



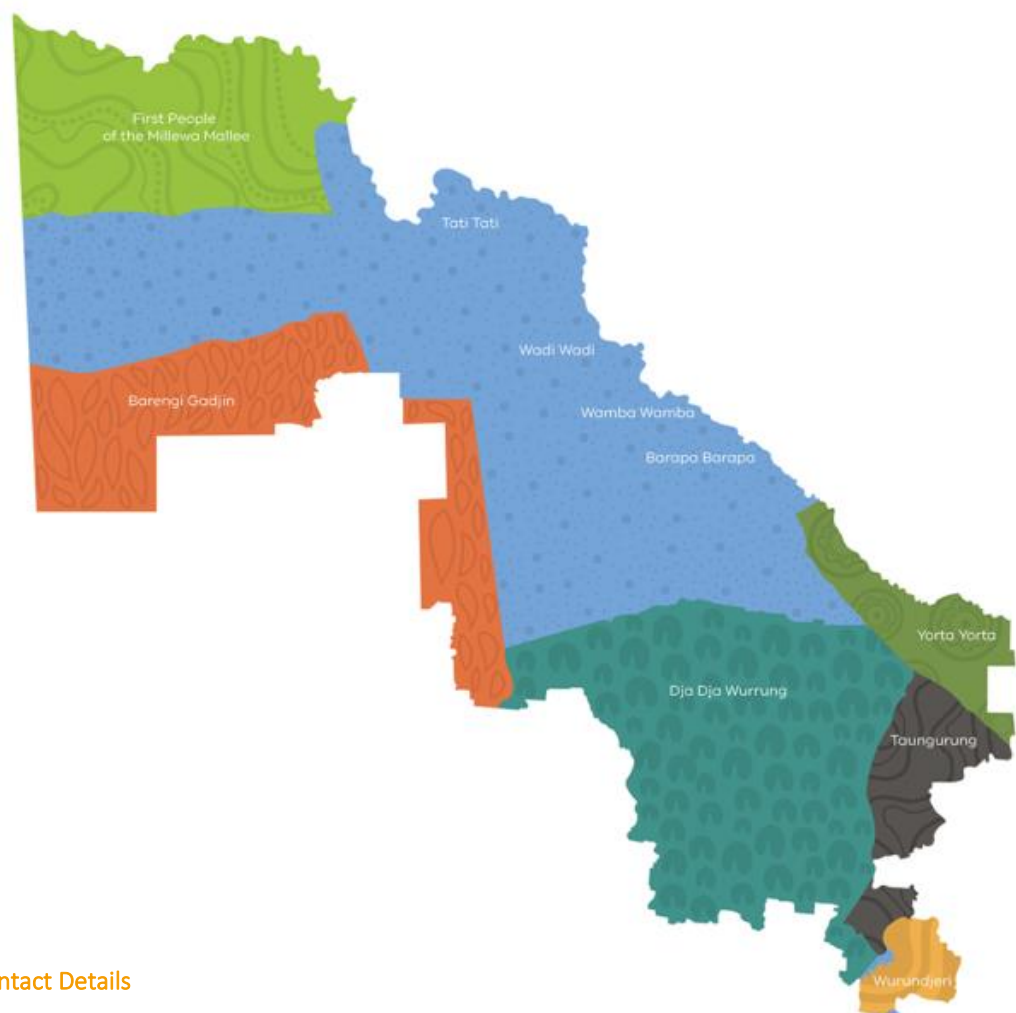
**loddon mallee**  
regional palliative care consortium

Annual Report  
2025

## 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

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## 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, 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,

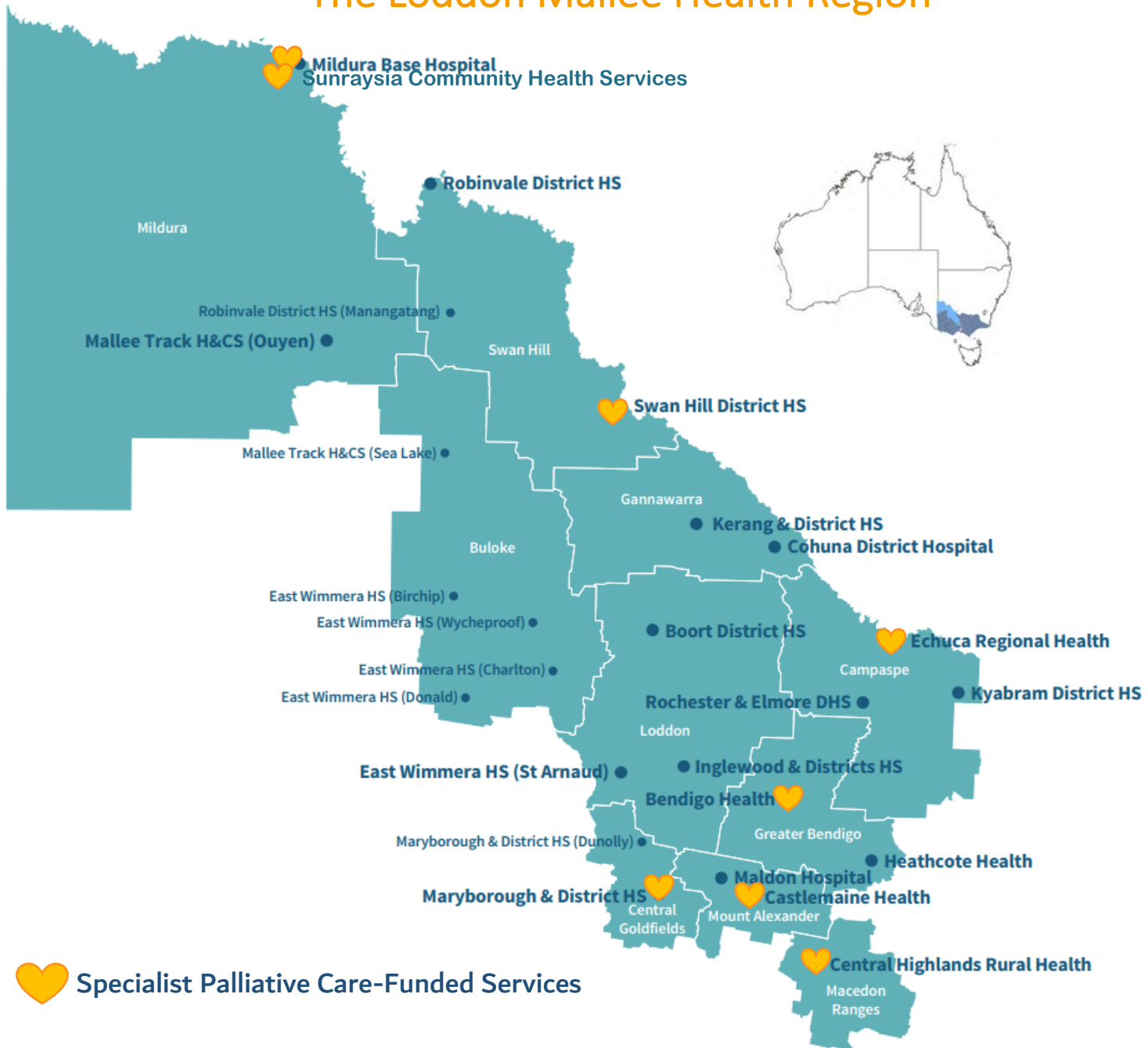


Cynthia Robins

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	3.0

## Governance

The LMRPCC Structure is based on the 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.

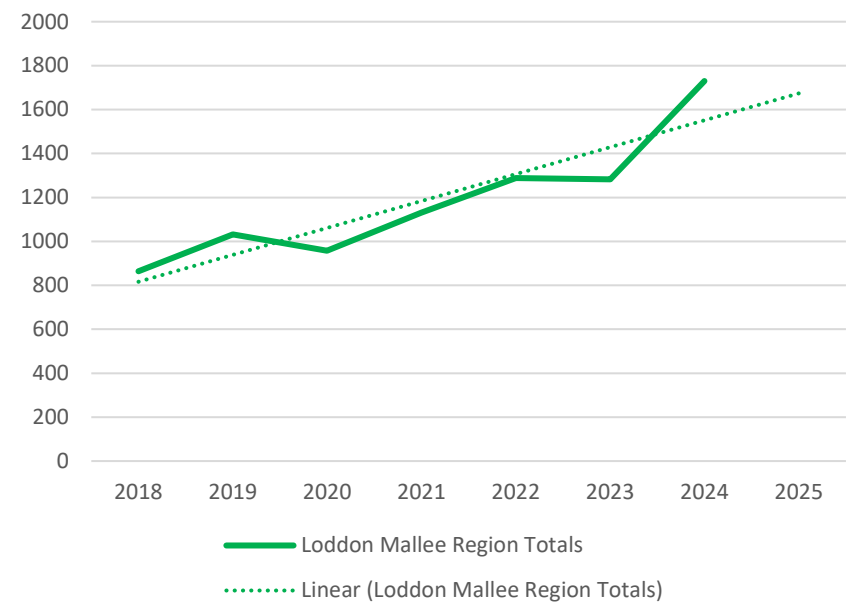
Consortium Member	Service
Cynthia Robins (Chair)	Echuca Regional Health
Chloe Keogh/Bina Rai	Swan Hill
Jane Pinnuck	Dhelkaya Health
Alison Smith	Bendigo Health
Susan Whitfield	Central Highlands Rural Health (Kyneton)
Lisa Evans	Maryborough District Health
Lucas Lloyd	Mildura Base Hospital
Norry Elder	Sunraysia Community Health Services
Angie Dredge	Heathcote Health (non-funded member)

Clinical Operations & Reference Group Member	Service
Lauren Roberts	Kyneton District Health Service
Merridee Taverna	Swan Hill District Health
Darren Gaut/Virginia Kelly-Norris	Castlemaine Health
Katherine Formica/Jo Amos	Echuca Regional Health
Alison Smith	Bendigo Health
Anne-Marie Jones	Maryborough District Health
Emma Gallagher	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 2024. Regional activity has increased again this year, as expected with regional population growth and demand on Palliative Care services.

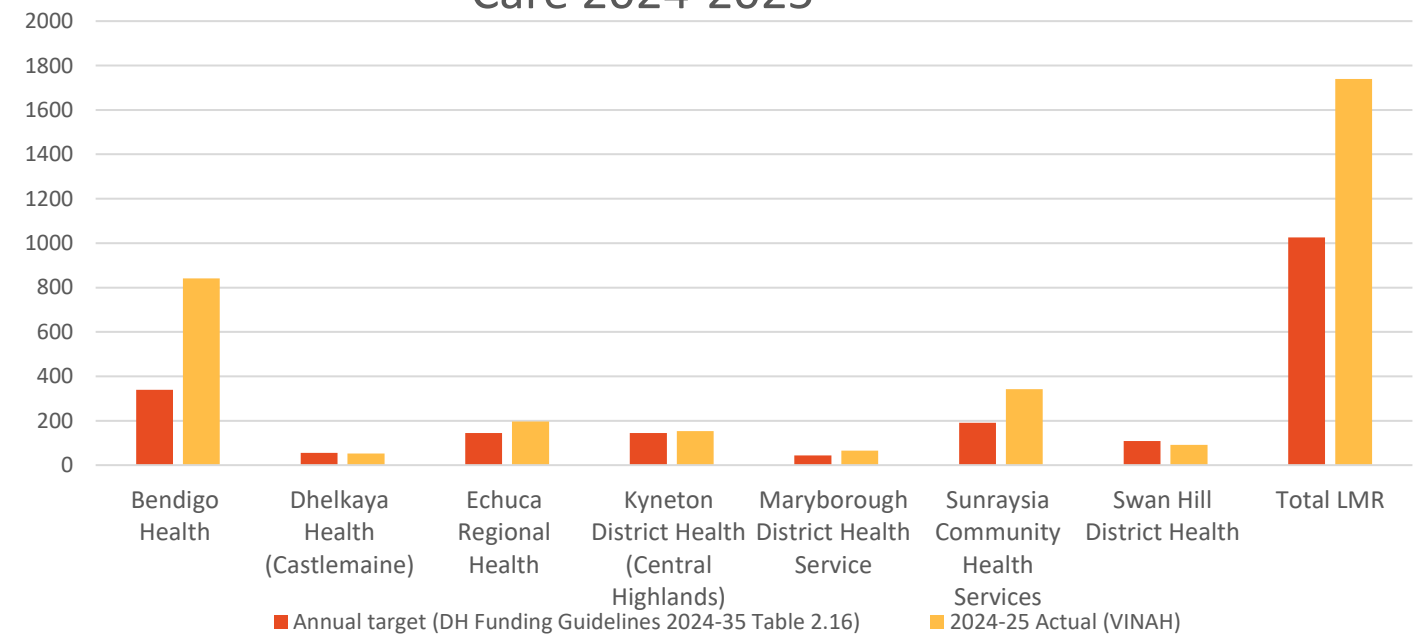
Community Palliative Care Admissions (Episodes)



It is anticipated that demand on Palliative Care Services will continue increase with population growth and disease burden in the region, which is shown (graph left) here with continually increasing admissions to service.

Performance targets (tied to block-funding for specialist palliative care funded services) for admission to Community Palliative Care services have been exceeded by most of the funded services, with a regional average of **169.75%**. This is demonstrating that most services are operating at a level beyond their current resources, and that sustainability of our service delivery is at risk without increased investment.

Episode of care targets – Community Palliative Care 2024-2025



## Strategic Plan

On the 15th August 2025, representatives from our member services met in person to discuss the consortium's strategic plan for the next two years. The group decided that it would be beneficial to align our strategic priorities with our Local Health Service Network because there were already synergies in a lot of our strategic objectives, and being closer to the Network (strategically) would further reduce duplication of our activity.

The Consortium's new strategic objectives (endorsed by the consortium members), are listed next to our LHSN's initial strategic priorities;

LHSN Strategic Priority	LMRPCC Strategies
<b>Access, equity and flow</b>  <i>Improving care pathways for patients, clinical service planning across Networks, developing plans for better collaboration with the wider mental health and wellbeing sector in their region, and supporting aged care patients to stay out of hospital.</i>	<ul style="list-style-type: none"> <li>Develop and implement a local/regional community campaign that seeks to promote Palliative Care services (Community, Hospital Based and Consultancy). (Part of this work may include a Service flyer that explains what CPC is and is not. e.g. hours of service avail etc.)</li> <li>Explore Models of care that involve a "compassionate communities" approach.</li> </ul>
<b>Workforce</b>  <i>Develop Network workforce plans and share data to strengthen and sustain the health workforce through a coordinated, regional approach to planning and managing staff.</i>	<ul style="list-style-type: none"> <li>Development and implementation of workforce needs survey/analysis.</li> <li>Explore a model of shared appointments (specialist palliative care clinicians) between health services (e.g., shared palliative psychology service across region). MOUs, communication, and the willingness of staff to be discussed.</li> <li>Incorporate the Novice to advanced Practice framework into PD, PDRP, and orientation templates to be utilised by member services.</li> <li>Capacity building in (generalist) staff providing palliative care to increase access and utilisation of relevant ACP tools, Palliative approach, Bereavement, and training opportunities, EOLC.</li> </ul>
<b>Safety and quality</b>  <i>Increasing safety and quality of care by embedding whole-system continuous improvements to deliver a safer, more person-centred, and sustainable health system.</i>	<ul style="list-style-type: none"> <li>After hours support for palliative care: Develop and implement an afterhours protocol for the LM region that includes decision-making tools for referral to the Palliative Care Advice Service, Victorian Virtual Emergency Department &amp; Ambulance Victoria).</li> <li>Continue the established program of work to support specialist palliative care clinicians in the region. i.e., Complex case, Webinars, regional symposium, newsletter, consortium meetings (CORG, Consortium Board), Scholarships, Specialist Education</li> <li>Work with the Murray Primary Health Network to promote the Palliative Care consultancy service and best practice in palliative care with education sessions/events for regional GP's.</li> </ul>
<b>Shared services</b>  <i>Identifying back-office efficiencies and sharing findings with other Networks.</i>	<ul style="list-style-type: none"> <li>Evaluate the use of the SPICT tool and the care plan of the dying person in regional acute inpatient wards.</li> <li>Evaluate how non-specialist health services are supported by Funded Specialist Palliative Care services re: sharing of knowledge and experience.</li> <li>Develop and plan education campaign re: EOLC for acute services – to be supported jointly between member services (for their LGA's) and the consortium manager.</li> </ul>

## 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
- Website Access
- Regional Specialist Palliative Care Educator
- Regional Post-Graduate Scholarship Program
- Novice to Advanced Practice Framework for Specialist Palliative Care
- Loddon Mallee Specialist Palliative Care Nursing Symposium
- 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 consortium's Palliative Care Clinician's network, 6 x 1.5-hour sessions have been facilitated in 2024.

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, Dhekaya 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 tumour burden and moral distress of clinicians.

### Early Access Program

The Bendigo Health Community Palliative Care Ease Program is aimed at providing early access to patients with a relatively high function to engage with our Specialist Community Palliative Care Service, through a tailored approach together with disease modifying therapies, symptom management, education and shared decision making.

The EASE program involves a booked appointment with a Specialist Palliative Care Clinical Nurse Consultant to assess and assist in the management of complex symptoms, coping mechanisms, establishing illness understanding, caregiver education, and to discuss issues that may arise in planning for the future. Patients are concurrently reviewed by a medical practitioner or referred to other support services as required in keeping with a multidisciplinary approach to patient care.

The program is supported by the community occupational therapist, social worker and palliative physician, and referrals to each of these are based on the needs identified by CNC.

In 2024, 32 patients were referred to the program, which delivered 75 review appointments (70 in person)





## 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 been 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 CURB program has continued to provide self-management strategies to 17 clients throughout the year on 56 occasions of service. Empowering patients to take control of their breathlessness and improve their quality of life.

Referrals have come from a variety of sources, e.g., Respiratory clinic/oxygen clinic, other palliative care services in the region, GPs, HARP, Pulmonary rehab and oncology. The program continues to be held face to face with patients and carers in Bendigo, with those who have a greater distance to travel given the opportunity to either come to Bendigo or participate via telehealth.

The program continues to be rolled out around the region. This will facilitate the use of a common language when talking about breathlessness, making it easier for patients to understand and trust. Education has been provided to individual health services and via the LMRPCC consortia Specialist Palliative Care Nurses symposium.

## 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.

### Karen & Afghan residents of Bendigo

We've been working with our multicultural communities too— with Bendigo Community Health Services, we co-hosted an information day and lunch with the Karen and Afghan communities in Bendigo, focusing on culturally appropriate palliative care education and also learning about their cultural practices and history regarding end-of-life and palliative care to bring some awareness and learning to our palliative care team.



## Partnerships with Aboriginal Community Controlled Organisation's

In the Loddon Mallee Region, 2.6% of the population identify as Aboriginal and Torres Strait Islander people, and 1.79% of patients receiving Palliative Care in the community identified as Aboriginal or Torres Strait Islander for the 2024 year.

Indigenous Status as reported within regional VINAH data in 2024	
Indigenous - Aboriginal but not Torres Strait Islander origin	1.71%
Indigenous - Torres Strait Islander but not Aboriginal origin	0.06%
Indigenous – Both Aboriginal and Torres Strait Islander origin	0.02%
Not indigenous – Neither Aboriginal or Torres Strait Islander	81.39%
Question unable to be answered	12.96%
Client refused to answer	3.87%

In 2024-25, the Consortium has worked 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 Bendigo Health Palliative Care Clinicians and Consortium have had multiple successful meetings with the Bendigo and District Aboriginal Co-operative (BDAC) to share information about Advanced Care Planning, Bereavement and Palliative Care with the cooperative members. Offering several training sessions to their staff, as well as community information sessions hosted by BDAC, the Consortium members also helped to facilitate a community awareness session with members of the Dja Dja Wurrung community.

On August 8<sup>th</sup>, for **Dying2KnowDay**, we partnered with the **Bendigo & District Aboriginal Co-operative** (BDAC) to host a full-day Aboriginal community forum with various presentations to promote culturally safe conversations around end-of-life care. In addition to professional speakers, some elders shared real-life experiences with palliative care services in Bendigo to start demystifying palliative care. As a result, BDAC will continue the discussions commenced at the forum, with Yarning circles to address further questions that community members might have as an outcome of the day.

This special day helped raise awareness about the process surrounding death and dying. It highlighted the services available to our indigenous community in the Loddon Mallee region, and it was agreed by all that this would become an annual event.



## Palliative Care Week



National Palliative Care Week this year gave us a great opportunity to shine a light on the incredible people behind palliative care—especially as the sector continues to evolve with ongoing reforms in health, aged care, and disability services.

With demand steadily increasing, it was a timely reminder of just how essential palliative care is—and how important it is that we continue to support and invest in it.

Here in the **Loddon Mallee region**, our specialist palliative care clinicians continue to go above and beyond, despite the pressures they face. Their dedication and compassion are nothing short of inspiring.

To show our appreciation, we offered a financial contribution toward a gift of their choice. Many services also hosted morning and afternoon teas, giving teams a chance to come together, reflect on the past year, and share their experiences supporting the local community.

Overall, it was a meaningful and uplifting week—one that celebrated our teams, raised awareness, and reinforced the importance of advocating for quality palliative care.

## Dying to Know Day

### Death café – Bendigo Health Atrium



Along with our BDAC event on **Dying2KnowDay** on August 8th, we hosted a **Death Café** in Bendigo Health's Atrium—we set up a stall and answered questions about palliative care from the public and staff. We had free coffee and cake, and our wonderful volunteers fetched a coffee from the kiosk for people who wanted to engage in a conversation with our team members from the Hospice ward, community palliative care team and the consortia.

We aim to continue raising awareness within our regional communities and expand the Death Café model to the regions, partnering with other members of our consortia over the next year.

## Priority 3: People receive services that are coordinated and integrated

### Palliative Care Liaison Nurse

The Palliative Care Liaison Nurse (PCLN) role was introduced to the Loddon Mallee Regional Specialist Palliative Care Consultancy Service (LMRSPCCS) in late 2023 to operate as an in-reach service at Bendigo Health. The key aims of this service are to;

- Support patients and families in our region experiencing terminal illness to optimise quality of life and provide choice and dignity in their life and death
- Support staff providing this care in ward-based settings to enhance their knowledge and skill in service provision and processes
- Support systems to ensure timely access to service, improve patient flow and ensure the right patients are in the right beds.

The PCLN role also facilitated several QI projects and supported staff palliative care learning needs through education delivery and point of care learning.

Outcome data collected by the team in 2024-25 clearly demonstrates their success;

- 44% increase in monthly referrals for palliative patients
- Staff satisfaction results: 55% improvement in timely response with consultation
- 48% improvement in helpful advice for discharge planning
- Death audit results: 47% increase in referrals for dying patients
- 27% improvement in documented recognition of dying
- 43% increase in documentation of Preferred Place of Death (PPOD)
- 33% increase in PPOD achieved.



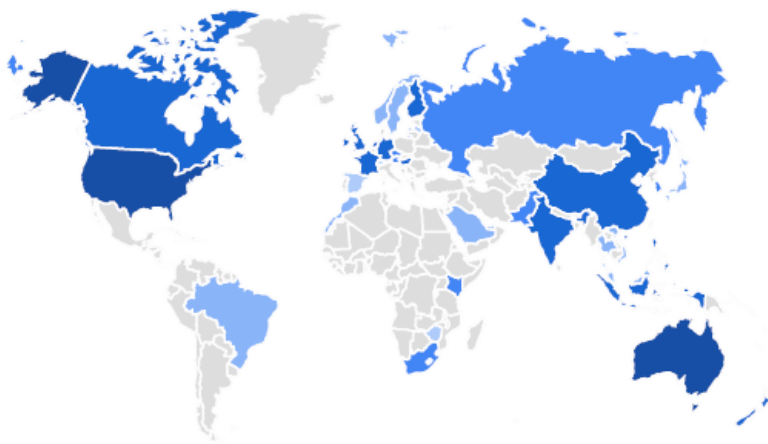
# Priority 4: Quality end of life and palliative care is everyone’s responsibility

## Website Access

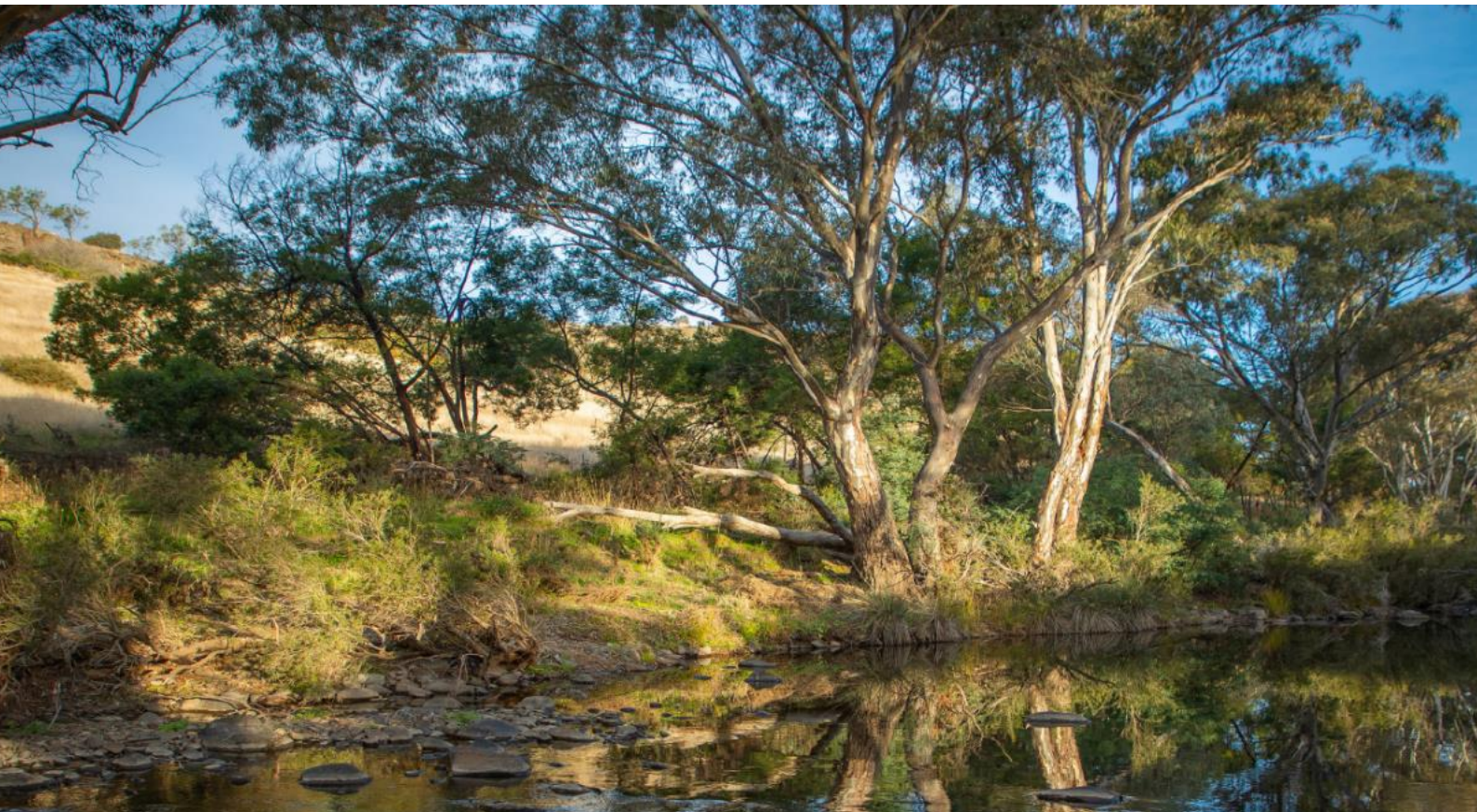


The Loddon Mallee Region Palliative Care Consortium’s website: “<http://www.lmrpcc.org.au/>” has continued to service the region with over 3000 active users in 2023.

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 the 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

## Specialist Palliative Care Scholarship Program 2025

In 2025, the consortium approved additional scholarships, and subsequently awarded \$35,500 to 12 applicants for Post Graduate studies (7 applicants) and Oceanic Palliative Care Conference costs (5 applicants).

The successful applicants will be sharing their experiences and learnings with our clinical network later in the year.

## Nursing Novice to Advanced Practice Framework

The *Victorian Community Palliative Care Clinical Managers Forum in 2023* identified there could be benefits in defining and describing agreed competencies, skills, and 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 on 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.

This work began in our region in 2024 by delivering education to upskill our workforce in a highly accessible format, both in person and via Teams. As the Loddon Mallee Regional Palliative Care Education Programme has progressed, areas of need have been identified in alignment with the Framework, and suitable content has been delivered. Additionally, the regional educator has been able to offer mentoring for new graduates and staff who may not have practised in a palliative care setting before.

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. It is being widely accepted across the palliative care services within our region and the rest of Victoria.

NOVICE TO ADVANCED PRACTICE TRAJECTORY FOR NURSES IN COMMUNITY SPECIALIST PALLIATIVE CARE				
CLINICAL	NOVICE	ADVANCED BEGINNER	COMPETENT	ADVANCED
	Attains foundational skills to fulfil role Any Nurse entering a Palliative Care clinical setting with limited Palliative Care experience. Attains foundational skills to fulfil role	Expanding skill acquisition Nurse who has some experience in Palliative Care but requires support to become proficient in this field	Ongoing skill acquisition & extended scope of practice 1-2 years Palliative Care nursing experience. Engages in reflective practice, drives clinical outcomes, implements individualised quality care provision, mentors less experienced nurses	Advanced scope of practice Palliative Care Nurse who has specialist qualifications, experienced, engaged in critical clinical decision making to manage complexity with innovative solutions & able to teach other clinicians
	<b>Introduction to Palliative Care</b> Demonstrates introductory level knowledge of what palliative care is including: <ul style="list-style-type: none"><li>Options for end of life care &amp; place of death</li><li>Knowledge of specialist palliative care unit</li><li>Knowledge of services available to support carers</li></ul>	<b>Symptom Management</b> Demonstrates intermediate level symptom management knowledge including Comprehensive Pain Assessment	<b>Symptom Management</b> <ul style="list-style-type: none"><li>Ability to recognise complex symptom management needs</li><li>Ability to independently develop a treatment plan in consultation with medical professionals as appropriate</li><li>Works within their scope of practice to use resources &amp; escalate symptoms for active management</li></ul>	<b>Risk screening, assessments &amp; care planning</b> <ul style="list-style-type: none"><li>Advanced patient assessment skills</li><li>Undertakes a comprehensive patient assessment &amp; implements a thorough plan of care, recognising subtle variations in the client's condition</li><li>Able to recognise palliative emergencies and treatment options</li></ul>
	<b>Symptom Management</b> Demonstrates introductory level knowledge of symptom management including nausea, vomiting, constipation, pain, agitation, delirium, itch	<b>Risk screening, assessments &amp; care planning</b> Demonstrates: <ul style="list-style-type: none"><li>Physical assessment &amp; auscultation</li><li>Ability to complete PCOSC assessment independently</li><li>Ability to complete care plan of the dying person</li><li>Recognition of clinical deterioration &amp; a client entering the terminal phase</li><li>Knowledge of how to support clients in advance care planning &amp; advance care directives</li><li>Ability to set up a care plan to ensure preferred site of death is identified</li><li>Revised interventions for outcomes</li></ul>	<b>Risk screening, assessments &amp; care planning</b> <ul style="list-style-type: none"><li>Undertakes a comprehensive patient assessment, interprets &amp; reports findings, uses policies &amp; procedures to help guide decision making process</li><li>Ability to interpret PCOSC assessments</li><li>Able to recognise the deteriorating client &amp; transition to terminal phase, palliative emergencies and treatment options</li><li>Evaluates care &amp; interventions, modifies care planning &amp; supports client &amp; carer wellbeing</li><li>Engages in &amp; promotes EOL discussions to help identify and advocate for client wishes</li><li>Consistent in setting up care plan to ensure preference for site of death is met where possible</li><li>Ability to verify a death</li></ul>	<b>Person and family centred care</b> <ul style="list-style-type: none"><li>Works collaboratively with carers/families on identifying, assessing risk &amp; action plans via the interdisciplinary team</li><li>Discusses options of care within scope of practice</li></ul>
	<b>Risk screening, assessments &amp; care planning</b> Demonstrates introductory level knowledge of: <ul style="list-style-type: none"><li>How to use assessment (identifying skills)</li><li>Complete PCOSC Fundamentals</li><li>Palliative care triage tool (BUNHC)</li><li>Advance Care Planning and Advance Care Directives</li><li>Voluntary Assisted Dying (review of legislation, RPA)</li></ul>	<b>Person and family centred care</b> Demonstrates: <ul style="list-style-type: none"><li>Respect for uniqueness and autonomy of client in identifying their wishes</li><li>Ability to articulate &amp; include holistic care considerations in planning and delivering care</li><li>Demonstrates ability to discuss the processes of what happens after death</li></ul>	<b>Person and family centred care</b> <ul style="list-style-type: none"><li>Actively promotes client, their caregivers &amp; family as partners in holistic assessment, planning &amp; care delivery in line with their values</li><li>Sensitively applies advanced knowledge of client, caregiver &amp; family's social, cultural, spiritual &amp; personal contexts to complex care needs</li><li>Evaluates care across the continuum &amp; prepares the client &amp; family for the expected care changes, promoting active engagement in care planning</li><li>Engage actively to communicate and evaluate outcomes</li><li>Comprehensive knowledge of voluntary Assisted Dying legislation, RPA</li></ul>	<b>Communication and multidisciplinary care</b> <ul style="list-style-type: none"><li>Advanced understanding of the roles and utilises strength of interdisciplinary team to facilitate optimal outcomes for client, caregivers &amp; family with ongoing care needs</li><li>Leads highly skilled &amp; timely communication between client, caregivers, GPs and service providers to optimise care in complex situations with changing needs</li><li>Leads complex end of life care conversations and interventions</li></ul>
	<b>Person and family centred care</b> Demonstrates introductory level knowledge of: <ul style="list-style-type: none"><li>Person &amp; family centred care focusing on physical, psychological, cultural &amp; social needs</li><li>Spirituality &amp; bereavement</li></ul>	<b>Communication and multidisciplinary care</b> <ul style="list-style-type: none"><li>Demonstrates ability to have difficult conversations</li><li>Demonstrates ability to make independent referrals to other team members</li><li>Escalates care to more senior staff for advice</li><li>Demonstrates awareness of how to complete a referral to palliative care support unit</li><li>Demonstrates ability to make recommendations to senior clinicians, GP or external service providers re medications for symptom management at end of life</li></ul>	<b>Communication and multidisciplinary care</b> <ul style="list-style-type: none"><li>Consults &amp; collaborates with other members of care team, to support &amp; enhance a holistic approach to meeting complex needs of clients, caregivers and family</li><li>De-escalates conflict &amp; supports mediation role clear communication</li><li>Aware how to complete a referral to a palliative care unit</li><li>Managing challenging situations / how to have difficult conversations (withholding of treatment, responding to emotions)</li></ul>	<b>Medication Management</b> <ul style="list-style-type: none"><li>Supports the interdisciplinary team on medication planning</li><li>Evaluates the outcomes of medication administration &amp; considers alternatives</li></ul>
	<b>Communication and multidisciplinary care</b> Demonstrates introductory level knowledge of: <ul style="list-style-type: none"><li>Working within interdisciplinary teams</li><li>Communication in the palliative care setting</li><li>Cultural awareness, including working with interpreters</li><li>Having difficult conversations</li></ul>	<b>Medication Management</b> <ul style="list-style-type: none"><li>Demonstrates ability to educate carers on how to give SOS medications</li><li>Demonstrates ability to make opioid conversions</li><li>Demonstrates ability to implement syringe drivers</li></ul>	<b>Medication Management</b> <ul style="list-style-type: none"><li>Also indicates extent on how to give SOS medications</li><li>Independent with recommendations to GP or external service providers re medications for symptom management at end of life within scope</li><li>Syringe Driver consideration and evaluation</li><li>Undertakes and teaches opioid conversions</li></ul>	



## Regional Palliative Care Nurse Educator 2024-2025

Since commencing this new role (the first in any Victoria Palliative Care Consortium) in March 2024, we've been running a region-wide Palliative Care Education program that's made learning about palliative care more accessible for nurses across the Loddon Mallee region who are actively caring for palliative care patients, both in specialist palliative care services and generalist nursing services.

Most of our sessions have been online via Teams, reaching more nurses across the region, with some in-person events to support local needs as requested by individual services who are delivering palliative care. We also conduct a Complex Case review every 2nd month, allowing teams to present, discuss, and support their palliative care practice.

The response has been fantastic—around 500 people have taken part in specialist palliative care education so far. We have also expanded our mailing list to include both generalist nursing services as well as our funded palliative care services, enabling us to reach a broader audience of nurses in our region.

Our sessions have featured a wide range of expert presenters and covered everything from pain management and immunotherapy to cultural safety and emerging tech like AI voice cloning. We've also introduced a popular "Drug of the Month" email series to keep learning ongoing in between sessions.

In November 2024, we hosted our first regional Palliative Care Symposium in Bendigo, and we're planning the next one for November 2025 again here in Bendigo.

We've also teamed up with the Southern Metropolitan Palliative Care Consortium to deliver lunchtime palliative care education sessions to Registered and Enrolled nurses as well as Personal Care Workers working in aged care across Victoria.

Looking ahead, we're focused on growing our reach, refining our sessions based on feedback, and building stronger community partnerships. We're also working on making session recordings available online so more people can access them anytime.

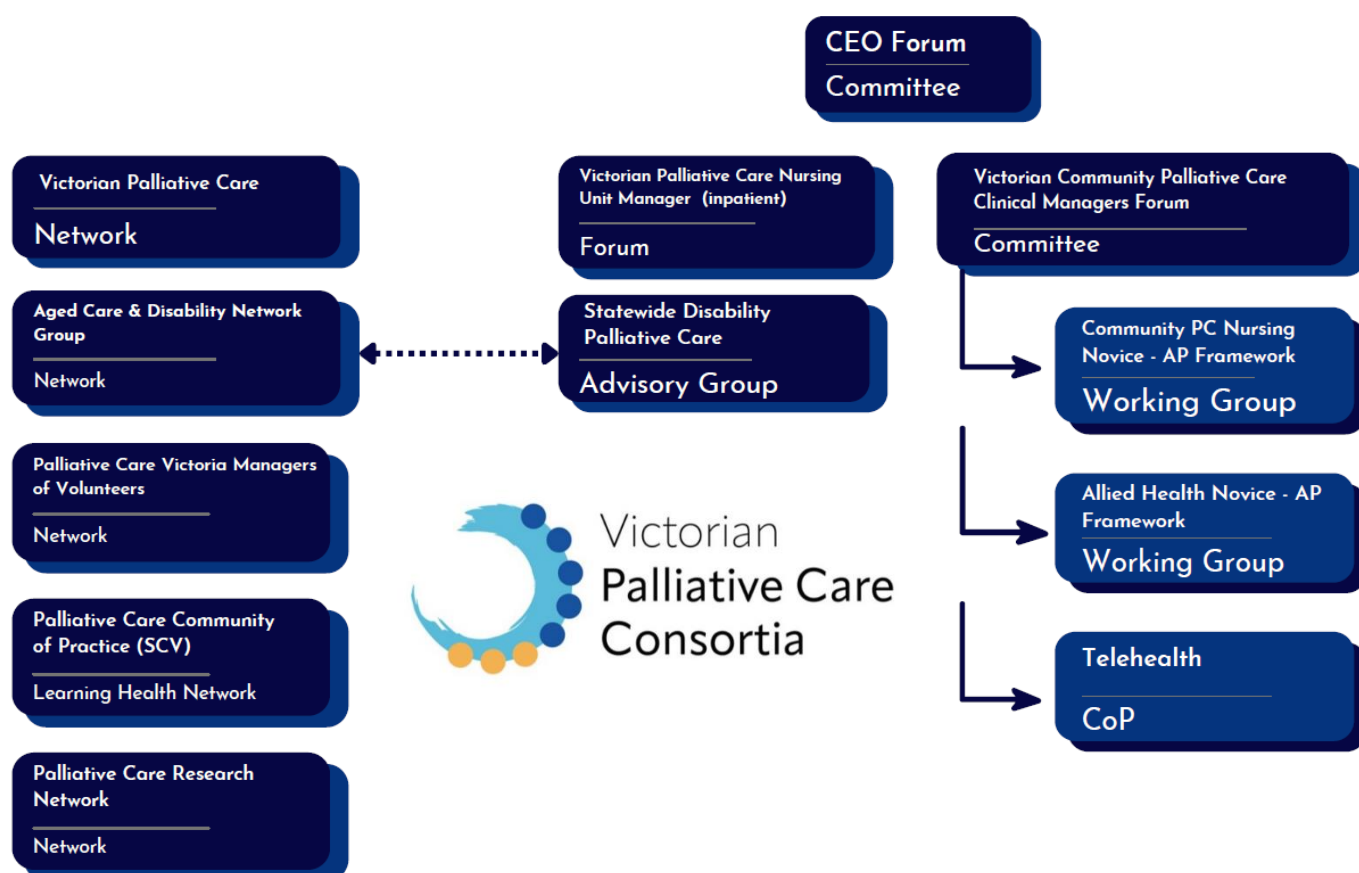
## Consortia Collaboration across Health Regions & Health Networks

The Victorian 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.



Palliative care consortia bring together senior management representatives and clinicians from all healthcare services funded to provide specialist palliative care, focusing on delivering and developing palliative care services.

# Loddon Mallee Regional Palliative Care Consortium Trust Account

## Funds Statement for the period ended 30th June 2025

		2024-25
INFLOWS		YTD Recognised
	<b>DHHS - Funding</b>	
	Palliative Care Consortium	133,219
	Miscellaneous Revenue	-
<b>TOTAL INFLOWS</b>		<b>133,219</b>
<b>OUTFLOWS</b>		
	Personnel Costs	(58,862)
	Hotel & Domestic	-
	Internal Transfers	-
	Group Charges	(336)
	Repairs & Maintenance	-
	Corporate Charges	(16,656)
	Administrative Costs	(28,297)
<b>TOTAL OUTFLOWS</b>		<b>(104,151)</b>
<b>Net Surplus/(Deficit) for Year</b>		<b>29,068</b>
<b>Accumulated Surplus/(Deficit) at Beginning of Year</b>		<b>21,882</b>
<b>Accumulated Surplus/(Deficit) at End of Period</b>		<b>50,950</b>

## 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.

