



**South East Health**

*Good Health Care  
Better Health*

**PALLIATIVE CARE  
STRATEGIC DIRECTIONS**

**JULY 1999**

**Palliative Care Steering Group  
Clinical Services Policy and Planning Unit**

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## Acknowledgements

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## Foreword

It is with much pleasure that we release the South East Health Strategic Directions for Palliative Care document. This paper represents our thoughts on how South East Health will deliver services to people with illnesses requiring a coordinated multi disciplinary approach that is effective, caring and compassionate.

The changing focus in palliative care nationally from hospice care to domiciliary care is adopted as policy in South East Health and we look forward to future years providing care for people when they need it and where they choose it to be.

South East Health will be responsive to the physical and emotional needs of patients, their families and their carers and will provide services which are coordinated and integrated.

I commend this Plan to you.



**Deborah Green**  
**Chief Executive Officer**

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## Executive summary

The Palliative Care Strategic Directions document has been developed through a lengthy planning process whereby an overview group considered the statistical information and then produced a draft overview for a Palliative Care Steering Group. The Strategic Directions have been developed by the Steering Group in the context of the National, State and Area policies to ensure the development of a model of service delivery that is integrated along the continuum of the disease process.

This model focuses on the patient and the provision of Palliative Care services in the community and, through integration and communication between the various service providers', aims to enhance the interface for the patient through the phases of palliative care.

The model that SEH has adopted has been broadened to incorporate a wider scope for service provision. The target population will include cancer patients as well as the HIV / AIDS population and the end stage organ failure patients who could benefit from this type of service provision.

The implementation of the model is occurring within the decreasing resources of the Area Health Service. The reallocation of funds from the inpatient services to greater service provision in the community will provide a challenge. The emphasis will be on the effectiveness of the services provided in the community and the achievement of a quality outcome for the patients, their carers and families.

The recommendations developed have been broadly based upon the themes of organisational structure (addressing access and equity), communication, provision of quality services and education, teaching and research. The strategies for these recommendations have been discussed at various points in the planning process and many are already currently progressing within the services as a result of the planning process. The South East Health Palliative Care Council will be responsible for managing the recommendation implementation process.

## Recommendations

### Organisational Structure

*1: That SEH endorses a model for palliative care services in which the patient is the focus of care and the community palliative care services are supported by inpatient services when needed.*

*2: That the SEH Palliative Care Service be recognised as a single service with two sectors providing access to the continuum of services.*

*3: That the services available from each site be defined and that the aspects of overlaps or gaps in service provision within each sector be reviewed.*

*4: That the Executive Directors on the advice of the Directors of Palliative Care be flexible in allocation of Palliative Care Service budgets to meet change in demands e.g. changing inpatient focus to an additional community focus.*

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**5:** *That the distribution of dedicated Palliative Care beds be divided between Calvary and Sacred Heart Hospice; acknowledging that palliative services are provided at other hospitals within the Area, within Nursing Homes and some of the private hospitals.*

**6:** *That the philosophy of palliative care is applied consistently for the patient, carer and family as they move through the various components of the service.*

**7:** *That the Area develops criteria for managing the interface between accessing the palliative care services and other specialist services for ongoing management.*

## **Communication**

**8:** *That it is recognised that identification (or point of entry) for the Palliative Care patients' rests with the registration on a single palliative care population database. The capacity to link between the sectors will be enhanced by the single patient identifier being developed in the Area.*

**9:** *That the SEH Palliative Care Service for triaging (or contact point) of patients who are unable to access the service at any other point will be provided from phone contact with Sacred Heart Hospice in the Northern Sector and Calvary Hospital in the Southern Sector.*

**10:** *That each person requiring palliative care services will have a nominated case support manager as determined by the patients needs and where appropriate the carer / family needs.*

**11:** *That the General Practitioner's central role in the provision of community based palliative care is affirmed and that mechanisms are explored to improve communication between Palliative Care Services, General Practitioner Palliative Care Medical Specialists and community based nursing services.*

**12:** *That an emphasis is placed on providing consultancy medical / nursing and allied health services to GP's for patients in the community and when required to inpatients at SEH hospitals, private nursing homes and private hospitals.*

**13:** *That Palliative Care Services operate in conjunction with other services (e.g. oncology / general/ medical / surgical to optimise patient care and management as appropriate.*

**14:** *That other options for services and funding which are deemed necessary for community support / care be explored to improve access to the palliative care services.*

## **Quality Service Provision**

**15:** *That the SEH Palliative Care Service follow the Area Quality Council directive that services demonstrate commitment to continuous quality improvement through using a formal evaluation system e.g. ACHS accreditation.*

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**16:** *That the concept of health outcomes in Palliative Care will be utilised to assist provision of a quality service.*

**Education, Teaching and Research**

**17:** *That SEH develop a Palliative Care Focus on Teaching and Research.*

**18:** *That within the provision of budgets there is funding allocated for the promotion of education and research for palliative care.*

**19:** *That SEH work towards establishing their Palliative Care Program as a Centre for Palliative Care Teaching and Research in conjunction with established undergraduate and postgraduate academic programs.*