Australian Divisions of **General Practice**

Rural Palliative Care Program NEWSLETTER

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For about a quarter of Australians, home is in small towns, or isolated communities. Health care in rural and remote settings is provided by primary health carers who require appropriate support for their various specialised roles. The challenges are well documented. Our eight participating Divisions of General Practice have collectively over ninety five partner organisations and cover a geographical area of over 1,421,801 square kilometres. The population within this area is approximately 520,302 people. This is the equivalent of the population of Newcastle (NSW) spread over an area of the Northern Territory.

The projects are tackling the challenges head-on, and are now well into the implementation phase of their respective strategies. This news letter will highlight that the projects have been producing some great results, and goals are already being achieved.

This is not to give the impression that developing collaborative models of care is all plain sailing. For plans to be executed perfectly the circumstances must be totally predictable and controllable; needless to say a collaborative effort with so many partner organisations and individual providers from a broad gambit of professions is difficult enough for one group to sustain, let alone eight concurrently.

It is most apparent to us that three interdependent themes have crystallized which each team must embrace if they are to truly overcome the endemic barriers to service development in rural Australia. They are:

1. The integration of clinical management between disciplines

There is no doubt that collaboration works best for the patient but it needs to be said this requires expert coordination and management. In an ideal setting multidisciplinary case conferences are a superlative tool for addressing the complexities of palliative care. However, in reality, case conferences have certain administrative requirements and logistical issues, especially in our case the distance barrier; this may require the utilisation of technology which people may be unfamiliar with. For people who are not familiar with a case review type meeting the initial experience may well be challenging and leave one with the feeling that their performance is under review rather than patient outcomes. All of this is affected by the time constraints each individual practitioner experiences as part of their role.

Nonetheless, a clear indicator that case conferencing is working is the number of *Enhanced Primary Care* (EPC) items now being completed within the projects. Quite obviously this requires a good level of administrative support for the items to be produced efficiently and effectively.

2. The need for a sound evaluation process in order share the learnings

The program is seeking to test innovative models of care in the rural context, and where substantiated, leverage positive changes from the status quo.

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This program is an initiative of the Australian Government, and is funded by the Australian Department of Health and Ageing through the National Palliative Care Program

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This requires a critical eye to scan for what is working and what isn't. Therefore our evaluation should be far from a tokenistic after-thought to simply mark the end-point of the projects. Instead evaluation must be used by the program as a critical element within a quality improvement cycle. It is for good reason therefore that the University of Wollongong's, Centre for Health Service Development (CHSD) have been engaged to provide an external evaluation of the program. The CHSD team have developed a suite of evaluation tools specifically for use within the projects (these resources can be found on the ADGP web site).

3. **The need for reliable information management systems that are compatible with functions of the service model**

Piloting new models of delivery benchmarked against the National Strategy whilst the rest of rural Australia watches on introduces a level of scrutiny and accountability beyond the norm for most regional health providers. A critical element in adapting to and growing with this new challenge is the projects' capacity to implement reliable information management systems that are both compatible with the functions of the local model they are trying to deliver and consistent with national standards. For example, the implementation of the evaluation tools has often involved changes in process for service providers, especially were data collection to date has proved substandard. In other cases the experience of accessing patient data from the Health Insurance Commission with patient consent has created some difficulties for service providers unaccustomed to the requirements.

With the implementation of new information management systems comes the requirement for upgraded IT skills, and further education on applications in the workplace. For some service providers this may be a completely new skill-set . Potentially it can be seen as further work for staff that are already busy.

Addressing these interdependent themes can be a tough ask. It is only through the projects' combination of good strategies, collaborative effort and active participation that the project will succeed in addressing them.

PROJECT NEWS

ADELAIDE HILLS DGP

The Link Nurse group, comprising representatives from the majority of local Aged Care Facilities and Hospitals, is meeting regularly. Each representative will further develop their interest and experience in Palliative Care, forming a link with the Palliative Care Nurses who are not funded to visit patients in these facilities.

We will endeavour to involve GPs at every opportunity, especially in addressing clinical protocols and policies, and keep them informed of the groups' activities.

Education programs are in place now. Study Days are to be provided regularly for Nurses throughout the year, with expressions of interest received from GP Registrars about these.

Monthly Clinical updates by the GP Advisor to the project have become a regular educational feature, and have been distributed to GPs and Nursing staff across the Division.

The Project officer, GP Advisor and Palliative Care CNC are starting a travelling roadshow to surgeries across the Division, talking to GPs about the project, clinical issues and ongoing education.

Patients are now being registered with the project and data collection has commenced. PalCIS is being used, however problems with the palm pilots, (and the local IT network) has meant data entry remains time consuming.

The 8th Australian Palliative Care Conference - *New Horizons*

Just a reminder that the 8th Australian Palliative Care Conference - *New Horizons* is taking place on 30th August - 2nd September 2005 at Darling Harbour, Sydney. For more information on this conference please visit their website: www.pallcare.org.au

National Palliative Care Week 2005 - *Partners in Caring*
22-28 May 2005

MORE PROJECT NEWS

Creating partnerships to improve palliative care in residential aged care facilities

The Mid North Coast (MNC) has one of the fastest growing communities in NSW, largely due to the inward migration of retirees, which makes the strengthening of partnerships with local aged care services a high priority. The MNC Rural Palliative Care Project is actively working with local Residential Aged Care staff, GPs, the Palliative Care and Aged Care Teams to facilite the adoption of a palliative approach within local residential aged care facilities (RACF). This approach has been acknowledged and endorsed by government policy with the recent release of the Commonwealth Government's "*Guidelines for a Palliative Approach in Residential Aged Care*".

The project aims to ensure that older people with more complex symptom management issues in residential aged care have access to the input of a specialised, interdisciplinary palliative care service. This will ensure residents receive evidence based end-of-life care, provided by staff they know and in familiar surroundings.

Link Nurses as an important strategy to improve service delivery

The initial phase of this education strategy has seen the establishment of Palliative Care Link Nurses within all RACF. This has been based on an agreed ratio of approximately one Link Nurse per 50 high care beds. These Registered Nurses have been supported and encouraged by their employer to participate in the education program, demonstrating the high level of commitment from each RACF to facilitate the delivery of a palliative approach to care locally. This palliative care education program has consisted of a two day intensive palliative care workshop conducted locally. This workshop also provided the Link Nurses with an opportunity to network with other RAC staff and to meet members of the local Palliative Care Team.

*Link Nurses: **Diane Brownett**, St Josephs Hostel, **Judy Alcock**, Coffs Harbour Haven*

The project team also has plans in place to conduct palliative approach education workshops for Enrolled Nurses, assistants in nursing and personal carers throughout 2005. The structure of these workshops has been developed in consultation with Directors of Nursing RACF and the Link Nurses.

The Link Nurses are now actively engaged in the weekly Palliative Care Interdisciplinary Team Meeting and have been referring and presenting residents with specific palliative care needs to the group. The use of teleconference facilities has allowed for other health care providers, including the residents General Practitioner to also contribute. An agreed management plan is generated at this meeting and is helping to ensure that the provision of care to older people with palliative care needs in RACF is now being based on best available evidence.

For more information please contact Jane Phillips on jphillips@mncdgp.org.au.

__Anne Sneesby__, ACAT CNC, Coffs Harbour; __Diane Brownett__, Link Nurse St Josephs Hostel; __Diane Goldman__, DON St Augustine's Nursing Home; __Cathy Myers__, DON Oznam Villa and ; __Sandi Page__, Catholic Care Educator

SOUTHERN QUEENSLAND RURAL DGP (RPAC)

RPAC will be appointing an RN (one day per week) to assist with the admission process, coordinate the Case Conferences & maintain communication with the stakeholders. The Program identified the *current* process proved time intensive; particularly where the Practice Nurses only work part time.

Volunteer education will commence on 2 March. Five volunteers will receive specialist palliative training conducted by a local stakeholder utilizing training material purchased through a Caring Communities and Blue Care initiative.

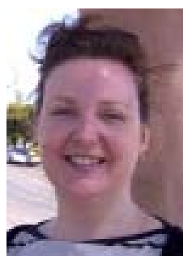
AIN's and PC's (personal carers) from community services and residential aged care facilities will receive education sessions on palliative care topics in April 2005.

A Graseby Pump In-service is being conducted for medical and nursing staff across the South Burnett.

RPAC is incorporating Grief and Loss and End Stage Renal Failure as part of SQRDGP education weekend in April for GPs and Practice Nurses

RPAC was instrumental in assisting a local nurse in applying for a scholarship to "*Palliative Care for Indigenous Population – Health Culture and Society*" at the Department of Palliative Support Services, Flinders University.

Coordinator Profile - Catherine Mackay



Catherine has worked with the West Vic Division for six and a half years. Starting as a community & consumer liaison officer, Catherine developed a relationship with many of the Allied Health organisations across the Division. Having an education background this was a period of rapid learning about the health care sector.

From there Catherine went to working with pharmacists, firstly a RHSET rural pharmacy project with the Pharmaceutical Society of Victoria, a GP / Pharmacy Liaison project and managing a Rural Pharmacy Locum project. Next came a Diagnostic Imaging Decision support and referral project, assisting in the coordination of the National Prescribing Service Program, the Home Medicines Review Program and currently works as a CPD Coordinator and on the Rural Palliative Care Project.

Her previous project work has provided Catherine with an invaluable resource of networks and relationships which enable the RPC project to reach over many other aspects of the Division activities. The skills devel-oped in working with and developing resources for consumers, allied health professionals and GPs have all been extremely useful. To ensure clinical expertise in the project Catherine is working with the Palliative Care Coordinators of the two services engaged by the Division, Anne Hayes and Darren Clark.

A Guide to Palliative Care Service Development: A population based approach

by Brenda Cattle, National Project Managaer, PCA

It must be said that the modern hospice and palliative care movement was founded on the idea that providers should focus upon consumer needs not upon their own and provide appropriate and sensitive care at the end of life.

Clearly palliative care is becoming an increasingly important component of the mainstream health system. It should be able to support patients and their families in such a way that ensures they have access to an appropriate level of care when, and where it is required.

As we better understand the needs of people living with a life limiting illness, it has become clear that not all dying people need, or indeed desire, the same type of access to specialist palliative care during the course of their illness. Many patients' in fact are currently and appropriately having their needs met through the existing and ongoing relationship with their primary care practitioner or service.. As outlined in the *National Palliative Care Strategy*[1], the development of appropriate networks between primary health care providers and specialist palliative care services is crucial for the provision of palliative care to all Australians.

To this end Palliative Care Australia (PCA) has developed, in consultation with the palliative care community a national policy document, *A Guide to Palliative Care Service Development: A population based approach*[2]. It suggests a plan for providing equitable access to palliative care in the context of efficient, effective and ethical use of resources. It also recognises the quality and the extent of care currently provided by primary care providers and complemented by specialist palliative care services.

The guide needs to be read in conjunction with the *Palliative Care Service Provision Guide*[3] and the *Standards for Palliative Care Provision*[4], which are currently being revised. In these three documents PCA has provided the framework for needs-based and equitable access to quality end-of-life care.

It is anticipated that full implementation of this model of palliative care provision will provide access to an appropriate level of care for all Australians who have palliative care needs and in turn deliver quality palliative care.

The *Guide to Palliative Care Service Development: A population based approach* is available to be downloaded from www.pallcare.org.au

[1] Commonwealth Department of Health and Aged Care, National Palliative Care Strategy: A National Framework for Palliative Care Service Development, October 2000
[2] Palliative Care Australia – A Guide to Palliative Care service Development: A population based approach, February 2005
[3] Palliative Care Australia – Palliative Care Service Provision in Australia: A Planning Guide 2nd Edition, May 2003
[4] Palliative Care Australia – Standards for Palliative Care Provision 3rd Edition, October 1999

PROJECT NEWS ...continued

WEST VIC DIVISION OF GENERAL PRACTICE

After some initial problems including changes to palliative care staff the project has begun registering patients.

The patient held record has been developed and is being distributed to patients. This has generated interest to other members of the community, particularly to those with chronic illness. The division is therefore considering trialling with a few non-palliative patients.

The division has explored issues in after hours access to palliative care and have found that across the division, access is dependant upon staffing levels at various health services and the relationships between the patient and their individual care providers. The division's strategy is to ensure that patients and their carers develop their access plan in cooperation with their local providers and this plan will sit with their health record.

A focus group consisting of a carer, a consumer representative, a carers group facilitator, an occupational therapist and a palliative care nurse looked at the problems in promoting palliative care services to the community. The group explored language, methods of communicating and strategies to trial. The outcome will be resources in non-threatening language directing patients, their family and friends to local service providers who may or may not be providers of palliative care.

NEWSLETTER DISTRIBUTION

Please distribute this newsletter to your colleagues. People wishing to receive this newsletter should contact Wendy Campbell (details below). Copies of this newsletter are posted on the RPC Program website: http://www.adgp.com.au/site/index.cfm?display=2965

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NORTH WEST TASMANIA DGP

The first pilot site of the North West Rural Palliative Care Project is currently up and running. GP participants in this pilot site will be working closely with the Community Nursing Services, Practice Nurses and the Palliative Care Team through the formation of a regional network of primary palliative care providers. Patient recruitment to the project commenced on 1 December 2004.

In January each of the participating GPs, Dr Robyn Brogan, a medical student and nursing representatives from Community Nursing, the palliative care team and participating GP practices, met over breakfast. This meeting was the first of the monthly meetings scheduled in 2005 for the group.

The purpose of these meetings is to engage in professional development, collegial support and to provide the opportunity to discuss difficult cases. Most importantly though these meetings provide the opportunity to develop a good working relationship with other regional health care providers. Participating GPs will receive 30 Category 1 CPD points for their involvement. Dr Frank Reynolds as GP Facilitator presented the first case for discussion.

Update from the RPC Program Evaluators

(The Centre for Health Services Development, University of Wollongong)

Karen Quinsey is the new team leader at the Centre. Karen is increasing to full time in March 05, and has a clinical background plus experience working in palliative care.

CHSD are about to start their next round of visits. Some changes have been made to the team members who will be visiting the projects as listed below.

Adelaide Hills – Alan Owen and Sheila Matate
Mid North Coast – Alan Owen & David Bomba
South East NSW – Dave Fildes
Eastern Goldfields – Malcolm Masso
Pilbara – Malcolm Masso
Southern Qld – Karen Quinsey & Sheila Matate
North West Tasmania – Malcolm Masso
West Victoria – Dave Fildes and Karen Quinsey

CHSD has started participating on the monthly teleconferences with the projects and ADGP. The teleconferences are an effective way to discuss issues across the projects.

Data collection reporting will commence as the centre receives data from the project sites.