

Clinical Connections

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Editor: Molly Carlile

The Regional Plan:

Our regional priorities.

In the next couple of editions we will be looking at each of the regional priorities and how we have addressed them, in detail.

Priority 2: Provide a range of Palliative Care Services

Our plan identified that the need to provide a range of different palliative care services from specialist consultancy thru to supporting generalist providers in the region to provide a 'palliative approach' to care. The plan states, "people with a life threatening illness, their families and carers should have access to a range of specialist community—based and inpatient palliative care services, with access to generalist health and community services".

What have we been doing to address this?

To date we have initiated a number of awareness raising activities and established lines of communication with generalist providers in order to ensure that clients in our region have access to a range of services, including:

- Establishment of a Regional Advisory Group which meets regularly and comprises members from community health, other specialties (eg. Cardiomypopathy, respiratory, dialysis services etc.), general practitioners, private hospitals and carer representatives.
- Development and circulation of a Regional Information Brochure to promote the services provided within our region.
- Providing members to represent palliative care on a range of advisory committees relating to residential aged care, acute services and cancer care.
- Providing support to people working in other areas who have been involved in PEPA placements.

Next issue: Priority 3

Our Regional Plan review

On August 17th we conducted a Planning Day to review where we were at with the implementation of the Regional Plan. As you all know, the environment we work in is always changing, so it's important to regularly review our goals and priorities to make sure we're moving towards achieving them and that they are still relevant. We had a great turn out for the Planning Day and it gave us all an opportunity to recognise the achievements of the past year and identify the goals for the upcoming year.

As a result of the discussions a number of evolving issues were highlighted for action in the current year, including:

- Spiritual care
- Respite care
- Aged care

- Research
- Workforce Planning and
- Bereavement care

As a result of this process, these issues are now in the process of being addressed across the region. In the coming months we will be establishing working groups to look at how we can improve the level of service we provide in these areas. If you have an interest in any of these areas, let your clinical representative know as we will be looking for people who are prepared to contribute to the work.



This is your Newsletter

Please be involved!

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

Nominations are now open for the Australian Humanitarian Awards. Why not nominate a colleague? Forms can be downloaded from: www.altruism.org.au

What's what with SCTT?

Well I'm sure you're all aware that SCTT 'rollout' is happening across the region. For those of you who have not yet met Kym Thompson, he'll be knocking on your door very soon to show you how to use the SCTT templates.

In addition to implementing the standard templates, we are doing a

three month trial of the Palliative Care Clinical Referral, a tool developed by our Clinical Committee who have invested an enormous amount of time and energy into developing a referral that meets the needs of palliative care providers. The wonderful thing about this initiative is that we

developed it, we are trialing it and hopefully, in the future services across the state will be using it! If you haven't yet seen a copy of the Palliative Care Clinical Referral, ask your manager or Clinical representative for a copy and get to know it!

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Access to medications

One of the issues that the Clinical Committee is currently scoping is how clients access medications.

Problems relating to cost of medications, accessing prescriptions, having prescriptions filled and provision of medications outside business hours have been identified as difficult for clients and their families.

In order to gather some data about how the system works and where the greatest problems are, we are conducting a scoping exercise to track the journey of a client from the time the need for additional medication is identified, thru to the client having the medication in their home, ready to take.

We are tracking the pathway and documenting specific scenarios in order to demonstrate the problems clients face.

Based on the experiences of clinicians, it seems that there is difficulties both in the community and in the acute setting with accessing timely orders and then having those orders filled, particularly when scripts are for S8 drugs or for medication like Gabapentin, Midazolam etc. SO if you have any experiences that illustrate these issues, please pass your information onto your Clinical Committee representative.

SUBMIT A PHOTO OR PUZZLE.

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 to Clinical Connections for inclusion

Decision Making in Palliative Care.....a PCV Project

In February, 2005, Palliative Care Australia released A Guide to Palliative Care Service Development: A population based approach. This document highlights the importance of primary, and specialist health care providers working together to ensure that people with a life limiting illness have access to those services most appropriate to their needs.

*Palliative Care Victoria has received funding for three years from the Department of Health and Ageing to undertake work to develop a **decision making tool** for use by general practitioners in order to assist them to meet the change in needs of palliative patients, and assist with the appropriate and timely referral to a palliative care service.*

A Project Officer has been appointed and is currently undertaking work to address key tasks including: the development of a decision making tool for use by general practitioners together with an education strategy to assist with the use of the tool. Further to this, a user-friendly companion care guide for consumers and carers, will also be developed to provide information about when

an appropriate referral may be made to palliative care. This work will be completed within the first year of the project.

An Advisory Group has been formed to inform the work of the project, provide leadership and advice and to promote evidence based practice. The role of each Advisory Group member is to be a linchpin for the Project providing information and progress reports to their respective organizations and inform project processes with 'field intelligence'.

The Project addresses a committed and collaborative approach to early identification and referral with strong leadership and family involvement and has the potential to significantly impact on patient care and support.

For more information, please contact Project Officer, Ms. Wendy Wells by phoning: 9662 9644 or email: wwells@pallcarevic.asn.au



Getting to know YOU: Barb Dobson

Barb is the Allied Health Coordinator at Melbourne Citymission Palliative Care. There are 8 staff members in this team: Colleen, Emelia, Ian, Melanie, Regina, Pam, and Wendy. This richly talented group provides a range of services that support the

holistic needs of our clients which includes counselling, spiritual /pastoral care, volumeter placement, bereavement support, welfare support and music therapy. Another integral part of this team is Nicole who is the spiritual screening project worker.

A fundamental part of Barb's role is to coordinate the services of the team and to provide supervisory and clinical support to the allied

health team. It also involves working with the management team to invigorate practice reflection and debate on spiritual care, evolving interdisciplinary practice, strengthening a supportive staff culture and the role of health promotion in palliative care.

Barb has a strong interest in the integration of spirituality and complementary medicine into current holistic health care models as they seek to address community needs in the life and death cycles. She is a member of the Clinical Subcommittee and the Co Chair of the Indigenous Focus Group.

Barb represents Melbourne Citymission on the Clinical Committee.