

Chapter 8 – Queensland



Overview of palliative care in Queensland

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

Recent history and context in Queensland

In 1999 the *Queensland Health Palliative Care Program Guidelines* were issued to all Health Service Districts (note that, for planning and management purposes, Queensland Health operates with three zones – Southern, Central and Northern – within which there are 38 Health Service Districts). Publication of the Guidelines was followed by the *Strategic Directions for Palliative Care Services 2000–2005*, which is consistent with the National Strategy and recognises the importance of strengthening community-based services for palliative care.

Palliative care strategic plans to guide service development in Queensland were produced for Southern Zone (2000–2005) and Northern Zone (2000–2003). In Central Zone, an operational service statement has been developed to reflect current service practice.

In the 1999/00 National Palliative Care Program one-off funding round, Palliative Care Queensland submitted a research proposal to conduct a comprehensive needs assessment into palliative care service provision throughout Queensland.

The project aims were reviewed and ultimately three documents were produced in March 2001:

- *Palliative Care in Queensland: Issues and Initiatives (Vol. 1)*, which provides an overview and recommendations
- *Palliative Care in Queensland: The State Defined (Vol. 2)*, which is a comprehensive review by Health Service District of demography, pattern of current service delivery, strengths, deficits and recommendations for each district, and
- *Palliative Care in Queensland: The Process (Vol. 3)*.

While this work was being finalised, Queensland became a party to the National Strategy, which was launched in October 2000 as a commitment of the Australian, State and Territory governments (along with other stakeholders) to the development and implementation of palliative care policies, strategies and services that are consistent across Australia and to the delivery of quality palliative care that is accessible to all people who are dying.

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Current arrangements in Queensland

Introduction

Palliative care is delivered through Health Service Districts throughout Queensland. Zonal Management Units and the Aged Care Unit, Health Services Directorate of Queensland Health provide operational and policy support.

Strategic Directions for Palliative Care Services 2000–2005 is the major document currently guiding palliative care service delivery in Queensland. It identifies five key elements: service provision, education, research, funding and planning. Zonal plans are aligned to the strategic directions for palliative care.

Funding (Objectives 2.2, 3.2)

Funding for palliative care is principally provided through the 2003–2008 Australian Health Care Agreements to the States and Territories on a proportional basis, and through additional funding from the relevant State or Territory health budgets.

In the 2003/04 financial year, Queensland Health allocated \$5.3 million to palliative care, of which a significant proportion funds services provided by contracted non-government organisations (NGOs). A further \$6 million was allocated through the Australian Health Care Agreements.

As part of the suite of health election commitments during the state election campaign in 2004, an additional \$1 million per annum was committed on a recurrent basis for specific palliative care and pain management purposes. This commitment aims to improve quality of life and increase access to: a) palliative care services for people residing in the Townsville, North Brisbane and Bayside catchments; and b) best practice pain management services for clients statewide. It is anticipated that project implementation would occur by 30 June 2005 and then be ongoing with an annual budget of \$1 million.

Designated inpatient beds are funded at Mt Olivet Hospital. There has been a recent increase in the number of inpatient beds for palliative care although they are not identified under palliative care funding.

Other funding for research and time-limited projects is reported below (see 'Palliative care activity in Queensland' on page 72 and 'Commentary about Queensland' on page 78).

Service delivery structure (Objectives 2.4, 3.2)

The service delivery model in Queensland provides co-ordination of palliative care and is performed at the Health Service District level to support a local integrated approach. This can include the provision of services through brokerage arrangements, or by direct service provision through the relevant Health Service District. Care is provided in a range of settings, including community, hospital or residential aged care.

NGOs have historically been a key provider of palliative care in Queensland, though there is great diversity in levels and types of service provided and the approach to palliative care across districts and zones.

A Palliative Care Information Service (see 'Palliative care activity in Queensland' on page 72) provides phone information and advice.

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.

Note re volunteers

Palliative Care in Queensland: The State Defined (Vol.2) describes services in detail by Health Service District. Where volunteers are part of service delivery this is noted; this has resulted in a comprehensive picture for the State of volunteer involvement. Volunteers fulfil a range of different roles in palliative care, from practical and emotional support for families through to fundraising and management committee roles for community hospice services. Occasionally the report made recommendations about improving volunteer training and support at the Health Service District level. However, at the statewide level there were no specific recommendations made about volunteer involvement in palliative care services. In summary, support for carers and general community education and development in palliative care were considered important and there is a community development project being undertaken by Palliative Care Queensland.

Equipment (Objectives 2.2, 2.4)

Equipment supply arrangements vary throughout Queensland. Residential aged care facilities, hospitals, NGOs, community health facilities and peak bodies endeavour to access funding sources to obtain necessary equipment. Equipment includes pain management devices, and medical furniture such as purpose-built beds and mobility/personal living aids. Use of the equipment is at the discretion of the organisation providing palliative care and based upon care needs. Palliative Care Queensland co-ordinates submissions for funding under the national Palliative Care Equipment Program.

Planned arrangements in Queensland (Objective 3.2)

The document *Health 2020* outlines the overall strategic intent for Queensland Health, with an emphasis on promoting better health rather than an emphasis just on services. Hence partnerships will become increasingly important and Queensland Health will be looking for solutions to health issues, not necessarily to being the provider of a service.

Queensland Health has developed a Service Capability Framework which is influential in planning where and how health services should be delivered to ensure minimum safety standards, and ensuring that workforce requirements are supported. From 2005, the framework will include specifications for cancer services and palliative care services. A State Cancer Control Implementation Plan is also in development and this incorporates planning for palliative care; it is a high level planning process with a Ministerial Advisory Committee.

Planning, data collection, monitoring and reporting in Queensland

Planning (Objectives 2.2, 3.2)

Palliative care strategic plans to guide service development have been produced for Southern Zone (2000–2005) and Northern Zone (2000–2003); Central Zone has developed an operational service statement to reflect current service practice.

Population-based planning for palliative care is a relatively recent phenomenon and one that is still evolving. There can be tension between the way NGOs determine their client group and the approach of population-based planning.

Queensland Health has identified the need to develop more standardised protocols across Health Service Districts for determining access to contract palliative care services and to tertiary level services; this will make navigating the system more streamlined for GPs and others who refer to palliative care services.

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Data collection and reporting (Objectives 2.1, 2.2, 2.3)

Data is supplied to Queensland Health by contracted NGO services as part of existing agreements. Palliative care also forms part of the admitted hospital data collection. Queensland Health is examining performance reporting for its palliative care responsibilities under the Australian Health Care Agreements and is continuing in negotiations with the Department. The complexity and extent of data collection and reporting is an area of concern to service providers, particularly those contracted to a range of different government subsidised programs, for whom there are a range of different reporting requirements and mechanisms.

Advisory bodies (Objectives 2.2, 2.3, 3.2)

Queensland Health convenes and chairs a Palliative Care Reference Group which meets three times a year. Membership of the committee is broad, with representation from NGOs, hospice services, cancer services, carers association, the Ethnic Communities Council, research bodies, peak organisations, regional services, and zone management.

Key settings of care in Queensland (Objectives 1.3, 2.4, 3.1)

There are four settings of care identified in the National Strategy: home, community settings, inpatient palliative care beds and units, and acute hospital care. The following describes the Queensland approach to these settings.

Home and community settings

Strategic Directions for Palliative Care Services 2000–2005 states a commitment, within the limits of available resources, to move from the care environment of acute care facilities to care in the home provided by community organisations and volunteer support groups.

Karuna Hospice Ltd provides a hospice in the home service to Northern Brisbane; Cittamani (soon to become a separate organisation to Karuna) provides a similar service to the Sunshine Coast. A survey of Karuna clients in 2002/03 found that the aspects of their service that were most important to clients were nurses available on-call 24 hours a day, the loan of home nursing equipment, co-ordinated care between Karuna and the GP, free service, and availability of volunteer support.

Karuna sees about 200 people per year for care in their home, and the average length of stay is 46 days. Karuna also provides services to additional numbers of family members and people needing bereavement support. The Karuna model is different to other specialist teams who offer palliative care in the home in that the specialist nurses both assess the patients and do the hands-on care. In other services it is more common for the hands-on care be done by personal care staff or domiciliary nurses.

There is a range of NGOs and Queensland Health Primary/Community Health Services that offer care and support in the home for palliative patients. BlueCare, OzCare and St Luke's are all large service providers in both aged care and palliative care with specialist palliative care staff.

Mt Olivet Community Services, which mainly serves the southside of Brisbane, sees about 120 patients a year through their home-based service. Like Karuna they cannot keep up with the demand for their service and may have periods of several weeks in which they cannot take new clients.

Hospices

In some parts of Queensland, such as Toowoomba and Ipswich, hospices have been opened and are managed by community non-profit groups with significant volunteer input and community fundraising. Fundraising is underway for the establishment of a hospice in Logan City (between Brisbane and the Gold Coast).

Inpatient palliative care beds and units, and acute hospital care

In the last ten years there has been growth in the number of inpatient beds dedicated to palliative care. There is great variation in how these services are organised. In the large hospitals, such as Princess Alexandra, there may be one or two palliative care beds in a number of different wards; in other places there may be a dedicated palliative care unit.

They may offer respite care. The actual inpatient model of care may also vary from an acute care medical model to a more holistic hospice model. In some tertiary hospitals, such as Royal Brisbane, specialist palliative care services are a recent development.

Note previous comment that inpatient palliative care beds are not identified as part of Palliative Care Program funding in Queensland, but, in 1998, palliative care within public hospital system funding was estimated at \$13.3 million.

Note re respite care

In Queensland, inpatient and day respite is provided through inpatient palliative care beds or units and hospices. 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. Queensland has 14 such CCRCs.

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

A number of different population groups are identified in the National Strategy. Palliative care is provided through Queensland's public acute care hospitals, private hospitals and NGOs, including volunteer groups, families, friends and carers. Care is based on client need and services delivered in the context of target groups, local resources and care models. Some providers are progressing enhancements to service delivery reporting to reflect specific population groups.

Aged care

Many NGOs contracted to provide palliative care in the community are also providing community care to older people.

The *Guidelines on Palliative Care in Residential Aged Care* (a national initiative) are generally being welcomed in Queensland as a positive initiative to improve the capacity of residential aged care to provide quality palliative care. There is general recognition that planning and continuity of care needs to be improved between palliative care and aged care.

Children and young people

Most paediatric palliative clients from throughout Queensland are treated within tertiary facilities in Brisbane either at The Mater Children's Hospital or The Royal Children's Hospital. The Xavier Children's Support Network, located in the QEII Health District, provides home-based services, including nursing, personal care, allied health, day care, respite and bereavement support.

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Zoe's Place is a home-based outreach service for children with a palliative condition. With a large volunteer base, they provide bereavement support, pastoral care, friendly visiting and respite.

One of the Caring Communities Program projects in Queensland (see 'Palliative care activity in Queensland' on page 72), located at Mt Olivet Community Services, is a statewide project with a focus on bereavement services for children and teenagers.

A Paediatric Loss and Grief Training Project (see 'Palliative care activity in Queensland') involved a three-day workshop in 2003, and development of a resource booklet and a train-the-trainer program. The work was based on recommendations from the Statewide Paediatric Palliative Care Education and Community Awareness Project, completed in July 2000 and funded by the Queensland statewide non-government Health Services Unit.

Aboriginal and Torres Strait Islander peoples

Models of care and services differ in rural and remote communities and in districts with significant Indigenous populations. For example, from Mt Isa Hospital, palliative care specialist team members may link with the Royal Flying Doctor Service to offer pain management and medication monitoring for palliative patients living on remote properties and communities.

Gordonvale Memorial Hospital, which is near the Yarrabah community, provides palliative care through services such as medical and nursing care, symptom control, respite care and inpatient facilities, as well as facilitating home nursing and home-based support, emotional and spiritual support, and a network of allied health services such as social work support. As the hospital specialises in palliative care, the inpatient beds are generally dedicated to those patients. In addition, Gordonvale patients being treated acutely at Cairns Base Hospital who require lengthy recuperation may be medically assessed as appropriate for transfer to Gordonvale for that period so that they can be closer to home.

In Brisbane there is possibly under-utilisation of specialist palliative care services by Indigenous families. In some cases it may be that the major acute hospital services (such as renal units) retain care of Indigenous clients right through their illness and use Aboriginal liaison officers from the hospitals to assist in providing continuity of care.

Queensland Health is introducing an Indigenous Palliative Care Principles – Train-the-Trainer program for the three Rural Health Training Units. This program will be based on the *Providing Culturally Appropriate Palliative Care to Indigenous Australians – Resource Kit*.

People with specific cultural and linguistic needs

Both specialist and generalist palliative care providers attempt to meet the needs of people from backgrounds which are culturally and linguistically diverse. There are a small number of culturally and linguistically diverse specific services that provide some palliative care support. Palliative Care Queensland (see 'The peak body – Palliative Care Queensland' on page 77) initiated a partnership project to increase the number of palliative care volunteers from a culturally and linguistically diverse background. The Ethnic Communities Council of Queensland operates the Berlasco Court Caring Centre, a residential aged care centre for people from a culturally and linguistically diverse background and the only ethno-specific aged care service in Queensland. The centre has a representative on the Queensland Palliative Care Reference Group.

In its 2002/03 Annual Report, Karuna Hospice notes that its client profile has been changing, with a greater number of clients who were born overseas. For these clients, their capacity to die at home is compromised by a lack of family support. A training program was developed for the Karuna clinical team to improve their awareness and confidence in meeting the needs of clients from culturally and linguistically diverse backgrounds.

People with cancer

A *State Cancer Control Implementation Plan* is in development and incorporates planning for palliative care. At a service delivery level, there have traditionally been strong links between cancer services and palliative care. In practice, many nurses who work in palliative care have worked in cancer services, which has served to strengthen informal networks and continuity of care. At a statewide policy and planning level, the current cancer planning process will be influential in palliative care, and will include paediatric services.

The planning emphasis in palliative care is to start with protocols (for access to tertiary services and for standardising entry criteria across districts), service capability and evidence-based practice. Some stakeholders cautioned that linking palliative care closely to cancer services at the planning level may inhibit access for people with conditions other than cancer.

People with post-traumatic stress disorders

Data is not routinely collected.

People with pre-existing disabilities

Data is not routinely collected.

Activities in rural and regional Queensland

Although the three Queensland Health zones have responsibility for planning and budgeting, Queensland Health's Rural Health Policy Unit has been working on telehealth initiatives and other policies and practices to improve access to all health services in rural and remote areas. Retaining a skilled health workforce in these areas is an ongoing challenge. The Regional Health Service Program (an Australian Government funded initiative) is helping to provide allied health care in rural and remote areas and should assist with allied health input to palliative care. The program operates out of Townsville (GP Division) with a hub and spoke model where, in a six-week rotation, staff spend three to four days in places such as Birdsville and Mornington.

Carers

Queensland Health was involved in the Interdepartmental Committee (led by Disability Services Queensland) that developed the *Queensland Government Carer Recognition Policy*, which was released in October 2003.

The policy provides a framework for Queensland Government services to identify and recognise the needs of carers. The Queensland Government is progressing an election commitment made in 2004 to develop an Action Plan to implement the policy in acknowledgment of the vital role that carers play.

A Carer Recognition Interdepartmental Committee, with Disability Services Queensland as lead agency, is working with community stakeholders to develop an Action Plan to implement the policy. Ageing carers have been identified as a priority group and Queensland Health's *Strategic Directions for Palliative Care Services 2000–2005* recognises the need to include carers in the provision of care and the need to support carers during and after the death of a family member.

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

One of the features of palliative care services in Queensland is the provision of palliative care as an integral part of other health and support services. In addition to *Strategic Directions for Palliative Care Services 2000–2005*, there are some other key strategies and operational frameworks in Queensland which influence palliative care planning and practice:

- The Palliative Care Reference Group
- *Health 2020*, which outlines the overall strategic intent for Queensland and includes a Health Service Capability Framework. The emphasis is on solutions to health issues, not simply on service provision
- *The State Cancer Control Implementation Plan*
- The Centre for Palliative Care Research and Education (CPCRE)
- Palliative Care Queensland
- Queensland Health's *Directions for Aged Care 2004–2011*, and
- *National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for Action by Government, July 2003*.

Palliative care activity in Queensland

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

Reform, training and research in Queensland

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

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

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

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. Queensland has used these funds to work with key stakeholders in a one-off project that will support dying people and their families to optimise their quality of life and their eventual death through:

- Education, information and resources to enhance their capacity to make informed health decisions about their health, dying and death
- The development of programs for delivery through palliative care services, their local community networks and social services that will strengthen the supportive care available to dying people and their families, and
- The promotion of community and health services and supports available in local communities.

Status

Managed by the South Queensland Rural Division of General Practice

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 funding 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.

As at 22 November 2004, the first round of PEPA placements in Queensland involved 42 completed placements. Participants included nurses (66%), assistants in nursing (19%), social workers (7%) and Aboriginal health workers (5%). There were also some pastoral care workers and a speech pathologist. Applications were accepted throughout Queensland and placements indicated an approximate 50/50 split between urban and rural and remote areas.

Status	PEPA is managed in Queensland by the CPCRE and the program is progressing in accordance with the project timetable. Completion is anticipated by 30 June 2005
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Evaluation	The final project report will include evaluation statistics from host sites, participants and employers
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Reports, information, materials	CPCRE programs can be viewed at www.cpcrc.com
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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 Queensland, the Southern Queensland Rural Division of General Practice (South Burnett) has received funding and is focusing on provision of an after-hours service, effective case-conferencing, the use of PalCIS, significant education and training, and the use of patient-held records.

Reports, information, materials	Further information at 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 and 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 Queensland, Palliative Care Queensland has taken on the co-ordination role.

Status	Co-ordinated by Palliative Care Queensland
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Reports, information, materials	Palliative Care Australia reported to National Palliative Care Program in October 2003
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Centre for Palliative Care Research and Education (CPCRE) (Objectives 2.4, 2.5, 3.1)

The CPCRE is funded by Queensland Health and is a consortium of Queensland University of Technology, Royal Brisbane Hospital, The Prince Charles Hospital, Karuna Hospice Service and the Brisbane North Division of General Practice. It has 2.5 full-time equivalent staff.

Consultation forums with 90 representatives held across the State helped to formulate the CPCRE priority actions for 2004–2006:

- Developing and promoting the use of evidence-based resources for palliative care service planning and delivery
- Promoting access to high quality palliative care education
- Undertaking research that will lead to advances in palliative care practice
- Establishing and facilitating partnerships that promote improvements in palliative care
- Identifying trends in palliative care service delivery and their implications for Queensland.

Recent achievements include:

- Co-hosting of the 2nd National Palliative Care Education Conference in May 2004 with over 120 delegates
- Holding the 3rd Annual CPCRE Research Conference in June 2004 with 120 participants
- Organisation of PEPA Queensland
- With QUT, undertaking national co-ordination activities for PEPA and a feasibility study to extend PEPA to other groups
- Developing evidence-based competencies for specialist palliative care nurses with funding from Queensland Nursing Council
- Planning for an Allied Health Network and Queensland Research Network in palliative care.

CPCRE has a number of education initiatives underway with GPs:

- The *Palliative Care Rural Clinical Guidelines* have been launched on the Australian College of Rural and Remote Medicine's Rural and Remote Medical Education online website (funded by Queensland Health's GP Education Program)
- An online education program – Doctor's Bag for the Dying – has also been developed and placed on the website. The program had 45 enrolments in the first two months of operation.

Reports, information, materials www.cpcrc.com

Mt Olivet Community Services Research Unit (Objective 1.4)

Mt Olivet has a research unit linked to education in palliative care. Funding is from a variety of sources usually via tendering for projects; there have been a number of projects linked to Divisions of General Practice.

Community Development Project (Objectives 1.1, 1.3)

Palliative Care Queensland is running this statewide project, funded by Queensland Health, with the support of a reference group. It will be completed by December 2004 and began with a pilot phase to trial a model of health promoting palliative care. It is essentially a community awareness campaign

and strategy to increase people's preparedness to take up death and dying as an issue and to improve the capacity of local communities to support dying people and their families. Activities have included a short story competition in the *Courier Mail*; the World Café concept, with panel discussions with a carer, clinician and pastoral care worker; establishing networks in schools through education of senior students; and other initiatives in Mt Isa, Bundaberg, Toowoomba, Brisbane and the Gold Coast.

Status For completion in December 2004

Reports, information, materials www.pallcareqld.com

Palliative Care Information Service (PCIS) (Objectives 1.2, 1.3)

Palliative Care Information Service (PCIS) is a phone advice and information service. It was established under funding from Queensland Health and after one year of operation was evaluated by the CPCRE. It was found to be under-utilised as a 24-hour service so now operates during normal business hours. Karuna Hospice has the current contract to operate the service.

There are two main groups of people who use the service. The first user group is people with a family member who may need palliative care services; often it is a fairly new diagnosis and the client is unclear about what they want but is seeking information and support. These calls are typically half-hour counselling type consultations.

The second user group is clinicians in rural and remote areas seeking advice and support on specific patient management. Efforts have been made to have doctors rostered and available to respond to calls from GPs, but medical staff tend to use their own networks and do not access PCIS. A major component of PCIS is the maintenance of an extensive database of about 20,000 items relevant to palliative care. Information is included on services in northern New South Wales as many people from that area seek information through PCIS. There has been some interest in investigating the options for PCIS to become a national service.

Status Funded by Queensland Health and managed by Karuna Hospice

Reports, information, materials Database can be accessed by calling 1800 772 273
General information www.pcis.org.au

Paediatric Loss and Grief Training Project (Objective 2.4)

The *Paediatric Loss and Grief Training Project Report* involved a three-day workshop held in Bundaberg in the Central Zone in 2003 with 31 participants, development of a resource booklet (2004), and a train-the-trainer program being developed in 2004.

NOTE: The Statewide Paediatric Palliative Care Education and Community Awareness Project, funded by the Queensland Statewide Non-government Health Services Unit, had been completed in July 2000. It produced a number of recommendations, many of which were fundamental to the development of the (current) Paediatric Loss and Grief Training Project.

Status Final materials under development

Reports, information, materials Report is available on the CPCRE website www.cpcre.com
Resource booklet is available

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Caring Communities Program projects in Queensland (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.

Total funding available for Caring Communities Program projects in Queensland was \$622,000. Five projects from Queensland were successful in receiving funding. They are 18-month projects due for completion in June 2005. One of the important criteria in selecting projects was that they should be about improving the sustainability of palliative care services.

Educational Strategy to Increase Palliative Care Capacity of Primary Health Care Providers in Rural and Remote Areas (Objectives 1.1, 1.2, 1.3, 1.4, 2.4)

This project is auspiced by General Practice Education Australia, with the education being provided by Mt Olivet. The project is an interactive educational strategy aimed at increasing the palliative care capacity of primary health providers working in four targeted rural and remote areas of Queensland. A specialist team from Mt Olivet is taking a roadshow on palliative care to rural centres such as Roma, Charleville, Mt Isa, Cloncurry and Normanton. Travelling workshops provide GPs with a one-on-one education session at their surgeries. Original attempts to attract GPs to attend education sessions in Brisbane were not successful.

Evaluation Through the national cluster evaluation of the Caring Communities Program

Volunteer Palliative Care Support Network Initiative (Objectives 1.1, 1.2, 3.1)

Blue Care Brisbane Central Region is developing this project to strengthen volunteer social support and practical assistance to complement existing palliative care services. In addition, the project will look at standardising volunteer training orientation and co-ordination so there can be better flow of volunteers between services. Guidelines and a model for volunteering will be produced.

Evaluation Through the national cluster evaluation of the Caring Communities Program

Bundaberg Palliative Access Link Project (Objectives 1.1, 1.2, 2.4, 3.1)

The Wide Bay Division of General Practice is managing this project. It will create a database as a one-stop shop for services in the district on anything to do with 'quality of life' which will assist palliative care clients. Its main focus is on developing a network of work, school and community members who serve as Palliative Access Links (PALs) to provide information. The Project Officer is a 'roving ambassador' for palliative care and also offers counselling and support for volunteers.

Evaluation Through the national cluster evaluation of the Caring Communities Program

Community Bereavement Support Services for Children, Adolescents and Families (Objectives 1.1, 1.2, 2.4)

This project is jointly funded through the Caring Communities Program project and Mt Olivet Community Services, as some direct service provision is involved. The project has a statewide brief and is providing education, counselling and support to grieving children, adolescents and their families. The goal is also to raise awareness in the wider community (particularly schools) about the needs of grieving children and adolescents. A brochure has been produced for schools and volunteers have been recruited.

Evaluation	Through the national cluster evaluation of the Caring Communities Program
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Reports, information, materials	Brochure available
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SEAM: A Support, Education, Assessment and Monitoring Service for Regional and Rural People (Objectives 1.1, 1.2, 2.4)

This project is about improving the continuum of care for palliative care clients in an area where historically there has been a poor level of co-ordination across health services. GP Connections (Toowoomba Division of General Practice) has employed a project officer to establish systems to improve the co-ordination of health services for patients and take on the role of care manager, with the goal of the co-ordinated process being self-sustaining within two years.

Evaluation	Through the national cluster evaluation of the Caring Communities Program
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The peak body – Palliative Care Queensland (Objectives 1.1, 1.2, 3.2)

Palliative Care Queensland is the peak body and receives funding from Queensland Health. Palliative Care Queensland has strong membership from health professionals, and its emphasis in recent years has been on improving quality of care and clinical education for its members. However, not all the NGOs that are large providers of palliative care are members. Palliative Care Queensland has branches in regional centres and this structure facilitates activities across the State.

With the advent of the CPCRE, Palliative Care Queensland has redefined its role to ensure that there is no duplication of activity, especially in education. (The CPCRE education role has been described as focusing on standards and assisting people to implement them.) Palliative Care Queensland organises a statewide conference in palliative care every two years, the most recent held in Toowoomba in July 2004.

As well as education, advocacy and lobbying are important functions of Palliative Care Queensland. It has taken leadership in improving medication administration and believes the shift to syringe drivers has had a positive impact on the community. Another key lobbying point has been for better alignment of legislation on drugs and poisons with stated government policy. Palliative Care Queensland has a role in community education and each year organises National Palliative Care Week in Queensland.

Commentary about Queensland

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

The drivers of palliative care in Queensland appear to relate to:

- **Population demographics.** Of any Australian state, Queensland has a larger proportion of its population living outside of the capital city. Hence it faces all the challenges of providing comprehensive and quality health services across a range of geographic areas from Brisbane and other major population areas such as the Gold Coast to small urban centres on the coast, and to rural and remote communities.
- **Education and training matters.** The establishment of the CPCRE in Queensland has increased research, education and co-ordination of activity in palliative care in the State in recent years. Palliative Care Queensland has played a role in education, support and improvement in quality of care, especially for nurses and nursing care. Both organisations have worked on defining their roles and activities to ensure they are co-ordinated and complementary, and recognise the need to continue to do so.
- **Recent reports.** In March 2001 Palliative Care Queensland published a comprehensive three-volume report which mapped activity and issues and made recommendations on palliative care in the State. The project was supported by Queensland Health. Many of the recommendations are being acted upon through a range of Australian, Queensland and local government and NGO initiatives.
- **Planning within the Queensland Health system.** Across health systems there has been greater emphasis on strategic planning and population-based planning for services. Palliative care is very similar to other issues in health care in that strategic and operational plans are printed, published on websites and fairly easily available. Reports and accounts on the progress and outcomes of those plans tend not to be produced as regularly or made easily available to the public. However, *Strategic Directions for Palliative Care Services 2000–2005* is expected to be reviewed in 2005.

Further information

www.health.qld.gov.au

Centre for Palliative Care Research and Education website, www.cpcrc.com

Palliative Care in Queensland: Issues and Initiatives, Vol.1, March 2001; *The State Defined, Vol.2*, March 2001; *The Process, Vol.3*, March 2001, Adams E and Schweizer Y; an initiative of Palliative Care Queensland, supported by Queensland Health

Palliative Care Queensland website, www.pallcareqld.org.au

Strategic Directions for Palliative Care Services 2000–2005, Queensland Health, December 2000