



Australian Divisions of **General Practice**

# Rural Palliative Care Program NEWSLETTER

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## *Introduction*

It is my pleasure to introduce this copy of the Rural Palliative Care Program Newsletter. You will find in this issue a broad mix of interesting information, the Centre for health service development at the University of Wollongong highlight Dissemination activities within the projects, Mid North Coast DGP discuss strengthening partnerships and we showcase some of the programs achievements to date.

Two main events have been implemented recently, a further program workshop has been completed and of course the 2006 federal budget was brought down by the Treasurer, the Hon Peter Costello and it is these important issues that will be discussed within this editorial.



From left to right; Julie Mueller **DoHA**, Jennie Della **DoHA**, Kathy Eager **CHSD**, Liesel Wett **ADGP**



Julie Mildenhall, Jane Phillips, PennyWest  
Sue Konjevic, Julie Griffin, Andrea Franke  
Mirella Billchuri, Jennie Della

## *Rural Palliative Care Workshop*

The progress of the projects to date has shown tangible outcomes for professionals and patients, their carers and families. This was clearly demonstrated during our May workshop. Attendees at the June 2005 RPCP workshop expressed clearly to ADGP (and facilitators, CHSD) that face to face communication and information sharing between Projects at the annual RPC workshops has been invaluable. Project Officers and participating GPs requested a further workshop which ADGP were able to provide in Adelaide in May of this year.

The aim was to bring together the key stakeholders in the Rural Palliative Care program in order to increase knowledge of the program, its evaluation and foster and promote networks between these groups. The following objectives underpinned the two and a half days:

- information about the evaluation process and requirements readily available
- providing mechanisms for project teams to access assistance if and when they require it
- bringing project teams together to discuss their progress, achievements, challenges and solutions
- sharing the successes of project teams and making the available for others to adopt.

The topics were varied as requested by the participants. An afternoon workshop was facilitated by the project team from the Mid North Coast Division of General Practice designed specifically for those who use or have in an interest in the Palliative Care Information System (PaICIS) software.

The jam-packed two days covered such elements as:

- Multi disciplinary meetings
- End of life clinical pathways
- Bereavement management
- Aged Care
- Volunteers

The evidence suggests that this workshop was a huge success with positive feedback received from all involved. The independent evaluation of the workshop is currently being finalised by the evaluation team and will be posted on our website in the next few weeks [www.adgp.com.au](http://www.adgp.com.au). We feel it is safe to say we achieved all of our objectives of the workshop.

In May the Federal budget was announced which included funding for Palliative Care in the Community. This measure is a continuation of the nationally led program of activities that directly improves palliative care services for Australians with a terminal illness, and provides support for their family and carers. This initiative is continued funding, plus CPI (\$62.8 million) over four years. The initiative particularly supports those living in rural communities. This allows the Department to continue a National Palliative Care Program that will improve the quality of, and access to, palliative care for all Australians.

The Rural Palliative Care Program which the ADGP coordinates receives its funding to implement local palliative care programs in Rural Australia through this National Program. The budget announcement has obvious implications for the future of the program.

The combined knowledge and resources acquired through the implementation of the Rural Palliative Care Program are invaluable tools to now take the successful model and implement the systems reform required for services in palliative care to other rural Divisions of General Practice throughout Australia.

ADGP is confident that the existing rural palliative care program can be expanded across rural Divisions nationally and will be conducting discussions with the Department in the coming weeks to identify the role for the Divisions Network in these important and expanding initiatives.

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## Coordinator Profile - Estelle Ryder



I started with the Pilbara DGP in June 2005 as the Indigenous Liaison Officer for the Palliative care team.

The Indigenous population of the Pilbara is 5178 or 11.5% of the total population for the region. This is significantly higher than for Western Australia as a whole, where Indigenous people make up 2.9% of the total population.

My prime focus is to work with the PDGP so that the PDGP and the Palliative Care project can better liaise, communicate and understand the Aboriginal and Torres Strait population in the Pilbara. I assist by helping to identify specific information on how the indigenous community understands death, dying and bereavement – help to educate the non Aboriginal community in order to aid with the provision of appropriate quality care and to identify the best way to consider the cultural needs of indigenous people in the provision of palliative care.

### Estelle and her beautiful daughters

population in delivering their service has been a real eye-opener. Being from this area roots wise (local Injibarndi tribe) I am fortunate in knowing many families across the region, so this helps a lot when assisting in their care coordination. I am also proud of the fact that our DGP has recognised the need for our Gs (both long term and new arrivals) to undergo appropriate cultural awareness training. The majority of our Aboriginal Torres Strait Islander population falls into the traditional to semi-traditional way of life – so it is needed.

At the moment all Pilbara GPs etc. have to attend training in South Hedland (some two hours drive away) and that training is geared more towards industry. We have a few overseas doctors coming and going that have never been in contact with Aboriginal Torres Strait Islander people and Australian doctors who have predominantly worked either in practices or hospitals nearer to the metropolitan areas around Australia and so have not had much exposure to the more traditional people. As a result we are currently undergoing negotiations to have a cultural awareness training package created, specifically geared towards health and palliative care. This will be a major achievement for our team and the Division as a whole.

I feel privileged to be in this position. Assisting the GPs, various health care professionals and service providers by promoting a better understanding of the Pilbara, Aboriginal Torres Strait Islander

# Summary report on Dissemination activities

## Update from the RPC Program Evaluators

One of the RPC Evaluation team's activities was to find how information was being shared with others outside the projects. In order to achieve this, each of the eight projects was required to routinely submit a report outlining the activities conducted to disseminate information about their project. This information once collated and analysed revealed that by the end of 2005, 387 dissemination activities had been conducted. Most projects showed similar levels of dissemination activity with the average across all projects being 3.1 activities per month.

Table 1 looks at the different kinds of activities that were undertaken and how popular they each were.

**Table 1** Types of dissemination activities undertaken

| Dissemination activity   | Total activities | Percent of activities | Range across projects |
|--|------------------|-----------------------|-----------------------|
| Presentation or talk to staff at one service or agency in the local area (e.g. talk at a staff meeting, during a hospital grand round) | 164              | 42.4                  | 2 - 55                |
| Talk to staff from more than one service or agency in the local area (e.g. talk at an interagency meeting)                             | 83               | 21.4                  | 0 - 45                |
| Story in the local newspaper   | 39               | 10.1                  | 1 - 13                |
| Story or article in a local magazine or newsletter (eg, GP news, hospital newsletter, community agency newsletter)                     | 19               | 4.9                   | 0 - 8                 |
| Story or article in a professional or industry magazine or newsletter  | 14               | 3.6                   | 0 - 6                 |
| Presentation or poster at a local conference   | 5                | 1.3                   | 0 - 2                 |
| Presentation or poster at a State/Territory conference   | 2                | 0.5                   | 0 - 1                 |
| Presentation or poster at a national conference  | 0                | 0.0                   |                       |
| Peer-reviewed journal article  | 0                | 0.0                   |                       |
| Information provided on a website  | 9                | 2.3                   | 0 - 4                 |
| Radio  | 10               | 2.6                   | 0 - 4                 |
| Other  | 42               | 10.9                  | 0 - 20                |
|  | <b>387</b>       | <b>100.0</b>          |                       |

By far the most commonly reported types of dissemination activities involved presentations/talks, given to either single or multiple services/agencies. Together, these comprised nearly 64% of all dissemination activities. Other activities commonly reported were newspaper stories (10%) and magazine/newsletter stories (5%). Over 10% of dissemination activities were described as 'other'. The nature of these activities was often unspecified, but included project launches, information posters/stands in shopping centres, distribution of advertising flyers and email/fax activities.

Only six projects provided estimates of numbers of people reached by dissemination activities, and only four of these submitted numbers of persons making further contact as a result of these activities. In addition, estimation of persons reached is clearly problematic in some cases, especially for activities involving mass media such as newspapers and radio stations. Nevertheless, projects consistently reported that newspaper and radio dissemination activities in particular had at least the potential to reach hundreds, if not thousands, of persons, as measured by the circulation figures etc. of these outlets. However, only 27 follow-ups were reported as a result of newspaper stories, and none attributed to radio segments.

Table 2 looks at persons reached and level of follow-up for selected activities, and differs from the information included in Table 1 in that only activities for which reach/follow-up was recorded are included in Table 2.

**Table 2** *Persons reached and level of follow-up for selected dissemination activities*

| Description   | Reach            |                 | Follow-up        |            |
|---|------------------|-----------------|------------------|------------|
|   | Total activities | Persons reached | Total activities | Follow-ups |
| Presentation or talk to staff at one service or agency in the local area (eg, talk at a staff meeting, during a hospital grand round) | 145              | 1,561           | 92               | 52         |
| Talk to staff from more than one service or agency in the local area (eg, talk at an interagency meeting)                             | 76               | 1,233           | 76               | 95         |
| Story in the local newspaper  | 28               | Many Thousands  | 28               | 27         |
| Story or article in a local magazine or newsletter (eg, GP news, hospital newsletter, community agency newsletter)                    | 13               | 3,891           | 11               | 7          |
| Story or article in a professional or industry magazine or newsletter   | 2                | 16,500          | 2                | 1          |
| Presentation or poster at a local conference  | 3                | 83              | 3                | 0          |
| Presentation or poster at a State/Territory conference  | 2                | 74              | 2                | 1          |
| Presentation or poster at a national conference   | 0                | 0               | 0                | 0          |
| Peer-reviewed journal article   | 0                | 0               | 0                | 0          |
| Information provided on a website   | 3                | 13,000          | 3                | 0          |
| Radio   | 8                | Many Thousands  | 8                | 0          |
| Other   | 25               | Many Thousands  | 24               | 18         |

It is clear from Table 2 that it is difficult to measure how many persons are reached for many activities, including professional magazines/newsletters and 'other' activities as well as mass media outlets described above. However, it is also clear that, if the goal is to generate follow-up enquiries/contacts about the projects and their activities, the most effective dissemination strategies appear to involve presentations to agencies that may be seen as having a natural stakeholder interest in the projects and their palliative care activities. However, even in these areas follow-up contacts do not appear to be large relative to persons reached. For example, single-agency presentations reached an average of around 11 persons, but generated only around 0.5 subsequent enquiries/contacts on average. For multiple-agency presentations, both figures were higher – around 16 persons reached and 1.3 follow-ups, suggesting that these larger presentations may be a more efficient means of disseminating information about the projects and their activities. Note that newspaper stories, local magazine/newsletter stories and 'other' activities seem to generate approximately the same number of follow-up contacts per activity (0.5 – 1.0).

## ***National Palliative Care Week***

Palliative Care Australia launched National Palliative Care week at Parliament House Canberra on 24th May. ADGP is partnering with Palliative Care Australia and Carers Australia under the banner "Partners in Care". Dr Jenny Thompson attended the launch to speak on behalf of ADGP.

*The media release is available on the ADGP website. [www.adgp.com.au](http://www.adgp.com.au)*

A clear theme for Palliative Care week was "Partnerships" – a theme that is core to ADGP'S Primary Health Care Position Statement.

## Project News

### *Care Connect Expo- May 23<sup>rd</sup> Hahndorf Institute National Palliative Care Week 2006*

A health expo was held at the Hahndorf Institute, showcasing local groups, services and organisations that support palliative care patients in our community. Our guest speaker was Will Hallahan, Executive Officer of the Palliative Care Council of SA, speaking on Advance Directives. He was followed by a brief from SA Ambulance on the Call Direct initiative which acknowledges Advance Directives if registered with their organisation.

It is important to raise awareness not only of Palliative Care and the importance of early referral to services, but to ensure that anyone who is ill or caring for someone who is ill knows where to go if they should need help and support.

Those represented included: the Palliative Care Council of SA, the Commonwealth Carer Respite and Carelink Centres, the Cancer Council of SA & the Cancer Care Centre, Mt Barker Community Nursing, Palliative Care & Bereavement Services, and local complementary practitioner.



### *Eurobodalla Palliative Care Service May 2006*



With the completion May comes a sigh of relief after a hectic, challenging and rewarding period in the Eurobodalla Palliative Care program. These highlights include

- Commencement this week of Karen Sorensen in the role of Eurobodalla education and Grief Support Worker. Her position is funded through the local palliative care grants (round20 and her role will be to establish bereavement support worker groups in the area, and provide education to the community about loss, grief and bereavement, and some skills to help deal with these very painful but natural part of our existence.
  - The End of Life Clinical Pathway trial in two aged care facilities is about halfway through its course and to date the results have been very encouraging. The pilot is due for completion about September/October this year, and it is hoped it will have broader application in the community setting.
  - The search for funding sources marches onwards into the unknown, with options ranging from local service groups to Area Health to other potential funding bodies such as Cancer Institute...we shall see...
- Palliative Care Week activities included street stall, luncheon with the local Aboriginal Medical Service, thank-you afternoon teas for volunteers and media releases to local papers and radio. The barriers to spreading the news about palliative care would seem to be the 'bad name' of palliative care and the connection in so many peoples minds that palliative care is only terminal care. We have a long way to go, but it is a start.

## Successful Funding for South Burnett Community

The RPAC Program has successfully obtained Round One and Two Local Palliative Care Grants from DoHA. This resulted in Linda Ewing being employed as a full time Project Officer until Dec 2006.

SQRDGP applied for funding on behalf of a multi-stakeholder group across the South Burnett following the group undertaking a local needs analysis, in line with National Palliative Care Guidelines.



Some of the issues being addressed through Round One funding include referral processes, advanced care directives, patient discharge tools, patient assessment tools, end of life pathways and development of community awareness materials along with education and support of link nurses. To date, two focus group meetings have been held to discuss strategies to meet these objectives and an education plan for Link Nurses has been mapped for the remainder of the year.

Round two funding has resulted in the appointment of a Consultant social worker who will work with the Project Officer to establish protocols and procedures, to ensure appropriate referral and bereavement support to patients and carers. Training and supervision of volunteers and development of resources will be the aim of improving pastoral and bereavement practices are other components of the Project.

Back Row L-R Jacqui Thompson *NUM Kingaroy Hospital*, Linda Ewing *RPAC Project Officer*, Ruth Dukes *NUM Community Health*  
Front Row L-R Leonie Gavioli *DON SBCPH*, Martinne Baker *Blue Care Community Palliative Nurse Specialist*

### ■ Palliative Care Specialist

Palliative Care Specialist, Dr Liz Reymond (Brisbane South Palliative Care Collaborative) has been contracted to visit once a month to provide local support and education for health professionals and the community. This includes lunchtime education at Residential Aged Care Facilities, hospitals and planned an evening education session with local GPs, Hospital Doctors and Pharmacists.

### ■ Indigenous Palliative Care

The Local Palliative Care Grants Program has a distinct focus on Indigenous Palliative Care and Dr Pam McGrath has been engaged to present her *Indigenous Palliative Care Service Delivery – A Living Model to Cherbourg* (a neighbouring Indigenous community) on 4 July 2006. Dr Reymond will attend the day workshop as part of the presentation team.

### ■ Sustainability

Meetings with local senior management of QHealth, Blue Care, RSL Care, RACF's and GPs have identified problems with current funding and management of palliative patients in the South Burnett. All parties remain committed to resolving the complex issues around appropriate palliative care settings and inadequate funding to meet the recommendations from the National Palliative Care Guidelines.

### ■ Syringe Driver Education

Stakeholders accessed local Syringe Driver Education at the end of March. Syringe Drivers were purchased for RACF's in Kingaroy, in collaboration with the SQRDGP Aged Care GP Panels Initiative.

## Article

### *Strengthening partnerships - the lived experience*

In many respects the theme of the National Rural Palliative Care Program, “*Strengthening partnerships*” has become one of the Mid North Coast Rural Palliative Care Projects prime outcomes. Without the active engagement and input of key health care providers from across the care continuum, involved in the delivery of palliative care, many of these projects success would not have been possible. Importantly, establishing these care partnerships has provided an opportunity to begin to explore the creation of a local palliative care system, which in the long term will help to ensure that we are better able to meet the palliative care needs of people on the Mid North Coast with a life limiting illness.

These partnerships have been critical in both the Division and several project partners’ ability to attract over one million dollars in competitive palliative care funding grants during the past six months. Each of these grants is aimed at improving various aspects of local palliative care delivery:

- Catholic Health Care Services (CHCS), Coffs Harbour has secured two separate Commonwealth Funded Local Palliative Care Grants. In Round One CHCS received funding for a palliative care upgrade and purchase of equipment, for St Augustine’s Nursing Home. This money will be used to ensure that dying residents and their families have their care provided in appropriate physical surroundings. During Round Three, CHCS have been funded to develop a Model of Palliative Care Delivery for NSW Catholic Health Care. This model will be developed and trailed at their Coffs Harbour sites. This funding will enable the organisation to further embed the delivery of a palliative approach to care for their residents.
- Ramsay Health Care has received funding through the Commonwealth Rural Private Access Programme to develop a five bed palliative care suite at Baringa Private Hospital in Coffs Harbour and to implement the end-of-life care pathway at this site. Both of these grants articulate with the other local palliative care initiatives and a steering committee has been establishing, with planning well under way for the beds and the pathway implementation about to commence.
- The Mid North Coast Division of General Practice has secured two grants as the lead organisation, in Round Two and Three of the Local Palliative Care Grant. Ms Anna Bloemhard has recently been appointed to coordinate the Spiritual Support Initiative and is due to commence on the 1<sup>st</sup> June 2006. Anna was previously a Social Science Lecturer at Southern Cross University and is about to submit her Masters Research Thesis which has explored the impact of spirituality on aged care Nurses delivery of care. All of which makes Anna ideally placed to coordinate the spiritual care initiative which has a large learning and development component.
- In Round Three the Division was also fortunate to be funded to establish an integrated local palliative care network. This grant aims to enhance care planning and delivery across the care continuum and will build upon the work already undertaken as part of the local Rural Palliative Care Project. This funding will enable the weekly multi-disciplinary palliative care meeting to be maintained and will provide ongoing support to generalist providers so that they are equipped to play a greater role in the delivery of palliative care.

It will be great to observe all of these new initiatives as they unfold over the next 12 to 36 months. Each grant will add to the sustainability of many facets of the Rural Palliative Care Project. Importantly, each of these grants will strengthen the ability of generalist health care providers to deliver palliative care. Increasing the palliative care competencies of local health care providers will help to promote a population based approach to palliative care delivery, as articulated by Palliative Care Australia.

*Ms Jane Phillips MNC*  
*Rural Palliative Care Program Coordinator*



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