Latrobe Health Advocate

Achieving Victoria's best end of life experience for people in Latrobe.

Progress Report May 2020

Latrobe Health Advocate

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The Latrobe Health Advocate respectfully acknowledges Aboriginal people as the Original Custodians of the land we walk on today – the land of the Braiakaulung people of the Gunaikurnai nation and passes on respect to their Elders past and present, future and emerging.

Message from the Latrobe Health Advocate

To the Hon. Jenny Mikakos, Minister for Health,

End of life palliative care was identified as a priority project in my 2018-19 Statement of Intent. My office undertook extensive stakeholder and community engagement as well as desktop research to identify opportunities to improve the local system so that it could better meet community expectations and deliver on state and national policy directions.

In September 2019 I released a report; **Achieving Victoria's best end of life experience for people in Latrobe** which included five areas for reform and twelve recommendations for action. These recommendations were based on extensive community engagement, input from services and palliative care physicians as well as desktop research. Since then I have had ongoing discussions with DHHS and local services. The response to my report has been largely positive and there is a common commitment amongst all stakeholders to listen to the needs of local communities and to enhance end of life palliative care services. People in Latrobe have continued to reach out to provide their feedback, share their stories and express their interest in supporting local action.

I am pleased to provide this progress update to you and the people of Latrobe to recognise the good work that has occurred in response to my recommendations and to highlight areas that have not yet been addressed and require greater attention from the Victorian Government and local services. There has been some progress in relation to recommendations 2, 3, 4, 5, 6 and 7. Of particular note is the independent review of the LCHS model of care, the commitment from all services to implement a universal software system to ensure shared access to patient records and the commitment from LRH to undertake minor capital works to provide patients with access to gardens and family friendly areas.

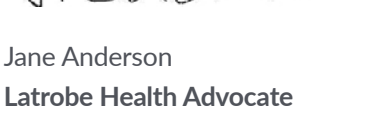
There is good will in relation to the remaining recommendations, however real action is lacking in a number of areas and strong collective leadership is required.

Further support from the Victorian Government could significantly accelerate and strengthen the implementation of all recommendations. The recommendation for a dedicated hospice in Latrobe is yet to be formally considered and local communities need to be engaged in this process. There are notable gaps in relation to volunteer coordination and bereavement supports.

This report has been developed in consultation with DHHS and local service providers who were all invited to contribute and to review draft content prior to its release. I would like to acknowledge the commitment of these stakeholders who have recognised the value of this work and openly shared the successes and challenges they have experienced in responding to my recommendations.

At the time of preparing this report, Latrobe, Victoria and the rest of the world are experiencing significant disruption as a result of the global coronavirus pandemic. This unprecedented and significant event has placed additional strain on DHHS and local health services and despite this, they have been able to prioritise time to contribute to this report. For this I am very grateful.

The impact of the coronavirus pandemic and response of governments and services has demonstrated that change is possible. I have heard from communities and services about a variety of health system changes that have been implemented at pace and at scale. For the most part, these changes have been embraced by communities, services and health professionals. I encourage the Victorian Government to consider the conditions that have enabled innovation and change to occur and to consider how this might be applied to implementing the recommendations I have made about palliative care services in Latrobe.



Jane Anderson
Latrobe Health Advocate

Guide to reading this report.

This brief progress update is intended to be read in conjunction with the Advocate's original report: **Achieving Victoria's best end of life experience for people in Latrobe**, which was released in September 2019. The original report provides a comprehensive description of each of the Advocate's recommendations, along with a summary of relevant evidence from the research that was undertaken. It also includes commentary about how the recommendations might be implemented and offers suggestions for areas that may require further consideration and discussion.

This progress report was developed in consultation with DHHS and local services. The Advocate asked four questions and invited key stakeholders to respond. Each stakeholder was then provided with the opportunity to review a draft of the content that relates to each recommendation. Some recommendations may not be relevant to all stakeholders, and in the instance that a stakeholder did not provide any input in relation to a recommendation, this has been left blank in the final report.

The questions asked of each stakeholder were;

1. What do you see as the role of your organisation / service in supporting this recommendation?
2. Is there work already underway in your organisation / service that can contribute to the delivery of this recommendation?
3. What does your organisation / service have planned for the future that might contribute to the delivery of this recommendation?
4. What, in your view, might it take for this recommendation to be fully realised?

The Office of the Advocate completed all final edits and has prepared this report for the purpose of providing a progress update to the Victorian Minister for Health and Latrobe communities. It will also be used to inform ongoing discussions with DHHS and local services.

Acronym	Definition	Description
COVID-19	Coronavirus disease	COVID-19 is a new strain of coronavirus. In March 2020 the World Health Organisation made the assessment that COVID-19 can be characterized as a pandemic. In response to the COVID-19 pandemic the Victorian Government declared a State of Emergency.
DHHS	Department of Health and Human Services	DHHS is a Victorian Government department that delivers health and human services, drives reform and provides regulatory oversight.
GHA	Gippsland Health Alliance	GHA is a consortium of all publicly funded health services in the Gippsland region. GHA is one of five Rural Health Alliances established by DHHS.
GP	General Practitioner	A GP is a doctor who is also qualified in general medical practice. GPs are often the first point of contact for someone, of any age, who feels sick or has a health concern. They treat a wide range of medical conditions and health issues.
GRPCC	Gippsland Regional Palliative Care Consortium	GRPCC is an alliance of 14 member agencies that provide inpatient and/or community palliative care for the residents of Gippsland. DHHS describes the role of palliative care consortia to undertake regional palliative care planning and coordinate palliative care regional services.
GRPCCS	Gippsland Regional Palliative Care Consultancy Service	The GRPCCS is based at LRH and works collaboratively with healthcare providers across Gippsland to ensure equity and access to specialist palliative care provision. DHHS describes the role of consultancy teams to provide advice, support, education and training to treating teams in hospitals, across acute and subacute services, to outpatient clinics and to community palliative care services.
HACC	Home and Community Care	HACC services provide basic support and maintenance to people living at home to help avoid premature or inappropriate admission to long-term residential care.
HACC PYP	Home and Community Care Program for Younger People	The HACC Program for Younger People provides basic support and maintenance services to help people with disabilities remain living at home as independently as possible.
LCC	Latrobe City Council	LCC is a local government authority that has the same geographical boundaries as the Latrobe Health Innovation Zone. DHHS provides funding to LCC to deliver HACC PYP services.
LCHS	Latrobe Community Health Service	LCHS is a community health service that delivers a range of primary health, human services and community-based support to meet local community needs. DHHS provides funding to LCHS to deliver community palliative care services.
LHA	Latrobe Health Assembly	The primary role of the Assembly is to facilitate a new way of working to enable the community, local and state-wide agencies and government to work together to improve health and wellbeing in the Latrobe Valley.
LHIZ	Latrobe Health Innovation Zone	The local government area of Latrobe is designated by the Victorian Government as a Health Innovation Zone as recommended by the Hazelwood Mine Fire Inquiry. Key components of the LHIZ are the Advocate and the Assembly.
LRH	Latrobe Regional Hospital	LRH is a regional public health service that provides public hospital services in accordance with the principles of the National Health Care Agreement (Medicare) and the Health Services Act 1988 (Vic). DHHS provides funding to LRH to deliver inpatient palliative care services.
LVA	Latrobe Valley Authority	The Latrobe Valley Authority is a Victorian Government agency that partners with the community and businesses to deliver and coordinate action across all levels of government.
PEPA	Program of Experience in the Palliative Approach	PEPA is an approach to education and training for health professionals working in primary, secondary and tertiary settings.
SCV	Safer Care Victoria	Safer Care Victoria is the peak state authority for quality and safety improvement in healthcare. It oversees and supports health services to provide safe, high-quality care to patients.
VHES	The Victorian Healthcare Experience Survey	The VHES is managed by the Victorian Agency for Health Information and allows a wide range of people to provide feedback on their experiences with health services.

Reform priority 1:

Empowering people in Latrobe to die in their place of choice and offering places to choose from.

Recommendation 1

A hospice as a place of choice for people in Latrobe.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.		The GRPCC works to ensure that patients from across the broader Gippsland region can access the support and services they need to enable them to die in their place of choice.	The Gippsland Regional Palliative Care Consultancy Service based at LRH, works collaboratively with healthcare providers across the region to ensure equity and access to specialist palliative care provision. The service delivers specialist palliative care to support people, particularly with complex symptoms and needs, to die in the place of their choice.	LCHS provides the Community Palliative Care service and supports clients to enable them to die in their place of choice. In considering a hospice LCHS would be positioned to continue to support clients both in their homes and if they wished to transition care to hospice care.	Gippsland PHN supports education, training and quality improvement in primary care to enable patients to access high quality palliative care services when and where they are needed.	In 2019 Latrobe City Council wrote to the Minister for Health to indicate support for the provision of hospice facilities and enhanced palliative care and dying in place of choice support within the Latrobe City Council Local Government Area.
Reflections of the Advocate	**Observations of the Advocate** There has been an overwhelming voice from communities for the establishment of a hospice in Latrobe. This is reflected in the Advocate's recommendation and the recent motion from Latrobe City Council to indicate its support for the provision of a hospice. Further work needs to occur between the Victorian Government, services and community to reach a shared understanding of what a hospice is and how it would integrate and add value to existing services and the broader Gippsland community.			**Questions the Advocate is now asking.** Which government department, agency or community group is best placed to lead the establishment of a hospice in Latrobe? What examples are there within Victoria and elsewhere that we can learn from to achieve optimal integration of services and access for communities? In establishing a hospice in Latrobe, how can this deliver greater integration of services, be accessible and inclusive for patients of all ages and be of benefit to the greater Gippsland region?		

Recommendation 2

A shift in thinking and a commitment to achieving a home-like environment within the hospital setting to significantly improve the experience for patients and their loved ones.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS has advised that minor capital works and refurbishment in the subacute ward at LRH will be completed in 2020. The aim is to provide a more home-like environment and access to gardens and a family area.	GRPCC suggest that a designated space for patients to die in is optimal. A comfortable peaceful space that can provide room and comfort for patients, family and friends. In some Gippsland health services there are palliative care or serenity spaces for patients and families. GRPCC have acknowledged the difficulty in providing a dedicated space and beds for palliative care in all hospitals across Gippsland and have suggested technology as one way to bring 'home' to a dying patient.	LRH provides inpatient care for palliative patients. Plans are underway for minor refurbishment in the sub-acute unit which currently supports palliative patients. These works are scheduled to be completed in late 2020 and will deliver high quality care in family friendly surrounds.		Gippsland PHN supports a home-like environment within the hospital setting.	
Reflections of the Advocate	**Observations of the Advocate** The Advocate has been encouraged by the commitment of LRH to improve the physical environment for patients and families. It is promising that immediate work can occur to better utilise existing spaces including outdoor areas. The Advocate notes the Victorian Government investment for Stage 3A of the LRH expansion and is interested in further opportunities this might create for the design of physical environments that can meet the needs and aspirations of local communities in relation to end of life palliative care services. The Advocate is aware that for some patients the point of entry into the hospital might be the Emergency Department and highlights the importance of prioritising home-like and family friendly spaces and suitable end of life ethos regardless of where in the hospital a patient is being treated.			**Questions the Advocate is now asking.** How might the Victorian Building Authority, DHHS and LRH work together with the Advocate to further engage with Latrobe communities in relation to immediate and longer-term upgrades to the hospital? Enhancing the physical design is a step towards improving the experience for patients and families. What might LRH do to enable these improvements to be fully utilised and embedded as part of the philosophy or ethos of care? How might LRH share and promote news of the improvements being made for the purpose of informing and engaging with local communities? Unfortunately, due to COVID-19, families across the world have not been able to be with their loved ones at the time of death. How has technology been used to bring home and family into the hospital environment and are there any innovations that might be applicable in Latrobe?		

Reform priority 2:

Latrobe communities experiencing a system that works in harmony with their needs.

Recommendation 3

Palliative care services available every hour of every day as a matter of course.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS has indicated that the Gippsland region will be the first site for Victoria's new Palliative Care Advice Service. This is an expert end of life palliative care advice telephone service. Testing of the service commenced in May 2020 in Gippsland. DHHS is supporting LCHS to revise its model of care to ensure better access for clients seven days a week. The revised model of care will include after-hours access so that people have better access to services when they need them.	There is GRPCC support for more chronic disease clinics with palliative and supportive care input, across Gippsland with a view to improve coordination across the health care system and to better integrate palliative care.	LRH auspices the Gippsland Palliative Care Consultancy Service that provides specialist medical, nursing and allied health support to community-based palliative care services in the region. This support is offered as a 24/7 on call advisory service.	LCHS has expressed its support for this recommendation and advised that it provides the services to enable this to occur. LCHS has a palliative care team that provides a 24-hour service. This is by way of business hours Monday to Friday and an on-call service out of hours. LCHS has reviewed its delivery model and client needs and is working to align these.	Gippsland PHN supports general practice and primary care services to work effectively with palliative care services. Gippsland PHN is working with GRPCC to deliver education and program support across Gippsland to provide an After-Hours Triage Tool to support both the patients and the health professionals in caring for their patients. Gippsland PHN also provides the HealthDirect video call service platform to further enable after-hours consultations to support access to services.	LCC provides support for people in their home via Post-Acute Care and HACC-PYP funding.
Reflections of the Advocate	**Observations of the Advocate** It is apparent that funding agreements require local services to offer patients and health professionals support every hour of every day. The Advocate acknowledges the additional commitment from DHHS to establish a state-wide advice service and for this to commence in Gippsland.			**Questions the Advocate is now asking.** What is it that enables the provision of palliative care services every hour of every day and what has changed within Latrobe services in the past six months? Is the experience for patients and families different and if so, how? How well are local services integrated across a 24-hour cycle and what value does the additional state-wide advice service provide?		

Recommendation 4

Timely access to medicines to prevent patients, families and carers from suffering unnecessarily.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS has indicated that LRH has two part-time palliative medicine specialists recruited to Gippsland regional palliative care consultancy service to support patient management. The service also has an education/ capacity building role for clinicians and service providers within the region. DHHS advises that the PalCare software will support better access for clinicians in multiple care settings to medical treatment plans and information (including prescribed medicines). DHHS is supporting LCHS to revise its model of care to ensure better access to services including anticipatory medicines, equipment and support services.	GRPCC works collaboratively with a broad range of Gippsland services to identify and address gaps. GRPCC has representation (pharmacy and physician) on the Safer Care Victoria development of the Anticipatory Prescribing Guidelines and Palliative Sedation Guidelines. GRPCC provides a variety of tools, guidelines and education forums relating to palliative care medicines.	LRH provides support and education to palliative care services in the provision of anticipatory medicines. The consultancy is promoting the guidance on anticipatory medicines published by Safer Care Victoria.	LCHS is working with providers to help families get access earlier to medications in a timely manner. This includes pre-emption of medications and working with GP's, the hospital pharmacy and on-call palliative care to ensure this in place.	Gippsland PHN provides support and promotion of Advance Care Planning through education. Gippsland PHN has supported a research project to look at local prescribing of anticipatory medications in general practice, led by Dr Hanan Khalil at La Trobe University with involvement by GRPCC. The findings indicate that a small percentage of palliative care patients receive anticipatory medications through general practice. Improved knowledge about appropriate referral pathways and screening tools to identify patients with palliative care needs may be useful for health care practitioners to support patients and ensure timely care is provided. The findings will inform locally relevant actions based on input from local stakeholders including clinicians, nurses, pharmacies, carers and consumer representatives.	
Reflections of the Advocate	**Observations of the Advocate** The Advocate notes the frustrations of health professionals and the distress of patients and communities that led to this recommendation. It is evident that there is a commitment to improving access to medicines. Shared access to patient records, clinical leadership via the consultancy service and guidance from Safer Care Victoria will all contribute to system improvements.			**Questions the Advocate is now asking.** Is there a shared view across all aspects of the system about how to improve access to medicines and what collective actions can occur as a result? Has the impact of COVID-19 and the opportunity to introduce changes to the health system resulted in better access to palliative care medicines? The Pharmacy Guild of Australia (Victoria branch) has offered its support to pilot new ways to improve access to palliative care medicines in Latrobe. How might GPRCC, Gippsland PHN and the Pharmacy Guild work together to make this happen?		

Recommendation 5

Services unite to provide a model of care that is experienced by every patient in every place.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS is revising Victoria's *Palliative Care Service Capability Framework* to include core components of admitted, home-based and consultancy palliative care services. A draft will be circulated for clinician and service sector consultation in 2020.	GRPCC facilitates a Community of Practice and Clinical Management Group to provide planning and equity of access to palliative care services across the region. GRPCC raises awareness of and facilitates a shared understanding of various clinical guidelines and models of care across Gippsland. GRPCC delivers PEPA (Program of Experience in the Palliative Approach) workshops for health professionals, allied health working in sub-acute environments.	LRH is leading a clinical integration project and continues to work closely with LCHS on the delivery of palliative care services. It is anticipated a regional cancer service model currently in development will translate to palliative care services leading to stronger, coordinated pathways.	LCHS recognises that it is pivotal to this and is committed to aligning and working within a shared model of care. The LCHS model of care has been reviewed. The organisation is taking the steps required to implement the recommendations of this review.	Gippsland PHN is working with the GRPCC to promote and implement the 'After -Hours Palliative Care Triage tool'. Education and consultation with Practice Nurses in the development of the After-Hours tool was undertaken in February 2020. Gippsland *HealthPathways* hosts a number of palliative care pathways supporting the enhancement of clinical knowledge and best practice care. Gippsland PHN has adopted the *HealthPathways* methodology of building collaboration, leveraging existing relationships to strengthen models of care.	LCC is interested to be involved in the establishment of the care model – both as a service provider and as potentially providing broader community-based support.
Reflections of the Advocate	**Observations of the Advocate** In the original report, the Advocate states; *It is evident that the palliative care system as it is experienced in Latrobe is disjointed and overly complex. This has been described by patients and families as well as staff that work within the system.* The Advocate acknowledges the need for DHHS and service providers to have a degree of variance in their frameworks and service models. However, for the system to work and for communities to experience a seamless transition between settings and services there needs to be cooperation across the system. From a community point of view, services need to work together as one.			**Questions the Advocate is now asking.** What can be done to strengthen the impact of GRPCC and GRPCCS in working to achieve a consistent model of care in Latrobe? How does the shared understanding of clinical guidelines translate into day to day work of palliative care staff? What opportunities do staff from different settings have to interact and collaborate in both formal and incidental ways? Has the independent review of the LCHS model of care led to opportunities for system-wide improvements and collaboration across other services in Latrobe? What opportunity is there for communities to contribute to the capability framework that DHHS is developing? Could the Engage Victoria platform be utilised for this?		

Recommendation 6

A unified model of care where records are shared across the system for the benefit of patients.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS is supporting LRH to coordinate the implementation of the palliative care software system (PalCare) across all Gippsland palliative care services (hospital, community and consultancy).	GRPCC advocates for 24-hour access to current client information for clinicians involved in a patient's care to inform and mange care effectively, efficiently and in line with best practice. This is done with a view to improve the outcome for patients cares and clinicians. GRPCC continues to participate in a region wide approach to implement the *PalCare* software system across Gippsland. In the interim GRPCC has developed a regional handover tool (excel based) and an interactive referral and triage form.	LRH is providing funding to the Gippsland Health Alliance (GHA) to implement *PalCare* software into every palliative care service in Gippsland. Implementation has begun and is scheduled to be completed by the end of 2020. GHA is a consortium of public hospitals (including LRH) and health services in Gippsland. Its aim is to develop and implement information and data networks to support clear communication and integrated pathways for patients across the region.	LCHS is working with LRH to achieve shared access to a single patient database. LCHS is involved in a steering committee for implementation of the *PalCare* software.	Gippsland PHN aims to improve linkages between primary health care professionals (GPs, practices nurses, Residential Aged Care staff) and both community and palliative care services in the region. Gippsland PHN promotes active use of *My Health Record* with health professionals and Residential Aged Care Facilities in Gippsland.	LCC is not directly involved with this.
Reflections of the Advocate	**Observations of the Advocate** The Advocate notes the establishment of a steering committee and the progress that has been made to enable greater integration of care via a single shared database that is accessible across services.			**Questions the Advocate is now asking.** What is the interface between the *PalCare* software and *My Health Record* and what enables GPs to navigate the system and remain involved with the care of patients as they transition between settings? What are some of the challenges that the steering committee has faced in implementing the *PalCare* software? What can be learned and how might this apply to other aspects of working together to provide palliative care services in Latrobe?		

Reform priority 3:

Latrobe as the epicentre for those who have the heart for palliative care.

Recommendation 7

Immediate and ongoing investment to build, grow and nurture the Latrobe palliative care workforce.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS had advised that LRH has recruited 2 part-time palliative medicine specialists to Gippsland regional palliative care consultancy service. DHHS advises that LCHS is recruiting to vacant clinical positions.	GRPCC has a role in identifying workforce gaps via needs analysis and in coordinating education for clinicians across the region. This includes working with state-wide peak education bodies to inform them of regional needs and to ensure the education delivered is relevant to Gippsland. GRPCC provides ongoing support and capacity building for person centred, evidence based palliative approach and end of life care for older people in the community and in residential care. GRPCC is investing in the provision of education accessible for all clinicians in response to the DHHS End of life palliative care Framework statement; 'palliative care is everybody's business'.	LRH has recently recruited to its full EFT which includes Palliative Care Physicians, Nurse Practitioners, Social Workers and Clinical Psychologists.	LCHS is committed to supporting and implementing this recommendation and building the skills of its workforce. LCHS is appointing a Clinical Nurse Coordinator to aid with this recommendation. LCHS has linked with the hospital to provide additional support to the palliative care team. LCHS is conducting targeted recruitment for palliative care to ensure nurses have the additional skills required to work in this area.	Gippsland PHN supports ongoing collaboration and information sharing between primary care providers and the palliative care workforce through partnerships with GRPCC. Gippsland PHN works with Gippsland Region Palliative Care Consortium and Gippsland Regional Palliative Care Consultancy Service to deliver 4 workshops annually across Gippsland on the 'Time of Dying' – this education, together with the Voluntary Assisted Dying Navigators, supports the workforce with focus on end of life issues including voluntary assisted dying and palliative care. Gippsland PHN provides education and training to the primary care sector across Gippsland.	The LCC economic development and health and wellbeing plans recognise and support the importance of health sector workforce development.
Reflections of the Advocate	**Observations of the Advocate** It is promising to see local services and DHHS working together to achieve a full complement of palliative care staff for the region and to fulfil the funding obligations. The Advocate notes the work of the GRPCC in assessing the skills of the local workforce and supporting ongoing professional development and education opportunities. The Advocate is aware of the significant work that has been undertaken with the LVA, LCC and local health services to define the long-term needs of a health and social workforce in the Gippsland region.			**Questions the Advocate is now asking.** In working towards a full complement of palliative care staff what barriers and enablers have services come across and what can be learned from this into the future? What modelling has been done to anticipate the demand for palliative care services into the future? Is the current investment enough to meet these needs ahead of time? Is there an opportunity to bring together the work of GRPCC, local services, LVA and LCC to strengthen the approach and investment into palliative care workforce?		

Recommendation 8

Volunteers in Latrobe are well utilised, valued and acknowledged.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS advises that the review of the LCHS model of care includes consideration for the role of volunteers.	GRPCC works with services to understand their ability and capacity to utilise volunteers and works with Palliative Care Victorian and Local Government to provide volunteer training and support. GRPCC has identified that there is a lack of resources to support and manage palliative care volunteers across Gippsland.	LRH usually has a strong and vibrant volunteering program supported by a coordinator however, due to COVID-19 restrictions, LRH has had to scale back the program significantly. Volunteers are considered part of the LRH family and are welcomed and included in all activities. The organisation has not yet explored the potential for its current cohort of volunteers to assist with palliative patients in a formal capacity. LRH acknowledges this will need to be addressed sensitively given the age of many volunteers and their reasons for joining our service. LRH notes uncertainty and fear surrounding COVID-19 has caused some stress to volunteers. As such LRH recognises the limitations in engaging its volunteers in hospital-based specialist palliative care which is often complex and stressful.	LCHS is working with volunteers to build a robust program where volunteers can play a larger part in the delivery of palliative care within the family unit. LCHS has introduced regular volunteer and palliative care team catch ups. Some volunteers have accessed other palliative care organisations to learn about their delivery model and see how this could be adapted or used within LCHS. LCHS offers palliative care specific training in addition to its standard volunteer training.		LCC has a volunteer base predominantly working in the aged and disability area that may be interested in expanding into the palliative care specific response.
Reflections of the Advocate	**Observations of the Advocate** In forming this recommendation, the Advocate engaged directly with services and volunteers. It was acknowledged that volunteers wanted to play a greater role and could be better utilised across the system. Services identified that the management and training of volunteers required ongoing investment and leadership. The Advocate is aware that the Victorian Government has committed to developing and implementing a Volunteer Strategy to support and enhance volunteerism in Victoria. This work is being led by DHHS. The Advocate notes that the Latrobe Health Assembly is delivering *HandsUp Latrobe Valley*, an initiative focused on the development and coordination of volunteering opportunities in Latrobe City.			**Questions the Advocate is now asking.** What has changed from a volunteer perspective and what has enabled these changes to occur? Is there enough funding to recruit and retain a sufficient palliative care volunteer workforce in Latrobe? What else might be required to enable volunteers to work across all palliative care settings in Latrobe? Is it possible to achieve a centralised model for palliative volunteer coordination?		

Recommendation 9

The system fosters compassion for staff and volunteers to enable them to truly give this to others.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.		GRPCC recognises the importance of training, communication, and education to build skills, develop and foster resilience in the health workforce.	Person-centred care is one of LRH's core values where our staff and volunteers pledge to put patients first in care, planning and decision making. In addition, LRH's new strategic pillar: 'Our People' aims to strengthen organisational culture and wellbeing to ensure our people feel valued, empowered and engaged. LRH notes the loss of social connectiveness caused by stage 3 COVID-19 restrictions for our older volunteers has caused considerable distress. To combat this LRH has introduced our volunteers to videoconferencing as a way of keeping in touch with the hospital and continuing some contact with patients.	LCHS recognises that both volunteers and staff are integral within our team. We support volunteers and palliative staff with training specific to palliative care and attendance at both palliative care and volunteer conferences. LCHS supports volunteers and staff through debriefing opportunities.	Gippsland PHN provides evidence-based education and training to general practice and primary care service about the importance and inclusiveness of staff and volunteers in the palliative care of patients.	
Reflections of the Advocate	**Observations of the Advocate** The Advocate notes that designing and systemising an agreed approach to mentoring, clinical supervision and shared opportunities to debrief and reflect would be of benefit. COVID-19 has to led to greater public acknowledgement and appreciation for health workers. There has been increased focus on the importance of protecting and prioritising the health and wellbeing of health workers in order to enable them to then look after others.			**Questions the Advocate is now asking.** How can palliative care staff be best supported to prevent compassion fatigue and burnout? How might DHHS and health services measure and monitor the workplace culture for palliative care staff and volunteers?		

Reform priority 4:

Latrobe communities benefitting from a public health approach that brings death and dying out from the shadows.

Recommendation 10

Localised education and awareness campaigns to shift community views and experiences with death.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS is considering future strategies to address this issue.	GRPCC supports health professionals to promote advance care planning and palliative and end of life care. GRPCC organises a variety of communications and activities that are delivered in innovative ways across the Gippsland community. GRPCC aligns these with state-wide and national strategies. GRPCC recognises Gippsland health care professionals are part of the broader community.	LRH has previously promoted stories about the Gippsland Palliative Care Consortium and end of life care in the local media.	LCHS is committed to providing locally based education to the community focusing on awareness and destigmatising the death experience.	Gippsland PHN provides online resources to inform patients and carers of what services are available in the region and how to access those services. Gippsland PHN promotes the Advance Care Planning Australia website through communications channels to remind people of their choices and how to enact them. Gippsland PHN includes Advance Care Planning as part of its annual education calendar and promotes this through communications channels to reach a wider audience.	
Reflections of the Advocate	**Observations of the Advocate** The Advocate acknowledges that service providers have limited capacity to look beyond day to day service provision due to ongoing demand and competing priorities. To design and implement community campaigns based on a public health approach requires specific skills and expertise that are different to the skills of health clinicians.			**Questions the Advocate is now asking.** Who is best placed to implement this recommendation? Is there a role for DHHS, LCC or the LHA?		

Recommendation 11

Local grief and bereavement supports to ease the pain of death for Latrobe communities.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.	DHHS acknowledges grief and bereavement support services are not unique to palliative care providers. These services form part of a broader range of health and wellbeing support services accessed through hospitals, primary care and community health services. DHHS's review of Victoria's *Palliative Care Capability Framework* will include core expectations of funded palliative care services relating to grief and bereavement. This will build on expectations outlined in *Victoria's Bereavement Support Standards for Specialist Palliative Care Services (2012).*	GRPCC has developed Bereavement Guidelines to support clinicians across Gippsland. The GRPCC is working with GPCSS to offer a range of resources and training to support these. GRPC is currently exploring bereavement and complicated grief in the face of COVID as an adjunct to GRPCC Bereavement Guidelines.		LCHS has a support system in place where an appropriate person is identified to work with the family at the time of need and up to 12 months beyond the occurrence of death. This model has been reviewed against the Bereavement Support Standards to ensure there is alignment.	Gippsland PHN provides information, advice and links to relevant services that they commission. Gippsland PHN is implementing a suicide prevention project working with stakeholders who provide support and information to people experiencing grief. This is inclusive of a suicide bereavement counselling service; education for counsellors to provide grief and bereavement counselling locally (targeted towards suicide bereavement with general grief and bereavement counselling principles) and; mental health education and resources to empower community to support each other in times of need.	
Reflections of the Advocate	**Observations of the Advocate** Provision of grief and bereavement supports remains a gap in the local system. The Advocate notes that work needs to be done to consider the current capacity of the local system with regard to grief and bereavement. Adequate staffing needs to be a consideration for a palliative care workforce strategy.			**Questions the Advocate is now asking.** What investment is required to enable more adequate provision of grief and bereavement supports for palliative care patients and families in Latrobe? How much of this investment is best directed towards existing palliative care services? Who else might have a role to play and what might this look like?		

Reform priority 5:

Contemporary governance brings health services and communities together to share their collective expertise.

Recommendation 12

Effective leadership and accountability structures where health services and communities come together to share their collective expertise.

	DHHS	GRPCC	LRH	LCHS	Gippsland PHN	LCC
Role in relation to the recommendation and summary of any actions that have occurred in response to the Advocate's report.		Members of the GRPCC represent a collaboration of Gippsland health services. They come together to promote equity of access for the best possible care and efficient and sustainable use of palliative care resources.	LRH is supportive of the efforts of the Gippsland Regional Palliative Care Consultancy, regularly meeting with its specialist staff who provide ongoing support to nursing and clinical teams. LRH and LCHS are involved in regular discussions.	LCHS has community representation on our Board Quality and Safety Committee. LCHS has robust Governance systems in place that Palliative Care Program is accountable to. The Governance Structure allows for review and analysis of VHES and Organisational client experience surveys. LCHS supports this recommendation by ensuring it hears client voice and feedback. LCHS is currently running focus groups with families to gain feedback. LCHS has engaged in one to one telecommunication with families of bereaved to gain feedback and any recommendation they had and share their experience of the service.	Where appropriate Gippsland PHN will contribute to collaborative governance structures.	LCC has indicated that the Municipal Public Health and Wellbeing Plan could encompass this.
Reflections of the Advocate	**Observations of the Advocate** Through engaging with people in Latrobe the Advocate came to the realisation that the aspirations of local communities are on par with the policy directions of the Victorian and Commonwealth Governments. At the heart of Recommendation 12 is the design of a governance structure that involves ongoing participation from communities. This is intended as mechanism to prevent discrepancies between community aspirations and the implementation of policy into the future. It remains apparent that oversight for the delivery of palliative care services in Latrobe is distributed across multiple services and settings. Opportunities for services and communities to lead collectively and with ongoing community input are not evident. The Advocate notes the year by year nature of funding to GRPCC and how this may inhibit the sustainably and strategic impact this group can have.				**Questions the Advocate is now asking.** What are services and DHHS doing differently to hear and respond to community voice? What long term changes need to occur to strengthen the governance structures in place? Is there a role for the LHA in bringing services together, as described by the Advocate with the suggestion for a short-term Latrobe Palliative Care Taskforce?	

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