

The Integrated Palliative Care Service Model project proudly acknowledges the support of **Grampians Integrated Cancer Service**

The Integrated Palliative Care Service Model project is funded by
Grampians Integrated Cancer Service
804 Sturt Street, Ballarat.



**Grampians Integrated
Cancer Service (GICS)**

The Integrated Palliative Care Service Model project is part of the Grampians Integrated Cancer Service strategic response to Victoria's Cancer Action Plan. The twelve month project commenced in June 2010 and will provide opportunity to further strengthen communication systems, resulting in improved outcomes for patients in the community and enhanced relations between the two organisations. Ballarat Hospice Care Inc., as fund holder, receives funding from Grampians Integrated Cancer Service, through the Cancer Service Improvement Program.

Teresa Arnold (Project Worker) is based with Ballarat Hospice Care Inc. Teresa has implemented and managed a wide range of projects in health and community services projects in Western Victoria.



Contact information

E tarnold@ballarathospicecare.org.au
P 03 5333 1118 F 03 5333 1119
Work days: Monday to Thursday

Ballarat Hospice Care Inc
312 Drummond Street South, Ballarat 3350
PO Box 96, Ballarat 3353



Home Based Palliative Care



Integrated Palliative Care Service Model

GICS Annual Forum, Thursday 25 November 2010

Aim of the Integrated Palliative Care Service Model project

The aim of the Integrated Palliative Care Service Model project is to develop and plan implementation of an equitable and sustainable model of integrated palliative care between Ballarat Hospice Care Inc and Ballarat District Nursing and Healthcare, with integrated systems across both organisations and delivery of co-ordinated care, underpinned by a memorandum of understanding.

In a nutshell

The salient points of the Integrated Palliative Care Service Model project are integrated palliative care for people with a terminal condition ... living at home ... and how two existing services currently with different models of care ... can develop a new, shared model of care (complementing current models), which facilitates sustainable service integration and care coordination.

Why is the Integrated Palliative Care Service Model project happening?

- The model of integrated palliative care will have potential for application to other regional palliative care services where shared care occurs.
- Development of a model of integrated palliative care is useful for enhancing care, bridging gaps, planned strategic responses to local need and limited resources, particularly as the population ages.
- A model of integrated palliative care helps all professionals see the same picture, work to common goals and evaluate performance on an agreed basis.
- Development of a model of integrated palliative care is a result of a need for safe, efficient, seamless, coordinated, quality care – particularly for people with frailty, chronic and complex needs; the process needs to be systematic.

Integrated Palliative Care Service Model

Project objectives

Over June 2010 to May 2011, the key objectives of the Integrated Palliative Care Service Model project are to:

1. Complete a project plan for the Integrated Palliative Care Service Model project.
2. Complete services' profiles of Ballarat Hospice Care Inc and Ballarat District Nursing and Healthcare.
3. Conduct a literature search and review of shared models of palliative care service delivery.
4. Develop a communication and co-ordination system to support needs based palliative care.
5. Survey perceptions of palliative care competency held by palliative care nurse specialists at Ballarat Hospice Care Inc and district nurses at Ballarat District Nursing and Healthcare.
6. Complete a project report, which includes a memorandum of understanding.

Project implementation

The following major steps are currently in progress:

- Profile the existing palliative care service systems of Ballarat Hospice Care Inc and Ballarat District Nursing and Healthcare.
- Determine the needs of the catchment population through a literature search and review of collaborative models of care in rural settings, which focus on needs based care and complexity.
- Develop a system of communication and coordination around referral, triage and movement of the patient and family.
- Survey palliative care nurse specialists at Ballarat Hospice Care Inc and district nurses at Ballarat District Nursing and Healthcare about perceptions of their own competency in palliative care and training requirements; identify resources required to meet educational needs of nurses in both organisations.
- Develop and cost an education plan, linked to local and wider education programs.

Integrated Palliative Care Service Model

Project deliverables

1. A palliative care nurse education plan which supports integrated palliative care, with costed implementation plan.
2. An implementation plan for the integrated palliative care service model, including a literature review.
3. A resources manual, with protocols and templates, to support implementation of the integrated palliative care service model.
4. A final project report, including memorandum of understanding between Ballarat Hospice Care Inc and Ballarat District Nursing and Healthcare.

Where are we now?

At mid November 2010, the project is in full swing. The project plan was completed in the early stages. The project plan is the management document for the project, to ensure project deliverables are realised.

The literature search and review is completed. As anticipated from existing related literature reviews, the literature search revealed scant literature on the micro scale (two services) of integrated palliative care service and care coordination.

Nevertheless, within the literature covered, direction and relevant possibilities are clearly able to be adapted and applied to the project.

Services' profiles are well progressed. The service profiles comprehensively 'map' operating policy contexts, organisational structures and human resources, range of services delivered and characteristics of the catchment population. Data on the catchment population and deaths are currently being analysed from which to synthesise projections for the next 10 – 15 years.

Workshops, in which specialist palliative care nurses, psycho-social employees and district nurses (from both organisations) participated, have taken place. The workshops followed environmental scanning processes and identified protocols and templates to support referral, triage and 'cross border' movement of patient and family. The survey of nurses' perceptions of their own competency in palliative care and training needs has also commenced.

Following the workshops, the core of the project is now in progress, to develop a communication and co-ordination system to prepare protocols and design templates and support needs based palliative care.