

Commission
on Excellence
and Innovation
in Health.

Statewide Palliative Care Clinical Network Steering Committee

Vision

We are committed to consumers, carers and the community in the delivery of comprehensive best practice palliative care. We will achieve this through supporting inter-disciplinary cross sectors partnership of consumers, services and health workers.

Let's put
imagination to work

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Government
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AIM 1 - Increase awareness and uptake of advance care planning and community health literacy	
<p>Problem / Need</p> <ul style="list-style-type: none"> - There is a lack of advance care planning, palliative care, end of life and death literacy in the community and health system. 	<p>Suggested Improvements</p> <ul style="list-style-type: none"> - Clearly define palliative care, increase awareness and education across the broader system (health and community) to develop literacy, meaning and skills around dying - Increase community awareness of advance care planning and uptake and cross sectors sharing of completed advance care plans - Broaden access for supported decision making and end of life care planning especially in Residential Aged Care Facilities.
AIM 2 - Improve access to generalist and specialist palliative care	
<p>Problem / Need</p> <ul style="list-style-type: none"> - Disadvantaged populations including: <ul style="list-style-type: none"> o Aboriginal and Torres Strait Islander, o those with a disability, o living in rural and remote areas, o living in Commonwealth funded aged care and o of different cultural or linguistic backgrounds o Patients with private health insurance - have less access to palliative care. 	<p>Suggested Improvements</p> <ul style="list-style-type: none"> - Address the inequity of service provision so that all South Australians have access to generalist and specialist multidisciplinary care when required.
<ul style="list-style-type: none"> - Current access to specialist palliative care services is inequitable across the state due to varied funding, service models and models of care. 	<ul style="list-style-type: none"> - Consider alternative approaches to palliative care funding and service provision based on current and anticipated future demand due to an ageing population, growth in non-malignant disease, geographical location and unmet need. - Support specialist palliative care services to align with the National Palliative Care Standards (5th Edition - 2018) to deliver high quality palliative care services.
<ul style="list-style-type: none"> - There is varied general practice and primary care active participation in palliative care. 	<ul style="list-style-type: none"> - Identify and address barriers to enhance the role of primary care in the provision of quality (and measurable) palliative, end of life and terminal phase care - Work with key stakeholders to increase competence, involvement of and incentives for GPs in the provision of palliative care services.

<ul style="list-style-type: none"> - Late recognition of a palliative approach to care results in poorer consumer outcomes 	<ul style="list-style-type: none"> - Introduce and offer palliative care to consumers and families early in diagnosis where appropriate so that they can make an informed decision about treatment options. - Improve training and support for the acute, subacute and primary care sector in identifying patients in an earlier phase of their disease trajectory and in delivering structured proactive palliative care.
<ul style="list-style-type: none"> - Consumers, carers and health workers feel isolated and without support after hours. 	<ul style="list-style-type: none"> - Improve navigation of the palliative care system by ensuring seamless 24-hour telephone support across SA for consumers, carers and primary care providers - Ensure care providers are aware of how to get urgent information and support for their area of care.
<ul style="list-style-type: none"> - Ageing and increasingly socially isolated general population leads to decreasing number of, and ageing family carers 	<ul style="list-style-type: none"> - Increase education and support to enable carers to provide care in a manner that also promotes their health, wellbeing and personal aspirations - Support caregivers of palliative care patients through respite and the development of other caregiver interventions. - Enhance palliative care services for alone and isolated consumers without support or social connections.
<ul style="list-style-type: none"> - Ageing workforce and need for education, skill development, sustainable practice and succession planning 	<ul style="list-style-type: none"> - Build capacity of the primary health, disability, acute and aged care sectors to improve the dying experience across the entire sector. - Understand existing and future workforce requirements to address needs of an ageing workforce
<ul style="list-style-type: none"> - Lack of consistent comprehensive carer and community support in bereavement. 	<ul style="list-style-type: none"> - Enhance comprehensive nature of palliative care delivery to include grief and bereavement support, as well as spiritual and cultural dimensions. - Provide guidance for recognising end of life and promote service integration so that the carers and community experience compassion, care and comfort into bereavement. - Create a map of current bereavement services in South Australia. - Improve understanding of bereavement needs of Aboriginal and Torres Strait Islander people.

AIM 3 - Enhance collaboration and coordination	
<p>Problem / Need</p> <ul style="list-style-type: none"> - Care and transition between settings is not seamless in the accessibility and delivery of palliative care services - Changing Local Health Network structures and boundaries have disrupted service relationships and palliative care service provision. 	<p>Suggested Improvements</p> <ul style="list-style-type: none"> - Improve navigation and communication between community, aged care and health systems - Establish mechanisms to co-ordinate care, seamless transition between settings, consistency in data collection and afterhours service provision. - Enhance the utilisation of the My Health Record to better coordinate care, especially for people with chronic and complex conditions, leading to better treatment decisions and reduced hospital admissions. - Improve identification and support for those presenting at the Emergency Departments who will benefit from a palliative approach to care.
AIM 4 - Improve data collection, measurement and reporting	
<p>Problem / Need</p> <ul style="list-style-type: none"> - There is limited data to inform service performance and improvement in palliative care. 	<p>Suggested Improvements</p> <ul style="list-style-type: none"> - Facilitate the routine system-wide collection of palliative care data through PCOC to measure and benchmark patient outcomes to drive quality improvement
<ul style="list-style-type: none"> - There is limited data on consumer experience and outcome measures. 	<ul style="list-style-type: none"> - Identify KPIs, consumer experience and outcome measures to monitor the quality of palliative care service provision.
<ul style="list-style-type: none"> - Current data collection does not reflect meaningful consumer care 	<ul style="list-style-type: none"> - Co-design with consumers and health workers a data set to lead, improve and measure delivery of care aligned with community values.