

# life & death matters

## Newsletter of Gippsland Region Palliative Care Consortium

NO.18 SUMMER 2012

[www.gha.net.au/GRPCC](http://www.gha.net.au/GRPCC)

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## From the Manager

– Vicki Doherty

Happy New Year and we here at Consortium headquarters hope you enjoyed the festive season!

2012 is shaping up to be an exciting and busy year for the Consortium. We are looking forward to working with our members on a number of new initiatives. As you may know, the Victorian Government has provided additional funding of \$34.4 million over the next four years to palliative care in Victoria. An additional \$706,082 in growth funding has already been provided to community palliative care providers in Gippsland. And the Consortium has been funded an additional \$350,000 to develop, implement and support a number of projects. Did I mention we are all going to be busy?

Firstly, funding has been provided to develop and implement an After Hours Palliative Care model. The Department will be releasing a framework for after-hours palliative care based on the evaluation of two pilot programs implemented in other regions. We will soon be calling for expressions of interest to participate in an After Hours Working Group to develop and implement an acceptable and sustainable after-hours palliative care model.

Secondly, the Consortium has been funded to establish a region wide palliative aged care link nurse position(s). The link nurse will coordinate and support the implementation of end of life care pathways in all residential aged care facilities in Gippsland. The Consortium has also been funded to enhance palliative care capacity in disability accommodation services.

The Nurse Practitioner Program has been given an added boost and the new funding will help support our nurse practitioner candidates to gain endorsement.

We are also starting to plan our annual conference which will be held on 27-28 July 2012 at Monash University, Churchill Campus. The change of venue will mean more space and allow more delegates to attend. Associate Professor Peter Martin has been locked in to provide a keynote speech as well as a workshop on communication. We will be requesting input on ideas for the conference from member services shortly.

I am also looking forward to visiting more parts of this wonderful region and catching up with you all over the next few months.

## Introduction to Palliative Care Short Course 2012

Palliative care is part of good healthcare provision.

In response to service demand, this exciting course has been developed to improve the capacity of healthcare providers to support people approaching end of life, and their families. National guidelines for the palliative care education of generalist health professionals and the national standards for the provision of palliative care underpin this course.

The Introduction to Palliative Care Short Course is recommended for nurses from all fields of practice, personal care attendants, and allied health professionals. As a participant in this course you will be challenged by an innovative approach to learning based on best practice principles, in line with health policy direction. Participants of this short course who wish to develop the skills of a specialist palliative care nurse or other health professional will be encouraged to enter specialist postgraduate studies.

Course delivery will provide a supportive learner-centred program. Workshops will be complimented by the use of online web-based activities and personal study. The course will be delivered flexibly to address the needs of rural and remote participants. This course has been developed by Monash in partnership with the Gippsland Region Palliative Care Consortium in response to a need for an introductory course for generalist healthcare practitioners.

**Registration cut off:** 9 March 2012

**2012 Workshop dates:**

(Monash University Gippsland Campus)

Workshop 1.	Wed 18 April
Workshop 2.	Wed 9 May
Workshop 3.	Wed 13 June
Workshop 4.	Wed 18 July

For more information, please check our website  
[www.gha.net.au/grpcc](http://www.gha.net.au/grpcc)



# GRPCC Volunteer Retreat 2011

Phillip Island Adventure Resort, Cowes

The Phillip Island Adventure Resort lived up to its name by providing the GRPCC volunteers with fun, frivolity and relaxation. Volunteers arrived with excitement on the Friday evening to a lovely meal and for some, music and dancing!

Monica Finch, Art Therapist conducted two workshops, one on creating postcards and miniature books, and another on Spirit Dolls. Monica led us through a meditation

workshop before we each made our own Spirit Dolls. The experience was very therapeutic and many volunteers plan to use this technique in our work.

Catherine Matthews, a palliative care volunteer, shared her Reverie Harp with us. The harp is small enough to sit on your knee, or in your arms and the beauty is that anyone can play it! Catherine strummed the harp and dumbstruck the room with the

calming melody. Catherine explained how she sometimes placed the harp on clients' chests and they stroked the strings and felt the vibrations.

Another volunteer, Kaye Rose shared her photographs which were matched to verse and music. Kaye captures the essence of nature in her images, and we were left in a peaceful and quiet space.

The weekend provided plenty of opportunity for volunteers to share ideas and experiences, as well as relax. Special thanks to Jenny Findlay for the massages and Erika Wassenberg for the reflexology. But most of all, thank you to our volunteers – the time, support and care you provide to our palliative clients in Gippsland is truly appreciated.

**Maggie Goss** – Regional Volunteer Support Coordinator, GRPCC



Volunteers with their Spirit Dolls

## Ponderings from Penang

- 9th Asia Pacific Hospice Conference 2011

The 9th Asia Pacific Hospice Conference *Palliative Care in Mainstream Medicine* continued to offer many stimulating and compelling plenary symposiums. Three of those sessions are summarised here.

### ***Palliative Care in the Intensive Care Unit*** – Professor Malcolm Fisher (Royal North Shore Hospital, Sydney)

Unlike other areas where palliative care is embraced, patients in an intensive care unit (ICU) are generally unable to participate in decision-making. And frequently, the ICU is not an environment that is conducive for patients and families to share a comfortable and dignified dying experience. Prof Fisher discussed how they had developed a shared-care model where patients and families are truly part of the decision-making team. Family conferences occur regularly where the prognosis is presented, efforts are made to identify the wishes of the patient, and a recommendation made. Dr. Fisher spoke of the use of wisdom rather than scoring systems when determining prognosis.

### ***What does it mean to “Be There” for Our Patients?*** – Jan Phillips (Hospis Malaysia, Kuala Lumpur)

Jan, an experienced Australian Oncology and Palliative Care Nurse, passionately thrashed out ways how we can physically and philosophically ‘be there’ for our patients, yet acknowledged the constraints and barriers that make this difficult to achieve. You have to ‘get there’ to ‘be there’! This can be done by:

- Building trust with your patient – be genuine and honest in your approach.

Listen with your eyes and heart and listen to your gut feelings.

- Relieve pain and symptoms – be gentle in our approach.
- Acknowledge the patients’ family and loved ones.
- Be competent in the care you give.
- Respect the dignity and wishes of your patient.
- Acknowledge the patients’ suffering

Are we totally present in mind and body as we work with the patients in our care?

Do we respect their dignity, privacy and confidentiality?

Are we pleasant in our approach? Are we patient or task focused?

Jan spoke about the need for us to be aware of our own issues and the pressures that bear upon us as we go about our work with the terminally ill. Conflicts within the multidisciplinary team also need to be managed appropriately. Finally, Jan suggested that every death is a valid death and is honored.

### ***Skills at the Bedside: From Consultation to Communication*** – Dr Natasha Michael (Consultant in Palliative Medicine, Peter MacCallum Cancer Centre)

I had spoken to Natasha several times over the phone in my clinical work in South Gippsland, so it was a pleasant surprise to finally meet her face to face and attend her presentation! Effective communication with patients and their families, particularly about end-of-life decisions, is an essential element of palliative care. However, there are many constraints in an acute medical hospital

that make effective communication difficult to achieve. Dr Michael discussed some of these obstacles that practitioners face: time pressures; environmental constraints; clash of cultures and consultation etiquette. Dr Michael then discussed how we need to get back to the basics of effective communication with patients and their loved ones. The essential tools to achieve this are the use of our eyes, ears, hands and a chair (note the mouth has been omitted!). Dr Michael spoke of applying a simple mantra when communicating with patients using the metaphor of traffic lights:



**STOP:** before engaging with patients, slow down, get our heads in the right space and take stock of what you will talk about with the patient.



**LOOK:** observe the patients environment – the bedside tells you many things!



**LISTEN:** create a space where a conversation can occur. Dr Michael takes a stool with her during her visits to patients so she can sit and converse with them. Create a space where healing can occur.



**SPEAK:** ask difficult questions of the patient.

Finally, Natasha talked about the ‘mutuality of care’ and that family members are left with the legacy of our care once their loved one has died.

**Mary Ross-Heazlewood** – Clinical Practice & Education, GRPCC



# Visiting Palliative Care Consultancy Service Program Update

The Gippsland Region Palliative Care Consortium's Specialist Visits Program continues to grow in Gippsland and is well underway for 2012. The Program provides a variety of approaches to help build the capacity of palliative care services within the region.

Palliative medicine specialists visiting South, East and Central Gippsland, and Bass Coast completed the credentialing process in 2011 and can provide primary consultations if required.

Regular monthly Multidisciplinary Team Meetings (MDMTs) are now established in East Gippsland, Central Gippsland, South Gippsland and Bass Coast. West Gippsland will commence MDMTs in February 2012.

Palliative care education sessions provided by Calvary Healthcare Bethlehem (CHCB) will continue at Latrobe Regional Hospital and be available via video conference to the region. Planning for support of complex inpatients is also underway. Monthly primary clinics will continue at William Buckland Radiotherapy Centre for patients receiving radiotherapy and requiring palliative care specialist input.

Latrobe Community Health Service (LCHS) have consolidated their palliative care specialist program with fortnightly teleconferencing between the LCHS palliative care team, referring general practitioners (GPs)

and the CHCB specialist team for review and discussion of complex cases. LCHS and the CHCB team have commenced a primary consultation model for patients with secondary consult follow-up

Fortnightly teleconferencing between East Gippsland and CHCB are underway. The CHCB troops are taking an innovative approach by flying into East Gippsland once a month to provide support and education to local palliative care teams, and primary consults for complex patients in conjunction with local GPs and palliative care teams across east Gippsland. The planned education sessions will be available as far as Omeo and Orbost, Cann River and Mallacoota.

Monthly visits to Central Gippsland Health Service alternating with Yarram District Health service will build upon the fortnightly teleconferencing which commenced in 2011. The visits will include working with the palliative care teams and developing relationships with local GPs. Monthly lung cancer MDMTs are well established with CHCB palliative care teleconferencing in for support and referral as required.

The Peninsula Health Palliative Care Physician will continue to visit South Gippsland and Bass Coast. MDMTs are being

## advance notice

5th Gippsland Palliative Care Conference 2012

**Planning has started for the 2012 Gippsland Palliative Care Conference which will be held on 27-28 July 2012 at Monash University, Churchill Campus.**

Details soon on the GRPCC website.

held at Gippsland Southern Health Service, Bass Coast Community Health Service and local GP clinics in Wonthaggi on a monthly basis with secondary consultation back up as required. The GRPCC plans to expand the meetings and education activities to Kooweerup Health Service in 2012.

Monthly palliative care case reviews will commence at West Gippsland Health Care Group with the local palliative care team, acute medical/nursing staff, local GPs and the visiting Southern Health Palliative Care Team. Education sessions will also be provided for all disciplines at this visit.

The GRPCC team greatly appreciate your assistance in developing this program, which aims to provide specialist care when and where it is needed. We also appreciate your help in collecting and returning the data sheets for the specialist's services so we can continue to improve the program.

**Anny Byrne** – Project Officer, GRPCC

## MND Update

**Motor Neurone Disease International Symposium, The Hilton, Sydney**

**28-29 November 2011**

This is only the second time MND Australia has hosted the Symposium in its 22 year history. Delegates from Taiwan, Japan, Germany, South Africa, Finland, Scotland, Brazil and England provided information on their services and initiatives developed by their organisations. Delegates included health professionals and people living with Motor Neurone Disease (MND) and their carers.

An Ask the Expert session was held for people living with MND, their family and friends to ask international experts about the latest developments in MND care and research. The session was very interesting and thought provoking on various levels. Information provided by the experts covered areas from symptom management to stem cell research providing a cure in the future. I was sitting behind a couple affected at some level by MND (based on observation only). They would touch each other's arm or hold hands, and wipe a tear at times. It brought it



all into perspective, caring for or living with this diagnosis.

The Allied Health Forum was kick-started by MND Victoria's Sally Boal. It was brilliant to hear from "real" patients and carers about their situations, how they coped and the supports they received. Following speakers discussed how they were trying to help the client and their carers, within their own realm of expertise. I was glad to see too that this approach was occurring in other parts of the world.

I took a lot of information and inspiration from the Symposium. Back at my workplace two days later, I received a phone call in my role as MND Shared Care Worker and was able to help the person with information and support. We plan further education, but

## Awards...

Toine & Maryann recently received the Nina Buscombe Award 2011 in recognition of their support and commitment to improve quality service delivery for people living with MND.



in the meantime, I was able to direct them to the [www.mndcare.net.au](http://www.mndcare.net.au) site for information on MND care, symptom management and

support which had been launched at the Symposium.

I would like to thank MND Victoria for providing me with the Nina Buscombe Award and the support from West Gippsland Healthcare Group, which allowed me to attend the International MND Symposium for these two days. I would also like to congratulate the MND Symposium Organising Team and all involved.

**Toine Bovill and Maryann Bills** – MND Shared Care Workers for Gippsland.

Contactable daily 8am-4.30pm Tel. (03)5623 0870



# Life as a Nurse Practitioner Candidate:

How will I make a difference?



If someone had told me when I moved to Phillip Island seven years ago, that I would return to University and complete a Masters of Nursing Practice (Nurse Practitioner), I would have told them they were dreaming!! So why did I make the decision to do this? It was quite simple really – Gippsland had a gap in palliative care nursing expertise and knowledge of symptom management. I had successfully completed a Graduate Diploma in Palliative Care and together with many years of palliative care experience across the inpatient and community sectors I knew that I could improve the lives of those living with a life threatening illness. I have now completed my Masters and continue with ongoing practical learning on a daily basis. I am mentored by a supportive local GP, Dr Bronwyn Williams and an endorsed Nurse Practitioner, Deb Garvey. Together they are helping me to achieve my ultimate goal of being an endorsed Nurse Practitioner.

The journey I have chosen is far more challenging than I ever dreamt; yet strangely satisfying at the same time. One of the main things that has changed (and there have been many) is the depth of my thinking as a nurse. Continuous reflective practice helps me to identify my deficits and learning needs. Engaging in reflective practice also shows me what I have learnt and can do well. On the days when I am struggling to see why I embarked on this journey, my journal entries are the realization of why I need to continue what I started.

## postgraduate scholarships

GRPCC is pleased to congratulate the following Palliative Care Victoria scholarship recipients:

- Stephanie Mazzone
- Alison Austin
- Nadine Sloan
- Anny Byrne

Well done ladies and best wishes with your studies!

I have always admired and respected those in the medical profession, but it is only now that I really appreciate not only the depth of their knowledge, but the accountability and responsibility that they truly hold. It has been quite challenging going from an experienced palliative care nurse to the supernumerary status of a Nurse Practitioner Candidate. At times it has been challenging to acquire new clinical skills. Developing a greater understanding of problem interpretation and integrating specific knowledge into practice leads to satisfaction when you see the difference you make by incorporating these skills. Maximising the effects of clinical judgements, streamlining processes, referring clients and handing on information to other health professionals provides timely dynamic care. As nurses, we are not taught how to formulate differential diagnosis and contemplate diagnostic reasoning. This is a new concept and has been quite challenging for me. Adding this to my advanced nursing skills has been worth it. This care is more effective and is one of the main reasons to maintain my vision to become a Nurse Practitioner.

As our health system and infrastructure is stretched in some regional, rural and remote regions, Nurse Practitioners are a vital part in providing efficient and effective care. Nurse Practitioners have the qualities and transferable skills necessary to assist those in need when they require it most. We educate and provide greater support for our nursing profession and are well placed to help inform policy at a government level. We bring a wealth of nursing experience together with the new acquisition of medical knowledge to the health system. In the near future, I will be able to provide timely care in the South Gippsland region to palliative care clients so they have a better health outcome without having to travel vast distances to obtain palliative care support.

**Jo Kelly** - Nurse Practitioner Candidate – South Gippsland

# On the Couch

with Judy Coombe

**What do you do for a living?**

Three jobs:

1. Executive Assistant for the GRPCC (two days);
2. Project work for West Gippsland Hospital (one day); and
3. Clerical duties for oncology at West Gippsland Hospital (one afternoon)

**What did you want to be when you grew up?**

Journalist, but had to leave school to earn money

**Favourite holiday destination**

Merimbula Back Beach

**What will be written on your headstone?**

'I told you I was ill'

**What music will be played at your funeral?**

'Another one bites the dust' by Queen

**What will your last outfit be?**

Sapphire gown with red feathers

**Buried, cremated or snap-frozen?**

Cremated and ashes spread at Short Point, Merimbula.

**What would you have for your last meal?**

Lobster and salad

**What are you reading now?**

'Road Rage' by Ruth Rendell

**Which famous person would you like to invite to dinner?**

Nicholas Crane from the ABC Program 'Coast'.

**If you were an animal what would it be?**

Horse

**What lessons has your work life taught you?**

Patience and patients are always right; and Duck when someone throws something at you.



Judy's last outfit

The Gippsland Region Palliative Care Consortium (GRPCC) newsletter "Life and Death Matters" aims to establish a framework for promoting and delivering high quality palliative health care services in partnership with clients, carers, families and the community into the next decade and beyond for the people in Gippsland Region.

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The "Life and Death Matters" editorial group is Vicki Doherty (Manager, GRPCC), Steve Kirkbright (Design & Production), Claire Bolge (Editor); with regular contributors Anny Byrne, Maggie Goss, Mary Ross-Heazlewood, Toine Bovill, member health services and friends of GRPCC.

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"Life and Death Matters" articles are identified against the relevant GRPCC priority area. For more details please refer to the GRPCC Regional Plan available on the website or contact the Consortium Manager Vicki Doherty.