



The Regional Plan:

Our regional priorities.

In this edition we will look at the third priority in the Regional Plan. A priority we have been working on intensely all year!

Priority 3: Enhancing Communication, Collaboration and Coordination.

Our plan identified the need to streamline communication and improve collaboration and coordination of services across our region. A number of initiatives were highlighted to address this priority including standardizing forms, eligibility criteria, coordination of care, developing a standardized model of care, improving medication management across the sites of care and sharing of programs, services and expertise.

What have we been doing to address this?

To date we have established a variety of strategies including:

- Developing a regional governance and organizational structure that supports enhanced communication across the region and improves sharing of expertise and resources.
- Creation of regional publications (including Clinical Connections) to ensure all staff have access to information about regional activities.
- Review and standardization of documentation (including the Palliative Care Referral Form).
- Scoping of the current care models that are in place across the region.
- Scoping of medication access across the region and identification of gaps in order to improve future access for all patients.
- Exploration of regional approaches to Nurse Bank access and after hours care.
- Joint projects and appointments being implemented..

Next issue: Priority 4

A Statewide Update

Now that Christmas is close, it gives us a good opportunity to reflect on the year across the state as well as in our region.

It has been a very busy year for everyone, with the implementation of Service Coordination. In addition to this, DHS has been working closely with all of the eight regional consortia on a range of initiatives contained in the *Improving Palliative care* document including:

- Review of hospital based palliative care consultancy teams, which is looking at current teams (EFT, location, staffing etc) and how they deliver services. The next step is to develop an agreed model for the teams including core competencies, minimum staffing levels and identification of a minimum data set for collection by the teams. Recommendations will also be made for future work to improve the delivery of hospital based consultancy

services. Anne Oakley (the Chair of our region) is a member of this Working Group.

- Education, Training and Research Working Party looking at the future structure and funding needs for education and training.
- Development of an After Hours Palliative Care Service for Victoria. David Wellman and Chantal Ski have been appointed to liaise with consortia and identify the needs of each region. An options paper is expected by March with recommendations for establishment of a state-wide service.
- PEPA workshops have recommenced and the program will commence providing placements again early in 2007.
- VicPCRS data reference group is reviewing the current data collection requirements to ensure that the

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Please be involved!

Contact Molly Carlile: mollyinv@bigpond.net.au with your comments, articles and questions. Title your email CLINICAL CONNECTIONS.

data we collect is useful.

- Statewide Specialist Bereavement review has been completed and the Centre for Grief and Bereavement will be consulting with the regions in 2007 regarding the future provision of bereavement support.
- A small research grants program has been established. More info in 2007 about how we can access funds to support local projects.

So 2007 looks like being a very exciting year for us all with lots of initiatives happening to improve the care of our patients!

Palliative Care Referral Trial

By now you should all be familiar with the Palliative Care Referral Form as it is currently being trialed across the region. Developed by the Clinical Committee the Referral Form enables us to use a standardized tool for referral into and out of our services. It is planned for the trial to be completed in February with an

evaluation to be conducted in order to modify the form before it is trialed in other regions.

This is your opportunity to contribute to what will eventually become a state-wide tool for referral. Your use of the tool and input into the evaluation process is essential to ensure that the final version provides you with the information

you require without it taking too much time to complete.

So you are encouraged to keep a record of the pro's and con's of the current version and your suggestions for improving it and providing them when the evaluation process begins in 2007.

Research in our Region

As advised in the last edition, a Medication Scoping project was conducted across the region in October and November. The outcomes of the scoping are currently being collated and will be used to inform DHS of regional issues around access and cost of medications.

In addition, a number of projects are currently being undertaken by services in our region and a data base of these projects has been established to enable sharing of information and collaboration. Among the projects currently being undertaken in the region are projects on spiritual screening, depression and psychological distress in carers, carer profiling in oncology, partnership models of palliative care service delivery and culturally appropriate palliative care. More detail on these projects will be included in future editions,

Welcome back Jo Harrison!

Those of you who worked with or had contact with Joanne Harrison in her role as Indigenous Palliative Care Project Officer will be glad to know that she is now back in the role after funding was acquired from DoHA to continue the project under the auspice of PCV, DHS and VACCHO. We look forward to working closely with Jo in 2007.

Farewell Michael Ashby

Professor Michael Ashby has left the region to take up a position in Tasmania. Michael will be missed by his colleagues in Victoria, but we're sure to see him next year at the national conference. We wish Michael every success in his new role.

SUBMIT YOUR NEWS!

Do you have a photo from an activity conducted in your organisation? Do you want to promote an upcoming education session? Do you have a symptom management issue you want explored? **Please send for inclusion in the next edition.**

9th Australian Palliative Care Conference.....August 2007

August seems a long way away, but the national conference is being hosted in our "home town" next year, so this is the perfect opportunity for us to let practitioners and volunteers from around the country know what we are doing here in Melbourne!

The theme for the conference is *Partners Across the Lifespan* and there are a range of subthemes from *Storytelling and Reflective Practice to Across the Lifespan— from paediatrics to healthy ageing, Partnerships and Service Delivery, Building a Research Agenda and Service initiatives*. So it's a regular 'smorgasbord' of information and provides us with plenty of opportunity to present on initiatives from our region.

There is a particular focus on encouraging clinicians and researchers who may not have presented before to submit an abstract for either a workshop or poster presentation. For those of us "under 40" the Ian Maddocks Guest Lecture is open for submission of abstracts as well.

So, let's make sure that North and West Metro is well represented! If you don't feel confident to present 'solo', get together with some colleagues and do a team presentation.

The deadline for submission of abstracts is January 16th 2007 and registrations of interest can be accessed online at www.iceaustralia.com/apcc2007

Volunteer Training Guidelines

A Victorian 'Best Practice' Training Resource for Palliative Care Volunteers is currently being undertaken as a project by PCV in partnership with Gippsland region.

The project will develop 'Presenter' Training Guidelines' to complement the current 'Learner's Training Guidelines' project being undertaken by the Hume Regional Palliative Care Consultancy Team. This project will work closely alongside the Hume Project to explore ways to make these into a state-wide volunteer training resource. The project is being led by Sue Salau, Policy and Planning Officer at PCV and Sue will be consulting widely with Coordinator's of Volunteers in 2007.

Getting to know YOU:

Michael Bramwell

Michael is the Manager, Palliative Care Services at Mercy Hospice and Mercy Western Palliative Care. Michael grew up in regional Victoria before moving to the "big smoke", to study. He completed an Arts degree and then returned to complete a Social Work degree.

Michael has an eclectic health background having worked in intensive care and trauma whilst volunteering with the Victorian AIDS Council, supporting people living with HIV/AIDS. After being introduced to palliative care by the personal experience of being the primary carer for some-

one with a terminal illness, Michael then became a Consultant Counsellor with the Victorian HIV/AIDS Palliative Care Consultancy Service. Michael completed a Masters in Public Health and subsequently worked with The Cancer Council Victoria before joining DHS in 2004. Michael was intimately involved in the implementation of the *Strengthening palliative care* policy and at the same time returned to study for his Masters in Couple and Relationship Counselling. Michael takes over from Anne Oakley as Chair of the consortium in 2007.

