life & death matters

Newsletter of Gippsland Region Palliative Care Consortium

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www.gha.net.au/GRPCC

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From the Manager

Vicki Doherty

The Consortium has been busy kicking some goals over the past three months. In between organising another successful Conference in July, the GRPCC Strategic Plan 2012 – 2015 has been finalised, the 2011-2012 Annual Report has been tabled with the Department of Health (DH), and progress has been made on three new projects that were funded in 2011-2012.

This year's conference was attended by over 110 health professionals, palliative care volunteers and other interested community members. The theme was communication – Life and death matters: Let's talk about it. We have asked participants to share their impressions of the conference sessions. You can read their stories inside this newsletter. Please let us know if there are any topics or speakers you would like to hear at next year's conference!

The Strategic Plan outlines the work of the Consortium over the next three years and includes priorities, measures for success and timelines. We will report on our progress each year through the Annual Report. The Strategic Plan has been circulated to key stakeholders and is available on the GRPCC website or by contacting the GRPCC office.

The Consortium is required to provide an annual report of operations and financial statement to the DH. The report includes an introduction to the GRPCC and its organisational structure, outlines achievements under the DH's seven strategic directions for palliative care, identifies priority areas for the coming year and provides a financial statement. The Annual Report will be available on the GRPCC website soon.

Development of the After-hours Palliative Care Model is underway with the Consortium collating information on palliative care across the region. The Consortium will be consulting with member services in the New Year to assess priorities for after-hours palliative care service provision.

A Palliative Aged Care Resource Nurse has been appointed to the GRPCC team and will be working closely with public and private Residential Aged Care Facilities (RACFs) across the region in the coming months. This new appointment is part of new funding the Consortium received last year to ensure that more RACF residents are supported to die in their place of choice.

GRPCC Palliative Care Scholarship Program 2013

Medical Practitioners, Nursing and Allied Health

Two new Palliative Care Scholarship programs will commence in 2013 to support health professionals wishing to improve their skills and confidence in palliative care. Scholarships are available for Nursing and Allied Health (up to $10,000 per annum), and Medical Practitioners to participate in palliative care workforce development activities.

Palliative care workforce development activities include: education and training, including postgraduate studies, attendance at conferences, clinical placements or participating in mentoring programs with an appropriate health care professional. Depending on the Scholarship, the opportunity for course fees, backfill provision, accommodation and travel expenses may be covered.

Candidates must currently live and work in Gippsland, or have an interest in palliative care work in the region. Preference will be given to candidates that show an interest in working closely with the GRPCC, for example as a member of the Clinical Practice Group.

Guidelines and Application Forms are available on the GRPCC website – www.gha.net.au/grpcc . Applications for 2013 close on 30 November 2012.

For more information, please contact **Anny Byrne** on 5623 0684

The third new project is the Disability Palliative Care Project. The aim of this project is to develop and implement a strategy to enhance palliative care capacity in disability accommodation services. As a first step, the GRPCC has met with staff from Department of Human Service's Disability Accommodation Services to establish relationships and gain a greater understanding of the issues facing people living in disability accommodation services and their carers.

The GRPCC team also welcomed new staff member Maria Garrett. Maria complements the team with her expertise in project evaluation and research. You can learn more about Maria inside this newsletter.

5th Annual Gippsland Palliati

This year's conference was attended by over 110 health professionals, palliative care volunteers and other interested community members. The theme was communication – Life and death matters: Let's talk about it. The program was a mix of presentations and workshops by palliative medicine consultants and allied health professionals, as well as film screenings, a photograp Peter Mar facilitated

The atte had some

Shelley O'Dwyer, Clinical Nurse Specialist, Oncology, WGHG

SKILLS AT THE BEDSIDE: FROM CONSULTATION TO COMMUNICATION

I was impressed by the presentation by Dr Natasha Michael on "Skills at the bedside: from consultation to communication". The presentation was both informative and encouraging. We need to give patients and families time to express their feelings and remember the importance of listening. Powers of observation are crucial when entering a patient's room and are a great skill enabling you see the person rather than the illness.

Dr Michael was able to combine the use of video clips, slides and verbal presentation in such a way that I could have listened to her for another 30 or 40 minutes. I came away feeling equipped to communicate with patients and families and was reminded of the need to listen and look.

Dr Michael used the example of entering a patients' room and taking time to observe the bedside table and notice whether there is a book they are reading or whether there are family photos displayed, as this will give an insight into the patients' interests and also as to whether they have an extended family support network or perhaps they are dealing with their illness alone.

I feel the medical students/nursing students who have the opportunity to work and study with Dr Michael have such an advantage and will learn a bedside approach of compassion and understanding by her example, and the future of palliative care will be in good hands.

The presentation of the film A Story about Care was the perfect end to the conference and complimented Dr Michael's presentation. Jim who was suffering from end-stage lymphoma whilst caring for his wife Sarah who had Huntington's Disease, emphasised the impact of having nurses who were tactile and open to listening as being hugely important to him. He talked about a nurse who held his hand whilst he had his bone marrow biopsy; he was scared and when he thanked the nurse, she told him that she was also scared as it was the first time she had assisted in the procedure. He was also grateful to a night nurse who kicked her shoes under his bed and sat with him in the middle of the night and just listened when his thoughts and worries were keeping him awake.

In a busy ward we can sometimes become focussed on medication rounds and routine, but we must not overlook the importance of taking the time to stop, listen and look. Sometimes a simple smile at a patient sitting alone can be all it takes to make a connection. This conference was a reminder of exactly that!

(A Story about Care is on youtube.com)

Kate Richardson, GRICS Cancer Liaison Project Officer, WGHG

COMMUNICATIONS SKILLS MASTER CLASS

A Master Class facilitated by A/Prof Peter Martin and Clinical Psychologist Mr John Reeves, with the extraordinary acting skills of Veronica Porcaro, introduced us to communication that traversed middle earth and took us into uncharted waters. Eight intrepid clinicians were each given a vignette and had to introduce a complex communication example that had proved challenging in a previous clinical setting. It was certainly a test for the faint hearted or those of us who like to "fix things" when situations are often beyond fixing or outside scopes of practice.

Veronica skilfully drew us into role with her incredible ability to think on her feet while Peter and John took turns to referee, which at times was as difficult as umpiring a game of AFL. The key take home messages for me were that some problems need to be listened to and not fixed; silence is golden and appropriate during clinical discussions instead of incessant nervous chattering when we do not know what else to say or do.

One other significant aspect was that no matter how much education we may have completed over the years, there are still ways to converse with patients or clients that constantly need revisiting and upskilling. Just as fashions come and go so too do modes or styles of communication. For this reason any opportunity to understand what type of communicator we are or how we think we converse with patients should be part of our tool box of skills.

Peter and John professionally coaxed us through difficult and clinically challenging dialogue sessions without reproach or criticism. However, a strong coffee was necessary for the drive home due to the draining nature of the day, to keep one awake and a crisp cold Sauvignon for medicinal purposes once home was essential.

Antoinette McHarg, Occupational Therapist, GSHS

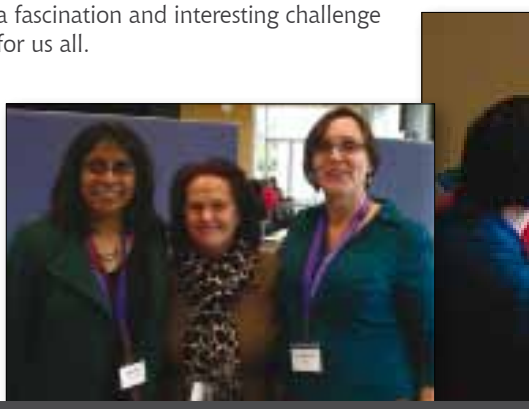
PALLIATIVE CARE IN THE NON-MALIGNANT SETTING

Dr Michael Franco's focus on the non-malignant diseases including End Stage Renal Failure (ESRF) and Chronic Obstructive Pulmonary Disease (COPD) was interesting, insightful and thought-provoking.

When we think of Palliative Care we have a tendency to think of malignant diseases, in particular cancer. What was highlighted for me in Dr Franco's talk was that often the non-malignant diseases have a poorer prognosis over a two to five year time frame than malignant diseases, and yet receive significant less coverage and investment in Palliative Care programs.

Dr Franco discussed the trajectory of non-malignant diseases and how typically patients can decline gradually over time with intermittent periods of more rapid decline. This appears to proceed with often a sharp decline just prior to death. My own mother died in 2009 from ESRF. When Dr Franco was speaking I felt on numerous occasions that he was speaking to me directly about her – her symptomatology and the progression of her disease. Indeed her condition did progress in this way and I remember how my family was struck by how quickly she declined in the last nine days of her life. She was admitted onto the Palliative Care program on one week and died the next week, despite having lived with this condition for a number of years. The service we received through Palliative Care was superb, but short and intense.

Dr Michael Franco's discussion asked us to explore the relationship between Palliative Care and non-malignant diseases. As clinicians working in the Palliative Care field we need to consider whether we should be intervening earlier in these cases and if so in what capacity. The parameters around this issue require further research and discussion: a fascination and interesting challenge for us all.



ve Care Conference

phic exhibition and an Artist in Residence. Associate Professor rtin and Mr John Reeves, a Gippsland-based clinical psychologist, l an invitation-only Communications Master Class.

ndance figures were slightly less than expected, which may have ething to do with the opening of the London Olympics, however judging by the evaluation forms, the conference achieved its aim of providing participants with a number of learning opportunities on how to communicate effectively with clients, carers and families.

We asked some of the participants to let us know their thoughts on particular sessions and what they learnt from the conference. Enjoy the read!

Catherine Hanrahan, GRICS Cancer Liaison Project Officer, GSHS

COMMUNICATING WITH DEMENTIA CLIENTS

Bernadette Crabtree's topic, "Communicating with dementia clients", complimented the main theme of the day for me which was person-centered rather than task-centered care, and the invaluable role that holistic care plays in looking after patients.

Bernadette is a Consultant for the Dementia Behavior Management Advisory Service (DBMAS) and made some very interesting points about pain and the dementia patient, and how the pain is often overlooked and therefore under treated.

Linking into person-centered care was the use of complementary therapies such as music. Music is the universal language and can provide comfort. Bernadette spoke about choosing music that was familiar to the patient and being aware of their individual interests as part of the holistic care. To emphasize this point, Bernadette showed a video of a therapist singing gospel music to a patient. Gospel music had been part of the patient's life and the music provoked what was clearly a joyous response from the patient. Recordings of prayer can be used in the same way.

Other complementary therapies being used in dementia care are pet therapy and child doll therapy. Complementary therapies are being integrated into care because they can aid in the enhancement and validation of remaining capabilities and senses.

In conclusion, as Bernadette mentioned in her presentation, there are challenges in communicating with the dementia patient but by making the care more person-centered and exploring avenues of complementary care, good meaningful care can be part of the dementia patients' journey.

Karyn Craighead, Co-ordinator Community Nursing Palliative Care, YDHS

METHADONE IN PALLIATIVE CARE

As we have come to expect, Dr Brian McDonald presented an informative and entertaining session on "Methadone in Palliative Care".

His presentation included a review of how morphine and methadone work to block pain and how methadone differs from morphine. Key points included: methadone is long-acting and effective for approximately eight hours, while morphine lasts between two to six hours; methadone has no withdrawal effects, and is effective in the treatment of neuropathic pain; methadone absorption is not affected by renal or liver impairment; and when using methadone, break-through pain is also treated with methadone.

Fitting with the conference theme, Dr McDonald spoke about the challenge and importance of communicating and educating the families about the use of methadone in palliative care, especially because of its reputation in the wider community as a drug often used by long-term drug users.

Dr McDonald stressed the importance of referral to a Palliative physician to oversee the management of pain with methadone and if a patient on methadone presents after-hours, to consult with the palliative after-hours services. Any changes to treatment should be made only after consultation with the specialist.

The session concluded with the presentation of some case histories with good participation and discussion with the audience, always an enjoyable way to consolidate learning.

Vicki Doherty, GRPCC Manager

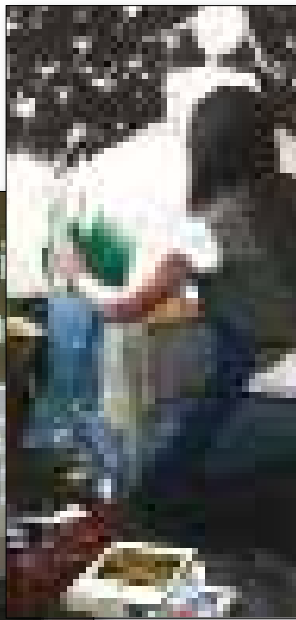
A/PROF PETER MARTIN, REGIONAL DIRECTOR, PALLIATIVE CARE, BARWON HEALTH

The GRPCC was extremely fortunate this year to engage A/Prof Peter Martin to present at the Conference Gala Dinner. Peter recently returned from a sabbatical to the UK where he refreshed his clinical communication skills training.

In his usual humorous yet compassionate approach, Peter showed us a number of video clips that demonstrated what not to do when consulting with patients. Peter emphasized how the doctor's (or nurses) communication skills have huge impacts on whether patients complied with suggested treatment, as well as patient and doctor satisfaction.

Peter challenged us to understand how a consultation is a meeting between experts – the doctor as an expert in disease and diagnosis; and the patient as an expert in their own symptom and experience. Peter equipped us with some tools to assist us to improve our communication skills with clients and their carers including the Calgary-Cambridge Framework (see GRPCC Newsletter No.20); and ICE – understanding patients' ideas, concerns and expectations.

Peter also introduced us to Oncotalk®, which I recommend you take a look at: http://depts.washington.edu/oncotalk/



After-hours Palliative Care

Last financial year, the Victorian Department of Health provided recurrent funding to develop a project to improve after-hours support, including telephone support and home visits where appropriate, and implement a regional after-hours model of care.

Earlier this year, the Victorian Government released the After-Hours Palliative Care Framework. The framework is designed to assist palliative care consortia and palliative care services to develop models of after-hours support for their region, and identified three alternative models that could apply to the Gippsland region:

1. A regional (or sub-regional) after-hours nursing telephone triage service provider supporting several community palliative care services.
2. A local hospital after-hours manager providing telephone triage to the local community palliative care service.
3. An individual palliative care service or local district nursing service providing after-hours telephone triage support to the local community.

It is likely that the Gippsland model will include elements of each of the three models outlined above. The Gippsland model is also likely to include after-hours support provided by a palliative care specialist service to local General Practitioners and other clinicians.

We have recently requested information on palliative care service delivery from our member services to assist us to map existing after-hours palliative care. We will also be developing a survey to interview representatives from member services to identify gaps in service provision. In 2013, the GRPCC will be conducting workshops and focus groups with stakeholders to assist us to develop a model for after-hours palliative care and prioritise strategies for implementation.

An After-hours Palliative Care Discussion Paper is available on our web site.

Any queries relating to this project can be forwarded to **Karen Raabe** on 5622 6481 (Tue+Thu).

Palliative Aged Care Resource Nurse

A Palliative Aged Care Resource Nurse (PACRN) has recently been recruited to enhance linkages between Residential Aged Care Facility (RACF) staff, general practitioners and community palliative care services. A key function of the PACRN role is to support public and private RACFs in Gippsland to implement the palliative approach and improve end of life care for residents.

The palliative approach to care is proactive and responsive to the needs of people and their carers, with any life limiting illness. It focuses on holistic assessment and care provision that acknowledges the physical, psychological, social and spiritual dimensions the person

The PACRN will consult with RACF's and find the best way to provide education and support for all staff of the RACF to be up-skilled in the palliative approach. The development of link nurses within the aged care facilities will be one possible approach to embed the education and training within the RACFs. There are many existing and new resources out to assist the PACRN.

In the next issue we will introduce our newly appointed PACRN.

DoHA. 2006. Guidelines for a Palliative Approach in Residential Aged Care-Enhanced Version. Edited by Department of Health and Ageing. Canberra, ACT: Department of Health and Ageing.

Staff Profile – Introducing Maria Garrett

GRPCC welcomes new staff member Maria Garrett, who was recently appointed to the role of Evaluation and Research Officer. Maria will be working closely with other staff at GRPCC to evaluate existing GRPCC projects and develop evaluation frameworks for new projects. This will mean better use of any available data, such as admitted activity data, or in some cases new data collections to measure change.

Some of you will know Maria from her most recent employment at Gippsland Regional Integrated Cancer Services (GRICS), where she worked as Cancer Data and Information Analyst for 4.5 years. Prior to this she lived in Western Australia for 10 years. During that time she worked at the Pilbara Public Health Unit in Port Hedland and spent time at home with three young children. She received her research training at the School of Applied Science at Monash University, Gippsland Campus soon after moving to Australia from her home country, Sweden, 20 years ago.

Now she is looking forward to learning more about palliative care in Gippsland and to meeting many of those working in the field.

"Attending the GRPCC 5th Annual Conference was a great introduction! Hopefully I can play a small part in helping improve services for palliative patients in the area," Maria said.

On the Couch with Vicki Doherty

1. **What do you do for a living?**
   Consortium Manager
2. **What did you want to be when you grew up?**
   Doctor
3. **Favourite holiday destination?**
   Vietnam, 15 years ago
4. **Music at your funeral?**
   Good riddance – Greenday
5. **Buried, cremated or snap-frozen?**
   Cremated and ashes spread over Anderson's Inlet
6. **What would your last outfit be?**
   Something flammable
7. **What will be written on your headstone?**
   I SAID I wanted to be cremated
8. **What are you reading now?**
   Zite on my iPad
9. **What would you have for your last meal?**
   Anything spicy with seafood
10. **Which famous person would you like to invite to dinner?**
    My Nana – she's not famous but I would love to have dinner with her again
11. **If you were an animal what would it be?**
    Golden retriever (like my Leo [pictured])
12. **What lessons has your work life taught you?**
    Be prepared – or was that from Scouts?

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.

The opinions expressed in "Life and Death Matters" are those of contributors and not necessarily shared by the GRPCC or its individual member health services. The Department of Health provides GRPCC with core operational funding. "Life and Death Matters" is produced quarterly and distributed free of charge. To subscribe, email your contact details to grpcc@gha.net.au

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

Letters to the editor are welcome. Please email these to: grpcc@gha.net.au or send to: The Editor "Life and Death Matters" c/- West Gippsland Healthcare Group 41 Landsborough St Warragul 3820 Victoria Australia. Phone (03) 5623 0684

"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.