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<td>List of Posters</td>
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<td>Map of Venue</td>
<td>55</td>
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This version is current as at 15 July 2016 and will be updated as further information comes to hand.
Welcome

It is our great pleasure to welcome you to this conference at such a crucial time in the advancement of palliative care in Victoria.

There is a growing impetus and imperative for more integrated, holistic and person-centred health, aged care and disability services at a time of unprecedented increases in need and efforts to manage expenditure.

Palliative care must provide the leadership, innovation and capacity building required to realise these aspirations and to improve the quality of life of people with advanced chronic illnesses as they approach the end of their lives.

Forthcoming new policy directions for palliative care and end of life care in Victoria will provide a focus for innovation and collaboration – inside and outside palliative care.

The diverse perspectives and insights of our international keynote speakers – Dr Heather Richardson from the UK and Dr Emilio Herrera from Spain – will highlight lessons and opportunities, with a strong emphasis on the social context of health care.

This will be a forum of many voices and ideas that will stimulate, provoke, inspire and inform. We look forward to your participation at the conference and in forging improvements in how we support people with a life limiting illness and their families to live, die and grieve well.

Dr Judi Greaves  
Chair

Odette Waanders  
CEO
General Information

Conference Venue
Bayview Eden Hotel, 6 Queens Rd, Melbourne VIC 3004

Getting There
Parking for delegates is available at a range of nearby commercial car parks. Tram Routes 3, 5, 6, 16, 64, 67 and 72 go along St Kilda Road. Stop 21 or 22. Please refer to our conference website for further information.

Name Tags
Your conference name tag is your entry pass to this conference. Please wear your name tag at all times during the conference.

Registration Desk
The Conference registration desk is located on the first floor opposite the lifts. Palliative Care Victoria staff and volunteers will be happy to assist you throughout the conference.

Mobile Phones & Pagers
Please ensure all mobile phones and pagers are turned off or switched to silent mode while conference sessions are in progress.

Smoking
Smoking is not permitted in all areas of the conference venue.

Workshops
There is no registration process for workshops, but with limited space they will be closed once the room has reached capacity. Refer to the program for further information.

Lunch & Refreshments
Lunches and refreshments will be served in the exhibition areas on the first floor. Please advise your special dietary requirements when you register online. If you need any assistance on the day please speak with the Hotel serving staff.

Conference Feedback
We value your feedback about the Conference. Please provide your feedback as outlined at the Conference.

Disclaimer
Palliative Care Victoria does not necessarily share the views expressed by Conference presenters. We do not specifically recommend or endorse any organisation, activity or product presented, displayed or advertised during this Conference.
Aboriginal & Torres Strait Islander Health Worker Scholarships

Eastern Palliative Care (EPC) is a not-for-profit, home-based, specialist palliative care service. The largest single provider of community based palliative care services in Victoria, EPC offers a full range of support programs.
http://www.eastpallicare.asn.au/

The Eastern Metropolitan Region Palliative Care Consortium is a partnership between St Vincent’s Hospital, Eastern Health & Eastern Palliative Care Association Inc, working with Fernlea House, RDNS, NEMICS and Eastern Melbourne PHN to improve palliative care.
http://www.emrpcc.org.au/

The Hume Region Palliative Care Consortium comprises of representation from Albury Wodonga Health, Benalla Health, Goulburn Valley Health, Goulburn Valley Hospice Care, Numurkah District Health Service, Seymour Health and Northeast Health Wangaratta and Regional Department of Health and Human Services. The role of the consortium is to provide leadership and direction for Palliative Care in the Hume Region.
http://humepalliativecare.org.au/

The Loddon Mallee Regional Palliative Care Consortium includes 8 specialist palliative care service providers as members (Bendigo Health, Castlemaine Health, Echuca Regional Health, Kyneton District Health Service, Maryborough District Health Service, Mildura Base Hospital, Sunraysia Community Health Service Inc, and Swan Hill District Health) and works collaboratively with stakeholders and the community, so that people in the Loddon Mallee Region with a progressive life-limiting illness and their families/carers, have access to high quality, innovative, responsive and coordinated services.
CHCB is a leader in its two areas of expertise as a Specialist Palliative Care Service and as a Statewide provider for those with Progressive Neurological Disease. CHCB works together with other service providers to enable people to “live well” knowing they have a progressive incurable illness.

http://www.bethlehem.org.au/

The Centre for Palliative Care provides world class health education and undertakes research with the aim of ensuring that people living with advanced illness, and their families, receive quality care.

www.centreforpallcare.org

Greenhaven Funeral Services is a boutique, independently-owned funeral home based in Melbourne. We offer unique, highly-personalised care and ‘celebration of life’ services that won’t cost the earth.

http://www.greenhavenfunerals.com.au

The Listen Acknowledge Respond project addresses the mental health and wellbeing of people living with advanced chronic and terminal illness in the last year of life, through research and professional development.


Mayne Pharma is an ASX-listed specialty pharmaceutical company with a 30-year track record of innovation and success in developing new oral drug delivery systems including Kapanol™ (sustained release morphine used to treat chronic pain).

www.maynepharma.com

A member of the Menarini Group, Menarini Australia is focused on delivering differentiated ethical and consumer healthcare brands to Australians in the areas of palliative care, cardiology, rheumatology and respiratory.

www.menarini.com.au
Mundipharma provides healthcare that enables Australians to live well and age well. We improve patients’ lives in meaningful ways by providing effective therapies along with educational tools that support their proper use.


The National Palliative Care Education and Training Collaborative aims to build the capability and capacity of the health workforce to provide quality palliative care for all Australians. The Collaborative includes two key programs, PEPA – Program of Experience in the Palliative Approach and PCC4U – Palliative Care Curriculum for Undergraduates.

http://www.pcc4u.org/

Honouring and Celebrating Life
The Southern Metropolitan Cemeteries Trust (SMCT) is a community based, not-for-profit organisation, committed to serving the needs of our communities. The trust is responsible for the care and long term maintenance of eight distinctive cemetery locations throughout South East Victoria.

www.smct.org.au

Teva is a leading global pharmaceutical company that delivers high-quality, patient-centric healthcare solutions to millions of patients every day. With a portfolio of more than 1,000 molecules we have produced a wide range of products in nearly every therapeutic area.

http://www.tevapharm.com/

Victorian Aboriginal Community Controlled Health Organisation is the leading advocate for the health of Aboriginal people in Victoria and a peak organisation to its Membership.

Our thanks to all those who have contributed to the planning of this Conference, especially those who have done so as volunteers.

Program Committee
Dr. Judi Greaves, Chair, Palliative Care Victoria
Dr. David Brumley, Board, Palliative Care Victoria
Jade Odgers, Board, Palliative Care Victoria
Mike Kennedy, Projects Manager, Palliative Care Victoria
Odette Waanders, CEO, Palliative Care Victoria

Abstract Selection Panel Members:
Russell Armstrong, Michael Bramwell, Dr David Brumley, Pauline Cerdor, Carita Clancy, Karen Conte, Kylie Draper, Catherine Duck, Dr Sonia Fullerton, Andrea Grindrod, Ilsa Hampton, Dr Barbara Hayes, Regina Kendall, Dr Susan Lee, Tracey Mander, Inge McGinn, Dr Juli Moran, Irene Murphy, Clare O’Callaghan, Jade Odgers, Fiona Palmer, Dr Jennifer Philip, Carol Quayle, Karen Quinn, Peter Randall, Katrina Recoche, Heather Robinson, Dr Bruce Rumbold, Dr Heather Tan, Jacqueline Taylor and Dr Leeroy William

Palliative Care Victoria Conference Secretariat
Maree Chilton, Accounts & Grants Manager
Mike Kennedy, Projects Manager
Heather Stevens, Office & Member Services Manager
Odette Waanders, Chief Executive Officer

We greatly appreciate the support of all those contributing to the conference – our keynote speakers, panel members, presenters, workshop facilitators and volunteers.

We also value the support of our sponsors, trade exhibitors and advertisers.

Thank you!
## Pre-Conference Workshops

### Wednesday 27 July 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Workshop</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9am – 5pm</td>
<td>Caring Well, Growing Stronger - Sustaining Ourselves and Others</td>
<td>30</td>
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<tr>
<td></td>
<td>Dr Dave Brumley, Deakin University and Liese Groot-Alberts, Grief Therapist</td>
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<tr>
<td>9am - 12midday</td>
<td>Palliative Clinical Nursing Skills in the Assessment of Respiratory Function, Abdominal Examination and Cognitive Function</td>
<td>30</td>
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<tr>
<td></td>
<td>Kathryn Bennett, Eastern Palliative Care</td>
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<td></td>
<td>Meg Harrison, Barwon Health Community Palliative Care</td>
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<td></td>
<td>Regina Kendall, Grampians Regional Palliative Care Team</td>
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<tr>
<td>9am - 12midday</td>
<td>Growing service sustainability, impact and reach: from myth to reality</td>
<td>15</td>
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<tr>
<td></td>
<td>Dr Ingrid Burkett, The Australian Centre for Social Innovation</td>
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<tr>
<td>9am - 12midday</td>
<td>How to run a routine family meeting</td>
<td>30</td>
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<tr>
<td></td>
<td>Prof David Kissane, Monash University and Monash Medical Centre</td>
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</tbody>
</table>
# Conference Program

## Day 1 – Thursday 28 July 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Program Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00 - 9.10</td>
<td>MC Welcome &amp; introduce Elders - Dr Judi Greaves, PCV Chair, Julie McCrossin, MC</td>
</tr>
<tr>
<td>9.10 - 9.25</td>
<td>Welcome to Country - Perry Wandin, Wurundjeri Elder</td>
</tr>
<tr>
<td>9.25 – 9.45</td>
<td>Opening Address - Kym Peake, Secretary, Department of Health &amp; Human Services</td>
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<tr>
<td>9.45 - 10.25</td>
<td>Victoria’s new end of life and palliative care framework and how it relates to the broader health priorities and directions</td>
</tr>
<tr>
<td>10.25 - 10.45</td>
<td>Keynote Address Q&amp;A - MC, Dr Heather Richardson &amp; audience</td>
</tr>
<tr>
<td>10.45 - 11.15</td>
<td>MORNING TEA</td>
</tr>
<tr>
<td>11.15 – 12.15</td>
<td>Living and Dying Well – a blueprint for leadership and innovation</td>
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<tr>
<td></td>
<td>This panel discussion will consider the changing health, aged care and disability care landscapes, possible disruptions and opportunities for innovation and the implications for the future role of specialist palliative care.</td>
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<tr>
<td></td>
<td>Julie McCrossin, MC, Michael Goldsworthy, Australian Strategic Services, Sandra Hills, CEO, Benetas and Matt Jones, CEO, Murray PHN</td>
</tr>
<tr>
<td>12.15 - 12.45</td>
<td>Our Stories - MC, audience participation</td>
</tr>
<tr>
<td>12.45 – 2.00</td>
<td>LUNCH - Trade Exhibition &amp; Poster Display</td>
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<tr>
<td></td>
<td>Death café experience</td>
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<tr>
<td>2.00 – 3.40</td>
<td>Concurrent Sessions</td>
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<tr>
<td></td>
<td>Oral presentations and workshops; refer to detailed program below</td>
</tr>
<tr>
<td>3.40 - 4.10</td>
<td>AFTERNOON TEA</td>
</tr>
<tr>
<td>4.10 - 5.10</td>
<td>A Case Study – Caring for older people at the end of life: what difference can palliative care make?</td>
</tr>
<tr>
<td></td>
<td>Julie McCrossin, MC, Assoc Prof Rosalie Hudson, Dr Karen Hitchcock, Consultant Physician and Phil Grano, Principal Lawyer, Office of Public Advocate</td>
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<tr>
<td>5.15 – 6.15</td>
<td>Pre-dinner option - Film: Love in our own time</td>
</tr>
<tr>
<td>6.15 – 9.30</td>
<td>Conference Buffet Dinner - drinks, entertainment, networking</td>
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<td></td>
<td>Showcasing talents from the palliative care sector</td>
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</tbody>
</table>
## Conference Program

### Day 1 – Thursday 28 July 2016

### Concurrent and Workshop Sessions

**2.00pm – 3.40pm**

<table>
<thead>
<tr>
<th>Session Times</th>
<th>Parkside 5</th>
<th>Parkside 4</th>
<th>Parkside 3</th>
<th>Parkside 2</th>
<th>Parkside 1</th>
<th>Lord Melbourne</th>
<th>Netherby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Times</strong></td>
<td>Community Engagement &amp; Capacity Building</td>
<td>Specialist Palliative Care</td>
<td>Workshop 1 (Capacity 40)</td>
<td>Workshop 2 (Capacity 40)</td>
<td>Posters &amp; Networking</td>
<td>Workshop 3 (Capacity 15)</td>
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<tr>
<td>2.00 – 2.20</td>
<td>Seville with You, Compassionate City</td>
<td>Integration of palliative care for patients with advanced cancer in Victoria: Implications for practice</td>
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<tr>
<td>2.20 – 2.30</td>
<td>Hospice in the Home – a new model of collaboration</td>
<td>Introducing Hospice at Home within Community Palliative Care</td>
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<tr>
<td>2.30 – 2.40</td>
<td>Experiences of COTA peer educators in raising awareness of palliative care</td>
<td>Making Difficult Conversations Easier</td>
<td>Culturally safe and responsive palliative care for Aboriginal people in Victoria</td>
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<tr>
<td>2.40 – 2.50</td>
<td>Volunteer engagement for a homeless client in his final months</td>
<td>Massage skills training for carers: promoting comfort and self-reliance</td>
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<tr>
<td>2.50 – 3.00</td>
<td>Planning ahead in multicultural communities</td>
<td>Using an iPad in an inpatient setting to maintain community connections</td>
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<tr>
<td>3.00 – 3.10</td>
<td>Weavers: Improving support to carers</td>
<td>End of life care standards and building end of life care capacity in Victorian health services.</td>
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<tr>
<td>3.10 – 3.20</td>
<td>Q&amp;A / Discussion</td>
<td>Q&amp;A / Discussion</td>
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<tr>
<td>3.20 – 3.40</td>
<td>Q&amp;A / Discussion</td>
<td>Q&amp;A / Discussion</td>
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## Conference Program

**Day 2 – Friday 29 July 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Program Content</th>
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</thead>
<tbody>
<tr>
<td>9.00 - 9.10</td>
<td>Welcome - Dr Judi Greaves, PC Chair, Julie McCrossin, MC</td>
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<tr>
<td>9.15 – 9.55</td>
<td>Keynote Address: Professor Dr Herrera, NewHealth Foundation, Spain&lt;br&gt;The search for meaning - What would we do if we weren’t so frightened? The new Integrated Palliative Care perspective.</td>
</tr>
<tr>
<td>9.55 – 10.15</td>
<td>Q &amp; A - MC, Dr. Emilio Herrera and audience participation</td>
</tr>
<tr>
<td>10.15 – 10.45</td>
<td>Our Stories - MC and audience participation</td>
</tr>
<tr>
<td>10.45 to 11.25</td>
<td>MORNING TEA</td>
</tr>
<tr>
<td>11.25 - 12.55</td>
<td>Concurrent Sessions – refer to detailed program below&lt;br&gt;Oral presentations and workshops; option for small group dialogue on issues</td>
</tr>
<tr>
<td>12.55 to 2.00</td>
<td>LUNCH - Trade Exhibition &amp; Poster Display</td>
</tr>
<tr>
<td>2.00 – 2.10</td>
<td>Best Poster Award - MC, Chair of poster selection panel</td>
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<tr>
<td>2.10 – 2.45</td>
<td>Compassion in action: exploring the essence of palliative care – Dr Rosalie Shaw OAM</td>
</tr>
<tr>
<td>2.45 – 3.45</td>
<td>Victoria’s new end of life and palliative care framework – implementation priorities for 2016-2017.&lt;br&gt;Julie McCrossin, MC will facilitate audience participation with contributions by DHHS representatives, Jackie Kearney, Manager, Continuing Care and Therese Williamson, Acting Manager, Palliative Care</td>
</tr>
<tr>
<td>3.45 – 4.00</td>
<td>Conference wrap-up and close – MC &amp; PCV Chair</td>
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<tr>
<td>Conference Close</td>
<td>Take-away fruit available</td>
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</tbody>
</table>
## Day 2 – Friday 29 July 2016

### Concurrent and Workshop Sessions

11.25am – 12.55pm

<table>
<thead>
<tr>
<th>Session Time</th>
<th>Parkside 5</th>
<th>Parkside 4</th>
<th>Parkside 3</th>
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<th>Nellie Melba</th>
<th>Lord Melbourne</th>
<th>Netherby</th>
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</thead>
<tbody>
<tr>
<td>11.25 - 11.45</td>
<td>Improving palliative care for people with dementia in aged care</td>
<td>Volunteering, community engagement and palliative care</td>
<td>Building adaptive capability to innovate and manage change</td>
<td>Posters &amp; Networking</td>
<td>Workshop 4 (Capacity 15)</td>
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<td></td>
<td>Dr Heather Richardson</td>
<td>Dr Louise Parkes, Director, the Voice Project</td>
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<tr>
<td>11.45-11.55</td>
<td>Q&amp;A</td>
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<tr>
<td>11.55 - 12.15</td>
<td>Determining capacity to provide end of life care in a residential setting</td>
<td>Consumers’ views on older people’s advance care planning: qualitative research</td>
<td>Intrapreneurship: lessons learned reinventing the experience of ageing</td>
<td>Poster Display, exhibits and networking</td>
<td>Forming &amp; sustaining compassionate communities in Victoria</td>
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<td></td>
<td>Beverly Smith</td>
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<tr>
<td>12.15 - 12.25</td>
<td>Q&amp;A</td>
<td>Q&amp;A</td>
<td>Q&amp;A</td>
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<tr>
<td>12.25 - 12.45</td>
<td>Losing a resident, losing a friend</td>
<td>About the new Health Care Complaints Legislation, Dr Grant Davies Victorian Health Services Commissioner</td>
<td>Building organizational financial sustainability: how to make it real</td>
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<tr>
<td>12.45 - 12.55</td>
<td>Q&amp;A</td>
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<td>Q&amp;A</td>
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</table>
Dr Heather Richardson  
St Christopher’s Hospice, UK

Dr Richardson is a joint CEO at St Christopher’s Hospice in South London, the birthplace of international palliative care. She has been a National Clinical Lead for Help the Hospices.

Dr Emilio Herrera  
President, New Health Foundation, Spain

Recipient of numerous international awards for designing and implementing innovative health programs, he is playing a key role in the development of palliative care in Spain and South America.
Julie McCrossin talks to people for a living. After 20 years as a broadcaster with ABC Radio National, ABC TV and Network Ten, she is now a freelance journalist and facilitator. She presented the radio show Life Matters on ABC Radio National for 5 years, covering countless health, welfare and educational topics with a frequent rural focus.

Julie was also a team leader on the media quiz show “Good News Week” for 5 years on Network Ten and ABC TV. Julie began working for the ABC in 1983 and she’s presented many Radio National programs, as well as stints on ABC Rural Radio and 702ABC Sydney.

Julie has also worked as a TV reporter for both the Sydney Gay and Lesbian Mardi Gras and ANZAC DAY –and she’s thrilled to live in a country where it is possible to do both. But her proudest media moment was her appearance on ABC TV’s “Play School” as a silent clown called Plain Jane.

Currently Julie presents a travel program for Qantas and facilitates conferences and seminars nationally. Julie has university qualifications in the arts, education and law and she is an Ambassador for CAN (Mental Health) Inc, the Fred Hollows Foundation and FRANS Inc (Making Things Happen for People with Disabilities).
Kym Peake
Secretary
Department of Health and Human Services, Victoria

Kym Peake commenced as Secretary of the Department in November 2015. Kym has extensive experience in both state and Commonwealth Government, including as Deputy Secretary, Higher Education and Skills Group at the Victorian Department of Education and Training, Deputy Secretary Governance Policy and Coordination at the Victorian Department of Premier and Cabinet and Executive Director, Productivity and Inclusion at the Department of Prime Minister and Cabinet.

Kym possesses an Executive Master of Public Administration, a Bachelor of Arts (Hons) and a Bachelor of Laws, all from the University of Melbourne.

In her Opening Address, Kym will discuss Victoria’s new end of life and palliative care framework and how it relates to the broader health priorities and directions.
Living and dying well – a blueprint for leadership and innovation

Leaders from primary and acute health, aged care and disability care will discuss opportunities for leadership and innovation that would achieve a leap forward in how we support people nearing the end of their lives to live well and to die well.

Panel Members

Sandra Hills
Chief Executive Officer - Benetas

Sandra joined Benetas in 2009 with career experience in local and state government and the not for profit sector and has qualifications spanning: nursing, psychology, research and business management. Under Sandra’s leadership, Benetas has diversified its services to meet new and future demand with a specific focus on innovation, research, workforce development and sustainable fiscal growth.

As a voice and advocate for older people, Sandra’s published works span topics including social isolation, consumer engagement, promotion of a good ageing and end of life experience, quality and best practice, and a future reform agenda.

Sandra continues to work in leadership roles within the community including as executive member of peak body group Leading Age Services Australia (Victoria), Anglicare Australia, and National Aged Care Alliance.

* Benetas is a leading NFP provider of residential, in-home and respite care, housing services and retirement living to older Victorians.
Michael Goldsworthy
Managing Director & Principal Consultant,
Australian Strategic Services Pty Ltd
Chairman, Better Boards Australia

A visionary, a strategist, a big picture thinker, Michael is widely known and acknowledged throughout Australia by directors, chief executive officers and executives for his unique facilitation processes, his comprehensive understanding of the current/emerging and future big picture of aged care, health care and hospitals, palliative care, disability and related human service industries/sectors and his innovative strategies, models and tools.

Matt Jones
Chief Executive Officer (Inaugural)
Murray Primary Health Network.

Prior to taking up his current position Matt was the Chief Executive Officer of Loddon Mallee Murray Medicare Local, the Murray-Plains Division of General Practice and Central Victoria General Practice Network.

Matt has worked in quality management in the Victorian acute health system, as a senior public health policy officer with the Victorian Department of Human Services and in Aboriginal health in the Northern Territory, Queensland and Western Australia.

Matt's professional career has been devoted to supporting communities and their members to access better and more connected healthcare.
Panel Discussion

Caring for older people at the end of life: what difference can palliative care make?

A case scenario provides the context for discussion of issues such as end of life decision-making, future care and discharge planning and looks towards the future, recognising what is working well and what improvements and innovations are needed.

Panel Members

Assoc. Prof Rosalie Hudson
Consultant / Educator

Rosalie is a consultant/educator in aged care and palliative care with 12 years’ experience as aged care director of nursing. She has worked in hospice/palliative care in both community and inpatient settings. She has published widely on end-of-life issues and spirituality in nursing and theological journals, and several co-authored books. Her research interests include twenty years’ experience as chair of institutional Human Research and Ethics committees.

Rosalie is an honorary senior fellow within the School of Nursing and Social Work at the University of Melbourne, an academic associate with Charles Sturt University, and contracted educator with Alzheimer’s Australia. She is an experienced presenter at conferences both nationally and internationally.
Panel Members

Dr Karen Hitchcock
Consultant Physician in General Medicine
Alfred Health

Karen is an author and doctor working in Acute and General Medicine at The Alfred Hospital in Melbourne. Combining these skills, Karen has published in both medical and literary journals and received acclaim for her novels. Her Quarterly Essay about the treatment of the elderly and dying published in 2015 was both moving and controversial.

Philip (Phil) Grano OAM
Principal Lawyer
Office of the Public Advocate

Phil Grano has been the principal legal officer at Victoria’s Office of the Public Advocate for 13 years. Prior to that Phil was the Coordinator of Villamanta Disability Rights Advocacy Service and was also a Jesuit priest.

Phil has been involved in litigation regarding people with disabilities including the Kew Cottages Inquest in 1996-7, the refusal of PEG feeding as medical treatment, and special medical procedures for children in the Family Court. Phil has provided advice and guidance in many end-of-life circumstances.

Phil has presented extensively on law and disability matters and has been an active member of the Law Institute of Victoria regarding human rights for people with disabilities.

In 2010 Phil was awarded a Medal of the Order of Australia for his contribution to people with disabilities and to the law.
Dr Rosalie Shaw PSM OAM FRACMA FACChPM

Palliative Care Consultant

Dr Rosalie Shaw is one of the pioneers of palliative care in Australia and Asia, establishing the first hospital-based palliative care unit in Australia in 1981. Dr Shaw is currently a locum consultant with the Victorian Paediatric Palliative Care Program at the Royal Children’s Hospital in Melbourne and after 35 years in full time palliative care practice she is still committed to her original vision of palliative care.

Conference Events

Experience a Death Café in your lunch break on Thursday
In recent years, Death Cafés have spread quickly across Europe, North America and Australasia. At a Death Café people, often strangers, gather to eat cake, drink tea and engage in a directed discussion of death with no agenda, objectives or themes. During the lunch break on Thursday, you will have the opportunity to participate in a Death Café facilitated by Leanne Skipsey who is working on a death awareness project for Fernlea House and as a mindfulness trainer and mentor with Thinking Healthy.

Film screening: Love in Our Own Time, 5.15 – 6.15pm, Thursday
Love in Our Own Time, a documentary written, produced and directed by Tom Murray, follows seven ordinary Australian families and bears witness to lives both beginning and ending, depicting the process of dying and that experience for the terminally ill and their families. Thank you to Dr Murray and Tarpaulin Productions for making the film available to us (loveinourowntime.com).

Conference Dinner, 6.15pm, Thursday
This event provides us with the opportunity to showcase some of the talent from the palliative care sector. Join our MC for the evening, the wise and witty Carmel Smith and be entertained by the wonderful voices of Kylie Draper, Alison Mapleson and the lively Peppercorn Jazz Band, featuring Tanja Bahro on drums.
Caring well, growing stronger – sustaining ourselves and others

Dr David Brumley and Ms Liese Groot-Alberts

David has worked as a palliative care physician in rural Victoria for 20 years. In that time he has been involved in the development of a home care service (Ballarat Hospice Care Inc.) an inpatient palliative care service (Gandarra PCU) and a consultative service at Ballarat Health Services Base Hospital. David has also several years experience of working in the private sector at St John of God Hospital Ballarat and Geelong. Other related work includes site accreditation for the RACP and Secretary of ANZSPM. David has been Senior Lecturer at University of Melbourne and Deakin University. Other interests are several, but include an ongoing interest in service development and education in the Asia-Pacific.

Liese Groot-Alberts is a grief-therapist, a lecturer, international public speaker and team trainer and clinical supervisor. In 1972 her eldest daughter, aged nearly 3, died suddenly 2 days after the birth of her son. Hope and despair! Out of this trauma came her passion for working with people who are dealing with trauma, loss and bereavement. She had another daughter 2 years later and feels very blessed due to the arrival and expansion of the family in the form of 4 granddaughters, who seem to be her biggest teachers right now. Liese has specialised in conducting trainings and seminars in trauma, loss, grief and bereavement as well as palliative care and resilience in the workplace. Her passion is working with difference and finding strength and hope in connectedness.

Capacity: 30

Abstract

This workshop explores the ways in which those of us working in caring for others can maximise our happiness and effectiveness. The workshop aims to challenge our ideas of “professional distance” and suggests that we might enter the world of the patient, see the suffering and use our skills to care better - to be not only able to bear it, but to learn and grow from the experience. The workshop will include sessions on self-awareness, communication skills, compassion, resilience and growth. Active and reflective exercises will be used to challenge the participants.
How to run a routine family meeting

Prof David Kissane MD, MPM, FRANZCP, FACHPM, FAPM.

Prof. Kissane is an academic psychiatrist and researcher in the fields of psycho-oncology and palliative care. He is currently the Head of the Department of Psychiatry for Monash University in Australia, was previously Chairman of the Department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center in New York and, before that, the Foundation Chair of Palliative Medicine at the University of Melbourne.

His academic interests include group, couples and family psychotherapy trials, communication skills training, studies of existential distress, and the ethics of end-of-life care. He is best known for his model of family therapy delivered to ‘at risk’ families during palliative care, which prevents complicated grief and depression in bereavement. His work on demoralization as a variation of depression in the medically ill has preceded interventions to promote meaning-based coping.


Capacity: 30

Abstract

Family meetings play a significant role in the palliative care setting, where family support for planning and continuing care is vital to optimize patient care. Health care professionals have generally received little training about how to conduct a family meeting. A schema for running a routine family meeting will be presented. The differing medical and psychosocial agendas will be integrated into a model readily co-facilitated by these respective disciplines. Specific communication techniques enhance the conduct of family meetings. The use of circular questions and integrative summaries assist the most difficult of families considered at risk of morbid outcomes.

Format: The workshop will involve an initial PowerPoint presentation, videos modelling behaviours, and then role-play of a family meeting with simulated patients to help demonstrate this model of care.

Objectives: By completion of this workshop, participants will 1) understand how to apply a set of strategies for the effective conduct of a routine family meeting; 2) practice how to construct circular questions and deliver integrative summaries in family meetings; and 3) better recognise families ‘at risk’ who may need referral for ongoing family-level support.

References:
Palliative Clinical Nursing Skills in the Assessment of Respiratory Function, Abdominal Examination and Cognitive Function

Kathryn Bennett, Regina Kendall and Meg Harrison

Kathryn Bennett is a palliative care Nurse Practitioner at Eastern Palliative Care (EPC) and has worked in the specialist community palliative care setting for over 10 years. Kathryn works within the Priority Assessment Team at EPC which provides rapid assessment and access to specialist community palliative care for people who are imminently dying and would like to die at home. Kathryn is passionate about providing quality evidenced based palliative care to the community and is an emerging leader in her field.

Regina Kendall is a Nurse Practitioner and works with the Grampians Regional Palliative Care Team in Victoria. In this role Regina undertakes clinical assessment of patients and supports health care professionals in acute, aged care and community settings across the Grampians region. Regina has worked in cancer and palliative care for over twenty years, and her passion is the delivery of excellence in care to people with a life limiting illness. Regina has been employed in both clinical education and advanced practice roles, with a clinical interest in community based palliative care and aged care. Regina is a member of the Centre for Palliative Care Advisory Committee, is a current representative for the Grampians Region on the Victorian Palliative Care Clinical Network, is a member of the Victorian Palliative Care Nurse Practitioner Collaborative, and Palliative Care Nurses Australia (PCNA).

Meg Harrison is a newly endorsed Nurse Practitioner with Barwon Health Community Palliative Care. A key priority since commencing the role as the Nurse Practitioner Candidate has been to develop and extend the scope of practice to focus on improving the quality of life of patients who access the service. One of the key initiatives as an NPC has been the development of a Palliative Care Breathlessness Clinic (PCBC) which has now been operating for 3 years focusing on supporting patients and their carers as they face the challenges associated with breathlessness and to introduce the palliative care service. The other key aspect of her Scope of practice is the multidisciplinary Cancer Cachexia clinic. The primary aim of the clinic is to prevent or treat cancer related cachexia in order to maximise function and quality of life. Meg is the delegate for the Barwon South West Region (BSWR) Consortium, a member of the Palliative Care Clinical Network (PCCN) and the Australian Nurse Practitioner Collaborative (ANPC).

Capacity: 30

Abstract

This workshop will assist in developing palliative nursing skills in assessment of respiratory function, abdominal examination and cognition function. The presenters will deliver a comprehensive theoretical component related to each of these areas. All participants will be given the opportunity to undertake a hands-on practical examination to consolidate these skills. This workshop aims to equip nurses with the skills required to undertake a comprehensive assessment leading to strong evidence based knowledge.
Growing service sustainability, impact and reach: from myth to reality

Dr Ingrid Burkett

Facilitator: Ingrid Burkett is Senior Associate at The Australian Centre for Social Innovation. She is a social designer, designing and co-designing processes, products and knowledge that deepen social impact and facilitate social innovation. She has contributed to the design of services, policy and processes in a diversity of fields, including frontline social, health and disability services, community development, local economic development, social investment, social enterprise and social procurement. Ingrid is also Social Design Fellow at the Centre for Social Impact, at the University of NSW in Sydney and the University of Western Australia in Perth. Ingrid has worked in the community sector, government and with the private sector and believes that each of these sectors has a valuable role to play in social innovation.

Capacity: 15

Abstract

This workshop is designed for leaders, health professionals, policy makers who are wishing to improve the future sustainability, impact and reach of palliative care and are seeking practical approaches to innovation that could assist and enhance services and outcomes for people with a life limiting illness and their families.

Service providers are increasingly needing to juggle financial sustainability, increased engagement and collaboration in service design, and extending their reach and impact. In this workshop we will explore innovative ways to achieve all these objectives. Using case studies, practical tools, interactive activities and a take-away workbook, this session is designed to help you walk away and apply learnings immediately. You will be introduced to practical models of service innovation and we will explore how these can help you to develop viable and sustainable business models into the future.
Reflections on Hospice and Palliative Care in the UK:  
The Good, the Bad and the Ugly

Dr Heather Richardson, Joint CEO, St Christopher’s Hospice, UK

Prior to St Christopher’s Hospice, Heather worked as the National Clinical Lead for Hospice UK. In this role she oversaw the activities of Hospice UK in its support and promotion of high quality care on the part of hospices. She also served as the executive lead on the National Commission into the Future of Hospice Care.

At the same time, in a part time role, she worked as Strategy Advisor at St. Joseph’s Hospice in East London, where she had previously worked as Clinical Director.

Heather is a registered general and mental health nurse and has worked in hospice/palliative care since 1988. In the past she has held a variety of roles in adult and children’s palliative care, both clinical and managerial in nature. In March 2014 the IJPN awarded her the title of International Palliative Nurse of the Year.

She has a Masters’ degree in Health Management and a PhD, her research concerned with users’ experience of day hospice. She currently serves as an honorary professor in palliative care at Lancaster University. Her research interests focus on new public health approaches to end of life care and, more generally, the translation of research into palliative care practice, particularly around new models of hospice care fit for the future.

Abstract

This session will reflect on the work of hospices in the UK in their ambition to improve the experience of care for people who are approaching the end of life. This goal is providing a significant challenge for the sector and for the many other players including the NHS and Social Services. Much work remains for them to ensure that more people complete their lives and die “well” and to enable their families, carers and communities to survive and grow through the process. Regardless, there are lessons to be learnt from our work to date.

Drawing on her experience of working in a variety of hospices in the UK over the last 20 years, her national roles at Hospice UK and her current work as Joint Chief Executive of St Christopher’s Hospice, Heather Richardson will describe what hospices and other players in the UK have done well, where she believes that they have failed to date and the reasons why. Some attention will be given to factors that enhance or impede the potential work of hospices to really make a difference. This candid review will provide those involved in palliative care development in Victoria the opportunity to reflect on any similarities in their progress and how some of the problems that exist in the UK can be avoided in their context in the future.
Community Engagement & Capacity Building

| Parkside 5 Presentation 1 | 2.00 - 2.20pm | Thursday 28 July 2016 |

Seville with You, Compassionate City

Dr Emilio Herrera

Presenter: Dr. Emilio Herrera is an expert in both health and social care settings. Over the last nine years he has received national and international awards for designing and implementing innovative health and social care programmes focused on wellness and wellbeing. He is President of the New Health Foundation, a non-profit organisation aimed at promoting the development of integrated health and social care models and palliative care programs.

Abstract

We´re All With You (Todos Contigo) Movement

The NewHealth Foundation (NHF) is a not-for-profit institution that seeks to promote and foster a new health model to improve the quality of life of people with advanced chronic disease, high dependency and at the last stages of life, especially through the integration of health, social and community services in palliative care. The NHF is the main promoter in Spain and Latin America for the development of Compassionate Cities within Public Health and Palliative Care International association. It was launched in July 2014 as a project of social awareness and training. The main goal is to involve citizens in supporting, accompanying and caring for those who are suffering from advanced illness and are at the end of their life. The foundation carries out and shares educational activities such as conferences, seminars, training courses and meetings, to stimulate synergies and collaboration among institutions, organizations, and companies. In every project, NHF identify local experiences that already work on similar actions at the end of life in that city, give them visibility, offer networking and involve them as "partners" of the common mission and creating consortiums. A glossary of common terms has also been designed for all participants and this “shared language” describes how their Compassionate City operates. With this general procedure, NHF promotes the creation of Compassionate Cities in different contexts. NHF is learning and continuously evolving in methodologies to establish synergies, as well as the development of public awareness, training and networks for care in the Latin context.

In October 2015, NHF launched its own demonstration project with “Seville WITH YOU, compassionate city”, in Spain. Since the beginning of this project, a city mapping has been conducted, to identify the main key players. A plan of actions with the project partners has
being designed and a growing network has also been set up. In November 2015, the 1st promoters meeting of WE´RE ALL WITH YOU project (TODOS CONTIGO) took place, with the presence of different stakeholders which are now part of the project: Seville city council, universities, official colleges, schools, associations, scientific societies, professionals and other Companies. As part of the plan, a press conference took place, counting with the presence of the Mayor of Seville city, representing the city council. A public kick-off with a choreography that represented the Language Care though the dance of hundreds of citizen hands (lenguajedelcuidado.com) was also celebrated. In this event, we danced with more than 300 children and senior citizens. At this moment, we are designing annual training plans in Seville, as well as first contacts with volunteers associations and citizens. Our aim is to help Seville to become a compassionate city following the indications of the “Global Charter for Compassionate Cities”.

**Hospice in the home - a new model of collaboration**

Dr Eric Fairbank

Presenter: Eric Fairbank AM was Director of Palliative Care at South West Healthcare from 1986 until his retirement in 2013. In 2010 he was invited by Mrs Deidre Biddade, the founder of the Warrnambool & District Community Hospice, to join with others to help further improve end of life care in the Warrnambool district. After exploring several options, it was decided that a hospice in the home service would be an effective and affordable way of achieving this aim.

**Abstract**

The vision of the Warrnambool & District Community Hospice, through its hospice in the home service, is to provide people who are dying with the option of compassionate care in their own home settings.

It is supported solely by the community, and seeks to fill gaps in end of life care by working in formal collaboration with the South West Healthcare specialist palliative care service, as well as GPs and district nurses. Families are supported through the provision of extended daytime, weekend, and overnight care.

Hospice in the home is available free of charge to all adults living in the Warrnambool region of South West Victoria, whose symptoms are able to be managed at home, irrespective of diagnosis.

It is staffed by specially trained volunteers, the only paid person employed being the hospice manager. This person is responsible for the assignment and rostering of volunteers according to families’ needs, and for the ongoing education, and care, of the volunteer workforce.

Operational since July 2015, evidence suggests that hospice in the home is evolving to find its place in the health care system. The service is helping to keep people who would otherwise be in hospital, or in aged care, at home.
Parkside 5 Presentation 3  |  2.40 - 2.50pm  |  Thursday 28 July 2016

**Experiences of COTA peer educators in raising awareness of palliative care**

Mr John Doutch

Presenter: John Doutch served in the ADF in Australia and overseas and managed businesses in the private sector before his retirement. He has been a volunteer peer educator with the Council on the Ageing (COTA Victoria) since 2004, delivering community education sessions for seniors on a broad range of topics, including palliative care.

**Abstract**

COTA Victoria peer educators have been trained by PCV to deliver information sessions about palliative care to interested groups through their community networks. This session will share their experiences, insights and lessons in using this peer led community engagement strategy to raise awareness of palliative care.

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Parkside 5 Presentation 4  |  2.50 - 3.00pm  |  Thursday 28 July 2016

**Volunteer engagement for a homeless client in his final months**

Ms Helen Shepherd and Mr Toby Wallace

Presenters: In 2002 Helen Shepherd was appointed inaugural Coordinator of Volunteers at BreaCan, a service for people affected by breast and gynaecological cancers. While there, Helen established the peer support volunteer program and the information and support Resource Centre. In 2014 Helen commenced working at Melbourne City Mission Palliative Care as the Coordinator of Volunteers. Under her guidance the volunteer program has developed to focus support to clients with high levels of isolation and disadvantage.

Toby Wallace is a Specialist Palliative Care Volunteer with Melbourne City Mission Palliative Care

**Abstract**

Gary was a 52 yr old man with a long-term history of homelessness, drug and alcohol addiction and estrangement from his family. The diagnosis of metastatic prostate cancer added to the complexity in his care needs with multiple interfaces with many organisations.

Melbourne City Mission Palliative Care was engaged to work with Gary and other agencies in his end of life care. When Gary articulated his need for practical assistance in “getting his things into order”, volunteer Toby was allocated to support Gary. This presentation will provide insights about how their relationship contributed to Toby’s emotional well-being and the ongoing capacity to volunteer was maintained.
Planning ahead in multicultural communities

Ms Marion Lau

Presenter: Marion Lau OAM JP is the Deputy Chairperson of Ethnic Communities' Council of Victoria (ECCV) and the Convenor of its Policy Advisory Committee on Aged Care. Marion holds director positions at Doutta Galla Aged Care Services and the Royal Children's Hospital Children's Bioethics Centre Development Board. Marion is a Justice of the Peace for Victoria, People of Australia Ambassador, and Patron of the National Australian Chinese Women's Association. Marion received an Order of Australia Award for her work with older Australians, and a Centenary Medal, for services to multiculturalism, and is on the Victorian Honour Roll for Women.

Abstract

Both international and national literature suggests that there is a lower rate of advance care planning (ACP) and decision making in people from culturally and linguistically diverse backgrounds. It includes lower uptake and perceived benefits of engaging in ACP, including discussions and planning around end-of-life care and decision making. Some studies have found that ACP is perceived as a ‘financial planning process’ rather than a ‘lifestyle related process’, and is most commonly seen as creating a Will.

ECCV has developed a conceptual community engagement framework aimed at increasing awareness and understanding of advance care planning in multicultural communities. It identifies five strategic engagement approaches. These steps are aimed at promoting culturally sensitive and appropriate delivery of information about advance care planning.

Weavers: improving support to carers

Kerry Jones

Presenter: Kerry is currently Lead Codesigner in Ageing and Caring, at The Australian Centre for Social Innovation (TACSI) where she is leading the demonstration, business modelling and spread of ‘Weavers’ a peer-to-peer model of support for people caring for a loved one with ageing related disability (particularly dementia) (visit www.weavers.org.au). She is also leading ‘The Innovation Age’ (3 year project) with multiple stakeholders to reimagine the supports and services available to people as they age and facilitate solutions that will demonstrate these next generation of services (www.theinnovationage.org.au). She worked in the disability sector for 14 years before joining TACSI.
Abstract

Weavers is a peer-to-peer model supporting carers to address the significant challenges of caring for a loved one. In this overview, we will introduce how Weavers came to be, how it works, the value to carers, and to the Weavers who offer support, and we provides some key headline findings of the evaluation which has been undertaken of the model over the past twelve months.
Integration of palliative care for patients with advanced cancer in Victoria: Implications for practice

Ms Anna Collins

Presenter: Anna is Research Fellow at the Centre for Palliative Care at St Vincent's Hospital and completing her PhD in palliative cancer care. Her research is focused on improving the inequity of access to palliative care through both greater community engagement and timely integration of palliative care services within the health system.

Abstract

There is increasing focus on timely integration of palliative care for people with advanced cancer to enable benefits in symptom control, communication and care planning. This presentation will: 1) Consider the rationale for timely integration of palliative care by reviewing the current evidence available to support the benefits of palliative care. 2) Present local state-wide population data on a series of advanced cancers to outline current practices of integrating palliative care in Victoria, including the timing of and access to inpatient palliative care services. 3) Suggest how we as health professionals might improve timely integration of palliative care through using some novel, health system indicators for referral. 4) Drawing on qualitative data, explore patient understandings and perceptions of palliative care and consider their implications for achieving integrated care in practice.

Introduction of Hospice at Home within community palliative care

Mrs Angie Dredge

I am currently the Deputy Director of Nursing & Community Palliative Care at Calvary Health Care Bethlehem. I strive to achieve patient centred care principles within the health care environments that I manage. A highly analytical healthcare management professional with more than 25 years of work in community care, I have proficiency in management, leadership and education. I have worked in the UK, NZ and Australia and as a result have gained varied and rich experiences. I have a Masters in Nursing and a diploma in district nursing and adult education. I am an accomplished change agent and a certified agent for the School for Change Radicals UK.
Abstract

Home based family caregiving toward the end of life entails considerable emotional, social, financial and physical cost for family caregivers. Evidence suggests that good support can improve caregivers’ psychological outcomes in the longer term.

In 2014, Calvary Health Care Bethlehem recognized the need to develop a hospice at home model within the existing Community Palliative Care Service.

This hospice at home model is comprised of specialist palliative care nurses, personal care assistants (PCA) and, in 2016, trained community volunteers. The model aims to decrease carer burden and optimize patient care by assisting with personal hygiene and by providing respite.

A structured patient satisfaction survey was conducted and found high satisfaction with the service. Recommendations from the survey will be discussed.

The hospice at home model has been further guided by the introduction of the carer needs assessment tool that has also revealed the importance of respite.

The Hospice at Home model aims to be creative and responsive to carers’ and patients’ needs allowing formal and informal networks to work together to provide optimum consumer led care.

Introducing early integration palliative care: palliative care staff's perspectives

Dr Natasha Michael

Presenter: Dr Natasha Michael is Director of Palliative Medicine at Cabrini Health; Adjunct Associate Professor at the Faculty of Medicine, Nursing and Health Sciences, Monash University; and Head of Palliative Care at the University of Notre Dame, Sydney, School of Medicine. She has worked internationally in palliative care, completing her training in the UK, Singapore and the Republic of Ireland. Dr Michael has a particular interest in psychosocial research and the use of the humanities in medicine and instigated the Medicine and the Arts program at the Ian Potter Museum, The University of Melbourne.

Additional Authors: Dr Clare O’Callaghan and Dr Joanne Brooker, Cabrini Health

Abstract

**Background/Aim:** The WHO recommends early integration of palliative care (EIPC) and throughout the serious illness trajectory. Little is known of staff adaptations to models of early integration. This study evaluated service outcomes and explored staff perceptions following a change from a model focusing on end-of-life care to a comprehensive model of EIPC.

**Setting:** 22-bed palliative care unit and community palliative service.

**Method:** Service activity data examined through descriptive statistics. Medical, nursing, allied
health, and administrative staff participated in interviews, focus groups, or anonymous semi-structured questionnaires. Transcribed data were thematically analysed.

**Results:** Thirty two staff participated. Data demonstrated that more patients were discharged home (7.9% increase, p=0.003) with fewer deaths in the palliative care unit (10.4% decrease, p<0.001). Early symptom management was considered valuable, however, nurses particularly found additional skill expectations challenging, and perceived that patients’ acute care needs detracted from emotional and end-of-life care needs. Intensified stress could result from less certain care goals and increased need to prioritize care tasks.

**Implications/Conclusion:** Health service utilisation and outcome data indicated enhanced service delivery. Staff feedback informed improved communication processes and staff involvement in change management. Services introducing EIPC need to ensure sufficient preparation and continuing holistic care in faster work-paced contexts.

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**Parkside 4 Presentation 4 | 2.40 - 2.50pm | Thursday 28 July 2016**

**Massage skills training for carers: promoting comfort and self-reliance.**

Ms Ronna Moore

Presenter: Ronna Moore is a remedial, oncology and palliative care massage therapist, a certified lymphoedema practitioner and a trained MBSSM meditation teacher. She is employed in a range of settings: a community-based specialist palliative care service, private and public hospital hospice and palliative care units and in private practice. Ronna is undertaking post-graduate studies in Palliative Care at the University of Melbourne, having been awarded the Specialist Certificate in Palliative Care in 2015. She is a member of the Australian Association of Massage Therapists, Australasian Lymphology Association, Lymphoedema Practitioners Education Group of Victoria and the Society for Oncology Massage.

**Abstract**

This presentation describes the empowering possibilities created by the coaching of caregivers, by palliative care massage therapists, in the safe provision of massage to their loved ones.

Persons with life-limiting illnesses and their family members often report feeling overwhelmed and powerless, “at a loss” as to how to comfort and support themselves and each other.

A growing body of evidence highlights both the importance of human touch in general, and specifically, the value of massage in promoting comfort and relaxation for people with life-limiting illnesses. Yet, in the context of palliative care, physical touch is often limited to the routine practices of caregiving, with many family caregivers apprehensive that they may harm the fragile patient. Fostering the skills and confidence for caregivers to provide gentle touch to their loved ones confers benefits to both the recipients and the caregivers.

For the recipient, relief from suffering, and for the giver, knowledge of their own tangible contribution to their loved one’s wellbeing.
In circumstances where “words might fail”, touch may also open a portal through which emotional connections may be strengthened, enriching the care-giving environment.

This approach expands the options for the specialist palliative care team in supporting families in the community.

Using an iPad in an inpatient setting to maintain community connections.

Ms Angela Carnovale

Presenter: Angela Carnovale is completing a Bachelor of Occupational Therapy (Research Honours) at Monash University, in collaboration with the Palliative Care Department at Royal Melbourne Hospital. She would like to thank her project supervisor Celia Marston, project participants and staff at Royal Melbourne Hospital for their support and encouragement throughout this project.

Abstract

Background: Participation in valued roles and activities is vital for the well-being of the palliative patient population. However, due to ongoing decline in function and unexpected hospital admissions, these activities are often disrupted. On admission to palliative care at Royal Melbourne Hospital, patients have access to iPad devices. There is minimal research into patients use of these devices and their overall experiences in this setting.

Aim: To explore patients’ experiences of using iPad devices in an inpatient palliative care setting

Method: A mixed-methods design was used. Data was collected via, semi-structured interviews and analysed descriptively and thematically.

Results: Preliminary analysis reveals prior to iPad use participants experienced feelings of isolation and disconnection from others. These feelings were diminished through using the device. Having access to the iPad served to normalise patients’ stay, provided opportunity to engage in pre-hospital roles and routines and were a welcomed distraction from the hospital environment.

Conclusion: This study will highlight how iPad use can be a positive experience for inpatients receiving palliative care, by enabling participation in valued social and leisure based activities.
Projects to improve the quality of death and dying for patients in Victorian acute hospitals.

Dr Juli Moran

Presenter: Dr Juli Moran has been Medical Director of Palliative Care Services at Austin Health since January 2011. She is dual trained in Geriatric and Palliative Medicine. She was the inaugural Director of Palliative Care Services and Clinical Lead for the Respecting Patient Choices program for Eastern Health, from January 2008 to 2010, and was involved in the establishment of the Wantirna Palliative Care Unit. Her main interest is in improving end of life care in acute hospitals.

Abstract

Elements of good end of life care have been well defined in the National Consensus Statement: Essential elements for safe and high-quality end-of-life care. However, in acute hospitals, a "good death" can be hampered by lack of advance care planning (ACP), delayed recognition of the dying phase, late referral to support services, and continuation of interventions that do not benefit the patient. This session will discuss various projects in Victoria aiming to improve end of life care in an acute hospital setting.

Austin Health has been running the senior medical staff led CLEARx Decisions project whereby multiple processes have been changed to promote good end-of-life care across the hospital. This includes electronic discharge summaries, Unit Doctor Handbooks, the Do-Not-Resuscitate form, and introduction of a Care of the Dying observations chart. Registrar communication skills workshops and 6 senior clinician forums have been held, exploring different aspects of end of life care.

Across the state, extensive work is being undertaken at many hospitals. Representatives were brought together for a workshop in 2015, to identify resources developed and required and share experiences. This group has now formed a state-wide collaboration working with the Victorian End-of-life-care coordinating program. The Palliative Care Clinical Network is working on tools and guidelines to assist Victorian services in meeting the elements of the Consensus Statement on end of life care.

There are multiple successful strategies to drive positive cultural change regarding end of life care at acute hospitals. Dedicating resources to this form of quality improvement appears effective.
Making difficult conversations easier

Facilitator: Julianne Whyte is the CEO and founder of the Amaranth Foundation, which provides psychological interventions and psychosocial support to people, their family and carers living with a life limiting or serious advanced illness. Julianne has worked extensively in rural communities for the past 30 years as a Nurse and accredited Mental Health Social Worker. She is currently undertaking her PhD through Charles Sturt University, researching rural models of care planning for people living with life limiting and terminal illness, and has twice received Department of Health and Ageing Local Palliative Care Program grants.

Abstract

For those working with patients with advanced chronic and palliative diseases (and their family and care givers) “difficult” conversations arise all the time and it’s often hard to know the right thing to say. This workshop will give you the skills to transform those conversations into positive and affirming experiences, which assist people to find ways of managing their psychological distress.

You will learn narrative questioning techniques, using a scaffold of questions to direct the conversation and build trust. You will also learn how to integrate narrative techniques into advance care planning and discussions about quality of life, hope and meaning.

In this interactive session, you will participate in a case study discussion to develop appropriate questions using the narrative and questioning techniques learned.
Culturally safe and responsive palliative care for Aboriginal people in Victoria

Facilitators / Presenters:

**Belinda Stevens** is a proud Yorta Yorta woman who has been with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) for the past seven years. Her current role as Director, Workforce & Wellbeing oversees many state-wide programs including the Victorian Aboriginal Palliative Care Project (VAPCP).

**Shelley Chapman** is a proud Yorta Yorta woman who has a focus on making her Community Strong and healthy. Shelley has worked within health for the past 15 years and is now the Victorian Aboriginal Palliative Care Project Officer at VACCHO.

**Jason B. King** has worked in Aboriginal health and affairs since 2002. He is now the CEO of Victoria’s oldest Health service the Victorian Aboriginal Health Service (VAHS) located in Melbourne, which is one of Victoria’s larger Aboriginal Community Controlled Health Organisations.

**Deidre King** is the Chief Executive of the Aboriginal Community Elders Services, which is a 25 bed facility Two types of accommodation are provided, high care (nursing home) for those who are very frail and low care (hostel) for those who more independent but need certain levels of support and monitoring. She is also responsible for the Koori Community Aged Care Program, which provides 69 Flexible Packages for Aboriginal Elders.

**Carleen Miller** is a proud Taungurung woman who has spent many years as a social worker in hospital and community based settings. She has been employed in Aboriginal Health for the past 11 years and is currently the Aboriginal project worker with Banksia Palliative Care Services.

**Trish Williams** was born on Wiradjuri country in NSW. She has worked for the Aboriginal community in various roles at ATSIC, VACCA, VAHS, AAL, Rumbalara, and ACES. She has a Bachelor of Nursing Degree and has served on several committees and boards. Trish is currently employed by ACES as the Clinical Care Co-ordinator of the nursing home.

**Julie Paul** is the CEO of Banksia Palliative Care, which provides community palliative care services in the north-western region of metropolitan Melbourne. Banksia received a grant from the Department of Health and Human Services as one of several projects auspiced by the Victorian Aboriginal Palliative Care Collaborative to improve access to culturally responsive palliative care for Aboriginal people.

**Steve Kirkbright** works at the Centre for Palliative Care in Melbourne as Project Officer for the Program of Experience in the Palliative Approach. Previous to this he was the Project Manager of the Victorian Aboriginal Palliative Care Collaborative.
Abstract

This workshop is designed to increase awareness and promote collaboration between palliative care services and local Aboriginal community controlled organisations. Participants will gain confidence and learn strategies in how to best engage effectively with Aboriginal organisations.

Through the workshop we will reflect on the journey of Banksia Palliative Care Service and how they achieved effective partnerships with their local Aboriginal organisations and how they intend to maintain these relationships.

The learning objectives will be achieved by each organisation providing insight on how they contributed to the successes of the collaboration.

Learning goals will be assessed by providing an evaluation form to participants. The evaluation form will measure their pre and post workshop confidence levels in building effective relationships with their local Aboriginal organisation/s.

| Lord Melbourne  | Workshop 3 | 2.00 - 3.40pm | Thursday 28 July 2016 |

Working with Interpreters

Facilitator: Dr. Hung The Nguyen BMedSci (Hons), MBBS (Hons) DipRANZCOG, FRACGP: Hung is an expert in cross-cultural medical practice and Indigenous health. Hung has worked as a general practitioner in an Aboriginal Community Control Health Service, was a senior lecturer in general practice at Monash University and director of medical and cultural education, NTGPE, Darwin. He will be assisted by Thi Nguyen.

Abstract

This interactive workshop on working with interpreters by Dr Hung The Nguyen expands the training developed by Judith Miralles & Associates for health professionals working in palliative care settings. The group will identify the steps involved in working with interpreters, and discuss issues and solutions when working with clients from culturally and linguistically diverse backgrounds.

Participants will walk away from the workshop with increased skills and confidence and supporting resources for ongoing reference.
The search for meaning.
What would we do if we weren’t so frightened?
A new integrated palliative care perspective

Professor Emilio Herrera, New Health Foundation, Spain

Dr Emilio Herrera is President of NewHealth Foundation (NHF) - a non-profit Spanish institution which seeks to promote new models of health and social care integration, in particular in the areas of advanced chronic illness and palliative care (http://www.newhealthfoundation.org). Emilio is an expert in palliative care, with long-standing experience in planning and implementing palliative care and integrated health and social care programmes in Spain and Latin America. He has received various national and international awards, including the international "Palliative Care Policy Development Award 2015" granted by the European Journal of Palliative Care.

He has a Bachelor of Medicine, Bachelor of Surgery and is a specialist in Family and Community Medicine. He continued specializing in palliative care and got an internship in palliative care at the MD Anderson Cancer Center Houston (USA) and at Edmonton (Canada). He also has a Masters’ degrees in Health Services Organization and Management, and in Senior Management.

The NHF is heavily involved in the development of palliative care programmes in Colombia. In Spain, it has also set up the Observatory of Integrated Care Models (OMIS) to identify and share current experiences of health and social care coordination and integration, and to translate knowledge and create synergies. The NHF is also active in the social movement Compassionate Communities and Cities through its project "Todos Contigo" in several cities of Spain and Latin America.

Abstract

In the context of the growing chronic care challenge to contemporary health systems, palliative care provides better quality and more cost-effective ways of caring for people at the end-of-life.

Palliative care can also lead the way forward in people-centred care. This means integrating health and social care services. It also means support by families, neighbours and volunteers in an empowered and compassionate community. Compassion is essential to the survival of our species and contributes to our sense of meaning and fulfilment.

Although the new model will be complex to implement, it is a beautiful mission to fight for and it will improve how we care for people in the future.
Palliative Care & the Aged Care Workforce

Improving palliative care for people with dementia in aged care

Jeanette Liebelt

Presenter: Jeanette Liebelt is currently employed by Eastern Palliative Care. She has worked in the community setting as a specialist palliative care nurse for many years and in the oncology setting as a cancer/breast care support nurse. Jeanette has completed post graduate studies in palliative care and was employed by EPC as the Dementia Project Officer looking at the role of specialist palliative care for clients with a dementia diagnosis living in Residential Aged Care.

Abstract

Palliative care has traditionally been cancer-focused. Despite increasing research there is little known about the role of specialist palliative care in dementia. Eastern Palliative Care (EPC), a community based specialist palliative care provider, initiated a 12 month project looking at the palliative care of people with a dementia diagnosis, living in Residential Aged Care in the Eastern Melbourne Metropolitan Region.

The Dementia Project Officer partnered with Aged Care facilities by auditing the deaths of 10 residents with a diagnosis of dementia, looking at the dementia type, co-morbidities, Advance Care Planning, hospitalizations in the last 6 months of life, cues signifying end stage and gaps in care (both physical and psychosocial) that could have been addressed by a referral to EPC.

The Project Officer then modelled and mentored staff in best practice palliative care, engaged with residents and their families and identified residents that might benefit from a referral to EPC.
Determining capacity to provide end-of-life care in the residential setting.

Ms Christine While

Presenter: Chris While is a registered nurse who works at the Australian Centre for Evidence Based Aged Care at La Trobe University in Melbourne, Australia. Chris has a strong interest in evidence based practice and knowledge translation in aged care. Her areas of interest and practice are quality dementia care; palliative and end of life care; aged person's mental health and education for personal care workers. Her PhD topic is exploring the impact of community service provision on the meaning of home for people living with dementia.

Additional Authors: Dr Deirdre Fetherstonhaugh and Dr Michael Bauer, LaTrobe University

Abstract

Many older Australians die in residential aged settings, making the provision of best practice palliative and end of life care a fundamental responsibility for residential aged care providers. Building the capacity of the residential aged care workforce to support those who are in the last phase of their life to experience a good death is an imperative.

ACEBAC, at La Trobe University, has undertaken research to identify the system level factors that support the capacity of the residential aged care workforce to provide quality end of life care.

Utilising the evidence-based End-of-Life Standardised Care Process (SCP) as the benchmark upon which to measure best practice end-of-life care, the research team has explored three elements necessary to support care quality:

1. the systems and processes at the residential facility level
2. the work environment (leadership, culture, communication and resources) and
3. staff knowledge of best practice of end of life care, as well as their skills and confidence in delivering quality care to enable the dying resident to experience a good death.

This presentation will describe the outcomes of this multi-centre pilot study, involving four residential aged care facilities who provide high level care in Victoria.

Losing a Resident, Losing a friend

Miss Alice Mohammadi-Asl

Presenter: Alice Mohammadi-Asl is currently the Manager of Cyril Jewell House, a 45 bed Publice Residential Care Facility. Alice has completed a Bachelor of Nursing, Master of Applied Management(Nursing) and Master of Nursing (Advanced Practice). After 16 years in Residential Care, she is still as passionate about creating a positive environment for residents to live and staff to work.
Abstract

In February 2016, Staff at Cyril Jewell House supported one of our residents at the end of his life following his decision to stop his Dialysis treatment.

While this has been explored and discussed quite publically from the resident’s perspective, the experience of the staff and the way in which it was managed is yet to be shared.

There were various experiences of loss with staff who had nursed this man for over 12 years, staff who had recently been bereaved of their own loved ones and staff who couldn’t understand why when some people fought so hard to live, this man was prepared to end his life saving treatment.

While palliative care is part of our core business, this death was very different as it was planned for, it was talked about for months before it happened and it was a well man, making the decision to become unwell, and die.

These are stories and experiences that would be of interest in any environment where staff are dealing with death.

Community & Consumer Participation

### Volunteering, community engagement and palliative care

**Dr Heather Richardson**

**Presenter:** Dr. Richardson works as one of the joint chief executives of St. Christopher's Hospice in South London. Previously she held the post of the part time National Clinical Lead for Help the Hospices. She was also Strategy Advisor at St. Joseph's Hospice in East London. Heather is a registered general and mental health nurse and has worked in hospice/palliative care since 1988. In the past she has held a variety of roles in adult and children’s palliative care, both clinical and managerial in nature. She has a Masters degree in Health Management and her PhD research was concerned with users’ experiences of day hospice.

**Abstract**

Never have volunteers been more important in the delivery of palliative care. They are, arguably the backbone of many of the hospice services in the UK and are increasingly recognized as a valuable addition to teams delivering palliative care in other areas, including hospitals and care homes. Whilst volunteers are often drawn from local communities and could act as a bridge between services and the people they serve, organisations like hospices often fail to see them as part of a community engagement strategy. This blind spot represents a missed opportunity. This session will explore the relationship between volunteers, local communities and organisations delivering palliative care and consider how they can all work effectively together to assist people who are dying or bereaved. It will argue that good community engagement is essential to community participation around death, dying and loss, and that all players are required to achieve a solution that will help communities and society in general attend to the multiple and growing needs in their members related to the end of life. The challenges of bringing together volunteering, community engagement and palliative care provision will be deliberated, along with related opportunities.
Consumers' views on older people's advance care planning: Qualitative research

Ms Emma Sayers

Presenter: Emma Sayers is a law graduate and experienced project manager who has worked in the health service, not for profit, and academic sectors. She recently joined the project team at the Paediatric Integrated Cancer Service at the Royal Children’s Hospital (Melbourne). Prior to that she was the project lead on the Health Issues Centre’s work on consumer engagement in advance care planning. Emma has particular experience as an advocate for the needs of patients and families during life threatening illness. She recently authored a submission to the Victorian Parliamentary Inquiry Into End of Life Choices. She previously spent numerous years working on a qualitative research project at the University of Sydney on cancer survivorship resulting in several publications including the book “Surviving Survival: Life after cancer” (Choicebooks 2001).

Abstract

Background/Aim: As older people (OP) increasingly reside in the community with serious diseases, decision-making regarding on-going care becomes increasingly important. This study aims to gauge community awareness, attitudes and experience of Advance Care Planning (ACP).

Method: Qualitative descriptive, focus group research with OP and children/carers of OP. Recruitment via a not-for-profit, partly government funded agency which supports and informs consumers and the health sector to partner for healthcare improvements.

Results: Eight focus groups comprised 42 participants (15 OP; 27 children/carers). OP demonstrated limited ACP literacy, only occasionally documenting plans. Many OP and children/carers struggled with hypothetical and mortality related discussions. Reactions reflected previous life experiences and sociocultural issues. ACP barriers included mismatched desires for death-related discussions within families, and health professional non-initiation of discussions. Children/carers were often concerned about anticipated proxy roles and managing OP through capacity-to-incapacity transition.

Conclusion: Findings support ACP approaches focussed beyond document completion. Relational, longitudinal models are needed, with regular clinician initiated discussions about OPs’ health states and values, and recognition of individuals’ evolving roles as planners, discussants and/or proxies across the lifespan. Support should address why ACP matters and how to manage the process, prepare for proxy decision-making, and deal with OP declining ACP discussions.
About the new Health Care Complaints Legislation

Dr Grant Davies

Presenter: Dr Grant Davies has been the Health Services Commissioner for Victoria since October 2014, following five years as Deputy Health Services Commissioner and then Acting Health Services Commissioner. Dr Davies began his career as a registered nurse in general and radiation oncology settings and in acute palliative care units. In the mid-1990s he was seconded into Queensland Health to assist in the development of Queensland’s palliative care policies, Queensland’s health outcomes and the impacts of newly emerging guardianship legislation. He then moved to Melbourne in 1999 to undertake similar work with the Victorian Department of Human Services. Dr Davies commenced work in the Office of the Federal Commissioner for Complaints in early 2001 and stayed during its metamorphosis into the Federal office of the Aged Care Commissioner where he was Investigations Manager. He holds a Bachelor of Nursing (ACU), Master of Arts (QUT) and a PhD in applied ethics (University of Melbourne).

Abstract

This presentation will outline the new health complaints processes in Victoria following the passage of the Health Complaints Act 2016 which will come into effect from 1 February 2017 unless an earlier date is proclaimed. The new Act repeals the Health Services (Conciliation and Review) Act 1987 and creates a new position of Health Complaints Commissioner to administer the new Act. This presentation will focus on the changes between the old and the new legislation, how complaints about unregistered providers can be dealt with, as well as outlining the complaints handling standards for health services.

Leadership & Innovation

Building adaptive capability to innovate and manage change

Dr Louise Parkes

Presenter: Dr Louise Parkes is a psychologist and senior consultant at Voice Project, a research and consulting organisation that delivers employee engagement, leadership and service quality surveys. She specialises in working with health and community services organisations, and directs Voice Project's research and development activities. She regularly presents Voice Project research at academic, industry and public forums. Louise is also a Director of HammondCare, a health and aged care provider specialising in dementia and palliative care.
Abstract

Drawn from research with hundreds of Australian organisations and over a decade of experience working with the health and community sector, this presentation will explore how organisations can generate an enthusiasm and willingness to embrace change and drive innovation. We will unpack the relationship between change and engagement, organisational practices that support innovation and change, and characteristics of the innovative leader.

Intrapreneurship: lessons learned reinventing the experience of ageing

Ms Beverly Smith

Presenter: Beverly is an innovative executive leader delivering new revenue growth in service industries including education, health and ageing, financial and professional services.

The application of this experience within health and ageing since 2009 has established Beverly as a leading innovator in an increasingly consumer driven industry, recognised through a national 2015 Good Design Award in the Business Model category, and as a 2015 Executive of the Year – Innovation and Design (Finalist) category by The CEO Magazine.

Beverly brings customer and market insights and an entrepreneurial mind-set to enable organisations to look beyond legacy operating model constraints, envisioning disruptive new revenue growth opportunities through business model innovation and adaptation. Beverly works closely with Directors, Chief Executives and Executives to navigate the duality of governing and operating today’s business while creating the business of tomorrow.

Abstract

We hear a lot about start-ups which conjure up images of university students working in their parent’s garage. However, this risks losing sight of the fact that most innovation must still come from established businesses.

Innovating from within established incumbents is known as Intrapreneurship, and it requires building a new approach to strategic risk management, Board governance, leadership, and strategy implementation, while continuing to operate today’s business.

You will hear how non-profit providers in aged care are applying customer-led design processes to shape their business model innovation, engage their staff and stakeholders, and diversify their income streams. Working as a leader within these organisations, Beverly will share the lessons learned about the courage, conviction and emotional commitment necessary to be an intrapreneur.
Building organisational financial sustainability: how to make it real!

Dr Ingrid Burkett

Presenter: Ingrid Burkett is Senior Associate at The Australian Centre for Social Innovation. She is a social designer, designing and co-designing processes, products and knowledge that deepen social impact and facilitate social innovation. She has contributed to the design of services, policy and processes in a diversity of fields, including frontline social, health and disability services, community development, local economic development, social investment, social enterprise and social procurement. Ingrid is also Social Design Fellow at the Centre for Social Impact, at the University of NSW in Sydney and the University of Western Australia in Perth. Ingrid has worked in the community sector, government and with the private sector and believes that each of these sectors has a valuable role to play in social innovation.

Abstract

This session will provide an overview of what it takes to build financial sustainability in an era where competition for grants is increasing and opportunities for funding are decreasing. There are no magic answers, but there are ways for small to medium sized organisations to start building sustainability and ensure that they remain a viable part of the service system. The session will introduce some tools and strategies, and share some examples of how others have built sustainability.
Forming and sustaining compassionate communities in Victoria

Dr Bruce Rumbold

Presenter: Bruce Rumbold is director of the Palliative Care Unit at La Trobe University. His responsibilities include coordinating spiritual care and health promoting palliative care streams in the Department of Public Health. The Unit works collaboratively with services and other academic programs in community capacity building projects on end of life care.

Additional Authors: Andrea Grindrod, La Trobe University Palliative Care Unit

Abstract

This project began several years ago when it was recognized that bereaved people needed broad based community support, and that relocating bereavement support groups from the palliative care offices into community centres could connect them to supportive communities and ongoing resources. Developing a compassionate communities and health promotion approach would incorporate community grief education, assist in normalizing death and dying and reducing death taboos.

The concept was enthusiastically embraced by staff at a Neighbourhood House centrally situated in the catchment of the Melbourne metropolitan community palliative care service.

Short term bereavement support groups and an ongoing monthly support group are well established, catering for newly bereaved during their first couple of years. Longer term participants – some bereaved for more than three years - continue to require support and have been assisted to form a self-facilitated group. They are supported by the staff at the neighbourhood house. Bereaved participants join in other programs at the centre.

Other initiatives have included open grief and loss workshops and a community event for Dying to Know Day. Neighbourhood House staff recognize that most participants at their centre have experienced losses, and have identified the need for grief and loss education.
Responding to patient's needs: patient rated symptom distress using SAS

Ms Sabina Clapham

Presenter: Sabina commenced with PCOC in 2008 and is currently the national education manager. Sabina has a Masters in Clinical Nursing, a specialty certificate in palliative care nursing and a Certificate IV in Training and Assessment. Sabina has worked in palliative care inpatient nursing and a number of palliative care education positions and projects

Additional Authors: Jane Connolly, Palliative Care Outcomes Collaboration

Abstract

The Palliative Care Outcomes Collaboration (PCOC) is a national program designed to embed validated clinical assessment tools into routine clinical practice to drive improvement.

Clinical assessment, systematic monitoring, and management of symptoms are key components of palliative care. How can we, as clinicians, ensure we are responding in an equitable and inclusive manner to patient need? The Symptom Assessment Scale (SAS) is a validated patient rated assessment tool that measures the patient’s level of distress relating to individual symptoms. The tool assists patients to assess their own needs, leading to the identification of the patient’s priorities relating to individual symptoms.

The workshop is designed for palliative care health professionals to improve and consolidate their knowledge and skills in using the SAS tool.

Delegates who participate in this workshop will gain knowledge and skills in clinical observation, symptom assessment, communication, documentation, and the clinical application of SAS.

Learning format/s used will be the delegate’s involvement in role play, case scenarios, and observation and critique of proxy and patient rated SAS assessments.

Achievement of the learning goals will be assessed during the workshop as indicated by the respond to the case studies and by offering an online survey to delegates post workshop.
Compassion in action: exploring the essence of palliative care

Dr Rosalie Shaw  PSM OAM FRACMA FAChPM

Dr Rosalie Shaw is one of the pioneers of palliative care in Australia and Asia. After establishing the first hospital-based palliative care unit in Australia in 1981, Dr Shaw spent 18 years in Asia as Medical Director of community and inpatient hospice programs, as a consultant at the National Cancer Centre and KK Women’s and Children’s Hospital in Singapore, and later as Executive Director of Asia Pacific Hospice Palliative Care Network.

Dr Shaw is currently a locum consultant with the Victorian Paediatric Palliative Care Program at the Royal Children’s Hospital in Melbourne and after 35 years in full time palliative care practice she is still committed to her original vision of palliative care.

Abstract

Palliative care arose in response to a perceived lack of compassionate and appropriate care at the end of life. Has palliative care remained true to this intention? Are we losing the capacity to relate at a deep level to the suffering of our patients and their families? Have we forgotten how to nurture our patients as we attempt to provide evidence-based management of symptoms? Is it possible to be a compassionate clinician without being overwhelmed? Are we demonstrating compassion for our colleagues and ourselves in the setting of diminishing resources and increasing bureaucratisation of health care? Is palliative care still expressing compassion in action?
Victoria’s new end of life and palliative care framework - implementation priorities for 2016/2017

Jackie Kearney, Project Director, End of Life Care, DHHS

Jackie Kearney holds a BA and BSW and is Assistant Director, Continuing Care in the Victorian Department of Health and Human Services. She manages a range of services focussed on providing care for older people and people with chronic illnesses including geriatric services, palliative care, rehabilitation and a range of hospital substitution and diversion services.

She has also undertaken policy development focussing on supporting people to participate in decisions about their health care at the national and state levels including analysing the health care system from a consumer point of view.

Jackie has held a number of positions focussed on service development and quality and has a long standing interest in creating person focussed health care delivery. She has worked at Monash Medical Centre, The Royal Women’s Hospital and Melbourne Health in Victoria.

Jackie is currently working ‘off line’ on end of life and palliative care and advance care directives policy development.

Abstract

Background
Demand for end of life and palliative care in Victoria is increasing at an average annual rate of four per cent. This is due to a population that is growing and ageing and the prevalence of chronic disease. These factors, along with a growing understanding of the benefits of palliative care means that it is no longer possible to leave end of life care to palliative care providers alone.

Victoria’s end of life and palliative care framework was released on 7 July 2016 and redefines end of life and sets an expectation that all health, human services and community providers should take responsibility for delivering high quality end of life care.

Goals
The framework has six goals to improve end of life of care in Victoria. These are:

- People experience optimal end of life care
- People’s pain and symptoms are managed with quality interventions
- People express and record their values and preferences for end of life care
- Carers are supported
- People are cared for in their place of choice
- Where possible, people die in their place of choice
In 2016-17 the department will work on developing a set of performance measures to monitor progress towards achieving the framework goals, including measures for client and carer experience.

Terminology
This framework uses the terms ‘end of life care’, ‘palliative care’ and ‘specialist palliative care’. These terms are important because actions developed under each of the priorities will build system capacity focussed on each of these concepts.

‘End of life care’ is used to describe the care that is needed for people who are likely to die in the next 12 months. Actions will support services to better focus and provide care that responds to the needs of people in their last year of life.

‘Palliative care’ is used to describe care based on need (regardless how close someone is to death) and provides care and treatment for symptoms and supports people and their families in order to improve quality of life. Actions will focus on building skills in palliative care across non-specialist palliative care settings so all clinicians can support improvements in the quality of life for their own patients along their illness trajectory.

‘Specialist palliative care’ describes clinicians and designated specialist palliative care services that provide care for those with the most complex care needs. Often the most valuable role palliative care specialists can play is supporting other healthcare teams to provide end of life care to their patients. Actions will focus on improving the effectiveness of, and access to, specialist skilled services and staff.

Purpose of the session
Priority areas
It is intended that the framework will guide the delivery of end of life and palliative care over the next decade and beyond. The framework is focussed on developing and delivering actions in five priority areas. These are:

1. Delivering person centred services
2. Engaging communities and embracing diversity
3. Coordinating and integrating services
4. Making end of life and palliative care everyone's responsibility
5. Strengthening specialist palliative care.

Each year an annual plan will be developed that is guided by the five priority areas and their aims.

In 2016-17 the focus is on reforms that will become the foundations for future plans. These reforms will include:
- Introducing statutory recognition for advance care directives
- Continuing to support advance care planning in our services
- Testing new models of care that promote service coordination and integration
- Developing new models of home based palliative care
- Ensuring consistent care by standardising community palliative care service delivery
- Supporting volunteers
- Promoting equitable access for diverse communities and groups
Aims of the session

1. To prioritise practical suggestions contributed during the conference (via display boards) about the actions for 2016-17 based on:
   - Those that establish the ‘building blocks’ for future actions and work plans
   - To identify the ‘quick wins’ to help build momentum

2. To provide information about next steps for engaging the sector and governance and communication arrangements for the work plan.

Using the feedback from the display boards
Conference attendees will have the opportunity to contribute to the 2016-17 work plan by adding practical actions and ideas under each of the seven report priorities for 2016-17. The display boards will have collected information about actions related to each of these reforms.

Attendees will also be able to add ideas to a display board that focusses on opportunities and actions in future years. This will help shape the work plans beyond 2016-17.

These will be presented back to the participants and the session will invite them to help to identify the priority actions from the feedback collected from the display boards.
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<th>Poster Title</th>
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<td>Pippa Wischer</td>
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<tr>
<td>A selection from the exhibition</td>
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<tr>
<td>Caring in the Grampians Region - A Carer's Perspective</td>
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<tr>
<td>Evaluation of nurses’ action outcomes and exploration of their perspectives of the implementation of the Palliative Outcome Scale-Symptom (Renal Version) assessment tool in a haemodialysis satellite service in regional Victoria.</td>
<td>Vicky Smith</td>
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<tr>
<td>Five minutes of nurturing - engaging individuals spiritually enhances team connection</td>
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<td>Increasing collaboration between Palliative Care and Intensive Care services</td>
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<td>Skilled Intake Nurse + robust initial assessment + triage framework = responsive access to service</td>
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<td>Normalising and Supporting Clinician Emotional Reactions to Grief and Loss</td>
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<td>The development of a successful community partnership providing bereavement support.</td>
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Conference Venue

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