



Latrobe Health  
**Advocate**

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

Progress Report September 2021





Latrobe Health Advocate

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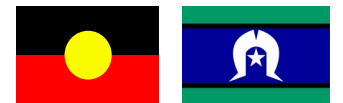
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The Latrobe Health Advocate respectfully acknowledges Aboriginal people as the Original Custodians of the land we walk on today – the land of the Braiakaulung people of the Gunaikurnai nation and passes on respect to their Elders past and present,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

# Message from the Latrobe Health Advocate

**To the Hon. Martin Foley, Minister for Health,**

When palliative care was identified as a priority for my office in my 2018-19 Statement of Intent, I made a commitment to Latrobe communities to identify opportunities to improve the local system so that it could better meet expectations and deliver on state and national policy directions. We are faced with a unique opportunity in Latrobe to not only bring the region up to speed with the rest of Victoria, but also build and deliver Victoria's best palliative care system.

In September 2019 I released a report, *Achieving Victoria's best end of life experience for people in Latrobe*. The report 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. In May 2020 I released a progress update, recognising the work that had occurred in response to my recommendations and highlighting areas that had not yet been addressed.

I am pleased to provide you with this second progress update, which is intended to be read alongside my original report and was developed with input from the Department of Health and local services in Latrobe, to acknowledge the work that has been done and highlight the areas that require greater attention.

Notably, in response to recommendation 2, Latrobe Regional Hospital has completed an initial refurbishment of a sub-acute area in the hospital and now has some capacity for family to stay in a patient's room as well as access to gardens, flexible

visiting hours, and options for domestic pets to visit.

In response to recommendation 6, agencies across Gippsland are working in collaboration to rollout a universal software system that is designed to give organisations real-time access to patient information and allow patient care plan management and monitoring through the compilation and consolidation of all clinical data.

In response to recommendation 7, the Gippsland Regional Palliative Care Consultancy Service (GRPCCS) along with the Gippsland Region Palliative Care Consortium (GRPCC) have been working on implementing a Speciality Palliative Care Practice Course for Registered Nurses to build workforce capacity and are working together to develop a palliative care curriculum for healthcare professional education for Gippsland.

There is good will in relation to the remaining recommendations and work is ongoing, however strong, and collective leadership is required to address a number of challenges in several areas.

The Victorian Government is yet to formally consider the recommendation of a hospice or specialist palliative care unit for Latrobe and the broader Gippsland region, and Latrobe communities and some palliative care specialists continue to express their strong desire for more options to be available to local communities.

I continue to hear personal stories of gratitude for local nurses while simultaneously hearing about the challenges people experience with the system overall. It is not uncommon for

people to contrast their experience of end-of-life care for a loved one here in Gippsland to the experiences they have elsewhere. Services in Geelong, Warrnambool, Canberra, and the Peninsula Health Palliative Care Unit have all been suggested as the type of service that should be possible in the Gippsland region.

I continue to hear about the need to provide people with options and choices when it comes to end-of-life care. There is a general view from services that most people would prefer to receive end-of-life care in their home, however the reality is that for various reasons many people do not, cannot or prefer not, to die in their home. On the other hand, many people in local Aboriginal communities have expressed a preference to die at home. There is a need to ensure that people are supported to explore all their options so they can die with dignity. What more can be done to involve communities with this work to help them drive the change they want to see?

I would like to acknowledge the commitment of local stakeholders who have recognised the value of this work and openly shared the successes and challenges they have experienced in responding to my recommendations. I am now committed to ensuring the challenges identified in this progress update are addressed, and I encourage the Victorian Government to consider how the recommendations of this work can be implemented to achieve the best end of life experience for people in Latrobe.

**Latrobe Health Advocate**

*J. Anderson*





# 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 is the second progress update provided by the Advocate. Like the last progress update this has been developed in consultation with the Department of Health and local services. The Advocate facilitated the following process to develop this progress report.

1. Ongoing engagement with Latrobe communities and key stakeholders throughout the year, documenting progress and providing advocacy as required
2. Design of an online questionnaire to seek direct input from government representatives, service providers and stakeholders
3. Promoting opportunities for communities to share their more recent experiences with palliative care services and end-of-life care

4. Hosting an online stakeholder forum to work towards a shared understanding of progress, challenges, and opportunities
5. In depth interviews with key stakeholders to develop and document stories of change
6. Drafting this report and sharing it with stakeholders for their review and feedback
7. Finalising this report, sharing it with the Victorian Minister for Health, service providers, stakeholders, and local communities

The online questionnaire was an opportunity for services to identify how much progress has been made in relation to each recommendation and the online stakeholder forum was an opportunity to discuss progress and challenges in more detail.

**The Advocate has asked the following questions and the responses from stakeholders are reflected in this progress update.**

1. What progress has been made in relation to each of the 12 recommendations?
2. What challenges are being experienced?
3. What are the opportunities and who is not involved that should be?
4. What has enabled you to work with others and what would help you to do this more?

## Stakeholder view of progress



Measurable change has occurred, and the impact is tangible for services and communities.



Change is underway and the impact is yet to be realised.

Not Aware of Any Change

# Reform priority 1:

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



Recommendation	Recommendation 1	Recommendation 2
<b>Description</b>	A hospice as a place of choice for people in Latrobe.	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.
<b>Stakeholder view of progress</b>		
<b>Progress</b>	<p>The Victorian Government is yet to formally consider the recommendation of a hospice or palliative care unit for the Latrobe and broader Gippsland region.</p> <p>Latrobe communities and some palliative care specialists continue to express their strong desire for more options to be available to Latrobe and Gippsland communities.</p>	<p>Latrobe Regional Hospital has completed an initial refurbishment of a sub-acute area in the hospital and now has provisions for family to stay in a patient's room, access to gardens, flexible visiting hours, and options for domestic pets to visit</p> <p>An updated new lounge area in the rehabilitation ward is being utilized as a quiet place for the families to spend some time. It is also used when COVID-19 restrictions are in place and only two visitors can be in a patient's room at any one time.</p>
<b>Challenges</b>	<p>There is a general view from services that most people would prefer to receive end-of-life care in their home, however the reality is that for various reasons many people do not, cannot or prefer not, to die in their home.</p> <p>The word hospice can mean different things to different people depending on which perspective they are coming from which may be community member, health worker, service leader, policy maker.</p> <p>There is an inherent tension for local services that are funded to provide support to the broader Gippsland region which has vast geography and demographics.</p> <p>Innovation and involvement of regional stakeholders will be required to establish a hospice in Latrobe that can integrate with end-of-life services across the broader Gippsland region.</p>	<p>The refurbished area and four sub-acute beds remain part of the overall hospital service and are regularly full. Embedding the ethos of end-of-life care within a curative environment is an ongoing challenge for any health service.</p> <p>There are some limitations to the refurbishments that the hospital has made, due to budget constraints and existing physical infrastructure.</p> <p>The hospital is unable to guarantee access to one of the four beds at the times that patients may need them, and it is difficult to predict demand.</p> <p>The four funded palliative care beds are "virtual" and not always grouped together. It is not always best practice when a patient is settled in a ward, to move a patient to another ward, this can be unsettling at end of life for family and patients who may have developed relationships with ward staff members.</p> <p>Palliative Care patients are distributed throughout hospital wards and care is provided in that setting. The care provided in these hospital beds is often not done by practitioners trained in palliative care. The level of expertise in symptom management and end-of-life care may vary significantly among the staff looking after those beds.</p>



# Reform priority 1:



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

Recommendation	Recommendation 1	Recommendation 2
<p><b>Opportunities</b></p>	<p>The sentiment of local conversations about this recommendation is changing. Discussions are now centred on the practical considerations and benefits that a hospice may bring. Language is becoming less of a barrier and describing this recommendation as either a standalone hospice or dedicated palliative care unit helps people to better understand how to meet the needs of local communities.</p> <p>There is recognition from local service providers that although a dedicated facility (either hospice or specialist palliative care unit), is not the single solution to reforming the local system, it can provide a hub that attracts and retains skilled workers and enhances the system overall.</p> <p>Latrobe City Council and a local Member of Parliament have formally written to the Victorian Minister for Health expressing their support for the establishment of a hospice in Latrobe.</p> <p>It has been suggested that a palliative care unit needs to have access to services such as radiology and pathology to provide care consistent with optional and current practice and that it would be beneficial for a unit of this type to be located within the grounds of Latrobe Regional Hospital.</p>	<p>Maryvale Private Hospital is located in Latrobe and currently provides end-of-life care for patients. The private health service has expressed a desire to continue to provide high quality palliative care and to be involved with regional discussions, opportunities to collaborate and to explore public private partnerships.</p> <p>Latrobe Regional Hospital has established a working relationship with Peter MacCallum Cancer Centre in Melbourne and is pursuing opportunities to visit this service to observe other examples of how to integrate sub-acute and palliative care services within a hospital setting.</p> <p>It has been suggested that it takes at least five years to build a palliative care unit. While this long-term plan is being considered the short-term solution is to have a few rooms where palliative care can be provided. It is important that these rooms are run by palliative care nurses and palliative care physicians to be able to deliver specialised care.</p> <p>Maryvale Private Hospital has expressed interest in exploring opportunities to help accelerate the delivery of this longer-term goal.</p> <p><b>“We’ve got four beds [in Latrobe] but at times we’ve had up to ten palliative patients in the hospital...”</b></p>
<p><b>Advocacy Position</b></p>	<p>The Advocate is now calling on the Victorian Government to act within the 2021-22 financial year to formally consider the establishment of a hospice, dedicated palliative care unit or other suitable options for communities in Latrobe, as described in her original recommendation.</p> <p>The Advocate is available to support this process and to enable local communities to be involved with the discussions with the aim of reaching a shared understanding between communities, governments and services about possibilities and options.</p> <p><b>And</b> in addition,</p> <p>Further investment and longer-term provisions are required to enable the hospital to build on the minor capital works that have occurred in the sub-acute unit to ensure the expansion, ongoing enhancement, and maintenance of dedicated end-of-life spaces and supports within the hospital environment.</p>	

# Reform priority 2:



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

Recommendation	Recommendation 3	Recommendation 4	Recommendation 5	Recommendation 6
<b>Description</b>	Palliative care services available every hour of every day as a matter of course.	Timely access to medicines to prevent patients, families, and carers from suffering unnecessarily.	Services unite to provide a model of care that is experienced by every patient in every place.	A unified model of care where records are shared across the system for the benefit of patients.
<b>Stakeholder view of progress</b>				
<b>Progress</b>	<p>A statewide palliative care advice service has been established. This service is provided online and over the phone and is available to patients, doctors, service providers and the general public between 7.00am and 10.00pm every day of the year.</p> <p>Latrobe Regional Hospital offers a joint oncology and palliative care after hours service for clinicians that can be accessed through the hospital switchboard.</p>	<p>Gippsland PHN in partnership with Latrobe Health Advocate facilitated a working group of local stakeholders including the Pharmacy Guild, Latrobe Regional Hospital, Gippsland Regional Palliative Care Consortium and Latrobe Community Health Service to discuss and address challenges associated with timely access to palliative medicines in Latrobe.</p> <p>Gippsland Regional Palliative Care Consortium has developed a quick guide that includes contact details and opening hours of local pharmacies.</p> <p>GRPCC provided support to local health services to assist them to work with pharmacies with the aim of ensuring adequate stock of common palliative care medications during the COVID-19 pandemic.</p> <p>Latrobe Community Health Service has introduced new systems to improve interactions with patients and GPs in order to streamline the process of accessing palliative medicines and improve the quality of care for patients.</p>	<p>There is increasing collaboration between Latrobe Regional Hospital and Latrobe Community Health Service at clinical level.</p> <p>Regional palliative care consultancy service and consortium are available to support services and to create opportunities for clinicians to engage with networks and events.</p>	<p>PalCare software is being implemented across the Gippsland region - Latrobe Regional Hospital and Gippsland Health Alliance are the project lead.</p>



# Reform priority 2:



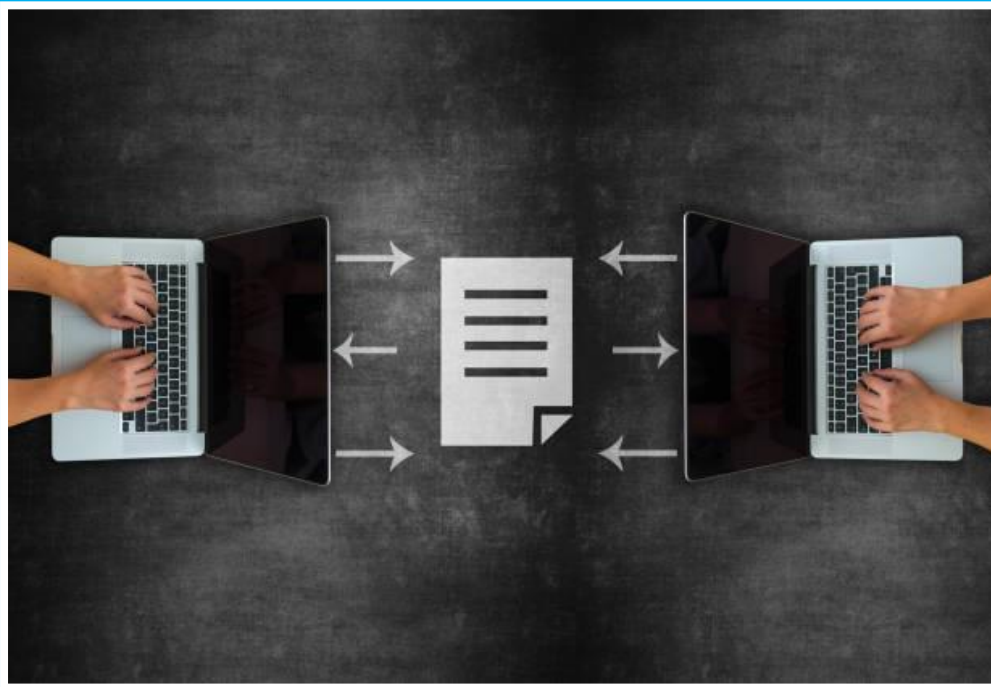
## Latrobe communities experiencing a system that works in harmony with their needs.

Recommendation	Recommendation 3	Recommendation 4	Recommendation 5	Recommendation 6
<p><b>Challenges</b></p>	<p>LCHS now provide 24/7 care for palliative clients. Through the amalgamation of district nursing and palliative nursing a wider service coverage has been achieved. A mixed model of CNC's (Clinical Nurse Consultants) RN's (Registered Nurses) and EN's (Enrolled Nurses) has been utilised to ensure a breadth of skills and knowledge is held within the team. Additional training opportunities are constantly being provided and nursing competencies are set, audited and assessed regularly against best practice standards and clinical indicators.</p>	<p>One of the main obstacles is nurses spending time running around trying to find GPs to prescribe anticipatory medication. This can take a considerable amount of time.</p> <p>It is hard for smaller pharmacies to keep a stock of palliative medicines when there is limited certainty over demand due to issues of medication expiration and associated costs.</p> <p>For some patients cost is a barrier as they cannot afford the medicines that have been prescribed, particularly in community settings.</p>		<p>Different data infrastructure and governance arrangements between health services add to the complexity of the challenge. COVID-19 has significantly impacted the roll out of this project.</p> <p>It is a considerable challenge to share data between public and private sectors and to achieve integration with My Health Record.</p> <p>There are limitations with the PalCare software in that it will only be for clients of the Gippsland Regional Palliative Care Consultancy Service consortium.</p>
<p><b>Opportunities</b></p>	<p>Gippsland PHN has received funding for the Commonwealth Government Greater Choice Palliative Care at home program and will be funded until 2024-25. The aim of this program is to better integrate primary and community palliative care settings and care at home.</p> <p>Local stakeholders are interested to receive and share data to be more informed about the demand for end-of-life care services and advice. The newly established statewide palliative care advice service presents an opportunity for this to occur.</p> <p>Although hindered by COVID-19, there are plans underway for engagement and awareness raising campaigns to promote the palliative care advice service.</p>	<p>Latrobe Regional Hospital pharmacy can source medications not available in a community pharmacy.</p> <p>There is an opportunity to consider progressing with the local access to medicines working group as part of the Greater Choice Palliative Care at Home project.</p> <p>Develop a process for the prescription of palliative care medications in line with recommendation 6 as part of the model of care, followed by education and training for relevant professionals.</p> <p>Challenges in accessing palliative medicines in Latrobe mirror the experiences across Victoria, and there is an opportunity in Latrobe to determine solutions that can be taken to scale or used to inform future policy directions.</p>	<p>As with recommendation 3, Gippsland PHN has received funding for the Commonwealth Government Greater Choice Palliative Care at home program and will be funded until 2024-25. The aim of this program is to better integrate primary and community palliative care settings and care at home.</p> <p>Safer Care Victoria provides support to health services and help to bring about systems improvements and to implement projects that can inform system-wide enhancements across Victoria.</p>	<p>As with recommendations 3 and 5, Gippsland PHN has received funding for the Commonwealth Government Greater Choice Palliative Care at home program and will be funded until 2024-25. The aim of this program is to better integrate primary and community palliative care settings and care at home.</p> <p>There is a mandatory requirement over the next few years to integrate over to My Health Record on immediate discharge.</p>
<p><b>Advocacy Position</b></p>	<p>That the Department of Health and Safer Care Victoria remain actively involved with local discussions and provide support to local stakeholders in addressing the challenges associated with providing timely access to medicines, with a view to also document and learn from the process of change to inform opportunities for statewide systems reform.</p> <p><b>and</b> That the Department of Health works together with local services to seek direct feedback from communities about the changes that have been implemented to increase access to end-of-life palliative care (Recommendation 3) with the aim of determining if the changes are sufficient or if further work is required to deliver care every hour of every day.</p> <p><b>and</b> That the Department of Health remains actively involved with the implementation of the PalCare Software in Gippsland, providing any support necessary to help services overcome implementation hurdles as they arise (including challenges in achieving integration with other health databases) and to help accelerate the scaling of the system across community palliative care settings.</p>			

# Stories of Change

## Palcare Software Implementation

HEALTH services across Gippsland are preparing for the rollout of the palliative care software that allows organisations to record and access client information in real-time, from multiple locations and by multiple disciplines involved in the care of the patient.



The software, PalCare, is designed to give organisations real-time access to patient information and allow patient care plan management and monitoring through the compilation and consolidation of all data.

PalCare, which is widely used across Australia and New Zealand, is set to go live in Gippsland on October 20.

Gippsland Region Palliative Care Consortium Manger Anny Byrne said the new software had the capacity to “improve the flow and communication between providers of palliative care” across the region, with the benefits to be reaped by patients, their families, and carers.

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***“From a Gippsland point of view, it will be fantastic.”***

*- GRPCC Manager Anny Byrne*

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“From a Gippsland point of view, it will be fantastic,” Ms Byrne said.

“It’s a patient management system that is really about coordinated care and having one point of entry for palliative care patients across Gippsland.

“Gippsland has taken a different approach to the implementation of PalCare, and in other regions all palliative care patients are uploaded onto the software, which is a huge body of work.

“It’s a referral system the rest of the region will use to refer complex patients to the Gippsland Regional Palliative Care Consultancy Service, which will be brilliant. ”

Gippsland Health Alliance (GHA) Project Officer Laurajean Thomas has been at the forefront of implementing PalCare in the region across all GHA’s 11 sites including Latrobe Regional Hospital (LRH).

“This software was actually installed a few years ago but hasn’t been implemented or utilised to-date,” Ms Thomas said.

“We are working quickly to set up GRPCC members (who have agreed to installation) shortly, with a view to finalising training/testing in the coming

weeks. After completion, PalCare system will then go live in October 2021, which is brilliant news.

“There is also a steering committee which will be sustaining the software long-term, and once the project is handed over then it’s their obligation to sustain system quality assurance and improvements, long-term.”



As part of Stage 2, there will be one-hundred PalCare licences for GRPCCS complex care referral patients.

Nadine Soutar is the Palliative Care Coordinator/Project Officer for Gippsland Regional Palliative Care Consultancy Service and has worked on implementation of the project at Latrobe Regional Hospital.

“At the Consultancy, all our patients are complex in some way, shape or form, whether it’s psychosocial or physical, and at the moment we have very ad-hoc referral processes into our system, and communication is also very ad-hoc depending on what service we’re dealing with.

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***“We’ll be utilising PalCare to streamline palliative care process across Gippsland, to help the region have equitable access to us as a consultancy service.”***

*- GRPCCS Palliative Care Coordinator Nadine Soutar*

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“We’ll be utilising PalCare to streamline palliative care process across Gippsland, to help the region have equitable access to us as a consultancy service.

# Reform priority 3:



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

Recommendation	Recommendation 7	Recommendation 8	Recommendation 9
<b>Description</b>	Immediate and ongoing investment to build, grow and nurture the Latrobe palliative care workforce.	Volunteers in Latrobe are well utilised, valued and acknowledged.	The system fosters compassion for staff and volunteers to enable them to truly give this to others.
<b>Stakeholder view of progress</b>			
<b>Progress</b>	<p>Latrobe Regional Hospital has successfully recruited a palliative care physician.</p> <p>Latrobe Regional Hospital has built links with Peter MacCallum Cancer Centre with a view of building sustainability of engagement/supply of secondary support. Latrobe Community Health Service recruitment and backfill of vacancies is underway.</p> <p>The Gippsland Regional Palliative Care Consultancy Service along with the Gippsland Region Palliative Care Consortium continue to provide access to regional education, presentations and resources and have been working on implementing a Speciality Palliative Care Practice Course for Registered Nurses to build workforce capacity.</p> <p>The Consultancy service is providing monthly online education sessions to health professionals. The GRPCC and consultancy service are working together to plan, develop and implement a three-year palliative care curriculum for healthcare professional education for Gippsland.</p> <p>Latrobe Community Health Service is offering allied health staff and nurses the opportunity to do placements in metro areas.</p>	<p>Latrobe Community Health Service has remodelled its volunteer program which has involved a redesign of volunteering training programs and position descriptions.</p> <p>Latrobe Regional Hospital has pursued an opportunity to redevelop its volunteer program and will be implementing some new initiatives and approaches in the near future, that over time are intended to improve and enhance the delivery of palliative care services and experiences for volunteers.</p>	<p>Latrobe Regional Hospital have wellbeing initiatives for staff and have introduced a wellness Wednesday initiative. A staff wellbeing clinic commenced in July 2021.</p> <p>The GRPCC have developed Clinical practice Guidelines for staff Self-care and wellbeing in the palliative and end of life care setting.</p>
<b>Challenges</b>	The 2018 national workforce benchmark for palliative care specialist representation is 2 specialists per 100,000 population. Currently in Gippsland the population is 290,9871 and therefore the region is well below the benchmark with only 1.4 FTE. To meet the benchmark the region needs 4 more full time palliative care specialists. At the moment there is one advanced palliative care trainee in Latrobe.	COVID-19 has made it difficult for health services to utilise volunteers in person for an extended period of time. There is work to do to reengage with volunteers.	

# Reform priority 3:



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

Recommendation	Recommendation 7	Recommendation 8	Recommendation 9
<p><b>Opportunities</b></p>	<p>Latrobe Regional Hospital is strengthening its commitment to build a model for palliative care where physicians are supported and enabled to engage in research and have collegial support.</p> <p>The joint appointment (between Latrobe Regional Hospital and Peter Mac) of a palliative care physician for Latrobe is an opportunity to build on and to attract more junior doctors.</p> <p>There is a pipeline of people looking to do post graduate studies in palliative care or to gain qualifications as Nurse Practitioners.</p> <p>Local services are looking to attract advanced palliative care trainees and GP advanced rural skills registrars to the region.</p> <p>Gippsland Regional Palliative Care Consortium has been working with Palliative Care South East to pilot a “Transition to Specialty Palliative Care Practice” course. The current course has an opportunity for nurses, once completed, to apply for one unit from a Grad Cert in Palliative Care (from the Australian College of Nursing) and continue with post-graduate study.</p> <p>There is an interest from some services in working together to attract and retain health professionals and specialists for the region.</p> <p>GRPCCS now have a GP trainee in conjunction with Monash Medical Centre to allow a local GP to complete the 6-month Diploma and then return to the GRPCCS for 6 months of consolidation.</p>	<p>The Latrobe Health Assembly is currently undertaking a project called Volunteering in the Valley that aims to build capacity for volunteer-involving organisations to develop appropriate volunteering opportunities and resources to adapt their volunteer engagement to the changing needs and expectations of volunteers.</p>	
<p><b>Advocacy Position</b></p>	<p>That, with some immediacy further work occurs between DH, LRH and others to fund and attract physicians to the region to address the gaps between national benchmarks and what is in place on the ground. Consideration should be given to securing multi-year funding for advanced palliative care training positions in Latrobe.</p> <p><b>and</b> At the same time, undertake a longer-term palliative care workforce needs assessment for the region that considers the establishment of a hospice or palliative care unit in the short to medium term.</p> <p><b>and</b> That local services continue their efforts to rebuild volunteerism for end-of-life care services and come together to enable volunteers to work across the system. Consideration should be given to opportunities to jointly manage and share coordination of volunteers across services. Services are encouraged to explore opportunities to partner with the Latrobe Health Assembly who may be able to provide some guidance and share knowledge.</p>		

# Stories of Change

## Palliative care advanced skills post



A new Palliative Care Advanced Skills Post for Gippsland GP registrars has been tried and tested for the first time in the region by a Latrobe-Valley based doctor.

The palliative care post was the result of a collaboration between Eastern Victoria GP

Training (EVGPT), Monash Health and Latrobe Regional Health in a bid to strengthen palliative care GP skills and capacity in the region.

The Palliative Care Advanced Skills Post is funded as part of the Victorian Rural Generalist Program (VRGP) and will augment Gippsland's existing community palliative care service providers.

EVGPT Deputy Director of Medical Education & Training (Rural) Dr Liz Wearne said the introduction of the palliative care post was "a long time coming".

"I remember being involved in conversations at Latrobe Regional Hospital about 12 years ago about trying to set up this palliative care posting," Dr Wearne said.

"There was a bit of pushback in terms of 'well, do GPs actually belong in that space?', and I think over the years the need hasn't changed dramatically across the region, but what we've learnt is it's not getting any easier to recruit specialists in palliative care to Gippsland.

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*"It's not getting any easier to recruit specialists in palliative care to Gippsland."*

*- Dr Liz Wearne*

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"It really took having a couple of key champions at LRH and the involvement of Monash Health to really bring this together, and of course having the VRGP involved to push it along as well has been one of those lovely magical times where all the pieces have come together to advocate for this."

It is hoped the post will help arm GPs with the skills and experience necessary to provide palliative care for their patients and go some way to addressing the shortage of end of life care options for communities across the region.

"What I would love to see is continuity of a GP training in the post so there is that person with a general practice expertise working in the hospital each year and providing a learning interface between the hospital and the community... and someone in the hospital that understands the particular challenges of working at the coalface in a community too," Dr Wearne said.

"I would hope that over time what we start to build is a group of GPs in Gippsland who have that specialist expertise and they can then start to educate their GP peers and put systems in place in their practices that are more responsive to patients with palliative care needs.

"We can't ignore anymore that GPs do a lot of this (palliative care) work in their communities and they need to be skilled and resourced to do that. If we start to build some local champions, some local GPs who are willing to lead their peers, that will really help.

"Having more GPs out amongst the community who can do this sort of work increases choice for patients. They're not just looking at dying in hospices or hospitals or nursing homes; if they want to die at home then perhaps that can be possible for them."



Victorian Rural Generalist Program Gippsland Regional Coordinator Julie Rogalsky said the Palliative Care Advanced Skills Post was designed to strengthen the system by training doctors locally.

"It's about being assured you've got a well-trained doctor as well as a connection to a regional or state-wide team that can support the patient and the family through their palliative phase," Dr Rogalsky said.

"It'll be great to have a network across all of Gippsland of rural generalists who have a specialist skill in palliative care. Then when they're back in a more rural community there is a resource for other doctors as well, so it's sort of a snowball effect, they can assist others, train registrars and get them all involved because at one stage or another they're all going to have patients that are in a palliative care."

Dr Damian Hannon, who was the first local GP to complete the palliative care post, was identified by EVGPT as a "terrific candidate" to pioneer the program.

"Palliative care is something I've been interested in ever since making an error as first year doctor. I was doing my rounds and left seeing my palliative care patient to last by the time I got to them they were in distress. My supervisor said to me after: "always see your palliative care patient first, they only get to die once'," Dr Hannon said.

"Working in palliative care has changed how I approach people with non-malignant diseases. Clinicians make the connection between cancer and palliative care well, but the other non-malignant chronic conditions tend to not get managed with a palliative care focus in mind. One of the best things I've learnt is how to manage those people better."

Dr Hannon urged other GPs and GP registrars to consider palliative care training. With more initiatives and funding focusing on end of life care he hopes to see substantive change to the system across Gippsland.

"We need more people doing this work because these patients have complex care needs and it is imperative that we can respond in a timely fashion to meet these needs as patients approach the end of their life," he said.



"People think this job is all doom and gloom, but actually it's often not. Being able to provide comfort to people at a really vulnerable time is a real honour and it strengthens you. If you're offered palliative care [training as a doctor], my advice would be to take it up early because it can vastly improve the remaining quality of time someone has left with their family.

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*"There is a real opportunity to see substantive change over the next 10 years in Latrobe."*

*- Dr Damian Hannon*

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"There is a real opportunity to see substantive change over the next 10 years in Latrobe and we just need to keep the pressure on the systems in place to make sure the funding comes in to back up the provision of services."



# Reform priority 4:



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

Recommendation	Recommendation 10	Recommendation 11
Description	Localised education and awareness campaigns to shift community views and experiences with death.	Local grief and bereavement supports to ease the pain of death for Latrobe communities.
Stakeholder view of progress		
Progress	<p>Activity has occurred at a service provider level, grief, and bereavement support from nursing and allied health staff as part of the palliative care model of care.</p> <p>Latrobe Regional Hospital had a display in the foyer as part of National Palliative Care Week and published an article in the local newspaper.</p> <p>Latrobe Community Health Service has undertaken activities to raise awareness within its workforce including via all staff forums.</p>	<p>The Consortium is working closely with the Consultancy Service to understand the gaps and needs in bereavement services across the region from a healthcare providers perspective. This has involved focus groups across the region, surveys of individual clinicians to generate feedback and ideas on supports, accessibility, and gaps in knowledge and processes</p> <p>Consultancy Service social workers continue to support families of palliative care patients where complicated grief is identified.</p>
Challenges	<p>It has been suggested that the Latrobe Health Advocate may be able to assist in the broader community awareness raising campaigns. This indicates a potential gap in the system. Who is / could be responsible for public campaigns? If these are being funded and implemented, are they reaching people in Latrobe?</p>	<p>The recently established palliative care advice service has intended to roll out promotional campaigns in Latrobe to raise awareness of the grief and bereavement supports it can provide, however COVID has impacted the timing of this work.</p> <p>The social workers at Latrobe Regional Hospital and Latrobe Community Health Service prioritise complex bereavement needs and where possible work together to do this. They are not always able to provide support to people with less complex grief.</p>

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

Recommendation	Recommendation 10	Recommendation 11
<p><b>Opportunities</b></p>	<p>The Consortium has supported another Gippsland LGA to promote Palliative Care Week via local libraries and has undertaken to contact all Gippsland LGAs to seek opportunity to reflect the community-wide mental health impacts of grief in municipal health and wellbeing plan actions that are being developed.</p> <p>Palliative Care Victoria delivers a range of campaigns and engagement strategies including one that is similar to the Cancer Council Victoria Biggest Morning Tea called Taking Time to Talk. These campaigns could be rolled out in Gippsland to improve death literacy.</p>	<p>It has been suggested that the Latrobe Health Advocate could help promote services and resources of the Australian Centre for Grief and Bereavement.</p> <p>Consideration is being given to establishing a bereavement support group for clients in consultation with carers. Surveys have been sent out to clients, to understand their needs, as part of a local needs assessment.</p> <p>GRICS is working with local Aboriginal and Torres Strait Islander communities to design optimal care pathways. This can help to inform the design of services to support people on their end-of-life journey. Gippsland PHN is receiving feedback that the Aboriginal population have a preference to die at home.</p> <p>Work is occurring with Swinburne University on a health literacy mapping project, that looks at palliative care and advanced care planning.</p> <p>A PHD research project is underway that looks at nursing bereavement care in acute non-metropolitan hospitals. Generating role awareness will help facilitate necessary supports to nurses' performing bereavement care and positively impact on the experience of bereavement for families within the region.</p>
<p><b>Advocacy Position</b></p>	<p>That ongoing support is provided to the Gippsland Regional Palliative Care Consortium to enable it to strengthen and scale up efforts to raise awareness of death and dying within local communities</p> <p><b>and</b> There is a gap in the system which leaves patients and families without grief and bereavement support at a time when they need it most. Further investment is required to address this gap and to boost the capacity of existing services.</p>	

# Stories of Change

## The Gippsland palliative care workforce

DOCTOR Ahmed Nagla has only called Gippsland home for a short time but he is already making strides in his position as a specialist palliative care physician with the Gippsland Regional Palliative Care Consultancy Service (GRPCCS) based at Latrobe Regional Hospital.

GRPCCS is a team of highly skilled nurses, allied health and medical staff which works with community palliative care and primary care services across Gippsland. The team focuses on complex clinical palliative care challenges and supporting the development of palliative care skills at all points of regional health care.

Dr Nagla began his career as a GP in Melbourne and undertook palliative care training at the Peter MacCallum Cancer Centre, Barwon Health, Alfred Health and Mercy Palliative Care after identifying a need to upskill to respond to the needs of his local community.

In 2018, Palliative Care Australia set a benchmark of 2.0 full-time palliative care specialists per 100,000 population. In Gippsland there is currently 1.4 FTE, with another 4 full-time palliative care specialists required to meet the benchmark.

Dr Nagla acknowledged that equity in delivering health care in the regions compared to metro areas is a challenge and palliative care is no exception.

“We know doctors who spend most or part of their training in regional or remote areas, are more likely to work in those areas and stay there,” he said.

“There has been a lot of work in developing training programs and internships in regional and remote communities to encourage doctors to explore the opportunities.”

LRH has partnered with the Peter MacCallum Cancer Centre and Monash Medical Centre to improve palliative care services in Gippsland, and a partnership between LRH and Monash Medical Centre this year has resulted in a rural generalist training position for GPs specialising in palliative medicine.



Dr Nagla is working closely with the Peter MacCallum Cancer Centre on education and research to further develop how palliative care is delivered. The research projects are led by Professor Jennifer Philip who is the chair of palliative medicine at the University of Melbourne and Associate Professor Brian Le who co-chairs the Palliative Care Clinical Studies Collaborative.

“We have already commenced research projects involving the Gippsland community and its unique experience,” Dr Nagla said.

“We are also looking at having nursing placement opportunities at Peter Mac while also bringing metro nurses to the region. Sharing experience and collaboration in this way will be positive for both organisations. We are waiting for COVID restrictions to ease so we can start.”

An alliance of local palliative care providers, the Gippsland Region Palliative Care Consortium has helped to develop another intervention designed to address an identified gap in specialist palliative care-educated nurses.

It has partnered with Palliative Care South East and the Australian College of Nursing (ACN) to create a bridging course, ‘Transition to Specialty Palliative Care’, to support nurses living in regional and outer suburban areas to take the first step into formal post-graduate palliative care education.

Gippsland Region Palliative Care Consortium manager Anny Byrne said the course was the result of a professional development and skills matrix which mapped the individual learning needs of palliative care nurses working in community settings.

“The nurses completed this piece of work and we were able to identify what gaps they had for training needs and analysis. Not surprisingly, some people who had post-graduate certificates or further training were more competent in certain areas in terms of delivering palliative care,” Ms Byrne said.

“But what we did find out when we addressed certain areas was that nurses were very keen to continue their education but not so keen to go on to post-graduate studies and there was a real gap there.”

The Transition to Specialty Palliative Care course is for registered nurses working in a community or inpatient setting. It is a bridge for nurses who may wish to pursue post-graduate study but have not yet progressed their aspiration.

A pilot program was run over 7 sessions, in-person and online, and 7 of the 14 supported placements were filled by Gippsland nurses.

“There have been so many unintended and fantastic outcomes as we’ve gone through the face-to-face phase, so these nurses who have come from Orbost, Foster, Lakes Entrance, Warragul... all these people who are working in different

areas who are not palliative care nurses are mixing with palliative care leaders across the sector who are able to provide mentoring and support,” Ms Byrne said.

“But the feedback along the way from the nurses has just been amazing. They talk about how they have learnt so much from different leaders. But it’s more about thinking more broadly than just being a task-driven nurse - it’s about looking at the bigger picture and they’ve been able to ask questions and have discussions. The unintended outcomes have been fabulous.

“A lot of people don’t understand the breadth and depth of palliative care - that it’s about symptom management and good quality of life, not just about someone dying on the ward at the end of their life.”

# Reform priority 5:



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

Recommendation	Recommendation 12
Description	Effective leadership and accountability structures where health services and communities come together to share their collective expertise.
Stakeholder view of progress	
Progress	<p>Gippsland Regional Palliative Care Consortium is an alliance of 14 member agencies that provide inpatient and/or community (home-based) palliative care for the residents of Gippsland. The Consortium facilitates as Community Practice and Clinical Practice Group</p> <p>A palliative care advancement group has been established to oversee the implementation of recommendations made by the Advocate. The group is comprised of clinicians from LCHS, LRH, GRPCCS, GRPCC, Maryvale Hospital, Aged Care Facilities and PHN.</p> <p>Latrobe Community Health Service has strengthened its relationship with a local community group (GARDS) as one way of gaining community feedback.</p>
Challenges	<p>The Victorian Minister for Health wrote to Latrobe Regional Hospital to suggest that end-of-life palliative care was included as a priority within the hospitals annual Statement of Priorities. The impact of COVID significantly changed the timing and process for health service Statement of Priorities across Victoria in 2020 and as such this did not occur.</p> <p>Health services have existing clinical processes and complaints procedures to hear from communities and most (if not all) services have a Community Advisory Committee of some form. However, this provides a limited opportunity to hear and respond to community voice in an ongoing way and provides a narrow avenue for people to share their experiences or contribute to system design / improvements.</p>

# Reform priority 5:



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

Recommendation	Recommendation 12
<p><b>Opportunities</b></p>	<p>Engagement with service system stakeholders has highlighted that there are multiple forums and interactions occurring between health services and professionals, all with a focus on aspects of end-of-life palliative care for the Latrobe or broader Gippsland regions.</p> <p>Local stakeholders have commented on the value of hearing from the Advocate about the views and experiences of local communities and have acknowledged that this is something that their own structures and systems do not yet cater for.</p> <p>Clinical governance for health services is guided by National Standards. Standard 5 comprehensive care covers end of life and palliative care. Action 5.03 states: Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: Actively involve patients in their own care, meet the patient’s information needs and share decision making. Implementation of this standard, together with creating opportunities for community members to interact with and being involved with broader discussions about service planning and design, presents an opportunity for local services to continue to build their capacity to work together with patients, carers, and families.</p>
<p><b>Advocacy Position</b></p>	<p>That the Victorian Government considers the opportunity in Latrobe (Gippsland) to co-design a prototype of a governance (non-clinical) structure for end-of-life palliative care services in the region that addresses the original recommendation and that could be considered for other regions in the future. This work could be funded and supported by Safer Care Victoria who may have expertise in supporting health services to listen to and respond to consumer voice within clinical settings.</p>

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.
DH	Department of Health	DH is a Victorian Government department that delivers health services, drives reform, and provides regulatory oversight.
GARDS	Gippsland Asbestos Related Diseases Support	GARDS is a non-profit charity, voluntary community based advocacy organisation.
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.
GippslandPHN	Gippsland Primary Health Network	Gippsland PHN is a federally funded primary health care organisation with a focus on supporting general practice, health planning, health system integration and commissioning services in line with national and local health priorities.
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.
GRICS	Gippsland Regional Integrated Cancer Services	GRICS is one of Victoria's nine Integrated Cancer Services, known collectively as the Victorian Integrated Cancer Service (VICS). GRICS is guided by a Governance Group that is a partnership of 16 Gippsland public, private and community health services as well as the Gippsland Primary Health Network, and work to positively impact cancer outcomes for patients in Gippsland.
GRPCC	Gippsland Regional Palliative Care Consortium	DH palliative care consortia bring together senior management representatives and clinicians from all healthcare services funded to provide specialist palliative care. Their focus is to work collaboratively within region to deliver and develop palliative care 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 statewide 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.



Acronym	Definition	Description
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.



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