

# COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH MEETING MINUTES



Commission  
on Excellence  
and Innovation  
in Health

Palliative Care Clinical Network Steering Committee (Teams Meeting)

**Date/Venue:** 13 August 2020

**Chair:** Dr David Holden

**Attendees:** Jane Marshall, Alan Bevan, Helen Walker (proxy for Mark Waters) , Linda Foreman, Caroline Amato, Helen Stone, Peter Allcroft, Deidre Morgan, Elizabeth Fallas, Sonia Schutz, Stephen Byrne, Lesley King, Tracy Bryant, Peter Jenkin, Kate Swetenham, Tim To, Charlotte Griffiths, Katie Billing (Ex-officio) and Rama Ramanathan (Minutes).

**Apologies:** Parry Agius, Sara Fleming and Mark Waters

**Guests:** Helen Chalmers, Brett Humphreys, Anji Hill, Owen Churches (Data Fellow) and Greer Humphrey (Data Fellow).

	Discussion
1.	<ul style="list-style-type: none"><li>- Members welcomed.</li><li>- No conflict of interest was declared.</li><li>- All members to complete and submit a conflict of interest form to the Commission on Excellence and Innovation in Health.</li></ul>
2.	<p><b>Minutes from previous meeting / outstanding action items</b></p> <ul style="list-style-type: none"><li>- The Committee accepted the draft minutes of the meeting held 09 July 2020 as a true and accurate record of the meeting.</li></ul>

- 3. Palliative Care Service Plan 2021-26**
- Anji presented an update on the developments around the Plan.
  - A Palliative Care Services Plan Project Brief was approved by the Executive Sponsor at DHW on 28 July
  - Invitations to nominate for the Project Board (PB) have been extended to LHNs, PCSA, Office for Ageing Well, Wellbeing SA, Health Services Programs & Funding, Safety & Quality, SAAS and PCCN. Initial Project Board meeting has been scheduled for 31 August.
  - In the interim, the Project Team has had several opportunities to liaise with David to discuss the scope and the approach
  - Discussions have highlighted a potential need for higher level Strategic Planning to support the development of a Services Plan that is well positioned to deliver its intended outcomes.
  - This may involve development of a Palliative and End of Life Care Strategic Plan and Framework that can underpin other works such as a Services Plan and Model of Care
  - In addition, work has occurred to further understand the key National and State based work that has occurred over the last 10 years – since the previous Palliative Care Services Plan was developed. There is significant opportunity to build on rather than replicating previous work.
  - A summary of this work has been collated and will support early discussions with the Project Board regarding implications for any Palliative Care strategic documents that are developed.
  - Next Steps:
    - o Hold first Project Board meeting on 31 August
    - o Bring PB up to date regarding process so far, review project scope, deliverables, TOR, membership and any proposed amendments
    - o Project planning commences
  - David mentioned of the Steering Committee's interest to see a strong consumer, carer and community perspective within the Strategic Plan. He enquired on how the PB will represent the interest of the consumer from the beginning. Anji mentioned that the PB will partner closely with the network, Steering Committee, sub groups and its broad external organisational connections.
  - David also wanted to know how the Project Board and its work will recognise the breadth of palliative care which happens across multiple sectors (especially outside of SA Health)? The initial PB members will be asked to identify at the first meeting on other possible representatives for the PB.
  - Helen W welcomed the invitation to PCSA to be on the PB and also the interest to have strong nexus between the SA Strategic Plan and the National Palliative Care Strategy 2018.
  - Alan enquired on the relationship between the Project Board and the PCCN Steering Committee and the responsibilities of each Group for the development of the Strategic Plan. Anji mentioned that it will become clearer with the establishment of the Project Board and the Terms of Reference but she assured a very close relationship between both groups. PB will be meeting monthly and updates will then be provided to the PCCN Steering Committee for seeking input and feedback. Anji mentioned that the PB need to report to the Strategic Planning Investment and Infrastructure Committee to ensure uptake by SA Health of any agreed priorities and work identified in the Strategic Plan.
  - David highlighted the importance of transparency and open communication among all the partners in development of the Strategic Plan.
  - Helen W also suggested that KPMG could be invited to brief the PB on its recent work with Palliative Care Australia- *Palliative Care Economic Report: Investing to Save*.

4.	<p><b>Updated PCCN Vision and Priorities Document</b></p> <ul style="list-style-type: none"> <li>- The PCCN Vision and Priorities Document which has been amended to align with the final version of the National Palliative Care Strategy Implementation Plan was endorsed by the PCCN Steering Committee.</li> </ul>
5.	<p><b>COVID Consumer and Clinician Snapshot Surveys</b></p> <ul style="list-style-type: none"> <li>- To understand the South Australian experience of palliative care service delivery in 2020, a clinician and consumer survey have been developed.</li> <li>- These surveys will be useful in identifying what is already working well and how we can improve the delivery of palliative care in South Australia.</li> <li>- Peter A suggested that it would be valuable to add a question to distinguish the consumer and clinician experience in receiving and delivering palliative care for those with cancer or other conditions (e.g. chronic disease &amp; dementia).</li> <li>- Tim queried utilising the SA Health Generic Core Patient Experience Survey which is based on the Australian Hospital Patient Experience Question Set for this purpose. David highlighted that the focus of this survey would be on capturing palliative care experience and delivery and include a broader range of stakeholders beyond the specialist palliative care services to include primary and aged care staff and consumers/ carers.</li> <li>- Owen offered support from the data fellows for development of the surveys if required.</li> <li>- Helen W offered support from PCSA to promote the survey.</li> </ul>
6.	<p><b>Compassionate Communities</b></p> <ul style="list-style-type: none"> <li>- Alan spoke of the community having a great capacity to support someone at the end of life.</li> <li>- David has met with a number of community stakeholders to gauge interest and gather support for the initiative.</li> <li>- Hoping to organise a forum to bring the multiple agencies together to scope, develop and provide leadership for pilot projects and public health related capacity building initiatives.</li> <li>- The PCCN secretariat is developing a paper to describe this approach for further consideration by the PCCN Clinical Network Steering Committee.</li> </ul>
7.	<p><b>Private Patient Access to Palliative Care</b></p> <ul style="list-style-type: none"> <li>- Information has been gathered from the three metro Specialist Palliative Care Services (SPCs) and the private SPC (Calvary) through Charlotte regarding private patient access to public palliative care services.</li> <li>- This work will inform the development of the strategic plan.</li> </ul>
8.	<p><b>DHW Reporting</b></p> <ul style="list-style-type: none"> <li>- Helen C spoke to the DHW Palliative Care Programs Update (August 2020) briefing.</li> <li>- Input is sought from the Steering Committee on the approach of using My Life Decisions as a single endorsed non-statutory directive to implement the Government Response to the 2019 review of the <i>Advanced Care Directives Act 2013</i>. SA Health is continuing to think about which part of the Department of Health &amp; wellbeing will undertake work in response to the review.</li> <li>- It is anticipated that SAAS will present the analysis on their role in palliative care in September 2020.</li> <li>- The Department of Human Services is committed to transitioning the Domiciliary Equipment Service (DES) delivery to the non-government sector by 31 December 2020. A tender for the supply of equipment services for DHS clients will be released shortly. Deidre queried if Allied Health staff will be involved in the selection panel and Helen C confirmed that the process would have significant involvement from Allied Health.</li> </ul>

	<ul style="list-style-type: none"> <li>- Helen C mentioned that it would be useful to share the COVID Palliative Care Snapshot Surveys with other COVID work streams across the Department of Health and Wellbeing.</li> <li>- The Election Commitment funding to support the 24/7 expansion of Specialist Palliative Care Services will be extended until December 2020. Zed Consulting has been engaged to undertake the second and third phase evaluation of this work.</li> <li>- Helen C also spoke briefly around the continued SA Health response to COVID 19. The media has been providing an accurate guide to the actual situation on the ground and information on the various initiatives. DHW has refocussed the COVID 19 work into six work streams for the protection of the State: Border Control, Quarantine and Isolation, Testing, Track and Trace and Community Confidence, Engagement and Information and Acute Response. Other enabling areas of focus includes personal protective equipment, Aboriginal Health, managing requirements at the South East border (around 3000 crossings daily: Freight (50%), cross border community (45%) and Essential travellers (5%)). There is an intent to further reduce essential travellers. There are also 5-6 Medi-hotels to accommodate domestic and international travellers. Much of the work is focussed on prevention and protection and planning for managing any increase in number of COVID 19 positive patients.</li> <li>- David has also been in touch with Mark Boughey who is the Victorian Palliative Care Clinical Lead to provide specialist telehealth support from South Australia if necessary. Mark has also informed David of the Victorian triaging process to determine who is admitted to ICU based on input from ICU, general and respiratory physicians and palliative care. This has been working really well and could inform the SA process as well.</li> <li>- Helen W, on behalf of PCSA, thanked and congratulated everyone that have been involved in the COVID 19 response in South Australia.</li> </ul>
<p>9.</p>	<p><b>Statewide Clinical Lead Update</b></p> <ul style="list-style-type: none"> <li>- David tabled his report for the month.</li> </ul>
<p>10.</p>	<p><b>SPC Updates</b></p> <ul style="list-style-type: none"> <li>- <b>CALHN:</b> The Expanded Seven Day Service Pilot Model will continue for the next two months. The model comprises on site staff over the seven-day cycle with two Registered nurses and a Palliative Care Registrar on site for both days of each weekend during usual business hours (three days in the case of a long weekend), a social worker on site for one day of each weekend, and an administration officer available for call backs. Palliative care consultants are on call 24 hours a day and are also available for call backs.</li> <li>- Work on the model of care for vulnerable populations (homeless and incarcerated) continues with the first clinical meeting established between staff of Central Adelaide Palliative Care Service and SA Prison Health service in order to identify prisoners requiring palliative care and to develop a care plan. Ongoing consultation with key stakeholders regarding palliative care for persons experiencing homelessness continues.</li> <li>- <b>SALHN:</b> 24/7 Service Extension Pilot programs continue; awaiting further guidance from SA Health about ongoing funding. Community manager RN4/AHP4 to be advertised this Friday; closes in 2 weeks.</li> <li>- <b>NALHN:</b> COVID screening continues. Provision of letters to interstate visitors on compassionate grounds. Staff testing for any symptoms has impacted on unplanned leave and staffing.</li> <li>- Usual winter activity and demand on beds in Palliative Care Unit. July had higher than usual numbers of occupied beds and separations. Provision of Consult Service at the Lyell McEwin Hospital (LMH) to identify and provide Palliative Support for patients in acute care.</li> <li>- Community service has been experiencing high activity during and after hours.</li> </ul>

- Partnership with Helping Hand Aged Care Inc who received a Palliative Care Aged Care Grant for “Right Place, Right Care Project- Palliative Care Residential Aged Care”: Provision of 4-6 rooms at Helping Hand Northern sites for people in the terminal phase to stay at home and receive an improved end of life experience. Includes support regarding application of ACDs; support to GPs and facility staff.
- Quality Improvement projects include:
  - o Eye Donor protocol (working with Donate Life SA to increase awareness of staff and consumers regarding opportunities to provide eye and tissue donation)
  - o Complex Clinical Care needs (identify patients with complex needs related to tracheostomy, infusaport, Non-Invasive Ventilation, and complex wounds/vac dressings prior to or early in admission to ensure a seamless transfer and excellent care provision)
  - o Carer Support Group for any carers across NAPS
- Telehealth continues to grow and become embedded across the service. Using iPads and Health Direct for Country and Metro patients and also between clinicians across settings.
- Staff wellbeing is a focus during COVID and following a NALHN Pulse Staff Survey in 2019. This includes reviewing the many ways we provide staff debrief opportunities. Includes research of the evidence base and innovative approaches and document in a statement/guideline for new and existing staff. Reviewing our current values and behaviours and developing a Culture Plan.
- Innovations Project Grants
  - o Allied Health Expansion and Equipment – increase multi-disciplinary care and ability to provide a rapid response for equipment when function changes to avoid hospital admission. Has been useful with changes to private hire and DES contractual changes.
  - o ATSI Supportive Care Clinic – Nurse Practitioner has been providing clinics since July
  - o Respiratory palliative medicine clinic- we have seen an increase in referrals to this clinic and also to community with collaborative work with the Respiratory Nurse Consultants.
- **WCHN:** Nil
- **Regional LHNs:**
- Last Days of Life project roll out – all 6 LHN will implement the project.
- Liz caught up with the Northern Adelaide Palliative Care Service to work collaboratively on encouraging uptake of last days of life plans across the state.

	<ul style="list-style-type: none"> <li>- End of Life Care packages are continuing to ensure a high home death rates in regional SA. Currently feedback is being sought from consumers and carers who have had exposure to the end of life care packages. Liz is also starting to analyse data to measure the number of hospital bed days saved with the implementation of these packages.</li> </ul>
11.	<p><b>Updates from Sub Groups: Medicines</b></p> <p>Group is coming together with areas of interest:</p> <ul style="list-style-type: none"> <li>- MedChecks with a palliative care focus: A MedsCheck service is provided within a Community Pharmacy and consists of a review of a patient's medicines to improve the patient's understanding of their medicines and ultimately their health outcomes. The service aims to support self-management by evaluating a patient's knowledge about their medicines, addressing any problems the patient has identified with their medicines, and advising the patient about the best way to utilise and store their medicines. From here: <a href="https://www.ppaonline.com.au/programs/medication-management-programs/medscheck-and-diabetes-medscheck">https://www.ppaonline.com.au/programs/medication-management-programs/medscheck-and-diabetes-medscheck</a></li> <li>- Review Palliative Care PBS Schedule: <a href="https://www.racgp.org.au/advocacy/reports-and-submissions/view-all-reports-and-submissions/2020-reports-and-submissions/submission-to-pbac-review-of-the-palliative-care">https://www.racgp.org.au/advocacy/reports-and-submissions/view-all-reports-and-submissions/2020-reports-and-submissions/submission-to-pbac-review-of-the-palliative-care</a></li> <li>- RACF Imprest management: <ul style="list-style-type: none"> <li>o Risks associated with medication including clinical decision making regarding use, therapeutic appropriateness, access</li> <li>o Degree of urgency for access</li> <li>o Supply constraints</li> </ul> </li> </ul> <p><b>Bereavement</b></p> <ul style="list-style-type: none"> <li>- The Bereavement subcommittee did not meet in July 2020.</li> <li>- Funding has been provided to support a grief and bereavement project with funding going to the following organisations; Flinders University to conduct bereavement mapping and create an online bereavement portal, GriefLink to create audio pages for their web based information, Palliative Care SA to develop a community approach to grief and bereavement and the Clinical Network to survey GPs.</li> <li>- The GP survey is being prepared for ethics so that findings can be published. The research team will be made up of members of the Clinical Network. The GP survey has been created by the bereavement subcommittee members and the next step is to pilot it with a few GPs to refine the questions prior to proceeding with the survey. There is also money set aside for evaluating the projects, and an evaluator has not been appointed yet. There has been a suggestion that this money contribute to the writing of a Grief and Bereavement Plan for SA.</li> </ul> <p><b>Aboriginal Palliative Care</b></p> <ul style="list-style-type: none"> <li>- Deferred</li> </ul> <p><b>Data</b></p> <ul style="list-style-type: none"> <li>- Further work is being undertaken to understand and map patient journeys (between community, aged care and acute settings) in the last 12 months of life better through the various data sets which are available.</li> </ul>

	<ul style="list-style-type: none"> <li>- Owen and Greer have been working with the Registry of Older South Australians (ROSA) to do similar work around consumer journeys but in the population particularly over 65 years.</li> <li>- Deidre offered to present on the pathways to the PCCN Steering Committee at the next meeting in September and reconvene the data sub group.</li> </ul> <p><b>Aged Care</b></p> <ul style="list-style-type: none"> <li>- Aged Care sub-committee met in July with Kate Swetenham acting as Chair in Peter J's Absence.</li> <li>- The priorities for the committee include the RACF and Hospital interface, access to medications in RACFs, mapping palliative care service availability into aged care, uptake of ACP/ACDs and Goals of Care.</li> <li>- Support regarding bereavement in aged care, education for the aged care workforce and models of care that explores best practice models, and consumer engagement for design of services.</li> <li>- A small group agreed to meet early August to explore the education and training needs of the workforce, and this group will review the Stakeholder Analysis and provide feedback concerning the next steps.</li> <li>- Kate and Peter J have had conversations about encouraging involvement of RACFs in PCOC data collection trials for quality improvement.</li> <li>- Kate has completed the literature review and the stakeholder analysis for the Comprehensive Palliative Care in Aged Care project. She had spoken to over 45 stakeholders. The stakeholder analysis will be continued throughout the lifespan of the project. Education and training of the aged care workforce will be the first area of focus for this financial year. Kate is hoping to organise a forum of all registered aged care education &amp; training providers to develop a suitable palliative care curriculum guideline for certificate III or IV. There is also intent to equip RNs and ENs with skills to have advance care planning conversations.</li> <li>- Lesley mentioned that there will be an expression of interest put out as part of phase II of the ELDAC project to identify, work and equip 100 national service providers with resources, skills and information to help older Australians receive high-quality end of life care.</li> </ul> <p><b>Rural Palliative Care</b></p> <ul style="list-style-type: none"> <li>- David has had discussions with the Rural Support Service and GPs around the establishment of a rural palliative care sub-group.</li> </ul>
12.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>- Stephen spoke about the need for research to identify how much contact people dying at home have had with a palliative care service to understand better the role and support provided by primary care providers and GPs.</li> <li>- Katie updated that the PCCN and the CEIH will work to create a Communication Strategy to better promote the initiatives of the network. This work will be used to inform the development of communication strategies for the remaining clinical networks.</li> </ul>
13.	<p><b>Close</b></p> <ul style="list-style-type: none"> <li>- Meeting ended around 5.05pm.</li> <li>- Next meeting will be held on Thursday, 10 September, 3.30-5pm.</li> </ul>

Current Actions		Responsibility/ Timing
1.	Provide comments to the Palliative Care Strategic Plan brief and powerpoint presentation to Rama.	Members prior to the next meeting
2.	Send COVID Consumer and Clinician Surveys to Owen for comment.	David prior to next meeting. Completed on 20 August.
3.	Provide comments to Rama on the approach to use My Life Decisions as a single endorsed non-statutory directive.	Members prior to the next meeting
4.	Send My Life Decisions related information developed by Margaret Brown to members.	Completed 24. August 2020
5.	Request SALHN ICU triaging process document from Helen W.	Secretariat ASAP. Completed 21 August
6.	Seek Clarity around the new COVID Aged Care directive highlighting the need for visiting health care staff to wear full protective equipment and to visit only one site at a time.	Completed. 17 August 2020 For more information: <a href="https://www.covid-19.sa.gov.au/emergency-declarations/aged-care">https://www.covid-19.sa.gov.au/emergency-declarations/aged-care</a>
7.	Work with adult metro Specialist Palliative Care Services to understand and improve private patient access to palliative care services.	Ongoing
8.	Follow up with David, Katie and Kate around work happening within Mental Health and other areas in DHW to address any increase in rates of suicide and anti-depressant usage during COVID 19 for future consideration by the PCCN Bereavement Sub Group.	Mark prior to next meeting- Deferred for an update at September meeting as Mark was an apology.
9.	Provide an update to the Review of SAAS in the delivery of palliative care.	SAAS and Helen C - Deferred to September meeting
10.	Contact Health Programs and Funding Branch to identify the contacts for the recipients of the Palliative Care grants 2020 with a rural focus.	Rural Support Service and/ Rural Clinical Leads prior to the next meeting- Completed.  Regional palliative care services have started to meet with successful grant recipients where possible (e.g. South East Palliative Care service has met to discuss support for the Mount Gambier Private Hospital that has been awarded a grant for the establishment of a not-for-profit community-based 'In Home Hospice Care' service).
11.	Send meeting papers via email and also create a Microsoft Teams Group for the PCCN Steering Committee for communication and dissemination purposes.	Completed. The PCCN will await direction from the CEIH on an agreed platform for communication for all clinical networks.



<b>12.</b>	Develop a list priorities based on initial discussions with the Medicines Sub Group.	Helen S – Completed on 13 August PCCN Steering Committee Meeting.
<b>13.</b>	Continue to discuss with Parry about the Aboriginal Palliative Care Sub Group	Secretariat - Ongoing
<b>14.</b>	Continue to schedule one on one meetings with Steering Committee members.	Secretariat- Ongoing
<b>15.</b>	Continue to compile information on palliative care initiatives across SA for service planning.	Completed. Conducted now through the work to develop a Strategic Framework for Palliative Care in South Australia.
<b>16.</b>	Continue to explore funding for the provision of pastoral spiritual care in the SA community.	Jane - Ongoing