Let's Get Real -
The Advanced Care Planning for RPCP project

"To identify strategies to sustain project instigated activities after project completion!"

Chaired by Dr Michael Taylor, GP, Chair RPC Project Management Advisory Group (MAG)
Supported by Ms Rachael McMahon Acting Principal Network Adviser -Palliative Care AGPN
Summations by:

- Ms Liesel Wett, Deputy CEO AGPN RPC Project MAG
- Mr Vlad Aleksandric, Deputy CEO Palliative Care Australia, RPC Project MAG
- Ms Claudia Guigni, Palliative Care Nurses Australia, RPC Project MAG

Experience, Barriers and Strategies

Linda Rudorfer
Lessons learnt from RPC pilot program – SE Queensland

- Primary care team with no SPCS support or links
- Priority - to build capacity
  - education and resource development
  - linkages with metro SPCS – continued to link post project
- MDT with case conferences
  - Continued in small community where no staff changes
  - Continued until 2 key "champions left"
  - LESSON – embed with organisations not individuals
- MNCDGP – great successes resources shared on website AGPN
- AHDGP – Link Nurse model success shared through teleconference with current project officers
- AGPN – *Resource Kit* – lesson learnt available on website

Janette Baker
Working with SA State Palliative Care Plan

- Looking at how project objectives can be linked in State Plan
- Need to establish relationships with SPCS, Health Services and Network
- Relationship with organisations NOT individuals
- Keep on agenda
- Contribute to Guidelines
- Interdisciplinary approach – led by GP Network
  - Enables cohesive education across organisation/settings
  - Contribute to KPI development
  - Share education and research program

Rachael McMahon
Research data impact

- Limited research base
- Need for quality – PDSA cycle
- Empower consumer and carer view
- Increase local capacity
- Feed policy
- Transmits our work – gives project work a voice
- Online reporting allows for qualitative data and thematic analysis
- Assists with project message around sustainability and transferability

Identifying Issues and Enablers for Sustainability

Jane Rinaldi—Include resources and training on palliative care into the Divisions Exam Preparation Program through ROVE (Rural Outreach Vocational Education) for Overseas trained Doctors in partnership with Bogong Regional Training Network, provide resources and develop opportunities to attempt embedding training on palliative care into registrar training curriculum.

- Lesson – when first attempt was unsuccessful - approach the training through other organisations
- With results and positive outcomes went back to earlier organisation to "try again"

Julie Bernardson—The Sustainability Decisions Tool from the RPCP Resource Kit was modified to develop a checklist, against which, all elements developed would be measured. This meant that sustainability would be embedded into the program. The plan for each element is benchmarked against this checklist to ensure it meets sustainability criteria.
The implementation and education plan is included in this check.

- Lessons – used toolkit found on AGPN resource kit
- Benchmark each element against business plan – PDSA cycle
- Resources developed aim to reduce duplication and increase time efficiency
- Evaluation needs to based in evidence and quality eg KPIs

Rachael summation:
Relationships and linkages based on networking theory

- *Websites – hyper linking to Care Search etc*
- *Disseminating: local regional national – trying to change mindset*

What should it look like?

- *Local solutions for local issues*
- *Linking "the bubbles of brilliance"*
- *Addressing workforce issues*
- *Building on resources we have*
- *Building networks with each other > toward policy*
- *Visionary!!*

Sharing the Vision - review of project officers comments
(summary attached on email)

"Name one positive change in your area that the RPC Project instigated that will be sustainable."-

"What should palliative care in rural Australia look like?"

Liesel summation

- *Need to talk the same talk*
- *AGPN Proposal for RPCP based on "Linkages"*
- *Website - gives us a national knowledge base*
- *Divisions lead and drive change*
- *Future health reforms based on "local solutions" – report successes*
- *Need to build on what has been achieved*
- *RPCP is driven from the "grass roots" through integration and vision*

1. Relationships

Q: How many of you have developed good relationships with your stakeholders or experienced a change in stakeholder relationships?

- **Kate Atkinson**—Successfully used a skilled facilitator at focus group meetings in attempt to bring fractured communities together through a professional approach
    - *This was a great success and enable project objectives to be addressed*

- **Christine Churchill**— collaborative approach to RPCP with four local Divisions meeting for support and sharing. Presented at National Palliative Care Conference – in Perth 2009
    - *"May the force be with you"*

- **Noel Johncock**—Palliative Care Specialist offered phone support and reference point for GPs -following a collaborative PEPA education weekend with 4 RPC projects
    - *Working on formalising this process to ensure sustainability*

- **Helen Tondut**—dual governance with State Health and MSOAP Specialist – who teleconferences for governance and MDTs
    - This process has help rebuild a comprehensive network to address local needs

- **Claudia Giugni** — Aboriginal Health workers and SPCS developed stronger relationships initiated by RPCP.
    - Formal and informal relationships are very important in project development

Vlad summation:
Strategies to overcome barriers

- *Informal discussions as precursor to formal agreements very important*
- *Use of external expertise PEPA, facilitators very important*
- *Cross GP Network discussion – maximise cross program linkages, resources, knowledge*
- *Stakeholder engagement*
- *Dissemination*

2. Systems

Q: How many of you have made changes to policy and procedures?

- **Julie Sutherland**—Community Palliative Care Team implementing new procedure to invite GP participation to MDT meetings
    - Pilot 6 months
    - Feedback identified need and allowed for fine tuning
    - Process allowed implementation to be embedded in organisation

- **Julie Bernardson** —The MDTM model for the region is service driven therefore it will be embedded in the services processes for Palliative care - Policy and Procedure Manuals and senior executives and Clinicians will be involved
    - MDT manual developed is flexible for each organisation but is based on Quality process and national standards

- **Kate Stirling**—Developed Pathway of care and protocols for Advance Care Planning developed and disseminated through the NRGPN area
    - Information sheets developed for Practice Nurse and GPs
    - Met with 135GPs form 57 practices
    - Embedding with GPMP and Health Assessment process
    - Getting there – GPs "Initiating the conversation"
    - Working on recall system

- **Margaret Mogg**—modified End of Life Care Pathway (Liverpool Hospital UK) as per SSWAHS. This Care Pathway has been fashioned into the policy documents for The Southern Highlands Private Hospital and The Abbey (Thompson Health Care) without change to the integrity of the pathway
    - Focus specifically on RACF where need identified
    - Education for Link Nurses and GPs
    - Roll out to other RACFs

- **Gabi Ellis**—installed MMEx (secure electronic messaging system)on 44 GP computer to enable communication between palliative care specialists and medical practitioners
    - Used for referring to SPCS
    - Perth specialist linkages improving discharge planning and communication – potential to extend to MDTs

Liesel summation

- *Link back to employment boundaries and framework*
- *Importance of*
  - *linking into clinical systems*
  - *engagement and ownership – essential*
  - *funding mechanisms*
  - *changes required to enable person centred care*

Q: How many of you have engaged in Quality Activity and been able to assess the changes you made?

- **Lorraine McGhee**—The Specialist Palliative Care Team will ensure that the PHR is revised on a regular basis within their quality framework and will continue to routinely use the PHR for referrals to their service a multidisciplinary tool.
  - Utilised and modified existing resources from AGPN Resource Kit
  - Working on evaluation

Liesel summation:

Fundamental thing we need to shift and change

- *Need to embed into existing quality activity within an organisation*
- *Needs to be accepted as part of practice – not as an add-on!*

3. Resources

Q: How many of you have developed a resource?

- **Gail Palmer**— Division website developed palliative care pages that link to exiting resources on Care Search, PCQ, ACCREM guidelines etc Promotion of website through bookmark and embedding link in GP software
  - *GP resource – directory of local services plus clinical, psychosocial supports etc*
  - *Streamlined services for patients and carers*
  - *Reviewing maintenance and update process within Division*

- **Cale Edwards** Disseminated 'Jelly Bean Secrets 'to all schools, child care facilities, medical clinics, Aged Care facilities, and public libraries
  Other resources:-
  - Play "Deal with It" incorporated community forum
  - Bereavement brochure in finalised for dissemination
  - Community engagement has been very positive

Vlad summation:

- *Excellent that project officers have surveyed what is available within the project and more widely – not "reinventing the wheel"*
- *Use limited funds wisely*
- *Embed ownership and processes to an organisation*
- *Evaluation frameworks very important – local feedback is very valuable*
- *Ensure local experience is articulated to higher levels – State and National peak bodies interested in resources available*

4. Linkages to existing programs

Formal
Q: How many of you have developed a formal MoU?

- **Paula Hicks** -Partnerships with North Coast Area Health Service palliative care team with a signed memorandum of understanding.
  The program utilised training packages from Palliative Care Australia including *CHCPAO1 Plan for and provide palliative care services* and *CHCPAO1A Deliver Palliative Care services using a Palliative Approach*. Further resources were found in *Guidelines for a Palliative Approach in Residential Aged Care Facilities 2006 DoHA*. The tools used for the training in assessment were based on the Palliative Care Outcomes Collaboration (PCOC) which the specialist palliative care program hopes to incorporate into their service 53 Link Nurses were trained in a palliative approach for RACF
  - Reflected on previous work from pilot project MNCDGP
  - Linkages with SPCS and RACFs – moving toward MDTs being driven by stakeholders in RACFs

- **Shelly Craig** —The Division has signed contracts with Mt Olivet (now known as St Vincent's) Palliative Care Education unit to hold 3 multidisciplinary education sessions over a period of 3 months
  - Working on linking into other programs eg e-health educational resources

Liesel summation:
Where good relationships exist – there will not always be a need for MoU

Informal
Q: How many of you have become friends with your stakeholders?

- **Christine Borg**— great relationships forged through project implementation
  - Mapping exercise was the impetus for relationship development that has moved to less of a siloing effect and now has stakeholders working collaboratively towards the same vision

- **Rachael McMahon**– discussed model of change through DIFFUSION - defined as creating an awareness of the need to change and the proposed model and effects of change. Interpersonal influence is a major mechanism for diffusion. It is often informal and unplanned Greenhalgh el al (2004) model for change in health organisations

Michael summation:
Allow others to take ownership of the ideas proposed through project implementation.

5. Transferability

Q: How many of you have used lesson learnt from RPCP or other programs in your project?

- **Steve Pitman**—Discussion with Palliative Care Australia to adapt their self directed learning packages for palliative care in residential aged care. The adapted package will be generic to suit variety of health professionals and will be available online in easily utilised 15 minute tutorials
  - Peer review and sustainability discussions in progress

- **Jenny Harrington** -A "speed dating" session was held at the division. This session involved a number of specialists each at a "station", in this case one of those being a palliative care specialist. A group of 2-3 GPs rotate round the stations and have a 5 minute window of opportunity to meet the specialist, ask a question or two and obtain contacts details. This introduction gives each participant the opportunity to put a face to a name that the GP may have listed in their contacts or have been referring to.
  - This has been reported as facilitating both referrals and secondary consultations

6. Change Management

Q: What other ways have you instigated change?

- **Alex Walsh**—Rural Palliative Care Intersectoral Guidelines have been reviewed and adapted for use in the region—resulting in more GP referrals
  - Highlighted the importance of face to face, informal sessions in building relationships and working toward change in a collaborative process

- **Margaret Dempsey** -GP Association of Geelong is currently altering the template for 75+ years Health Assessment to include a prompt question regarding Advance Care Planning
  - Planting the seeds of change
  - Developing agreements for education access for Practice RNs
  - Highlights that ACP is suited to General Practice settings

- **Nina Cheyne** - Change practice for Community nurses – faxing reports re PC patients to their GPs.
  - Discussion from community and GP perspective resulted in better understanding of issues – developed Policy on a simple change practice solution that has improved relationships and information sharing
  - Area Health working to implement Argus electronic information sharing software- to improve communication channels between hospital and GPs