The CELC DDWM projects are administered by Palliative Care Queensland and supported by funding from Darling Downs West Moreton Queensland PHN through the Australian Government’s PHN program.
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Executive Summary

The purpose of the Connecting End of Life Care in Darling Downs and West Moreton [CELC DDWM] was to improve knowledge, capability and quality in relation to end of life care planning. The CELC DDWM project was conducted over a 2-month period (May to June 2019) focusing mainly in the Darling Downs and West Moreton Primary Health Network (DDWM PHN) region.

The CELC DDWM project was aimed to target: all Residential Aged Care staff, general practice staff, Aboriginal Medical Services (AMS), Hospital and Health Services (HHS) and community-based palliative care services within the DDWM PHN region.

The purpose of the CELC DDWM project was to:

- Build relationships, partnerships and linkages with key stakeholders, local, national and federal projects and relevant peak-bodies
- Collaborate with the primary palliative care workforce to identify gaps and challenges in their training and leadership needs, and to create a network of support linking them to relevant evidence-based resources and experts
- Deliver an education program that creates a baseline of knowledge and understanding about caring for older people in their end phase of life.

These targeted areas were addressed in the CELC DDWM four key project activities:

- 2 x Strategic Round Tables consultations: Care for Older People Stakeholder Consultation Workshops in Ipswich and Toowoomba
- 6 x Practice Development Program interactive webinars
- 12 x Practice Development Program workshops
- 58 x Palliative Care Support Kits distributed to Residential Aged Care Facilities

Project participation

- A total of 206 people participated in the CELC DDWM project
- 74% of participants provided evaluation feedback from the Professional Development Program (PDP) Webinars and Workshops
- 130 resource folders were given out throughout the 10 x 2-hour and 2 x 1.5-hour Practice Development Program workshops

Key priorities identified from the round tables:

- Promote early advanced care planning conversations
- Improve the understanding of what ‘palliative care’ means through education
• Develop a centralised, user-friendly community directory source for palliative care services, bereavement and grief services

• Invest in more palliative care resources to support palliative patients and their families in the community

• Develop and promote a user-friendly accessibility model for patients, families and carers to access palliative care resources and services

• Devise early support interventions to help prepare patients, families and healthcare professionals to provide quality palliative care earlier

• Encourage patient choice in end of life care decisions

• Develop education and training for staff to recognise palliative stages and how to care for a palliative patient at different stages through use of case studies/death reviews

• Better funding and access to funds for those who require palliative care service

**Project evaluation:**

• 90% of respondents indicated their knowledge and confidence improved after the PDP workshops.

• 86% of respondents indicated that the education session provided useful strategies to improve care for people with palliative needs.

• 100% of respondents indicated the education session increased their understanding of palliative care.

• All respondents indicated they were satisfied the PDP workshops/webinars and welcomed more of the same.

**Benefits of the project:**

• Increase primary palliative care workforce and local community capability, capacity and confidence with the implementation of the practice development program

• Increase awareness of National Palliative Care Strategy and National Palliative Care projects and resources through the distribution of resource folders

• Increase connections/linkages between palliative care providers throughout the DDWMPHN region through the diversity of organisations participating in the round tables and practice development program

**Participants told us they learnt:**

• Don't be afraid to 'not say anything', just be present, just listen

• A person's grief is an individual journey

• Understanding client’s values and what gives their life meaning

• Language used is important

• Asking them (clients) what they want
Overview of the Connecting End of Life Care in Darling Downs and West Moreton 2019 project

**Purpose**
improve knowledge, capability and quality in relation to end of life care planning

**Participants**
told us

- 206 people participated
- 130 resource folders shared
- 2 months

**Learned**
participants told us they learnt

- 90% of respondents indicated their knowledge and confidence improved after the PDP workshops
- 86% of respondents indicated that the education session provided useful strategies to improve care for people with palliative needs.
- 100% of respondents indicated the education session increased their understanding of palliative care

All respondents indicated they were satisfied with the PDP workshops/webinars and welcomed more of the same.

"Don't be afraid to 'not say anything', just be present, just listen"

"A person's grief is an individual journey"

"Understanding client's values and what gives their life meaning"

"Language used is important"

"Asking them (clients) what they want"
Section 1

BACKGROUND
The Palliative Care Queensland CELC program adapts to local needs. PCQ developed the first CELC program in 2017 with Northern Queensland Primary Health Network [NQPHN], following this we have rolled out activities in Mackay, Cairns and the Gold Coast. Current active CELC projects are underway in Townsville, Mackay, Cairns and Cape York.

The aim of the Connecting End of Life Care Darling Downs and West Morton (CELC DDWM) 2019 project is to build practice improvements which increase the quality of care at the end phase of life throughout the region.

The CELC DDWM was conducted over a 2-month period [May-June 2019].

The focus of the CELC DDWM project was to:

- Build relationships, partnerships and linkages with key stakeholders, local, national and federal projects and relevant peak-bodies

- Collaborate with the primary palliative care workforce to identify gaps and challenges in their training and leadership needs, and to create a network of support linking them to relevant evidence-based resources and experts

- Deliver an education program that creates a baseline of knowledge and understanding about caring for older people in their end phase of life.

This will be achieved by building culture, systems and practice improvements which increase the quality of end-of-life care.

As a state-wide peak body, charity and founding member of Palliative Care Australia, Palliative Care Queensland (PCQ) is ideally positioned to ensure that best practice, latest evidence and existing resources are integrated into the project.
About Palliative Care Queensland

Palliative Care Queensland (PCQ) is an independent not-for-profit peak body with charitable status representing the people who care for Queenslanders living with life limiting conditions. Queensland Compassionate Communities (QCC) is the community arm of Palliative Care.

**Our belief:** The way we care for our dying is a significant indicator of our society’s values

**Our mission:** Quality care at the end of life for all

**Our vision:** to hear Queensland community members say:

"I live in a community where everybody recognises that we all have a role to play in supporting each other in times of loss, ageing, dying and grief. We are ready, willing and confident to have conversations about living, ageing, dying and grieving well, and to support each other in emotional and practical ways."

PCQ has been operating for over 30 years, has over 400 members and is a founding member of Palliative Care Australia. PCQ members include health professionals across all sectors of health, specialist and generalist palliative care services, aged care, disability care, peak bodies, as well as consumers and interested members of the Queensland community. Collectively, the PCQ membership body holds tremendous knowledge and wisdom about the challenges the sector faces and the opportunities those challenges can bring.

About Darling Downs and West Moreton Primary Health Network

Darling Downs and West Moreton Primary Health Network [DDWMPHN] is an independent, not-for-profit organisation funded by the Australian Government to commission services to meet the health needs and priorities of our region. Their purpose is to ensure access to primary health care services respond to the individual and community needs that are relevant to their culture and delivered by an appropriately skilled workforce.

The DDWM PHN region covers two HHS of Darling Downs and West Moreton.

Section 2

STRATEGIC ROUND
TABLES CONSULTATION:
CARE FOR OLDER PEOPLE
Purpose of the strategic round tables

The purpose of the meeting was to facilitate an informal discussion surrounding current care arrangements, gaps in service provision and potential opportunities for care delivered in the Darling Downs and West Moreton region for older people.

Methodology

Target Audience

The round table consultation workshops targeted senior clinicians, services and facility managers working with older people in the Darling Downs and West Moreton region.

The round table consultation workshops were advertised on Facebook and an email was sent out to relevant stakeholders within the DDWM region.

Round Table development

Palliative Care Queensland and DDWM PHN held two free round table consultation workshops during National Palliative Care Week 2019:

- Toowoomba: 20 May 2019 at 9:30am to 4:30pm - All Seasons Function Centre
- Ipswich: 21 May 2019 at 9:30am to 4:30pm - Ipswich Turf Club

Each consultation workshop asked participants 3 key questions:

1. Summarise the key priorities for Palliative Care in Aged Care in Ipswich/Toowoomba?
   - For you and your service?

2. Review the Qld state-wide priorities identified at the Palliative Care in Queensland Summit 2018
   - Are these relevant?
   - What is missing?

3. Identify the top priority to improve palliative care in aged care

Evaluation collection

Participants were asked to write their responses to the 3 key questions on an A3 evaluation sheet with the three questions. These responses were then collected by a PCQ project officer who entered the results onto Survey Monkey.

The results were then collated and summarised for each region into ‘Top 10 Key issues’ and ‘Top 10 Opportunities’. These summarised categories were then utilised to form established key priorities for each region.
Participants

A total of 35 participants attended the two round table consultation workshops; 17 participants in Ipswich and 18 participants in Toowoomba.

The event was attended by key palliative care influences including:

- PCQ
- DDWM PHN
- DDHHS
- WMHHS
- Infinite Care
- Aveo Freedom Aged Care [Ipswich and Toowoomba]
- Ozcare
- Lutheran Service
- Alzheimer’s Qld
- Clifton Co-Op Hospital
- Australian Unity
- Churches of Christ QLD [Ipswich and Toowoomba]
- Bolton Clarke [Ipswich and Toowoomba]
- Anglicare
- CiMaS Home Living
- West Moreton Health
- Ipswich Hospice
- Helping Support Minds
- Home Instead
Outcomes of the Connecting End of Life Care in Darling Downs and West Moreton round tables 2019

**Top 10 Key issues identified**

1. More training and support for staff in providing palliative care
2. Care needs to be more patient-focused than medical focused for EOLC
3. Increase patient knowledge and power
4. Early Advance Care Planning (ACP) – more assistance with conversation
5. Patient choice – what they want and what services are available not always available
6. Too many medications for palliative care patients
7. Funding disparity – State vs. Federal
8. Limited early support interventions
9. More equipment is needed to provide adequate support – new beds and pressure relieving mattresses for Hospice
10. Poor acknowledgment of change in role in going through EOL stage

**Top 10 Opportunities**

1. Training focused in providing palliative care for staff and informal carers
2. Education sessions to improve understanding of EOLC for the patient and increase patient decision making of their care
3. Promote standardisation of Goals of Care and Advanced Care Planning – discussion with facilities to have consistent documentation
4. Understanding dying pathways – increase recognition with room for improvement with case reviews/death audits
5. Increase equipment and resources to provide better support
6. Develop a support network for RACF and community staff
7. Develop more early support interventions – increase recognition and early detection of end of life pathways
8. Improve access to funding for more variety of options for end of life care
9. Promote RACF to be part of the health system
10. Promote compassion and communication techniques to increase open communication with health professionals and patients

**Top 4 priorities**

1. Increase education and training opportunities
2. Promote standardisation of key documentation to improve consistency, especially regarding Goals of Care and Advance Care Planning
3. Increase resourcing – especially for equipment and staffing
4. Develop a network for staff to promote linkages, improve communication and support
### Outcomes of the Connecting End of Life Care in Darling Downs and West Moreton round tables 2019

#### Top 10 Key issues identified

<table>
<thead>
<tr>
<th>Number</th>
<th>Issue</th>
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<tbody>
<tr>
<td>1.</td>
<td>No ongoing palliative pathway education for resident/families/carers</td>
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<tr>
<td>2.</td>
<td>Insufficient funding and accessibility for EOLC</td>
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<td>3.</td>
<td>Not enough supports for people to choose to die at home – lack of variety/available services</td>
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<td>4.</td>
<td>Too many legalities</td>
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<td>5.</td>
<td>The term ‘palliative’ should be more focused on another stage of life rather than death</td>
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<td>6.</td>
<td>Poor staff recognition on various palliative stages</td>
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<td>7.</td>
<td>No integration between all available services</td>
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<td>8.</td>
<td>Poor understanding of what ‘palliative care’ is in aged care</td>
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<tr>
<td>9.</td>
<td>Poor access to information for families, carers and residents</td>
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<tr>
<td>10.</td>
<td>Lack of anticipatory planning/prescribing</td>
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#### Top 10 Opportunities

<table>
<thead>
<tr>
<th>Number</th>
<th>Opportunity</th>
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<tbody>
<tr>
<td>1.</td>
<td>Promote early Advance Care conversations – start in Year 12 (17/18 years old = earliest age when people start to drive)</td>
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<tr>
<td>2.</td>
<td>Develop a standardisation process of Advance Care Planning – making sure it is updated and relevant</td>
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<tr>
<td>3.</td>
<td>Re-examine the definition/perception of ‘palliative care’ – palliative = death = fear = barrier.</td>
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<td>4.</td>
<td>Provide on-going education sessions for families, carers and residents about palliative education and the various stages</td>
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<td>5.</td>
<td>Advocate for better funding to enable people to die at home if they choose to do so</td>
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<td>6.</td>
<td>Develop a centralised source where families, carers and patients can gather information about end of life care and options</td>
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<td>7.</td>
<td>Provide more staff education on providing end of life cares in a dignified and caring way</td>
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<tr>
<td>8.</td>
<td>Standardisation of ensuring everyone in RACF has a Advanced Care Planning documentation</td>
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<tr>
<td>9.</td>
<td>Develop education sessions for staff to increase recognition of dying and promote anticipatory planning and prescribing</td>
</tr>
<tr>
<td>10.</td>
<td>Improve understanding of what ‘palliative care’ in aged care means – improves the understanding of families, consumers and carers of what they can expect to happen.</td>
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#### Top 3 priorities

<table>
<thead>
<tr>
<th>Number</th>
<th>Priority</th>
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<tbody>
<tr>
<td>1.</td>
<td>Increase education and training opportunities for staff</td>
</tr>
<tr>
<td>2.</td>
<td>Increase education and information opportunities for community members, consumers and community groups</td>
</tr>
<tr>
<td>3.</td>
<td>Promote standardisation of key documentation to improve consistency regarding Advance Care Planning</td>
</tr>
</tbody>
</table>
Summary of recommendations from the CELC DDWM round tables 2019

The recommended key priorities as indicated by the DDWMPHN key palliative care influences are:

- Promote early advanced care planning conversations
- Improve the understanding of what ‘palliative care’ means through education
- Develop a centralised, user-friendly community directory source for palliative care services, bereavement and grief services
- Invest in more palliative care resources to support palliative patients and their families in the community
- Develop and promote a user-friendly accessibility model for patients, families and carers to access palliative care resources and services
- Devise early support interventions to help prepare patients, families and healthcare professionals to provide quality palliative care earlier
- Encourage patient choice in end of life care decisions
- Develop education and training for staff to recognise palliative stages and how to care for a palliative patient at different stages through use of case studies/death reviews
- Better funding and access to funds for those who require palliative care services
Section 3

PRACTICE DEVELOPMENT PROGRAM
WEBINAR SERIES
Purpose of the Practice Development Program (PDP) webinars

The purpose of the PDP webinars was to engage with aged care staff (facility and community-based), General Practice Staff, Hospital and community-based palliative care services within the DDWMPHN region through an online platform.

Methodology

The PDP webinar series were designed into six free-to-access webinars held in June 2019. Topics for the webinars included:

- Discussing values-based care for the end of life
- What to say... when spiritual questions emerge
- After bad news has been broken
- Talking about grief and loss
- Compassion and self-care
- Hints for providing quality bereavement care

The webinars were uploaded onto the Palliative Care Queensland website for 12 months to enable ongoing access for DDWMPHN staff.

The PDP webinars were promoted through Social Media [Facebook, Twitter, LinkedIn and Instagram], emails to geographical relevant PCQ members and promotion through relevant partnered organisations.

Evaluation collection

Participants were emailed the option of a PDF evaluation form and a direct Survey Monkey link to provide feedback.

A total of 7 respondents provided feedback through survey monkey.

- Five respondents provided feedback directly into Survey Monkey
- Two respondents emailed back the PDF evaluation form to a PCQ project officer and the results were entered into Survey Monkey.

All results were collated and summarised to protect respondent’s anonymity.

From previous experience we have noted that receiving evaluations from webinar participants can be difficult, therefore we also conducted a “hands up” evaluation at the end of each webinar asking participants if they found the experience useful and if it improved their knowledge – 100% indicated yes.
Incentive

Participants were given the opportunity to win a “Pain in Residential Age Care Facilities: Management Strategies" publication at every webinar (valued at over $100) as an incentive to increase participation attendance.

A total of six participants were chosen at random [one from each webinar session] to receive the incentive prize. All winners were from different organisations.

Participants

A total of 45 people attended the PDP webinar series across the two days.

- 10 people indicated on the day of the webinar they were from the DDWMPHN project location
- 35 people did not indicate their location on the day of the webinar

The PDP webinars captured a moderate diverse range of healthcare workers.

- Ipswich Hospice
- Student
- Ramsay Health
- Aveo Freedom Aged Care McLean Care CWA [AVEO]
- Infin8 Care
- Toowoomba Hospice
- TAFE QLD
- Living Loving Dying

A total of 7 participants completed the evaluation feedback form, response rate of 16%.
Webinar interactive comments

Interactive comments made during the webinars were collected as part of feedback and responses that may have indicated a lack of knowledge by participants.

The interactive comments are available as part of the webinars and can be downloaded from the Zoom online video conference platform.

Responses were put into a word document with identifiable names and time stamps removed. Only general comments have been included in the report.
PDP Webinars usefulness in improving care and understanding of palliative care

The aim of this question was to gain an understanding if respondents felt the education sessions provided useful strategies to help improve care and if respondent’s understanding of palliative care increased.

86% of respondents indicated that the education session provided useful strategies to improve care for people with palliative needs.

100% of respondents indicated the education session increased their understanding of palliative care.

Participant ‘take home’ messages

This question aimed at gaining an understanding of what the key messages respondents have learnt from the education webinars.

The ‘take home’ messages indicated by respondents are:

- More awareness of the topic
- Look after myself
- Don’t be afraid to ‘not say anything’, just be present, just listen
- Importance of non-medical conversations
- A person’s grief is an individual journey
- Understanding client’s values and what gives their life meaning
- Language used is important
- Asking them what they want
The purpose of this question was to measure respondent’s knowledge and confidence before and after the webinar. Both knowledge and confidence results moved in a positive direction from ‘adequate – excellent’ pre to ‘good – excellent’ post.

All respondents indicated that their knowledge and confidence was excellent or good after the sessions.

**Changes made as a result from attending the webinar session**

This question aimed at identifying if there were any changes respondents would make after attending the webinar session.

Various comments included:

- “I actually feel comfortable with working with individuals in palliative care”
- Listen more and talk less.
- Ask open questions to encourage conversation
- Don't make assumptions
- Take more time to ‘be present’
- Ensure family and carer networks are included in our conversations
- Mention palliative care more
- Not compelled to speak

**Benefits of the webinar sessions**

The diagram shows the percentage of respondents who rated their knowledge and confidence as 'Excellent', 'Good', 'Adequate', 'Poor', or 'Other' before and after the webinar sessions.
Future topic recommendations

Respondents commented:

- Anything related to palliative care
- Professional boundaries
- Euthanasia in QLD

Other comments indicated that respondents “would like to be informed if there were any more webinars in the future as I live in a rural and remote location.”

Interactive comments from the webinar

The purpose of collecting comments from the interactive webinar was to identify any areas where participants felt were lacking.

Areas identified were lacking from the comments were:

- Spiritual care
  - One participant commented that “spiritual care is often a difficult thing to attend to in an acute hospital setting”
  - Another participant asked, “how do we get a spiritual carer in our workplace?”
- Self-care
  - Need to work within our scope of practice
  - Be mindful of burning out
  - “How is the system going to change with volunteer euthanasia?”
- Grief
  - “We grieve for people when they are still alive, if they are sick”
  - “The ability to read a room and a person to be very important when initiating interactions”
Section 4

PRACTICE DEVELOPMENT PROGRAM
WORKSHOP SERIES
Purpose of the PDP workshop series

The purpose of the PDP workshop series was to increase the knowledge base of palliative care to healthcare workers in the Ipswich and Toowoomba region and provide relevant recommended resources for future practice development.

Methodology

The PDP workshops included a series of 5 two-hour and 1 one-and-a-half-hour Palliative Care Practice Development workshops held in both Ipswich and Toowoomba (total of 12 workshops). These workshops included a morning session, an afternoon session and an evening session to encourage a broad participation from a variety of health providers.

The topics included in the workshop sessions are:

- Identifying complex residents at high risk for requiring after-hours support
- Identifying goals of care for people with palliative needs
- Symptom management for people with palliative needs
- Managing Palliative Emergencies
- Understanding your role in the team when caring for people with palliative needs
- Palliative care is everybody’s business

The workshops were a face-to-face information delivery method with PowerPoint slides, videos and all participants were given an information folder with resources to accommodate for different learning styles.

Speakers

Margaret Adams

Marg is an experienced Registered Nurse (34 years) and Nurse Practitioner (11 years) with an extensive clinical and professional background which extends across the continuum including acute care, specialist palliative care, hospice, residential aged care and primary care and community settings. She is passionate about all things palliative care; including education and mentorship, health care workforce development and consumer engagement.

Sue Cohen

Dr Sue Colen has spent more than 25 years in General Practice. In the last 10 years she has done increasingly more Palliative care, across public and private Palliative Care units as well as in Aged Care facilities. Her interest is in the psycho spiritual aspects of end of life care in addition to good symptom management.
The PowerPoint slides were uploaded onto the Palliative Care Queensland Website post the session.

CELC-DDWM information folders were provided to all participants, these included relevant recommended palliative care resources to further practice development such as:

- Program of Experience in the Palliative Care Approach [PEPA]
- PCQ future events information (Flying in Formation and Compassionate Communities Conversation Started CCCS)
- CareSearch
- My End of Life Care [DoH]
- Palliative Care Priorities in Queensland 2019
- National Palliative Care Strategy 2018
- Australian Centre for Grief and Bereavement
- End of Life Directions for Aged Care [ELDAC]
- palliAGED
- end-of-life essentials
- PCC4U modules
- Dying to Talk Discussion Starters (PCA)

A total of 130 information folders were given out from both the Ipswich and Toowoomba PDP workshops. The PDP workshops were promoted through Social Media [Facebook, Twitter, LinkedIn and Instagram], emails to geographically relevant PCQ members and promotion through relevant partnered organisations.

**Incentive**

Participants were given the opportunity to win a “Pain in Residential Age Care Facilities: Management Strategies” publication at every workshop (valued at over $100) as an incentive to increase participation attendance.

A total of twelve participants were chosen at random [one from each workshop] to receive the incentive prize. Winners were notified via email and prizes were posted.

**Evaluation collection**

Participants were given an evaluation form at the end of each workshop session. These evaluations were then filled out and a PCQ Project Officer collected the responses.

The evaluation form asked participants:

- Please tell us which session you attended
- Please tell us which location you attended
- Please provide some basic information about yourself
  - Profession/Role
  - Workplace postcode/suburb
  - Other
Please provide some basic information about your workplace

Please respond to the following statements

- This education session provided useful strategies to improve care for people with palliative needs
- This education session increased my understanding of palliative care
- Other

List two key ‘take home’ messages you have learned

The evaluation form results were entered into Survey Monkey and stored away in the PCQ office. The results were collated and summarised to protect respondent’s anonymity.

Participants

A total of 126 people attended the PDP workshops across the 4 days. 38 participants attended the PDP workshops in Ipswich over the two days and 88 participants attended the PDP workshops in Toowoomba over the 2 days.

The Ipswich PDP workshops had a smaller number of participants mostly Aged Care facility and community healthcare professionals and students.

The Toowoomba PDP workshops had a larger number of participants and a greater variety of health professionals. Including psychologists, pharmacists, RNs from both private and public hospitals, Aged Care staff, community health professionals and GPs.

A total of 119 participants completed the evaluation feedback form with a response rate of 94%.

Limitations

The results may not accurately represent the DDWMPHN region due to the moderate sample size of participants in Ipswich (35 participants) and Toowoomba (88 participants).
Key findings

Demographics

The purpose of this question was to identify what type of profession attended these PDP workshop.

Most participants indicated they were Registered Nurses (23%) and personal care workers (15%).
The aim of this question was to gain an understanding of where respondents worked.

Majority (53%) of respondents indicated they worked in Aged Care – Residential.

19% of respondents indicated they worked in Aged Care – Community and 15% and 14% of respondents worked in Acute Hospital Settings and Specialist Palliative Care respectively.

A high number (24%) of other comments were received and are as follows:

- Private practice psychology – general grief and loss
- Support program
- Registered Training organization
- USQ University
- Pharmacy
- Disability Community
- Oncology Day Unit
- Home Medication Reviews
- Care Plans for chronic diseases
- Clinical placement UQ
- Maternity services, Hospice and dementia unit
- 3 x students
- Rural hospitals
- 2 x Hospice
- Community nursing
PDP Workshops usefulness in improving care and understanding of palliative care

The purpose of this question is to gain an understanding of if the education session provided strategies to improve care for people with palliative needs and if the education session increased respondent’s understanding of palliative care.

100% of respondents indicated that the education session provided useful strategies to improve their care for people with palliative needs.

100% of respondents indicated the education session increased their understanding of palliative care.
**Participant take home messages:**

The purpose of this question was to gain an understanding of key messages respondents have learnt from the PDP workshops.

Various responses were collected and the 'take home' messages are summarised as follows:

- Communication is important
- Plan care in advance
- Symptom management is important
- Reinforce the idea of comfort
- The importance of self-care
- More understanding
- Everyone is involved
- The importance of choices
- Discussing wishes early
- Access to counselling
- Goals of care
Improving knowledge and confidence

Knowledge and Confidence rating pre and post workshops

This question aimed at identifying respondents’ knowledge and confidence levels before and after the PDP workshop.

Both knowledge and confidence results moved in a positive direction from ‘adequate – excellent’ pre to ‘good – excellent’ post.

90% of respondents indicated that after the PDP workshop, their knowledge of the topic area improved.

90% of respondents indicated that after the PDP workshop, their confidence in describing the topic area improved.
Changes as a result in attending the PDP workshops

The purpose of this question was to gain an understanding if respondents learnt anything new that they will implement in their workplace or in their personal lives.

Various responses were received and were summarised into 10 main changes:

- Take the time to listen to client’s and family’s stories to provide the best appropriate care as possible
- Know the patient’s wishes and making sure all staff are aware
- There is education available for staff in aged care; educate myself more
- Own end of life care; review statement of choices
- Anticipate problems
- Being able to refer families to extra resources
- Be more aware of symptoms and management of symptoms
- Do more volunteering
- Promote palliative care services
- Start discussions; not being afraid of having difficult conversations

Overall comments and suggestions for future education topics

This question provided an opportunity for respondents to give feedback and state any topics they would like to see be presented in the future.

No respondents provided any feedback about future topics. All respondents indicated the presentations over the four days [two days Ipswich and two days Toowoomba] were “well presented” and it was “thought provoking and informative”.

One respondent commented:

“This workshop was excellent! The organisation was impeccable. The presentation was informative and very enjoyable. Sue Conley had been the perfect manner for a presenter. A very good teacher. Participants appeared receptive. I welcome any further information on events related to this important area of all our lives.

Thank you to everyone involved.”
Section 5

PALLIATIVE CARE SUPPORT KIT
Purpose of the Palliative Care Support Kit

The purpose of the Palliative Care Support Kit was to provide a resource folder to all RACF’s within the DDWMPHN region, to ensure the project provides some support to all RACF’s.

The kit’s design is to keep palliative care information and resources in a single location to locate it quickly and easily. The use of the Palliative Care Support Kit allows RACFs to keep adding to their resource folder and be able to easily refer to information when they need it.

The kit would provide a variety of existing palliative care resources which link the RACF’s to existing evidence-based tools, focused around the following five areas:

- Symptom management for people with palliative needs
- Identifying complex residents at high risk of requiring after-hours support
- Identifying goals of care for people with palliative needs
- Improving team care for people with palliative needs
- Advance care planning

Methodology

A desktop review was done online to identify RACFs in the Ipswich and Toowoomba regions. A PCQ staff member then contacted the RACFs to confirm postal address and a contact person for delivery. The Palliative Care Support Kits were packed and posted on 30 June 2019.

The information resources in the Palliative Care Support Kit included:

- National Palliative Care Strategy 2018 (DoH)
- Palliative Care in Queensland Priorities for 2019 (PCQ)
- My End of Life Care (DoH)
- 2 x Dying to Talk Discussion booklets and cards [one version focused on Aboriginal and Torres Strait Islander] (PCA)
- Program of Experience in the Palliative Approach [PEPA]
- End of Life Directions of Aged Care [ELDAC]
- palliAGED
- CareSearch
- Advanced Care Planning information resources
- Policy Statement: Palliative Care and Dementia [Dementia Australia]
- Palliative Care Myths (PCA)
- National Guidelines for Spiritual Care in Aged Care (Meaningful Ageing Australia, Spiritual Health Victoria and NARI)
- Caring @ home Fact Sheet – (Brisbane South Palliative Care Collaborative, CareSearch, NPD MedicineWise, PSA, APNA, ACSA, LASA, RACGP and UTS)
- Principles for Palliative and End-of-Life Care in Residential Aged Care (PCQ, Alzheimer’s Australia, COTA, ACSA, LASA, CHA and ACG)