaison nurses assisted in the transition of these patients to their preferred place of care – by supporting the discharge process and supporting clinical team with patients remaining on the ward.

As part of the regional consultancy team, the PCLN's were also able to help patients return to their regional centres – in either their local hospital or home.

An example of a great patient outcome for the service occurred whereby an Aboriginal man (self-identified) was able to return home to die. The PCLN assisted with family education to care for the man including administration of end-of-life medications and personal care.

Palliative Aged Care Resource Nurse Program

The Palliative Aged Care Resource Nurse Program aimed to enhance linkages between Residential Aged Care Facilities and Palliative Care providers across the Loddon Mallee Region. The overall goal of the program is to provide support to Residential Aged Care Facilities and help build sustainable workforce capabilities to meet the needs of residents at their end of life.

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.

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

- Online training through recommended sites (based on RACF training budget)
- Consultancy led in-services
- Palliative Care Specific Workshops/webinars

The PACRN program has recruited 15 services from across the Loddon Mallee Region, performed 67 Deceased resident file audits, facilitated 15 staff education sessions with 139 attendees (face-to-face), 16 organisational audits (palliative care policy and procedures).

Recommendations from the program have included improving access to Specialist Palliative Care by means of Palliative Care Needs rounds, and RACF policy that includes clear escalation and referral pathways.

The program will conclude in October 2024.

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

Website Access

The Loddon Mallee Region Palliative Care Consortium's website: "http://www.lmrpcc.org.au/" has continued to service the region with over 3000 active users in 2023.

In 2022, the consortium website was updated to include an interactive region map to assist users to find palliative care services in their local area, and updated education content for generalist clinicians, including education sessions from the consultancy, links to external education facilitators and recommended literature. The map (below) shows global distribution of our users.

COUNTRY	ACTIVE USERS
Australia	2K
United States	791
United Kingdom	90
Germany	66
Canada	60
China	26
Singapore	25

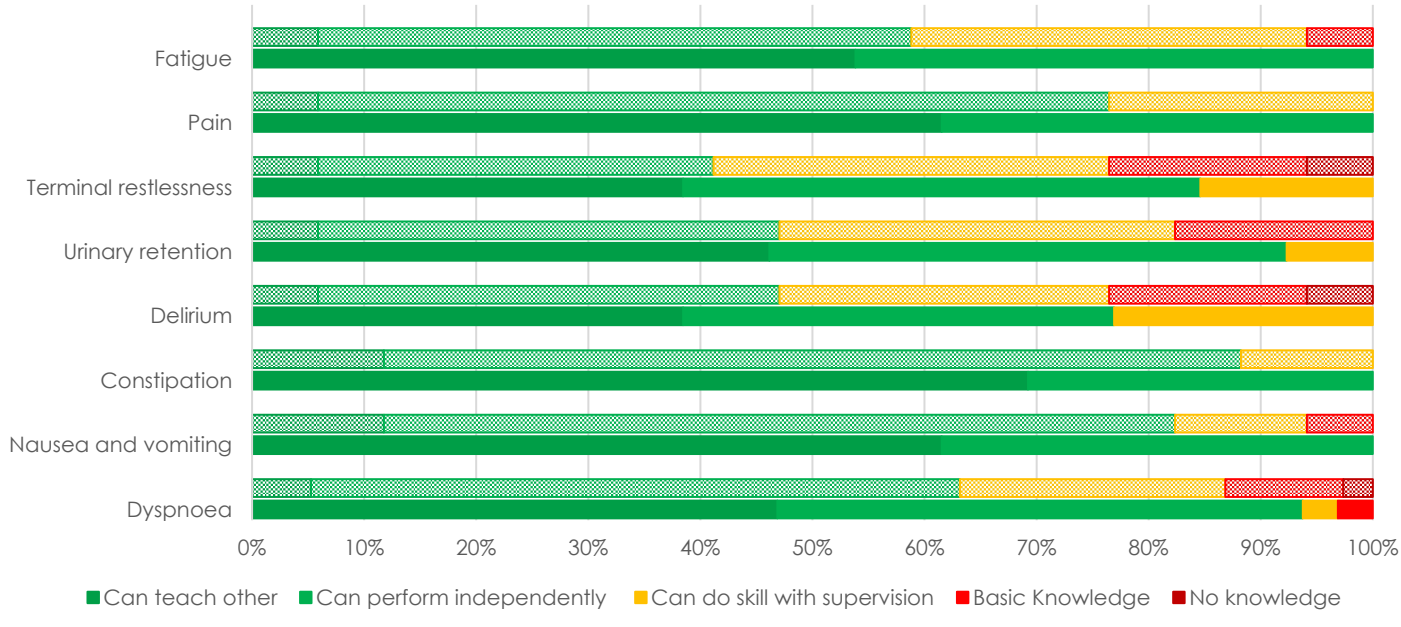
Priority 5: Specialist palliative care is strengthened

Transition to Specialty Practice Program 2024

In 2024, the Loddon Mallee Palliative Care Consortium worked with Gippsland Region Palliative Care Consortium, Australian College of Nursing and South East Palliative Care to facilitate a Transition to Specialty Practice (TSP) program for nurses in our region. The program was well-attended with 16 candidates from across the region, from various clinical backgrounds. The TSP gave participants the

opportunity to start post-graduate studies with a greater degree of supervision and support than a direct enrolment to University. Successful completion of the program would allow participants to articulate content from the program into a post-graduate certificate in Palliative Care from the Australian College of Nursing. As part of their assessment, the students were required to develop a Quality Improvement piece for their ward/service (see posters). Theme ranged from supporting Graduate nurses with Palliative care, management of pressure injuries, bereavement and many others.

Students demonstrated their learning success by completing two knowledge and skills surveys (before and after the program), which showed a much higher level of confidence and knowledge in core Palliative Care Nursing skills. (See excerpt below for consolidated response data– shaded sections are pre-TSP; solid sections are post TSP).



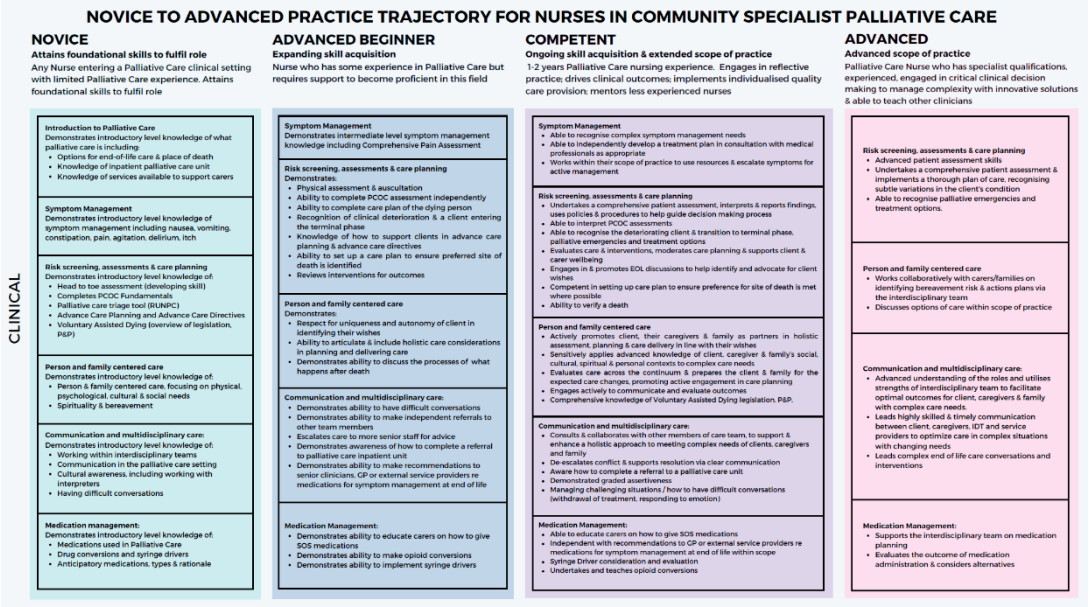
Nursing Novice to Advanced Practice Working Group

The *Victorian Community Palliative Care Clinical Managers Forum* identified there could be benefits in defining and describing agreed competencies, skills, capabilities for Nursing and Allied Health workforces providing community palliative care. As a result, the Nursing Novice to Expert Competencies Working Group was created.

The purpose of the Nursing Novice to Advanced Practice Working Group is to utilise best practice evidence and information to identify, describe and agree a suite of palliative care related competencies, skills and capabilities to support practice and the professional development of the community palliative care nursing workforce.

The Loddon Mallee region is now working to implement the framework across our specialist funded services with the newly appointed Regional Specialist Palliative Care Educator role. Additionally, the framework will be used as part of a regional orientation template and guidance for Professional Development review.

The Novice to Advanced Practice Framework has been presented at both the Palliative Care Nurses Association Conference and the Palliative Care Victoria Symposium in 2024.



Regional Palliative Care Nurse Educator

The consortium decided to use vacant EFT to develop a Regional Educator Role to support regional service capability through professional development of specialist skills and knowledge. Working with the Regional Specialist Palliative Care consultancies and the funded specialist Palliative care services in the Loddon Mallee Region, the regional educator will play a pivotal role in developing our future clinical leaders in Palliative Care. Starting the role in June 2024 - Our Regional Educator (Danie Livingstone) has undertaken interviews with clinicians from each of our services and has developed a clinical learning series for staff, already delivering in-services, webinars and monthly drug updates to regional staff. Danie will also be facilitating an advanced skills workshop for our services in November 2024. Having a specialist palliative care educator role available to staff in the region will prove to be a great resource for clinician support and development.

Group Clinical Supervision

In 2022 the Loddon Mallee Palliative Clinicians Network was created to allow Palliative Care clinicians from all of the Specialist Palliative Care services to share experiences and professional support. In our first meeting the members discussed the results of our recent Knowledge and skills survey that demonstrated a desire of palliative clinicians to participate in clinical supervision.

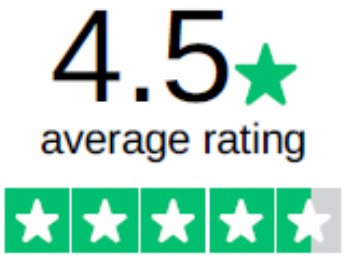
In 2023, the managers from our consortium services participated in a group clinical supervision session with a Consultant from SOYP.

In 2024 the consortium funded 12 group sessions across the region to trial their effectiveness in the clinical setting. These sessions were met with very positive responses from participants

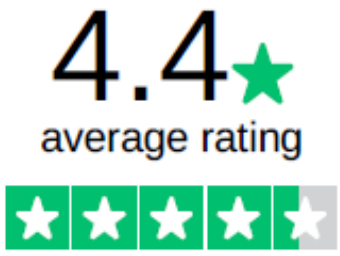
Some of our services have decided to continue to fund their own Group Clinical Supervision going forward because it has clearly shown to be effective in improving staff wellness and engagement.

"This is a very welcome addition to our workplace and long overdue. Clinical Supervision provides us with a safe space to acknowledge all that goes with not only our profession in general but with the difficulties of Palliative Care specifically. Tim is an excellent facilitator."

How effective was the group supervision in fostering an environment that is explorative, supportive, and critically reflective?



How helpful has group supervision been in helping you identify, conceptualise and manage organisational, professional, and "scope of practice" of your work?



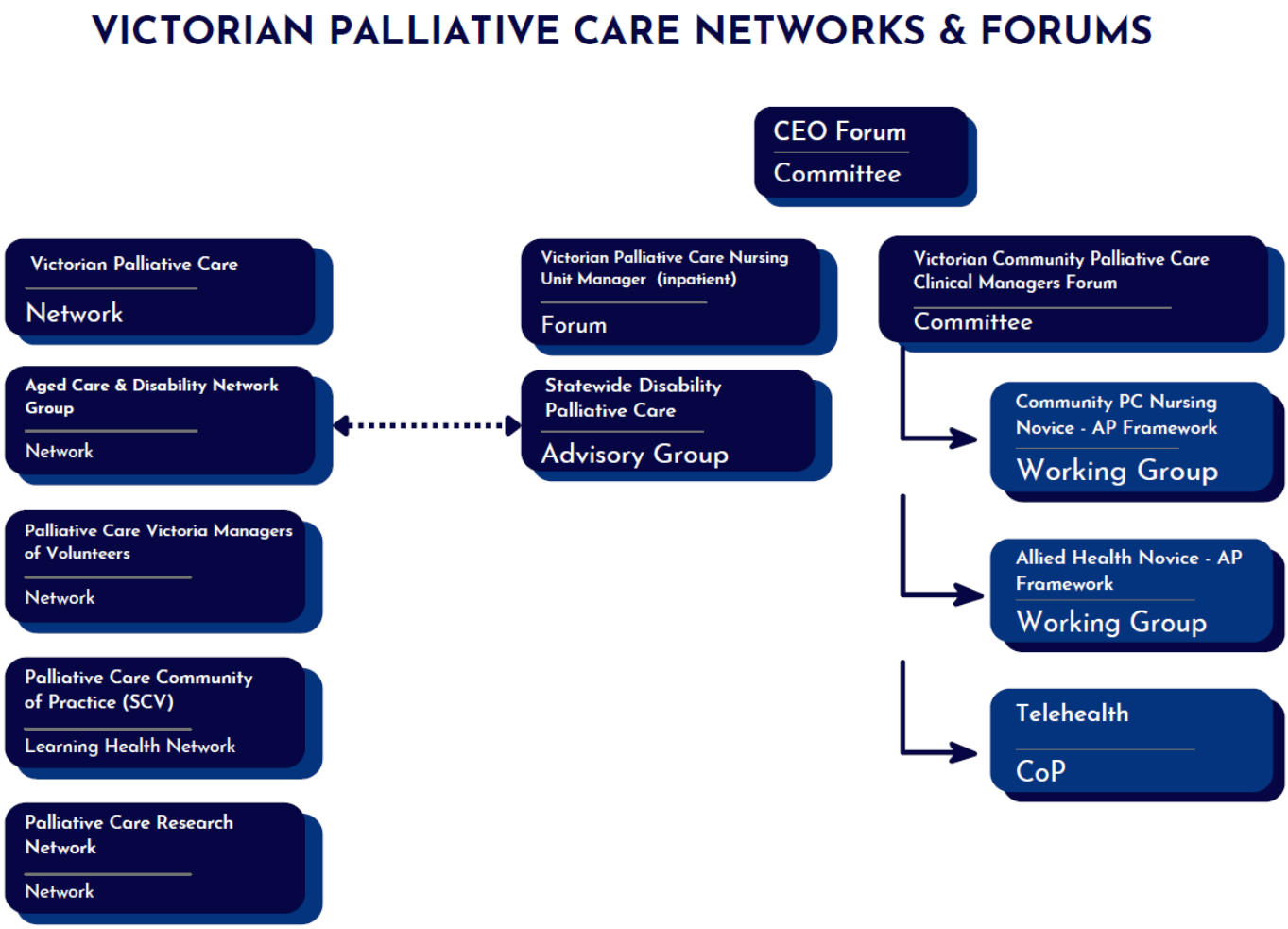
Consortia Collaboration across Health Regions & Health Networks

The Regional Palliative Care Consortia continue to meet regularly to share information and coordinate our improvement initiatives.

Acting as a conduit between the funded state and federal bodies that influence palliative care including PCV, PCOC, SCV, PCAS, PHNs, PCA and RACFs and regional stakeholders.

The consortia continue to:

- Raise awareness of palliative care across health services and in the general community. The consortia support training programs for healthcare providers and community groups with the message that “death is a part of life”.
- Connect palliative care service providers with other health and community services and providers across our regions to build palliative care knowledge and expertise.
- Share knowledge to improve our specialist palliative care workforce and support each other with initiatives and activities to address service and workforce gaps.
- Identify opportunities for innovation and work together to implement them. The Consortium Managers have the flexibility and expertise to work independently on strategies within their regions as well as collaboratively across Victoria.
- Work with local, regional and state-wide services to minimise duplication of projects and resources that receive public funding.



Other great work in the region

Our services are committed to improving Palliative Care outcomes, and regularly assess their effectiveness and models of care.

Echuca Regional Health (ERH) is currently supporting a Nurse Practitioner Candidate who will start next year as the service's first Palliative Care Nurse Practitioner within the Community Palliative Care (CPC) service.

The Palliative Care social worker at ERH has also commenced a 3-month project to evaluate and improve the way in which we deliver Bereavement care to our community.

ERH has also introduced reflective practice across the organisation, of which palliative care have been a big part of the planning, training and rollout.

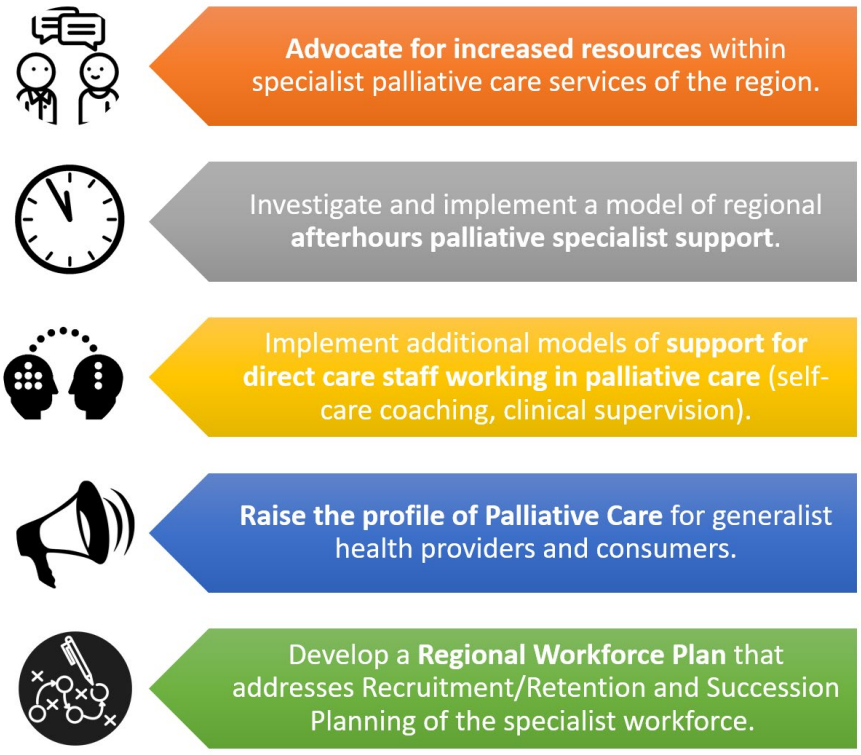
Sunraysia Community Palliative Care have collaborated with La Trobe University to undertake a review of their Model of Care – this will allow the service to improve access and service delivery in the region.

Dhelkaya Health are also reviewing their Model of care for their Palliative Care service, with the project due to commence in October 2024.

Consortium Priorities for 2025

The Loddon Mallee Region Palliative Care Consortium will continue to work towards our strategic goals in 2024-2025. With multiple projects continuing and undergoing completion in 2024, the following projects will commence as part of the consortium's normal work;

- Integration of the Novice to Advanced Practice Framework into Position Description and Professional Development processes.
- Group Clinical Supervision and reflective Practice Frameworks for Palliative Care
- Improving vulnerable populations access to Specialist Palliative Care
- Telehealth integration for Community Palliative Care (Standardising Policy and workflow in the region).



Loddon Mallee Regional Palliative Care Consortium Trust Account
Funds Statement for the period ended 30th June 2024

		2023-24 YTD Recognised	
INFLOWS			
	DHHS - Funding		
	Pallative Care Consortium	148,516	
	Miscellaneous Revenue	55,000	
TOTAL INFLOWS			**203,516**
OUTFLOWS			
	Personnel Costs	(118,029)	
	Hotel & Domestic	(124)	
	Internal Transfers	(500)	
	Group Charges	(1,629)	
	Repairs & Maintenance	-	
	Corporate Charges	(19,713)	
	Project Costs	(128,365)	
TOTAL OUTFLOWS			**(268,359)**
Net Surplus/(Deficit) for Year			**(64,844)**
Accumulated Surplus/(Deficit) at Beginning of Year			**86,726**
Accumulated Surplus/(Deficit) at End of Period			**21,882**

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.