

eastern palliative care



EASTERN
PALLIATIVE
CARE

2009 – 2012 STRATEGIC PLAN



EPC history

Eastern Palliative Care is a partnership between Outer East Palliative Care Service, Melbourne Eastern Palliative Care Association, Order of Malta and St Vincent's Health Australia (formerly the Sisters of Charity Australia)

EPC commenced operation in October 1997 incorporating the work of the 4 partner bodies. In the time since formation we have developed robust systems to ensure services are appropriate and responsive. We have strong links within the community and work collaboratively with public and private service providers.

In late 2009 Melbourne Eastern Palliative Care Association announced it was folding and Eastern Palliative Care is updating its Rules under the Associations Act to reflect this change.

Statement of Purpose

'To provide, through an interdisciplinary approach, integrated palliative care services which are focused on the needs of the person living with a life threatening or life shortening illness, their family and carers, which maximises quality of life, alleviates pain and suffering and offers comfort and support through the period of grief and bereavement'

EPC is a not-for-profit service which offers a full range of support programs with the aim of improving the quality of life of individuals and the families of those suffering a life-limiting or terminal illness. Clients are referred by treating doctors, local hospitals, treating specialists, allied health professionals, self referral or by family members.

EPC is the largest single provider of community based palliative care services in Victoria. EPC services are provided in the Local Government Areas of Boroondara, Manningham, Maroondah, Monash, Whitehorse, Knox and Yarra Ranges.

EPC has developed formal relationships with a number of community and health care providers. In particular, the relationship with the Royal District Nursing Service has led to a formal shared care agreement for the region. The aim is to better co-ordinate care and deliver the highest level of service to enable clients to remain at home for longer and have choices about where they die.

Doctors and nurses with specialist training in palliative care, social workers, pastoral care workers, complementary therapists and volunteers are all involved in delivering high quality services to clients and their families. Programs include a coordinated Complementary Therapies Program incorporating massage, art and music therapy; Grief and Bereavement Services (group programs for adults and children); and Palliative Care Volunteers.

Funding for EPC is provided through State Government, community fundraising, donations and bequests.

Where we are today

EPC is a strong organisation focused on delivering home based palliative care. Our model of care ensures death is not over medicalised and it is person centred. Our staff are passionate and committed to palliative care and many have been with EPC for a number of years. We are fully accredited with The Australian Council on Health Care Standards (ACHS). We have undertaken the National Standards Assessment Program with Palliative Care Australia ensuring we are delivering palliative care in line with the national standards.

We have close links with the Department Of Health (ex DHS) and sit on many Government working parties.

Eastern Palliative Care has 116 permanent staff (65 FTE) 110 Volunteers across 3 office sites Kew, Nunawading and Wantirna.

We work with the community in Boroondara, Manningham, Maroondah, Whitehorse, Monash, Knox and Yarra Ranges covering a population of just under 1 million people. Our average length of stay is 115 days and 86% of clients have a malignant condition. We undertake over 75,000 contacts each year.

In the past 12 months Eastern Palliative Care has documented its Model of Care. This clearly articulates the multidisciplinary nature of our model and the desire to always engage in a person centred approach to service provision.

Development of the 2009 – 2012 Strategic Plan

From June to September 2009 meetings were held with staff and volunteers looking at where EPC was and where there were gaps. The groups were asked to undertake a SWOT review to identify strengths, weaknesses, opportunities and threats. All issues were reviewed and a framework of **Our people, Our services, Our community** was developed and all SWOT issues were placed under the appropriate heading.

In assembling the SWOT the following internal and external issues need to be recognised.

Recognition of issues:

1. Palliative care assessments in 2009 are complex and time consuming. The impost of data collection from Department of Health, PCOC, ACHS and NSAP is contributing to the volume of data that needs to be entered into PalCare. It is therefore critical that adequate time is allowed for all new admissions.
2. There are changing demographics in the eastern region with an increase in the number of clients from non English speaking backgrounds. The need for the use of interpreters is increasing.
3. Clients are more complex and more likely to have co-morbidities – particularly those with non malignant conditions.
4. There is an increasing issue with less GPs undertaking home visits.
5. The weekend workload is unpredictable and may be stressful.
6. There is a growing demand for complementary therapies.
7. Grief and bereavement – there are complex issues relating to bereavement with our model – it recognises the value of relationship, however when busy, bereavement has a lesser priority.
8. The Department of Health's Service Delivery Framework and Review and Refresh of the Strengthening Palliative Care Policy will impact on how community palliative care is delivered – EPC needs to be aware of these changing demands and be open to change. Known issues/changes have been included in the actions within the strategic plan
9. A new funding model is to be developed by Department of Health (DH) by Oct/Nov 2009 – we need to keep this on the radar and respond to DH should the funding model adversely impact on our funding.
10. As a large provider of community palliative care EPC acknowledges its responsibility to build the knowledge and skill base for palliative care.
11. We have a growing number of people living alone in the East and where possible we need to be innovative to ensure we address this issue.
12. We need to continue to monitor our statistics to ensure we are meeting needs – e.g. not admitted clients
13. There has been a change in the definition of the term “palliative”. This can often be used with curative treatment e.g. – children with cancer and also people with and non malignant conditions. The role of palliative care is changing when curative treatment continues until death and therefore a change in admission criteria for EPC.

14. The Federal landscape is changing. Some uncertainty remains. All health funding is to move to outcome funding over the next few years. There is no clarity on what this means for community based palliative care as yet.

15. Workload of Family Support Consultants

16. Allied Health Research – supports/advocates for our model

17. Care of people who have dementia – we support good end of life care but dementia is not our expertise. Therefore we need to develop relationships with those who are experts or have in-house expertise.

Commitment

Eastern Palliative Care is committed to meeting the changing needs of communities in the eastern region. We work side by side with people who have a life limiting illness, providing a range of services including nursing, medical care, counseling, support and allied health. Our volunteer services integrate into all areas of the organisation and service.

We believe that everyone, regardless of age, sex, culture or religion, has the right to high quality palliative care, and that everyone should be treated with dignity, compassion and respect. We believe in a person centered approach allowing each person to make their own decisions. Our work is guided by a Code of Ethics which seeks to neither shorten nor lengthen the dying process. We engage with people and understand our responsibility to be part of the palliative care community.

We are firmly committed to continuing to develop community palliative care.

Structure and framework 2009 – 2012 Strategic Plan

Our People

Eastern Palliative Care is committed to the development of multicultural home based palliative care through the support, care and development of its staff and volunteers to meet the needs of the community.

Culture

Training and development

Recruitment, retention, recognition and reward

Support

Our Services

Eastern Palliative Care is committed to the development and provision of appropriate evidence based and multidisciplinary community palliative care and will strive for ongoing development of the knowledge base of palliative care.

Disciplines/ Services/Model

Quality/Risk/ Evidence based/Satisfaction

Research

Resources

Our Community

EPC continues to be passionate and innovative in the provision of community palliative care. We strive to engage, consult and partner with the community at all levels.

Public relations/Encompasses individuals to governments

Fundraising

Population / Responding to the Community

Our People

Eastern Palliative Care is committed to the development of multicultural home based palliative care through the support, care and development of its staff and volunteers to meet the needs of the community.

Culture

To continue to protect the heart, soul and passion for palliative care in our people and our organisation

Review and streamline strategies for effective communication within the organisation (including across disciplines)

To look for opportunities to develop good working conditions for all staff as the organisation grows

To build a culture of person centred services

Build a “Safety First” culture that is appropriate to a community service organisation.

Training and development

To continue to provide a comprehensive education and development program that builds staff and volunteer skills to increase home based palliative care

To seek opportunities to build relationships with our stakeholders to share knowledge and skills development.

Recruitment, retention, recognition and reward

Within given resources ensure EPC is competitive with like organisations and can therefore attract and retain the appropriate staff

Support

To develop adequate recruitment and orientation processes to ensure new employee’s needs are met for succession planning, growth of services and needs

To continue to investigate and implement actions to support staff in times of increased stress to prevent burnout

Our Services

Eastern Palliative Care is committed to the development and provision of appropriate evidence based and multidisciplinary community palliative care and will strive for ongoing development of the knowledge base of palliative care.

Disciplines /Services/Model

To develop relationships that integrate service provision across the health sector with a view to optimise client outcomes

Each team to support other teams with workload sharing – workload to be based on acuity not numbers

Look at the role of Volunteers and expand services to include assistance and support for carers (not just clients)

Investigate and develop access to Occupational Therapy Services and Dietetics.

Quality/Risk/ Evidence based/Satisfaction

Provide a high quality service to clients and carers

Research

Develop research opportunities to improve services

Resources

Keep our IT systems up to date and seek ways to improve our systems

Continue to develop PalCare as a unique client management system that responds to work practice and makes data entry simple.

Provide adequate physical resources including office space etc.

Our Community

EPC continues to be passionate and innovative in the provision of community palliative care. We strive to engage, consult and partner with the community at all levels.

Public relations / Encompasses individuals to governments

Strengthen our relationships with all levels of government:

- Client advocacy
- Advisory role regarding service delivery
- Planning and partnering

To strengthen links between EPC, community groups and other health professionals.

Investigate and as resources are available develop a position for the PR role to promote palliative care – good journalist skills and also to work with community groups

Engage in health promoting palliative care

Fundraising

Seek opportunities to enhance our resources through fundraising and utilize fundraising opportunities to enhance our reputation in the community

Population/ Responding to the Community

Develop an annual system to keep the organisation up to date with:

- Demographics
- Ethics mix/groups
- Client numbers

Promote EPC's model of care and support research in development of best practice for the community including seeking funding for research

Provide specialist education, information, consultation and liaison to other health professionals/community group's i.e. CALD, Aged Care and Disability

To improve the provision of appropriate Palliative Care to reflect the needs of the changing community – CALD

Commitment to further develop relationships with indigenous groups to meet the needs of the community

Partner with palliative care organisations less fortunate – seeking opportunity to share skills