

# **West Vic Division of General Practice: Improving rural Div 1 Nurses knowledge and skills in palliative care.**

Author : Jane Measday WVDGP

This initiative was developed under the West Vic Divisions rural palliative care project. WVDGP was one of eight rural Divisions funded by DoHA through the rural palliative care program (2003-2206).

The project was delivered in partnership with two state funded palliative care services, Wimmera Hospice Care (Horsham) and Central Grampians Palliative Care (Ararat) that jointly covered a significant proportion of the geography of the Division. Both services, as state funded services, were part of the health region's palliative care team and the broader state government initiative of regional palliative care consortiums. The two services receive clinical support from the palliative care physician and the Grampians Regional Palliative Care Team. The team is based at Gandarra in Ballarat (an hour from Ararat and two hours from Horsham). The palliative care services are well established and operate under different models of service delivery because of the local geography and demographic needs.

Wimmera Hospice Care has a staff of 1.9 EFT and Central Grampians Palliative Care has an EFT of 1.6. To meet the palliative care needs of people across the vast geography the specialist nurses work in partnership with other health and community providers who live and work in the 20 communities in the region

The project identified the need to promote the palliative care approach across the rural area to

- strengthen relationships between the palliative care services and health agencies across the region
- strengthen local understanding of the role, function and processes of the specialist palliative care services and
- increase regional conversations on the palliative care approach.

The target group identified was Div 1 nurses from acute, community and aged care. The intervention was a week's clinical placement with the palliative care service.

## **Achievements**

The West Vic Division of General Practice informed DONs of small rural hospitals and managers of aged care facilities about the opportunity for clinical placements. This was done through verbal discussions at regional meetings and through formal written letters of invitation and an expression of interest form. There was no funding for the participating nurses or their organisations, so it was important to gain a goodwill commitment from managers to pay staff to attend as well as providing backfill within the agency. The managers' involvement in approving, selecting and/or encouraging staff to participate allowed for managers to own the program.

The palliative care services provided the clinical placement through staff capacity from the rural palliative project but goodwill investment was also required. The Division provided staff time to develop, document and manage the process of DIV 1 nurses applying for a placement. The documentation that included a written learning plan was based on the highly successful PEPA program. WVDGP participation allowed the specialist palliative care nurses to invest their time in planning the placement and matching activities to DIV 1 nurses learning objectives.

Over an eighteen month period (June 05-Dec 07), 10 Div 1 nurses completed placements in two separate trials. The nurses came from acute and aged care and

came from Natimuk, Dimboola, Warracknabeal, and Nhill, Horsham, St Arnaud and Stawell.

The specialist palliative nurses anecdotally report an increase in positive working relationships with the participating agencies. The trained nurses have acted as a local contact for the palliative care service. The increased understanding of the processes and philosophy of the specialist services has assisted in communication and planning.

## **Future developments**

The palliative care services have negotiated with their auspicing health service to take undergraduate nurses for a week's placement during their placement at the hospital. The exposure to working in community team is seen as an effective strategy to attract nurses to this field of nursing. The services also acknowledge the competition for graduate nurse time in providing professional education opportunities in the form of day workshops. The week clinical placement methodology may only reach one professional at a time, but the impact in the field from this approach is worthy of more study and evaluation.

## **Meeting the pre-conditions for Intersectoral Activity**

The West Vic Division of General Practice nurse clinical placements provides an interesting case study of the importance of the six pre-conditions for successful collaboration as identified in the Harris model <sup>1</sup>

The Division and palliative care services formed common goals for palliative care were able to market the clinical placements to managers in the area. The goodwill investment from a diverse group of agencies (aged care and acute) was in response to an acknowledged **need**. Increasing knowledge of palliative care was core business of the participating agencies

The rural palliative care project developed the **relationships** and provided the **opportunity**, to do this activity, and having Division staff conduct the administration of the placements increased the palliative care team's **capacity** to conduct the placements. Being a collaborative activity the two trials had be well **planned**

There is difficulty in **sustaining** the clinical nurse placement activity without the investment provided through the rural palliative care project which ceased in December 2006. The relationships between the Division and palliative care services are sustainable. These are relationships at program level and as such increase the Divisions preparedness to apply for other tenders and respond to opportunities for further palliative care work provided in other Division programs such as Aged Care GP Panels.

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<sup>1</sup> E.Harris. M.Wise, P.Hawe. P.Finlay and.Nutbeam ( 1995) on *Working Together: intersectoral action for health*, , Commonwealth of Australiat