

Service Coordination Practitioners Network MINUTES 17 July 2017



DATE: Monday 17 July 2017, 9.30 to 11.30 am
 LOCATION: Horticultural Centre, Forest Hill
 CHAIR: Karen Conte, Eastern Palliative Care Consortium
 Attendance:

Name	Organisation	Name	Organisation	Name	Organisation
John Mullane	Access Health & Community	Maria Stefanou	Eastern Health, APAT	Mardi MacDonald	St Vincents
Russell Banks	Annecto	Margaret Bird	Eastern Health	Ben Karmay	St Vincents
Debra Coddington	Carrington Health	Toni Ancona	Eastern Health, MDP	Anja Albach	Tabulum & Templar HA
Lawrence Lee	Carrington Health	Karen Conte (Chair)	EMR Palliative Care Consortium	Rebecca Sieber	Uniting Age Well
Tricia Collins	Donvale Rehab	David Halliwell	Eastern Palliative Care	Lynda Waterman	Villa Maria Catholic Homes
Heather Whitney	Eastern Health, ACAS	Pansy Lee	Knox Council (auspice) – RAS coordinator	Rae Harrison	Villa Maria Catholic Homes
Pauline Hamilton	Eastern Health, ACAS	Ildiko Zunic	Monash Council		
APOLOGIES:	7 Apologies were received				

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ITEM	DESCRIPTION:	ACTION:
1. Welcome & Introductions	Welcome to all and guest speakers. Brief introductions.	
2. Presentation	<p>Introduction, DHHS framework, EMRPCC</p> <p>Karen Conte. Manager Eastern Metropolitan Region</p> <ul style="list-style-type: none"> • See presentation • Handout - Communique March 2017 • Government is reviewing palliative care services • New End of life framework Victoria released late 2016 • Note that Eastern Health, Caritas Christi and Eastern Palliative Care form the Eastern Palliative Care Consortium and Karen is the Manager of this. 	
3. Presentation	<p>An overview of Palliative Care at Eastern Health</p> <p>Dr Margaret Bird, Director Palliative Care, Eastern Health</p> <ul style="list-style-type: none"> - See presentation - "Surprise question" – Would you be surprised if (the person) is still alive in 12 months time? - Supporting a patient at the end of their life 	
4. Presentation	<p>An overview of Palliative Care at St Vincent's Health</p> <p>Mardie MacDonald, Palliative Care Admissions Coordinator, St Vincent's Health</p> <ul style="list-style-type: none"> - See presentation - St Vincents also has the Centre for Palliative Care which has a research focus - Kew beds are not for interventions/tests. They are for end of life care only. If not suitable then patient has to go to St Vincents - Have a palliative day care centre at Kew for people living in the community to attend - respite for them and carers 	

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	<ul style="list-style-type: none"> - Referrals via Mardie - can use SCTT but not Electronic. - Have a team of allied health and therapists that can support patients to return home but not the majority (about 30%) - At Caritas if someone comes in for end of life, family members can stay 	
<p>5. Presentation</p>	<p>An overview of Eastern Palliative Care</p> <p>David Halliwell, Palliative Care Clinical Nurse Consultant</p> <ul style="list-style-type: none"> - See presentation - EPC covers 7 LGAS - 24 hr service triaged by Caritas Christi Hospice after hours - Referral via email or phone direct - 2000 new referrals per year - Priority status assessed from urgent to less urgent – A (24hrs), B (2-5 days), C (6-10 days), D (not quite ready) 	
<p>6. Q & A</p>	<p>Palliative Care Q & A</p> <p><u>Q - is the reality of end of life care at home conveyed?</u></p> <p>David - some people are firm in their choice but EPC explains that things can change and people can move into hospice at any time. They also have symptom management guides and what to expect information for family members.</p> <p>Dying can be a long drawn out process and exhausting for families - may not be quick and easy and may need more than one carer with them to share the load.</p> <p><u>Note Call to Action</u></p> <p>Karen indicated that not everyone can access specialist palliative care currently and there is a call to action to lobby government to improve access for all. While assisted dying legislation is imminent, they believe we also need to provide the best palliative care options which is estimated requires an injection of \$65m for optimal care. Also are reframing palliative care to be defined as support in the last 12 months of life also needs additional supports to introduce palliative care earlier and not be focused on last week of life .</p>	

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There is a difference between specialist and generalist palliative care.

There is a push for all workers and organisations to have responsibility for palliative care in less complex cases. More funding and capacity building is required. A lack of nurses in aged care now is an issue impacting on this.

Lee commented that for those that want to die at home there is a lack of required assistance and families struggle with this when they promise to take their loved ones home.

EPC is about to start an afternoon/evening shift to add to supports available.

Q - commonwealth home support funded services allied health services access - question about working together better

EPC can potentially support people but recommend to have a discussion with them about what the person needs and who can provide that support.

When to refer to who??

- Eastern Health – Inpatient
- Caritas Christi – Inpatient and day care
- EPC – community services – they can then refer to inpatient if needed

Q - what is involved in terminal phase of end of life care

Multiple clinicians and specialists to support the patient. Note Palliative care support is not Physician assisted dying.

People with dementia at end of life – Are often already in nursing homes. Need capacity building of aged care staff to support people in end of life; or work together with other services to provide options eg St Vincents in limited situations; support from EPC.

Q Standardised practices about supporting people from CALD backgrounds

Should be standardised; CALD is a priority for all services; Palliative Care Victoria have developed number of resources in other languages; worked with ATSI agencies as well; Usually have a palliative care project worker at VACCHO; not so much work in LGBTI area - EPC have done training and sessions with staff.

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	<p><u>PEPA – Program of Experience in the Palliative Approach</u> - provides education for non-specialist palliative care staff including ATSI workshops; can also provide funding for clinical placement to backfill your role up to 5 days.</p>	
<p>7. Service Soap Box</p>	<p><u>ACAS- HEATHER WHITNEY</u> 5-6 month wait for ACAS routine assessments. Quicker if more urgent. Are getting more requests for higher level packages. Note these can only apply to the minority of clients. It takes time to consider these requests and also need another ACAS assessment. ACAS waitlists across whole state have blown out.</p> <p><u>RAS COORDINATOR - PANSY LEE</u> Change in health professional pathway referral process from 1 July with 3 month transition - will be fully transitioned by 1 October. Anticipate an increase in referral volumes for RAS. ACAS wait time has led to some increase in complexity of assessments for RAS to support clients while they are waiting. Encourage practitioners to provide as much information for referrals as possible to indicate the priority. Need reasons why referrals are urgent. Most times for RAS is 2-3 weeks. GPs can do web form referral which will go direct to assessment agencies.</p> <p><u>UNITING AGE WELL – REBECCA SIEBER</u> Has commenced radio campaign launch last week for new clients - \$250 free services.</p> <p><u>LEE STEPHENSON – UNITING</u></p> <ul style="list-style-type: none"> - As of 1 July, Life Assist is now called Uniting. They have merged with 22 other Uniting Church agencies. It is now the largest community provider in Victoria. - HARP is open for referrals. Anybody can refer for any age - has to be someone with chronic conditions with multiple hospital admissions or at risk of hospital admissions. Lee sees a range of people with multiple issues and supports them to get back on track, safe and secure and focus on their wishes and stabilising health; can also call on HARP team at Eastern Health if required. Phone emails to 9239 2500 reception, ask to speak to HARP. - Lee is finding that clients get a letter from ACAS about package allocation but it is not followed up by client as they often live alone. She then needs to advocate strongly on behalf of clients. Pansy 	

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	<p>noted that ACAS can tick a box on the assessment to delegate to someone such as a worker if the client lives alone and has no family. This should NOT affect priority on national queue as it is based on date of approval. See the following document for more information: http://iepcp.org.au/wp-content/uploads/2016/08/IEPCP_MAC_QA_May2017.pdf</p> <p><u>DONVALE REHAB - TRICIA COLLINS</u> Undergoing renovation to therapy areas. Provide both inpatient and outpatient care.</p> <p><u>VILLA MARIA CATHOLIC HOMES - RAE HARRISON</u> Packages cover north and east; stable staff and numbers of packages; allocations usually on calls from clients based on first receipt of letter.</p> <p><u>VILLA MARIA CATHOLIC HOMES CARER RESPITE SUPPORT SERVICE - LYNDA WATERMAN</u> If there is a carer involved and there are waiting times for services, VMCH Carer Support may be able to provide interim services for 6-12 weeks. Either carer or care recipient needs to be over 65 years but carer must live in the EMR; have a very flexible program; Referrals via 1300 971 720 (Note Uniting also has commonwealth CRC and works in together with VMHC where required.</p> <p><u>TTHA - ANJA ALBACH</u> Packages increased over past 12 months.</p> <p><u>CARRINGTON HEALTH - LAWRENCE LEE</u> During transition of allied health referral processes they can take self-referrals.</p>	
<p>8. Next Meeting</p>	<p>THURSDAY 14 SEPTEMBER, 9.30 TO 11.30 am Horticultural Centre, 82 Jolimont Road, Forest Hill</p>	

Minutes recorded by: Sharon Porteous, Inner East PCP: sharon.porteous@iepcp.org.au or (03) 8843 2254