

Chapter 12 – Tasmania



Overview of palliative care in Tasmania

This section provides an overview of the context, structure, planning, delivery and monitoring of palliative care services in Tasmania.

Recent history and context in Tasmania

Specialist palliative care services began in Tasmania in 1987. In 1997 the Department of Health and Human Services (DHHS) created a designated statewide Palliative Care Service. In 2000, Tasmania, along with other jurisdictions, committed to the aims of the National Palliative Care Strategy (National Strategy).

Following the introduction of the National Strategy, it was seen as timely to consult broadly to develop a strategic framework reflective of local needs that also reflected the National Strategy. The publication of the *Tasmanian Palliative Care Plan, 2002–2005* was the outcome of these consultations. The plan has been the key document shaping palliative care in Tasmania from 2002 onwards. The four major areas of priority identified are:

- Respond to community and consumer expectations in meeting the needs of people living with a life-threatening illness and their families
- Ensure the delivery of sustainable, consistent and appropriate palliative care services through increased community awareness, practical support, information, education and evaluation
- Develop a sustainable, competent, specialised and confident palliative care workforce through collaborative links between education and clinical practice (conjoint appointments) and the pursuit of research communities, underpinned by a quality focus, and
- Develop interdependency and linkages to strengthen partnerships across the health and education system, providing support and education to professionals, and support to people through the various health care settings.

In the face of growing demand for specialised palliative care, DHHS commissioned an external Review of the Tasmanian Palliative Care Service in 2003 to analyse the capacity of the Tasmanian Palliative Care Service to respond to current levels of demand, identify areas of unmet need and compare the service against national benchmarks. The Centre for Health Service Development, University of Wollongong, was engaged to undertake the review.

The review report, *Palliative Care in Tasmania: Current Situation and Future Directions*, was published in 2004. Findings include a detailed assessment of need and a suggested way forward for the future delivery of Tasmanian palliative care services.

The Tasmanian Government endorsed the review findings and a commitment was given to commence the implementation of the recommendations immediately for progression over three years.

Note that in Chapters 7–15, reference is made, where relevant, to numbered Objectives of the National Strategy. The Objectives are presented in full in Chapter 3.

Current arrangements in Tasmania

Organisationally, the Palliative Care Service sits within the Primary Health sub-division of the Community, Population and Rural Health Division within DHHS. The Palliative Care Service operates a 24-hour specialist inpatient unit and three community interdisciplinary teams, one in each of the State's three major regions. Bereavement services are also provided by the service.

Interdisciplinary teams currently comprise palliative care medical specialists, specialist nurses, social workers and pastoral care. The Palliative Care Service also has nurse consultants undertaking liaison roles in the Royal Hobart Hospital and the Launceston General Hospital (and in the North West Regional Hospital campuses from July 2005 onwards). Access to allied health support is through other DHHS services.

The Palliative Care Service also funds non-government providers to co-ordinate and train volunteers and to provide additional dedicated palliative care public beds in a private facility.

Funding

Funding for palliative care is sourced through the Australian Health Care Agreements and through additional output funding from the Tasmanian State health budget.

In the 2004/05 financial year, around \$4.5 million was directed towards providing palliative care services across Tasmania; approximately 80% of this is allocated from the State budget and approximately 20% is derived from Australian Government funding via the 2003–2008 Australian Health Care Agreements.

The Palliative Care Service has also been successful in receiving National Palliative Care Program project funding to undertake several time-limited projects to progress national initiatives. These are reported in 'Palliative care activity in Tasmania' on page 128.

Service delivery structure

Tasmania's current service delivery structure is characterised by the following:

- **Specialist palliative care inpatient and community-based services provided by DHHS.** These involve dedicated interdisciplinary teams and volunteer support in inpatient and community settings. Services include direct and indirect care, bereavement support and consultation services in acute settings and primary health providers in the community.
- **Inpatient care** in acute care settings, both public and private.
- **Generalist primary care.** This is non-specialist palliative care services provided to clients in the community by GPs and generalist community nurses.
- **Volunteer support** in specialist settings, acute settings, the community and the home.

Equipment

Equipment resources within the Palliative Care Service are made available through core funding and by private donations from community-based groups and individuals. Equipment supply can be accessed from within the service and from community allied health services within DHHS.

Equipment available includes syringe drivers, lightweight electric beds, pressure-relieving mattresses, hoists, commodes, wheelchairs, armchairs and other specialised equipment required to enable clients to stay at home.

Additional resources for Tasmania have been made available through the national Palliative Care Equipment Program. In Tasmania, funding allocations under this program are co-ordinated through the Tasmanian Association for Hospice and Palliative Care (TAHPC), the state's peak body for palliative care.

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Planned arrangements in Tasmania

The document *Palliative Care in Tasmania: Current Situation and Future Directions* (the Review) outlines the overall strategic future directions for palliative care in Tasmania. The emphasis of the strategic directions is on system improvement aimed at achieving a sustainable system of palliative care service provision. Following is a brief outline of how the Review recommendations are to be implemented, grouped into six priority areas.

1. **A new model of service delivery** – Development of a new model based on four levels of care, three integrated palliative care networks and a clear quality and safety framework. The new four-level model will see basic palliative care delivered by primary care providers, a secondary stage of consultation and advice from palliative care specialists, shared care services between the palliative care team and other providers, and direct care delivered by palliative care specialists.
2. **Medical workforce sustainability** – Expansion of the specialist palliative care workforce.
3. **Professional development** – The Review recommendations include the need to introduce a two-tiered model of professional development. Tier one involves education and development of the specialist palliative care workforce. Tier two involves provision of education for palliative care primary providers.
4. **Allied health workforce development** – The Review recommends the expansion of teams to include access to other allied health disciplines by developing formal agreements between the Palliative Care Service and allied health providers.
5. **Nursing workforce sustainability** – The Review identifies a need for dedicated staff development resources and additional palliative care nurses to address service demand issues.
6. **Palliative care hospice/inpatient beds** – The Review recommends a Hospice without Walls model, where dedicated palliative care beds are located in, and spread between, existing acute and rural hospitals rather than in stand-alone units.

A commitment has been made by the Tasmanian Government and DHHS for progressive implementation of the recommendations over three years.

Planning, data collection, monitoring and reporting in Tasmania

Planning

One of the outcomes of the Review was the application of a sophisticated planning methodology to assess current and future demand to inform the development of a sustainable service system for palliative care in Tasmania. The methodology reflected the approach now available as a national planning and evaluation model for palliative care service provision which draws on four broad measures of need:

- **Normative need** – uses population information and projected changes combined with an understanding of the required levels and mix of different forms of palliative care services as well as an acceptable health status level for a community
- **Comparative need** – uses comparisons within the State and with other parts of Australia
- **Expressed need** – based on patterns of service use
- **Felt need** – based on the people's views about needs or wants.

Data collection

Service activity data for the specialist Palliative Care Service within DHHS is routinely collected for inpatient services through the hospital bed-day data system. Statewide community palliative care data is collected regularly and recorded in locally developed information systems and in paper-based client medical records.

Currently, statewide data for generalist palliative care provided in the community is unco-ordinated and limited. The development of the new service model and integrated palliative networks provides an opportunity to develop more robust data on generalist palliative care.

DHHS has initiated the Community Client Health Profile project to acquire and implement a community health client management system to support the provision of community health services in Tasmania. The Community Client Health Profile will involve the implementation of an enterprise-wide electronic medical record and associated client management functionality that supports the management of clients. This new client management system is to be implemented in the Palliative Care Service and will assist to address the current client record and data issues.

Monitoring and reporting

Currently, palliative care performance indicator data is reported monthly as part of the Community, Population and Rural Health Division's performance reporting process. Annually, palliative care contributes to the DHHS Annual Report.

Key settings of care in Tasmania

The settings of care for palliative care in Tasmania reflect those identified in the National Strategy: home, community settings, inpatient palliative care beds and units, and acute hospital. The following describes Tasmania's approach to these settings.

Home and community settings

Community palliative care is provided statewide (metropolitan and rural). Palliative care may be provided by a generalist service or by the specialist Palliative Care Service depending on the needs and choices of the client and family. Residential aged care services can also access specialist consultancy support from the specialist Palliative Care Service where this supports the resident's wish to remain in a familiar environment.

Inpatient palliative care beds and units

Inpatient palliative care is currently available from the Palliative Care Service specialist inpatient unit in Hobart, from other private hospitals in the Southern region of the State, and from public-funded beds in a private hospice in the North region. One of the key recommendations of the Review is that additional dedicated inpatient beds be located in, and spread between, existing acute and rural hospitals, rather than in stand-alone units. This Hospice without Walls concept is designed to meet the needs of the significant proportion of the Tasmanian population who live outside the major cities. In recognition of the need for palliative care beds in the North West region, work on establishing four dedicated palliative care beds at the North West Regional Hospital's Mersey Campus is currently being progressed. Creating other additional beds across Tasmania will be progressed following the development of the new service model and the integrated palliative care networks. Once this regional infrastructure is in place, negotiations within the networks will proceed to develop the concept in a way that is suitable for the geographical area, identifying the locations for additional inpatient beds and formalising necessary partnerships.

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Acute hospital care

Each of Tasmania's acute hospitals (i.e. the Royal Hobart Hospital, Launceston General Hospital and the North West Regional Hospital's Burnie and Mersey campuses) provides care for patients with a life-limiting illness as a component of their service provision. Specialist palliative care consultancy services are available to each of the acute hospitals as requested and on referral. The Palliative Care Service also has clinical nurse consultants undertaking liaison roles in the acute hospitals.

Note re respite care

The Commonwealth Carer Respite Centres (CCRCs), funded across Australia through the Ageing and Aged Care Division of the Department, provide information, referral, access and co-ordination of respite services (including in relation to palliative care). In 2003, specific funding for palliative care (nationally \$11 million over four years) was added to the 'brokerage component' of CCRCs, requiring that 6% of brokerage money be spent specifically on respite related to palliative care.

In Tasmania, respite is available via in-home services, or admission to hospital if complicated nursing/medical care or equipment is needed. Overnight care by registered and enrolled nurses to enable clients to die at home is also funded through the CCRC initiative. Access of older clients to respite beds in Australian Government funded residential aged care facilities is facilitated through the Aged Care Assessment Teams.

Key relationships with specific population groups in Tasmania (Objectives 2.4, 3.2)

A number of different population groups are identified in the National Strategy. Tasmania's current approach to the key population groups is as follows.

Aged care

Older people are able to access all settings of palliative care on referral. Currently, specialist palliative care services provide advice, consultancy services and education to residential aged care facilities. Education sessions for health professionals have been well attended and there are strong relationships in place with some services.

Children and young people

The need for palliative care for children and young people in Tasmania is relatively small. In Tasmania, most palliative care clients in this category are treated within the major acute hospitals paediatric service areas. Specialist palliative care services are involved in symptom control and management in the hospital and home situations.

Aboriginal and Torres Strait Islander peoples

Specialist palliative care services seek advice from the person/family about what is culturally appropriate within their context, as part of admission/consent processes. There is a view that there is some under-utilisation of specialist palliative care services by Indigenous clients. However, data collection is currently under-developed in this area in palliative care. In order to improve information about the number of Aboriginal and Torres Strait Islander people using DHHS services it will become mandatory as of 1 July 2005 for all service areas to ask standard questions for data collection. The Aboriginal Health and Well Being Steering Committee has endorsed the standard questions.

People with specific cultural and linguistic needs

Specialist palliative care services attempt to meet the needs of people from culturally diverse backgrounds. Culturally appropriate volunteer support to assist with in-home support is used where appropriate, along with support from the Translating and Interpreting Services.

People with cancer

A State Cancer Control Plan has been developed and incorporates linkages with palliative care. The majority of referrals to specialist palliative care services are referrals for people with cancer.

People with HIV/AIDS

Specialist palliative care services are available on referral to all Tasmanians.

People with post-traumatic stress disorders

Specialist palliative care services recognise that post-traumatic stress can often emerge during end-of-life processes. When this occurs, the service attempts to bring into the care process appropriate allied health professionals to support the client and family.

People with pre-existing disabilities

Specialist palliative care services assess pre-existing and acquired disabilities of the client on referral and then work closely with the client/family and disability support team to support optimal client choices for end-of-life care in a setting appropriate for the situation.

Activities in rural and regional Tasmania

A key theme of the Review is to enhance access to palliative care services in rural and regional areas. Strategies to meet the needs of the significant proportion of the Tasmanian population who live outside the major cities include:

- Establishment of a new model of care based on clients receiving different levels of care and types of service depending on their needs
- Creation of integrated palliative care networks for each geographical area
- Commissioning additional dedicated palliative care beds located in, and spread between, existing acute and rural hospitals.

Additional medical workforce resources have been allocated in the North and North West to support increased access to services in rural and remote areas across these regions. Other projects also looking at strengthening rural and remote access are reported in 'Palliative care activity in Tasmania' (page 128).

Carers

The Palliative Care Service recognises and supports the needs of carers across the care journey in several ways, including the following:

- Carers can access a 24-hour, 7-day-a-week, on-call service to ask questions about specific client-related care, or seek advice on any other concerns about the person being cared for.
- Training and education is offered on the skills needed to care for someone in the home. This may include pressure care, lifting and bed-making assistance, and training on equipment left in the home by palliative care staff.
- Carers are also provided with advice on the availability of other community supports and assisted with appropriate referrals.
- Social worker assistance is also offered to assist carers with financial concerns and to link them with the appropriate community and government services.
- Bereavement support is offered to all carers following the death of their loved one. The support can be accessed within the Palliative Care Service, or by appropriate referral to other services where this is requested.

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Key links with other strategies and frameworks in Tasmania (Objectives 3.2, 3.3)

Other statewide influences

In addition to the *Tasmanian Palliative Care Plan 2002–2005*, there are several other key Tasmanian strategies and operational frameworks which influence palliative care planning and practice. These include:

- Tasmania Together goals and benchmarks
- The DHHS Corporate Plan
- The *Community, Population and Rural Health Divisional Strategic Plan*
- The *Primary Health Sub-Division Business Plan*
- The *Partners In Health Framework* between DHHS and the University of Tasmania
- The *Memorandum of Understanding* between the Tasmanian General Practice Divisions and DHHS
- The DHHS *Agency Workforce Planning* approach
- The DHHS *Cancer Control Plan*
- The Palliative Care Review Implementation Project
- A number of working groups specific to implementation of the recommendations of the Review.

Workforce

Recruitment and retention of health professionals is a significant issue for all Tasmania health services. This issue is being addressed by DHHS and a number of strategies have been developed.

The Palliative Care Service is progressing several strategies aimed at strengthening the workforce. For several years now, the service has had in place formal linkages with the University of Tasmania under the *Partners in Health Framework* aimed at strengthening clinical practice, education and research links between tertiary providers and regional services. The result has been that conjoint appointments are in place between each tertiary campus and the service in that region.

DHHS has also allocated additional resources to support the alignment of palliative care medical staffing levels (including registrar training in palliative care) on a population benchmark basis as recommended in the Review. The recommendations directed at professional development of specialist nursing staff (Tier one) and provision of education for palliative care primary providers (Tier two) are also a priority for progressive implementation over three years.

Palliative care activity in Tasmania

This section provides additional information about projects, research, initiatives and influences in the broader palliative care sector in Tasmania.

Reform, training and research in Tasmania

There is a range of reform, training and research initiatives which have occurred, or are occurring, in Tasmania. Some are funded through the National Palliative Care Program; some are funded by DHHS; others arise through various grant and research arrangements.

Some of the more significant initiatives in Tasmania are described below.

National Contribution to Tasmanian Reform in Palliative Care (Objectives 2.4, 2.5, 3.2)

The Australian Government, through the National Palliative Care Program, has offered funding to assist each of the States and Territories to undertake strategic activities that would progress the reform agenda in palliative care and support the policy, Goals and Objectives of the National Strategy. Tasmania allocated its funding to the 2004 Review with the broad aim of improving access to quality palliative care services in Tasmania. This Review resulted in 27 recommendations, many of which are reported elsewhere in this chapter. Additional funding was provided in 2005 to support the implementation of the Review recommendations and to progress the *National Indigenous Palliative Care Resource Kit* within Tasmania.

Status	Review complete; steering committee convened to oversee implementation; Indigenous palliative care training provider secured
Evaluation	2006
Reports, information, materials	www.dhhs.tas.gov.au/palliativecare/review

Program of Experience in the Palliative Approach (PEPA) (Objectives 1.3, 1.4)

This program is one of a number of national initiatives designed to achieve the Goals of the National Strategy. The National Palliative Care Program has made funds available for PEPA, which provides primary health care practitioners with an opportunity to develop skills in the palliative care approach by undertaking a short and flexible program of planned work placement with a palliative care specialist service within a metropolitan or larger rural service.

Tasmania received \$167,000 for 50 places over two years to provide flexible learning packages for a minimum of five days, customised to the needs of the clinicians wishing to enhance their palliative care skills.

The project experienced some delay in start-up time due to recruitment issues. Additional funding was provided in 2005 to extend placements to 30 GPs.

Status	Commenced August 2004
Evaluation	Late 2006
Reports, information, materials	www.dhhs.tas.gov.au/agency/pro/palliative

Rural Palliative Care Program (Objectives 1.4, 2.2, 2.5, 3.1, 3.2)

The Rural Palliative Care Program is one of a number of national initiatives designed to achieve the Goals of the National Strategy. The National Palliative Care Program has made funding available over a three-year period to support eight Divisions of General Practice across Australia in the development and implementation of collaborative models, demonstrating improved access to multidisciplinary care for rural communities. In Tasmania, the Northwest Tasmania Division of General Practice has received funding to implement the project. The aim of the project is to develop and evaluate a sustainable model of general practice palliative care provision in rural and remote communities in the region.

Status	Ongoing to 2006
Evaluation	Refer to the National Palliative Care Program
Reports, information, materials	Refer to www.adgp.com.au

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Palliative Care Equipment Program (Objectives 2.2, 2.4)

The Palliative Care Equipment Program (\$3.8 million over two years) is one of a number of national initiatives designed to achieve the Goals of the National Strategy. The initiative (being administered through Palliative Care Australia) provides grants to organisations in each State or Territory for the purchase of equipment that can be loaned to families and carers of people receiving palliative care at home, particularly organisations in rural or remote communities or those with links to residential aged care facilities.

In Tasmania, this initiative was sponsored and implemented by the community-based peak body, TAHPC. The total funds available for expenditure in Tasmania in 2004 were \$113,000. The funding enabled the Palliative Care Service to supply equipment to clients and their families throughout the North, North West and Southern regions of the State for community-based services.

Status	Completed
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Evaluation	Refer to National Palliative Care Program timeframes
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Medical Specialist Outreach Assistance Program (Objectives 1.4, 2.2, 2.5, 3.1, 3.2)

Tasmania receives funding under this initiative to strengthen access to specialist palliative care medicine in the North and North West regions of the state, including the isolated areas of King and Furneaux Group Islands. Responsive medical specialist expertise and leadership is required to enhance care of the dying and support primary health providers who are largely responsible for the care of people living with an incurable illness. This project has facilitated the appointment of two full-time palliative care medical specialists to each region to enhance access to, and quality of, palliative care support.

Status	Ongoing to 2008
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Evaluation	Late 2008
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Reports, information, materials	Progress reports to the Department
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Volunteer Support Co-ordination

Volunteers fulfil an essential role in palliative care in Tasmania, providing respite for carers, companionship and support to palliative care clients, carers and families. Volunteer support also provides practical assistance such as shopping, transport and, in some cases, overnight support.

In recognition of the important complementary role in palliative care, DHHS contributes funds to TAHPC to manage and deliver regular training to volunteers working in palliative care in the Southern and North West regions. Volunteer co-ordination in the North region takes place within the regional Palliative Care Service. Once trained, volunteers are then placed within the community, in a hospice or in acute care settings in consultation with the Palliative Care Service.

Status	Ongoing
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Evaluation	2006/07
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Reports, information, materials	www.dhhs.tas.gov.au/palliativecare
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Caring Communities Program projects in Tasmania (Objective 1.2)

The National Palliative Care Program has provided one-off funding through the national Caring Communities Program for individual projects to improve the capacity of communities to care for someone with a life-limiting illness – specifically to improve the proportion of time that patients are cared for in the setting of their choice and to improve their satisfaction with care. Two projects from Tasmania were successful in receiving funding.

Collaborative Palliative Care in Rural Communities (Objectives 1.1, 1.2, 1.3, 1.4, 2.4, 3.1)

This project, sponsored by DHHS, aims to develop and articulate an agreed system of collaborative practice and service provision between primary practitioners in rural areas, palliative care consultants and palliative care volunteer co-ordinators. The project is aiming to improve referral and communication systems; provide needs-based professional development and education; develop a cooperative system of activity and outcomes monitoring and evaluation; and undertake collaborative development of system tools such as clinical pathways, practice guidelines, assessment tools and clinical indicators.

Evaluation will determine the effectiveness of each of the elements of this program but it is hoped that the programs and processes that are developed will become the foundation for collaborative practice across Tasmania.

Status	Ongoing to March 2006
Evaluation	Through the national cluster evaluation of the Caring Communities Program
Reports, information, materials	Descriptive information at www.pallcare.org.au/caringcommunities/projects.html A palliative care advice internet website – the Advice Net line

Empowering the Southern Midlands Community through Information and Integration

(Objectives 1.1, 1.2, 3.2)

This project, sponsored by the Midlands Multi Purpose Health Centre, is designed to increase the knowledge and skills of local health professionals, key community organisations and residents regarding palliative care issues and to develop a collaborative model of local practice, support the recruitment of volunteers and establish an equipment pool for local palliative care patients.

Status	Completed in October 2004 after commencing in June 2003
Evaluation	Through the national cluster evaluation of the Caring Communities Program
Reports, information, materials	Brochure produced Six volunteers trained and local equipment store established

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The peak body – the Tasmanian Association of Hospice and Palliative Care

(Objectives 1.1, 1.2, 3.2)

The Tasmanian Association of Hospice and Palliative Care (TAHPC) is an affiliate of Palliative Care Australia and is the Tasmanian peak body for palliative care matters. TAHPC was established in Tasmania in 1996 when specialist palliative care was emerging nationally as a new discipline. Its membership consists mainly of clinicians, palliative care volunteers and members of the general public, and focuses on raising awareness of palliative care matters in Tasmania and promoting educational activities.

The Association aims are to foster and promote the principles of palliative care for all people, to be the representative body for hospice and palliative care within Tasmania, and to liaise and affiliate with appropriate national and international organisations.

The Association conducts public awareness activities in National Palliative Care Week, raises community awareness of palliative care by providing education to the community, and is a referral service for people seeking information. It also is a major facilitator for education to palliative care staff in Tasmania. It is self-funding, relying on subscriptions and monies raised through educational activities for day-to-day activities.

Commentary about Tasmania

This section provides a summary of the trends and influences emerging in palliative care in Tasmania.

Factors driving demand for service and shaping the palliative care service system in Tasmania are identified in the *Palliative Care in Tasmania: Current Situation and Future Directions* report.

Demographic and social characteristics identified as affecting demand include the following:

- Tasmania has the highest overall incidence of cancer nationally (excluding non-melanocytic skin cancers), with a one-in-three risk of developing cancer before the age of 75 years.
- Tasmania has an older population than the national average, and the percentage of older people is predicted to increase from 13.5% in 2001 to 14.8% in 2006 and 31.8% by 2051, with most rapid growth in the 85-years-plus age group.
- Health outcomes and access to health services are generally poorer for people living in rural and remote areas. Forty-seven percent of Tasmanians live outside the cities of Hobart, Clarence, Glenorchy, Launceston, Devonport and Burnie, and the proportion of people aged 70 plus living in rural areas is almost double the national average. Different service models are required to provide timely and appropriate access to palliative care in rural and remote communities.
- Tasmania is the state with the greatest level of disadvantage and is second only to the Northern Territory nationally on the Australian Bureau of Statistics Index of Relative Socio-economic Disadvantage.
- Tasmania has the highest rate of people living alone. People living alone are more likely to require hospice-based care rather than home-based care.

The challenge Tasmania faces is to develop a sustainable system of palliative care service provision – one that can meet the needs of Tasmanians with a life-limiting illness, wherever they may live.

The Review report has set out the path along which Tasmania will travel to meet these challenges. Tasmania has committed to a significant change process over three to five years to meet that challenge by addressing the Review's 27 recommendations, grouped under the following six priority areas:

- A new model of service delivery – includes a needs-based model to guide palliative care service delivery and integrated palliative care networks
- Medical workforce sustainability
- Professional development
- Allied health workforce development
- Nursing workforce sustainability, and
- Additional palliative care hospice/inpatient beds.

Further information

www.dhhs.tas.gov.au/agency/pro/palliative

Tasmanian Palliative Care Plan 2002–2005, Community Population and Rural Health – DHHS, www.dhhs.tas.gov.au/palliativecare/pdfs/tas-palliative-care-plan.pdf, 2002

Review – Palliative Care in Tasmania: Current Situation and Future Directions, Eagar E, Gordon R, Quinsey K and Fildes D, June 2004