

In 10 words or less describe your project's major achievement

- Education for RACF's and Palliative care audits
- The appointment of ADNGP Care Planning Coordinator which is encouraging more education amongst GPs re the introduction of early referrals
- Adoption of Gold Standards Framework[©] and development of Supportive Care Register
- Alliance, collaboration, increased community awareness and education for health care staff
- Creation of a successful partnership by establishing the consultative Committee.
 - Creating two service Directories to assist GP's and community services, patients/carers to access palliative care and support services in the region
 - Holding successful education events -90 people participating.
 - Palliative Care Forum wide community event
 - Development of a Link Nurse email resource
 - Advance Care planning education in Practices and RACF's
 - Data collection - a synopsis was formally written by the Palliative Care staff specialist and placed in the GP newsletter as feedback received with interest.
 - Training and Education for Practice nurses and aged care nurses has been well supported by the Community palliative care CNC.
 - Creation of a GP care plan
 - Identifying the communication gaps between GP's and Community nurses that deliver palliative.
- GP education and bringing vibrant minds together in all matter relating to Palliative Care
- Local Advisory Panel and stakeholders discussing their requirements
- Directory development – includes service providers, referral pathways and relevant MBS items
 - Link nurse group
 - GP case conferencing (Murwillumbah)
 - Placing palliative care on the local agenda and bringing together various service providers
- The improvement of communication capabilities between Palliative Care providers and support services to enhance patient outcomes and provide more timely treatment. The up-skilling of Palliative Care providers and support services
- Building relationships and forming linkages within and outside the region

- A better awareness of every ones service provision. A more creative approach using managed care plans in Palliative Care (Cancer Management) which facilitated goals achieved
- Relationships between key players have been strengthened
 - Contributing factors . . . Advisory Group Meetings, planning and participating in multi-disciplinary education sessions, contributing articles for newsletters, community activities
- Establishment of a Regional Working group that can identify and action local issues. These actions are prioritised and fast tracked
 - GP advisors x2
 - North West Area Health Service
 - GP liaison officer
 - Community Health Nursing
 - Palliative care Service
 - RACF – Director of Care
 - Rural Clinical School – clinical senior lecturer/Palliative Care Specialist
- Key players in one room and openly collaborating
- ROVE (Rural Overseas-trained GP Vocational Education)\
- “Roadshow” education events for General Practice and stakeholders
- Relationships and capacity building with the focus on education across all sectors of the community
- Sustainable support for people providing palliative care in isolated towns
- Improving inter-professional communication and practices by promotion and delivery of education
- 191 people attended a Community Forum
- Evidence based best practice achieved with roll out of the End of Life Care Pathway (Liverpool UK)
- Formation of a strongly committed and enthusiastic group of Link Nurses who represent all local RACFs
- 3 Forums across the Goulburn Valley Division
 - Relationship building and GP engagement
- Giving GPs the confidence to do Advance Care Planning
- Two x 1 day forums for GPs and health professionals
- The multi-disciplinary Team meeting model
 - Totally evidence based Patient Held record
 - Education sessions including a region wide conference with 140 attendees – all education session have received high evaluations
- Positive attitude change by health providers working in palliative care
- Increased communication and co-operation between local “players” in palliative care
- Creation and facilitation of links between palliative care team members
- Improved communication and understanding between GPs, regional Palliative Care Services and Specialist Service Providers
- Stakeholder collaboration, cooperation and partnership