

2019

PALLIATIVE CARE IN QUEENSLAND PRIORITIES



PALLIATIVE CARE
IN QUEENSLAND



PalliativeCare
QUEENSLAND



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Appendix 1: Priorities identified during each Palliative Care in Queensland Summit 2018 round table

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-  Public Health Approaches to Palliative Care
-  Palliative Care Education and Quality Improvement
-  Palliative Care in Aged Care
-  Associated Peak Bodies and State Wide Peak Bodies and Projects

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Executive Summary

In 2018 Palliative Care Queensland (PCQ) held the inaugural Palliative Care in Queensland Summit to listen to key stakeholders providing palliative care and set an agreed advocacy agenda. This publication is for consumers, carers, service providers, organisations, peak bodies and government to use in their pursuit of quality end-of-life care for all Queenslanders.

The 5 priority areas identified for palliative care in Queensland for 2019 are:

Better Funding



- Needs-based funding: for example, packages of care instead of time-limited funding models
- Accessible funding: ensure funding is easier to access in a timely manner, particularly for home-based care and aged care
- Equitable funding: particularly for people in rural and remote areas and under 65 years

Improved Access



- Better access to specialist support in rural and remote areas
- Better access to home-based General Practitioners support (24 hours)
- Better access to Commonwealth Home Care Services for end-of-life care at home (including assistance with navigating My Aged Care)

Community Activation



- The development and implementation of a community awareness and engagement strategy, and campaigns to promote better understanding of palliative care and compassionate community models and initiatives
- Conduct statewide community asset mapping and share the results via platforms which are accessible for community members and service providers
- Service providers to collaborate with community to ensure carers have appropriate support networks around them

Focus on Advance Care Planning



- Promotion of Advance Care Planning in all settings of care
- Standardisation of documentation across Queensland
- Improved access to documents for all who need them

Workforce Development



- Invest in professional development opportunities: from graduates to lifelong learners
- Improve mentorship and supervision
- Grow and train volunteers

PCQ recommends anybody who shares the vision of quality end of life care for all Queenslanders to use the priorities listed above in any way that progresses the quality palliative care agenda.

President's Foreword

On behalf of Palliative Care Queensland, I am pleased to present Palliative Care Queensland's Palliative Care in Queensland Priorities for 2019. These have been developed to articulate the palliative care sector in Queensland's expectations for palliative care systems and service priorities for 2019, designed through a round table discussion approach.

Palliative Care Queensland looks forward to continuing to collaborate with people working towards high quality palliative care for all Queenslanders. On behalf of the State Council of Palliative Care Queensland, I commend this document to you and hope the information provided informs policy and service strategies as we work towards achieving our vision of quality palliative care for all.



Mr John Haberecht



Mr John Haberecht
President,
Palliative Care Queensland

Background

The mission of Palliative Care Queensland (PCQ) includes advocacy for 'quality end of life care for all Queenslanders'. Since 1988 when PCQ began, the landscape of palliative care in Queensland has changed significantly. The acceptance of palliative care as a medical specialty, the growth in population (particularly the ageing population), the development of public, private and non-government services and the emergence of the public health approaches to palliative care have contributed to the current context of palliative and end-of-life care in Queensland. This is a dynamic space which needs to rapidly adjust to the exponentially increasing evidence base and new treatment therapies, as well as fluctuating community attitudes about death and dying.

PCQ has a membership of over 400 individuals and organisations who share the vision and passion to improve palliative and end-of-life care in Queensland. These members include health professionals across all sectors of health, specialist and generalist palliative care services, 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.



Purpose

PCQ created the Palliative Care in Queensland Summit to listen to members and other stakeholders in palliative care and set an agreed advocacy agenda for all and any individual, service provider or organisation to use in their pursuit of quality end-of-life care for all Queenslanders. It is intended that the Palliative Care in Queensland Summit will become an annual event which identifies annual priorities for the sector and builds a tracking system which pinpoints sector innovation, change and growth.

Palliative Care in Queensland Summit 2018

The inaugural Palliative Care in Queensland Annual Summit (the Summit) was held in December 2018 and aimed to create a collective voice for palliative care in Queensland and inspire attendees to use that voice in their own organisations and communities. The Summit was attended by 160 people from a diverse range of backgrounds and organisations. These included (but were not limited to) health professionals, social care organisations, aged care, peak bodies and academic institutions.

The Summit included six sessions that were described as 'roundtable' discussions. The roundtables had a maximum of 30 people attending and each was facilitated by two experienced facilitators with 'topical' knowledge and backgrounds. The topics for the roundtables were selected from key priority areas that had been identified from ongoing discussion with our members and the palliative care sector throughout 2018. The topics selected were:

- Specialist Palliative Care
- Home-based palliative care
- Public health approaches to palliative care
- Palliative care education and quality improvement
- Palliative care in aged care
- Associated peak bodies, statewide organisations and projects

The round table discussions followed a similar format (identifying gaps, identifying good practice, priority setting) but were uniquely delivered according to the facilitation style of the facilitators. Each of the round table discussions produced up to five priorities and all can be seen in Appendix 1. Despite the different themes of the round table discussions, many of the priorities identified were similar across most groups.

PCQ is very grateful for the support of the sponsors of this Summit, without whom the event would not have been possible:

- Queensland Health - Care at End of Life Project
- Australian Centre for Grief & Bereavement
- caring@home
- End of Life Directions for Aged Care (ELDAC)
- Home Instead Senior Care
- Karuna Hospice Services
- PalAssist
- PalCare
- Palliative Care Curriculum for Undergraduates (PCC4U)
- Palliative Care Outcomes Collaboration (PCOC)
- Program of Experience in the Palliative Approach (PEPA)
- Quality of Care Collaborative Australia (QuoCCA)
- Telstra Health
- Your Life Talks

Palliative Care in Queensland Priorities for 2019

In December 2018, 160 people gathered at the Palliative Care in Queensland Summit and identified the following priorities for 2019.

Key Priority Areas identified:

6 facilitated round table discussions at the Palliative Care in Queensland Summit- identifying 30 Key Priority Areas.

Statewide Priorities identified:

The 30 Key Priority Areas were reviewed, similarities identified and streamlined into statewide priorities with assistance of PCQ State Council and Palliative Care in Queensland Summit round table facilitators. The 5 Statewide priorities each include 3 targeted areas/examples which aim to improve the ability of these priorities to be implemented.

Priorities disseminated

Published in this document, Palliative Care in Queensland Priorities for 2019 which will be disseminated widely.

Better Funding



- Needs funding: for example, packages of care instead of time-limited funding models
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Improved Access



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Community Activation



- The development and implementation of a community awareness and engagement strategy and campaigns to promote better understanding of palliative care and compassionate community models and initiatives
- Conduct statewide community asset mapping and share the results via platforms which are accessible for community members and service providers
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Focus on Advance Care Planning



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- Standardisation of documentation across Queensland
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Workforce Development



- Invest in professional development opportunities – from graduates to lifelong learners
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Palliative Care Queensland recommends anybody who shares the vision of quality end of life care for all Queenslanders use the priorities listed above in any way that progresses the quality palliative care agenda.

Employing the Priorities

PCQ has committed to using the priorities identified by the participants of the roundtables at the Palliative Care in Queensland Summit (2018) as the basis of advocacy work with all levels of government in 2019.

Figure 1 (below) shows opportunities for using the priorities.



Several other key documents have been developed Nationally over the past 12 – 18 months.

- 1) Palliative Care 2030: Working Towards the Future of Quality Palliative Care for All (2019)
- 2) National Palliative Care Strategy (2018)
- 3) Palliative Care Service Development Guidelines (2018)
- 4) National Palliative Care Standards (2018)
- 5) Productivity Commission into Human Services (including end-of-life care) (2018)
- 6) Compassionate Communities: An implementation guide for community approaches to end-of-life care (2018)
- 7) Barriers to accessing quality palliative care for under-served populations: workshop summary (2018)

This Palliative Care in Queensland Priorities for 2019 document provides an identification of state-wide priorities targeted to Queensland, which are consistent with many of the national and international priorities for palliative care.

Appendix 1 – Priorities identified during each Palliative Care in Queensland Summit 2018 round tables

Palliative Care in Queensland 2019 round table topic	Summary of Key Priority Areas identified
<p style="text-align: center;">Specialist palliative care</p> <p style="text-align: center;"><i>Facilitated by Dr Yvonne McMaster and Ms Shyla Mills</i></p>	<ul style="list-style-type: none"> • Improve access to specialist palliative care, especially in rural and remote areas • Equitable funding for all specialist services, in line with cancer and other relevant health services in each HHS • Invest in workforce, including but not limited to post graduate scholarships and research grants • Develop wrap around home care packages, which specialist services can deliver and flex to meet individual needs • Demonstrate the value of palliative care. Create awareness and engagement campaigns targeting consumers, carer, community and service providers which promote quality palliative care, access to services and compassionate communities



Palliative Care in Queensland 2019 round table topic	Summary of Key Priority Areas identified
<p style="text-align: center;">Home-based palliative care</p> <p style="text-align: center;"><i>Facilitated by Dr Yvonne McMaster and Ms Margaret Adams</i></p>	<ul style="list-style-type: none"> • Invest in workforce. Skilled and appropriate workforce is essential for home-based palliative care. Enhanced skill mix to particularly include allied health services; Occupational Therapists, Social Workers, Speech Pathologists, Physiotherapists, Dietitians, Counsellors, Spiritual Carers and Bereavement Support Staff • Funding of more packages of care. Improve access and timeliness of services. The group particularly noted the challenges and complexities of funding systems in relation to MyAgedCare and NDIS • Improve access to General Practitioners for people living at home—particularly in rural, regional and remote areas • Invest in staff mentorship/supervision. Particularly for new graduates and support staff • 24 hour access to specialist palliative care advice, for example phone support for health professionals to their local specialist palliative care team (similar to what is available for consumers)



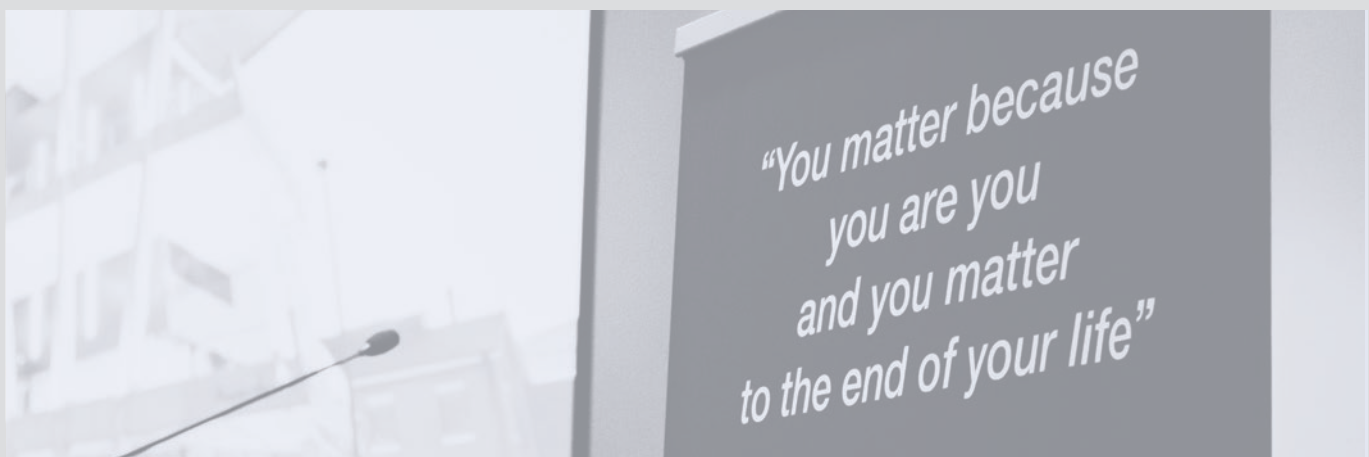
Palliative Care in Queensland 2019 round table topic	Summary of Key Priority Areas identified
<p style="text-align: center;">Public health approaches to palliative care</p> <p style="text-align: center;"><i>Facilitated by Dr John Rosenberg and Dr Bruce Rumbold</i></p>	<ul style="list-style-type: none"> • Promote community engagement strategies, including schools, churches and community groups • Qld Compassionate Communities (PCQ community arm) should act as an advocate, navigator and awareness raiser for community initiatives • Promote ‘community hubs’ for sharing ideas, resources and information • Map community assets and make results accessible • Collaborate with General Practitioners to ensure they understand compassionate communities models and the value of palliative care as part of their role



Palliative Care in Queensland 2019 round table topic	Summary of Key Priority Areas identified
<p style="text-align: center;">Palliative care education and quality improvement</p> <p style="text-align: center;"><i>Facilitated by A/Prof Laurie Grealish and Ms Kylie Ash</i></p>	<ul style="list-style-type: none"> • Develop leaders: Targeting leadership development at all levels of organisations in relation to supported mentorship in the delivery of palliative care • Promote standardisation: Promote the standardisation of documents, particularly those associated with advance care planning across the State • Extension of new graduate programs: Explore the capacity for tertiary level health services to extend their new graduate nurse programs to include nurses in local residential aged care services and regionally located, smaller health services • Promote clinical learning and debriefing models: Develop structures for debriefing and learning from usual clinical processes such as the morbidity and mortality meeting • Streamline document location: Developing a mnemonic or statewide agreement on where to keep advance care planning paperwork so it is easy to find for families, QAS staff, and home visiting health professionals



Palliative Care in Queensland 2019 round table topic	Summary of Key Priority Areas identified
<p style="text-align: center;">Palliative care in aged care</p> <p style="text-align: center;"><i>Facilitated by Professor Elizabeth Raymond and Ms Margaret Adams</i></p>	<ul style="list-style-type: none"> • Improved continuity across the care continuum. Particularly in relation to transitions between home-based care to acute care to Aged Care (Facility or Home care) • Share successful models: Identify strengths in successful palliative care models and pilot these to other areas. Particularly in relation to: <ul style="list-style-type: none"> • Providing care for disadvantaged groups • Sharing policies and procedures • Consumer and volunteer engagement. Create engagement strategies/campaigns to target consumers and volunteers to be involved in palliative care in aged care • Early Advance Care Planning (ACP) discussions – at or before diagnosis. Collaborate with General Practitioners to recognise that we are not having discussions early enough and that ACP discussions are important early in diagnosis • Improve access to aged care funding and systems: <ul style="list-style-type: none"> • Aged Care Funding Instrument [ACFI]: work needs to be done to enable easier access of Palliative Care Funding and make the application process less cumbersome • MyAgedCare: too hard to navigate IT systems and multiple service providers for consumers and providers to ensure timely access to services



Palliative Care in Queensland 2019 round table topic	Summary of Key Priority Areas identified
<p>Associated peak bodies, statewide organisations and projects</p> <p><i>Facilitated by Ms Carol Hope and Ms Kelly Gourlay</i></p>	<ul style="list-style-type: none"> • Leadership and clear strategic direction across the sector, including co-designed of palliative care priorities that are adopted by all stakeholders and the collection of similar outcome data measures to demonstrate impact • Education provision for community and consumers to support activation that enables a community response. Education should be include: <ul style="list-style-type: none"> • Palliative care • Treatment options • Death / dying literacy • Education for all health professionals about palliative care from undergraduate (or certificate) to life-long learning • Improve support and engagement for and with community and carers • Reframing 'person-centred care' to 'network centred care', including: <ul style="list-style-type: none"> • Individuals with a serious illness • Carer / family • Friends • Community

This round table topic was decided as PCQ recognises that these organisations and projects hold key strategic influence, knowledge and data in relation to Palliative Care in Queensland.

