

Clinical Connections

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Official launch of "Who am I?"

Surrounded by hundreds of coloured balloons and accompanied by the soulful music of Em Wilmot and Cathy Conner, the North and West Metropolitan Region Palliative Care Consortium launched an innovative spirituality resource on March 28th in the "dome" at Broadmeadows Health Service. Initially planned to be conducted in Queens Park, the venue had to be moved due to the unseasonable Melbourne weather, however the rain couldn't dampen the enthusiasm of those in attendance.

The "Who am I?" resource was developed by a regional Spirituality Focus Group. Molly Carlile, the Consortium Manager told the audience, "The group wanted to develop a resource that would assist health professionals to discuss personal spiritual needs with terminally ill patients. The intention is that these discussions will assist health professionals to better support the spiritual care of patients and families" she said. She reinforced the importance

of the resource and its ability to be used in a variety of settings, "Who am I?" is not a wordy definition, it is not an academic research tool nor is it aligned to any religious or faith frameworks. It is a visual resource in plain language that encourages personal reflection and exploration and can be used by people of any age, from any cultural background to explore their personal spirituality" she said.



Officially launched by the consortium Chair, Anne Oakley, members of the audience were provided with copies of the "Who am I?" resource to take back to their workplaces. Ms Oakley thanked all those who had worked on the development of the "Who am I?" resource and those who had organized and participated in the launch. She reinforced the

importance of the resource being "launched into the community so it can be used by anyone" and advised that the consortium service providers, specialist services, schools and faith communities who are interested in using it as a resource to support discussions about spirituality.

The "Who am I?" resource uses balloons as a metaphor for elements of spirituality, and on completion of the official proceedings, audience members were invited to select coloured balloons with a variety of words printed on them.

The audience gathered under the dome at Broadmeadows and released their balloons together, signifying the "launch" of the resource into the community.



Written by:
Molly Carlile

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“Policy refresh ???”

You will all no doubt have heard of the impending “Policy refresh”, but may not understand what this means for us in real terms. The “Strengthening Palliative Care: a policy for health and community health providers 2004-09” policy has guided how, where and when we have provided services for the past four years. Service coordination, integration, improvement in access, collaboration and creation of a high quality service system were all integral components of the policy. Creation of regional consortia was the vehicle for the implementation of the policy and creation of a joint north and west regional consortium required building of relationships between two previously separate regions.

So what’s the “refresh” all about? Over the coming twelve months, the Cancer and Palliative Care Unit, DHS will be conducting an evaluation of implementation of the policy and identification of gaps and will then identify key priority areas for 2010-2015 to be incorporated in the revised policy. The “refresh” process will happen by looking at the results of the evaluation in combination with data, research and outcome of other projects (service delivery framework and funding model review project). In addition consultation within the sector will include achievements, look at what our ongoing priorities are and plan for the strategic work we need to do over during the final years in the life of the policy. It also gives us an opportunity to plan future

developmental work for the region and to identify priority issues to DHS that we wish to have included in the refreshed policy. What do we see as priority palliative care issues for 2010-2015?

The policy refresh will be completed by December 2009 with a launch being scheduled for May 2010.

Written by:
Molly Carlile
Consortium Project Manager

Health Promoting Palliative Care Project—update

The HPPC project is now well underway. I have spent the last few months speaking with members of a broad range of organizations in the region about community attitudes to life limiting illnesses, death, dying and caring for others in our community. The tone is always one of ... *“the services are absolutely fantastic, but it would be great if we knew what to do to compliment them”* ... indicating that there is a desire for a prevention, harm minimization and early intervention approach like HPPC.

Many of the organizations have expressed an interest in applying for the small grants available through the project and have already discussed some exciting initiatives to suit their areas of community in-

volvement. Applications will be sought in the coming weeks and successful applicants notified by the end of June. Organisations then have until December 2008 to complete the small projects. The breadth of potential engagement is huge and thus far Primary Care Partnerships, Neighbourhood Houses, Migrant Resource Centres, numerous Volunteer Programs, Local Government and Community Support Agencies have been introduced to the project.

The regional coordinators continue to meet at La Trobe University each month to discuss the project in general, exchange ideas and

re-energise. Within this context publicity material, an evaluation frame-

work, engagement strategies and a conference abstract have all been developed.

It will be very exciting to see the project take further shape over the coming months.

Written by:
Helen Corbett
HPPC Coordinator

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Policy into Practice Project—update

We are now entering the second phase of the project. The interviews of all the services have been completed. All services have been very generous with their time and information. It has been an enlightening experience to gain an insight into palliative care that is offered across the region, from the Palliative Care Unit at Werribee Mercy to the Palliative Care Unit and Consult Service at Austin Health. A powerpoint presentation is being prepared that shows the many connections, both formal and informal, between the different services across the region.

The next phase of the project involves mapping the experience of a small number of patients through the palliative care sector within the region. This will be done retrospectively through auditing patient files. We are currently determining what requirements we need to fulfill to gain access to the relevant patient files at each of the services for this quality project.

Another part of the next phase of the project is to collect quantitative data from the different services, as well as from DHS that covers items such as admission sources, separation destinations, length of stay, etc. This will further help us to determine how patients are moving from one service to another.

Along with literature search, all this data will be analysed and then from this analysis, the hope is that some sort of pathway can be developed.

If anyone has any questions or comment in regard to the project, I would be more than happy to speak with you and can be contacted via email: imillard@mcm.org.au or phone 9486-2666.

Written by:
Ian Millard
Project Coordinator

SCTT Revision . . . what's happening with the Palliative Care Referral?

As a component of the rollout of Service Coordination, it is now almost two years since we implemented SCTT and additionally developed the Palliative Care Clinical Referral (PCCR) which all services within our region use for point of entry referral. It is not just our region, but Eastern metro region and a number of rural regions use our PCCR. Eastern metro did an extensive evaluation of the PCCR (as we did also) and it was all of this information that ensured the acknowledgement by the Primary Health section of DHS, that a specific template was required for palliative care. The second step has been involvement in the referral advisory group, established as a component of the SCTT revision 2009 process.

Work is currently being undertaken by the statewide advisory group, identifying the domains for inclusion on the palliative care template. This has been an arduous task as each domain item has to earn its place on the template. We may find that the final version of the template differs a little in content to the PCCR, however come 2009, there will be a statewide, standardized template for palliative care referral that is a component of the SCTT referral process. This means that every palliative care service in the state will be using the same referral tool, which will make it easier for us when referring to other services and will also make it easier for non palliative care services when they are referring to us. Ultimately standardizing referral will ensure

that patients and families are not asked the same questions over and over by different providers, but that information is shared by providers involved in the episode of care.

Written by:
Molly Carlile
Consortium Project Manager