

Rural Palliative Care Resource Kit



GENERAL PRACTICE
north west

Governance strategies

Strengthening partnerships in palliative care: A collaborative approach to governance

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A collaborative approach to governance

Introduction

The North West Rural Palliative Care Project (NWRPCP) was one of eight projects implemented under the auspice of the rural palliative care program. The NWRPCP commenced in 2004 on the North West Coast of Tasmania as a result of an innovative three-way partnership between the General Practice North West (GPNW), the Department of Health and Human Services (DHHS) through Palliative Care and the University of Tasmania's Rural Clinical School (RCS).

The aim of the project was to improve access to quality coordinated palliative care services for the people of the North West region.

This tool outlines the governance process developed by the NWRPCP partners to enhance communication and build relationships between regional palliative care providers.

The critical components of this were:

- a. Effective communication process at an organisational/governance level.

And

- b. Enhanced communication process at a service delivery management level.

Background

As occurs in many rural communities the majority of palliative care delivery on the NW Coast of Tasmania is provided by General Practitioners (GPs) based in small, dispersed towns. A specialist palliative care service, including a medical specialist, also services the region. However, while this assistance is available it is not always fully utilised by GPs because of issues relating to distance and role delineation, among others (Walker, Behrens & Dow. 2006).

Palliative care providers identified impaired communication and conflicting views related to roles and responsibilities as key barriers to effective service delivery and working relationships in the region (Walker et al. 2006).

To address these issues, the NWRPCP commenced in 2004, and the partnership approach, between GPNW, the DHHS through Palliative Care and the RCS was implemented.

The project goals were to:

- improve palliative care provider relationships
- enhance GP palliative care knowledge and skills
- enhance educational opportunities for GPs and in particular encourage multidisciplinary education participation
- strengthen relationships with the RCS and work together with the RCS to collect and evaluate local data, which would build local knowledge and provide an evidence-base for future projects.

Literature review

A thorough literature review was conducted as part of the project, and extensive literature was found on partnerships and inter-agency collaboration. Formal or informal relationships between two or more organisations have been shown to achieve improved population health outcomes (Christianson, Moscovice & Wellever 1995; Roussos & Fawcett 2000; Shortell et al. 2002) and systems changes (Roussos & Fawcett 2000). Partnerships include inter-agency networks (also called delivery or service networks) which 'generally involve a focus upon the needs of a particular class of clients or customers whose characteristics provide the main source of coherence in this network' (Considine 2005, p. 9).

The governance model used in the project, assisted in achieving the project goals and drew on the well-articulated strategy advocated in the literature (Shortell et al. 2002) related to the development of common shared vision, strong governance and effective management. Again as suggested in the literature (Davies 2000; van Eyk & Baum 2002), working collaboratively between organisations and individuals, as part of the project, has represented a significant change in the previously established methods of provision of palliative care in the region.

Six steps for a partnership approach to effective governance and project management

1. Project Executive Committee

It is important to firstly convene an Executive Committee for the project. The role of the committee is to oversee operational activities including administration and finance, GP liaison, coordination of education events and activities, reporting and local-level evaluation. The composition of the committee should be representative of the key partners in the project.

It should not include all stakeholders, but rather the key partners responsible for the deliverables of the project, as well as representatives of key participants.' For example, in the NWRPCP, a GP Adviser was included in the Executive Committee to ensure a GP perspective was included in planning, implementation and evaluation.

The NWRPCP Executive Committee consisted of the following members; the Project Manager, the Professor and a Research Fellow from the University of Tasmania's Rural Clinical School, the Executive Officer of GPNW, the Medical Specialist and Area Manager from the Palliative Care Service North West and a GP. Meetings were convened monthly or on an as needs basis.

2. Project Advisory Committee

The second important governance body is the Project Advisory Committee. The role of the committee is to advise on direction and focus, promote aims, monitor progress, assist as needed and facilitate information dissemination related to national, state and local palliative care developments.

The composition of the NWRPCP advisory committee included key stakeholders. Examples of these were the Executive Committee, a GP, a Community Health Nurse Manager, a community leader/ local politician, a community member, and representatives from the Palliative Care Service, the Hospice Care Association and hospitals. Quarterly meetings were held over lunch to encourage socialisation, network development and sustainability following the completion of the project.

3. Communication strategy

The project officer developed a communication strategy to outline a communication process for the project. The strategy was the underlying foundation for communication processes between internal and external stakeholders involved in the project.

The objectives of the communication strategy were to:

- stimulate interest in and engage participation in the NWRPCP
- create awareness and an understanding of the vision of the NWRPCP
- provide regular updates to the public, key stakeholders and consumers regarding ongoing activities and the status of the project
- provide clearly outlined updates and reports on project progression and the benefits derived from the NWRPCP
- to coordinate effective communication between the Executive Committee, Advisory Committee and all key stakeholders.

4. Marketing/promotion strategy

The key to the success of the project was stakeholder engagement and in particular GP engagement. The development of marketing tools was an important step in consumer engagement and included:

- information brochures, generic and GP specific
- posters, promoting the project and palliative care
- media coverage at planned timely intervals including the official launch of the project during National Palliative Care Week
- the provision of Rural Palliative Care Program promotional materials to all key stakeholders
- regular GPNW newsletter items
- features on partner organisations' web-sites
- a palliative care newsletter.

In addition to this a palliative care traveling road show was conducted in the NW region, starring the Palliative Care Medical Specialist and Project Officer. Every GP in the region was introduced to the project, provided with a complimentary copy of the therapeutic guidelines text in palliative care and briefed on the concept of working together. An informal educational needs assessment was also conducted during the roadshow.

5. Minimum requirements for participation in the NWRPCP

The Executive Committee developed a set of criteria, which interested health professionals had to acknowledge in order to be eligible to participate. This requirement was introduced to ensure key deliverables were achieved and that participants were serious about working as a member of a multidisciplinary team.

The selection criteria included the following:

- an eagerness to be a key leader GP who is a resource and provider of support to other GPs and members of the multidisciplinary team
- an interest in developing additional knowledge and specific skills in primary palliative care provision
- a willingness to work and meet as a member of a multidisciplinary team
- a willingness to work with medical and nursing students

Following this, expressions of interest detailing the desired selection criteria were called for and two pilot sites chosen to participate.

N.B. Please refer to the governance additional tools web page for examples of documents discussed in this tool.

6. Staged implementation of pilot sites to manage risks and learn from one site to another

The two sites chosen to participate were vastly different, with GP relationships varying significantly at each. The Executive decided that the sites would be rolled out independently with the perceived "most challenging" being the first. This staged roll out would enable the Executive to learn from challenges experienced at the first site prior to implementing the second. The project was an action research project, which was periodically modified to meet the needs of individual pilot sites.

Information was provided to participating GP practices, community nursing centres and the specialist palliative care service outlining the project and the extended care services available in the community to enable access to congruent information and encourage shared understanding.

Challenges experienced included historically impaired relationships between the palliative care service and GPs, competing interests, impaired understanding of the palliative approach, tailoring education and training to meet the differing needs of the multidisciplinary group and confusion between the role of the specialist palliative care service and the role of the project which operated as separate entities but worked closely together.

The key to overcoming these challenges was perseverance and patience which entailed focusing on and promoting the positive aspects of the project to participants and empowering them to create change through better understanding one another's roles. The inclusion of other guest speakers such as visiting radiation oncologists also assisted in diluting the tension

at times between the Palliative Care Service and GPs by offering different perspectives to palliative care provision.

Reported benefits related to governance and management structure and improved communication by project participants

A local evaluation report was commissioned by the project partners to evaluate local achievements and in particular the unique partnership approach to governance undertaken in the project. A survey was conducted with project participants including the Executive Committee to glean feedback and insight into the benefits perceived over a three -year period.

Listed below are some comments from the survey:

Executive Committee comments

“The project demonstrated the potential for cross-sector collaboration to improve patient outcomes.”

“There will continue to be benefits over time, as better working relationships between GPs and palliative nurses will result in better service for patients. The partnership approach between the North West Tasmania Division of General Practice, the University of Tasmania’s Rural Clinical School and Palliative Care Services has had a flow-on effect that has enhanced other projects.”

Pilot site participant comments

“Improvements in working relationships as a result of the project, with better communication, clearer understanding of roles and responsibilities.

“Excellent opportunity to see other professionals we often never see”.

“Educational and supportive meetings”.

“Definitely makes our care more multi-faceted as we are all often saying the same thing to the patient as GPs, specialists, palliative care nurses and community health nurses and we are now all informed of lines of treatment. There is no confusion”.

All of these comments highlight the importance of effective communication process at both a

governance and service delivery level in achieving positive changes in palliative care provider relationships. The challenge is to ensure the enhanced relationships resulting from the project continue into the future.

Included within the local evaluation report were future recommendations based on the experiences and successes of the NWRPCP as reported by participants.

The following points are highlighted in the report for future consideration.

1. Further funding should be sought in order to continue research and opportunities for collaborative practice and professional development between services involved in palliative care provision.
2. The formation of an independent body of community representatives (sourced from the project's Advisory Committee and patients and carers involved in the project) would be useful in lobbying for state and federal funding and media engagement promoting the importance of palliative care.

Currently the project partners are working together to identify further funding opportunities to enable these recommendations to be implemented. One option lies within the role of the Advisory Committee within which some members may have the capacity to convene a community lobby group.

The partnership approach to project governance and management has since been applied to new funding submissions with great success. The opportunity to work collaboratively with partner organisations encourages insight into issues impacting in other areas of practice and heightens awareness of the roles and responsibilities of different health care provider organisations. It also creates the opportunity for fresh eyes to look at old problems and in the experiences of North West Tasmania, positive solutions to be found.

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References

- Christianson, J, Moscovice, I & Wellever, A (1995). The Structure of Strategic Alliances: Evidence from Rural Hospital Networks. In *Partners for the Dance: Forming Strategic Alliances in Health Care*, eds. A Kalzuny, H Zuckerman & T Ricketts III, Health Administration Press, Ann Arbor
- Considine, M (2005). 'Partnerships and collaborative advantage: Some reflections on new forms of network governance', Centre for Public Policy, University of Melbourne. Accessed 17 July 2006 from http://www.publicpolicy.unimelb.edu.au/conference06/Considine_Background_Paper.pdf
- Roussos, S & Fawcett, S (2000). A review of collaborative partnerships as a strategy for improving community health, *Annual Review of Public Health*, 21, pp. 369–402
- Shortell, S, Zukoski, A, Alexander, J, Bazzoli, G, Conrad, D, Hasnain-Wynia, R, Sofaer, S, Chan, B, Casey, E & Margolin, F (2002). Evaluating partnerships for community health improvement: Tracking the footprints, *Journal of Health Politics, Policy and Law*, 27, 1, pp. 49–91
- Walker, J, Dow, A and Behrens, H(2006). 'Breaking down barriers: Building relationships through multidisciplinary education for palliative care providers in rural and remote Tasmania, presented at the National Rural Health Conference, March 2007