

Clinical Connections

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The Structure of the North and West Regional Palliative Care Consortium (N&WRPCC)

So, you now know *what* the consortium is. You know *who* the member organizations are but do you know *how* the consortium **WORKS**?

You may think you don't really care, but you should care because this part allows YOU to have input into service provision across our region.

The structure of the consortium has a number of layers. Strategic decisions and policy issues are dealt with by the **Management Group** which is made up of senior management representatives from all of the member organizations. An **Executive Committee** oversees the operational aspects of the consortium's activities. The Management Group directly liaises with the **Department of Human Services (DHS)** and acts as the fundholder for the region.

The **Advisory Committee** is made up of representatives from generalist services in the region such as local government, private hospitals, acute hospitals, carers representatives, PCP's, GP's, residential care facilities etc. and their role is to inform the consortium of the issues they face in regard to providing a palliative approach and to improve resource and information sharing.

A range of **Focus Groups** are currently being established to look at specific areas of priority including Indigenous Issues, Care Planning and Coordination with future plans for an Education Focus Group in addition to others.

The **Clinical Committee** is made up of nominated senior clinical representatives from all of the member organizations and is interdisciplinary. The role of the Clinical Committee is to explore clinical issues, develop clinical guidelines and address issues that have an impact on the provision of clinical care. A number of subcommittees have recently been established to look at specific clinical issues including: Self Care and Supervision, Clinical Referral Forms, Medication and Oxygen access in the community. **THIS IS WHERE YOU COME IN.....**

The Clinical Committee can only be truly effective if it is informed by the clinicians in the field, so think about the issues that you face as a clinician and discuss them with your clinical representative so that they can be addressed by the committee.

Next issue:
The Regional Plan and what it means for you.

A little more about **Service Coordination**

So I'm hoping you all read the last edition of Clinical Connections and have a bit more of a handle on Service Coordination and what it means.

We have appointed a Consultant to look at "where we are at" in regard to IT requirements, skill development needs and to develop an implementation plan for the region in order to relieve some of the pressure on individual organizations. So, in the coming weeks you will see either Sheila Hirst or Kym Thomson around your workplace asking questions and looking at your data collection and client management systems.

The end result is that we will all approach the implementation of the SCTT templates in a standardized and timely way with a "minimum of fuss".

Concurrently the Clinical referral sub committee will

be convening to identify the clinical information we need to receive in order to process a referral.

How can you help?

Give some thought to the information YOU want to know about a newly referred client. Do you want to know their diagnosis? Do you want to know their clinical status or the progress of their illness? Do you want to know what medications they have been prescribed? Do you want to know carer information, allergies, psycho-social information, prognosis, current treatment (XRT or chemo) etc. How do you prioritise the information you need to know? What is the most important and what can you do without until you see the client?

All of this is important as we will have capacity to collect a limited amount of information and we need to

This is your Newsletter

.....what do you want to know about our region, the consortium, the regional plan? Do you have activities you want promoted to other consortium members?

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

know what the essential elements are.

Don't worry that this will be yet another form to fill in. It is hoped that once developed we will have the capacity to overlay this clinical information in the SCTT templates. Over time a system will evolve that will be standardised across the state, **which will make things much easier for clients, clinicians and referring organizations!**

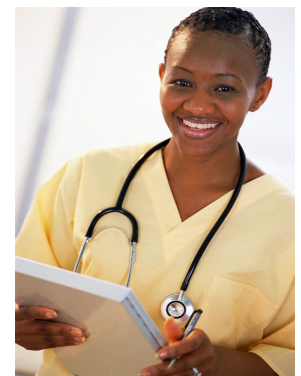
I want to have MY say !

So how do you go about having input into the activities of the Clinical Committee? There are a number of opportunities for you. Contact one of the committee representatives, send an email to Clinical Connections with your question or concern AND "put your hand up" and volunteer for a task. The Clinical Committee has a huge workload and will be

looking for clinicians to explore workplace based issues of clinical relevance, so make yourself available.

Clinical Committee members:

Barbara Dobson (MCM)
Barbara Hayes (BHS)
Ross Armsden (BHS)
Bernadette Vandenberg (Austin)
Bill Shepardson (Mercy Western)
Cheryl Wallis (WesternHealth)
Fiona McLeod (RDNS)
Fran Gore (Mercy Western)
Irene Murphy (MCM)



Janet Phillips (Banksia)
Jean Seymour (Mercy W'bee)
Marion Allison (RMH)
Sarah Labuc (NH)