



PALLIATIVE CARE STRATEGY

Executive Summary

July 2007

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Our Motivation

The proposed Palliative Care Strategy draws on the St John of God Health Care group's responsibilities as a Catholic Health Care provider to be able to offer people holistic care within its facilities and to set a benchmark for the Australian health care system in Palliative Care. The Catholic Church has long argued for respect and dignity for people within society and in particular for those at the end of their life, so we have a particular responsibility and obligation to promote and practice the best possible palliative care service.

The Church's view was perhaps best described in "Ecclesia in Oceania – The Church in Oceania" Pope John Paul II, where it describes one of the challenges facing the Church in Oceania being the threat to the right to life in the more secularized and affluent societies.

It states "In the present conflict between a "culture of life" and "a culture of death" the Church has to defend the right to life from the moment of conception until natural death, at every stage of its development".

Further, "Life must be promoted and its sanctity defended against every threat of violence in its many forms, especially violence against the weakest – the elderly, the dying, women, children, the disabled and the unborn".

While the Australian debate around euthanasia has subsided it remains a regular topic with a focus towards compassion for those experiencing unbearable pain and suffering at the end of their life. While the motivation for those seeking access to euthanasia as a right for their patients or from patients and families themselves, is understandable, the Church's position remains abundantly clear.

"It is not a question of the Church seeking to impose her morality on others, but rather of being faithful to her mission to share the full truth about life as taught by Jesus Christ. The promotion of the sacredness of life is a consequence of the Christian understanding of human existence. This message must be taught by the Church not only within the Catholic community, but, in a prophetic way, to society as a whole in order to declare the power and beauty of the Gospel of life."

With this context in mind the Palliative Care Strategy is designed to ensure that we offer a palliative care service in our facilities that respects and supports the wider Church view and above all we offer patients and their families the best possible chance to die with dignity and respect and to minimise their pain and suffering with the best available medical support and assistance.

As death approaches the quality of life and the time remaining matter deeply. Palliative care does not seek to prolong dying nor does it seek to truncate it with medication or other means. It does not commit people to days of deliberate, futile and undignified coma nor to death by dehydration.

The hallmark of good palliative care is to improve the quality of life for people with a life limiting illness, the focus is not towards cure of physical illness but rather a positive and open attitude to death and dying. Our services therefore shift from one of treatment for cure to promoting an open approach to discussions about death and dying between health professionals, their patients and their families to best identify the individual's wishes regarding end of life care.

The Strategy

The proposed strategy has two main elements. The first is a focus on our existing palliative care services located within all of our hospitals, it seeks to "lift the bar" on all of our services and follows an examination and discussion at each of our hospitals through the Group Coordinator of Palliative Care on (08) 9429 3277. Her visits resulted in an agreed approach to be adopted in each of the hospitals.

The second element is to adopt a group wide approach to address issues such as education and training, development of partnerships and advocacy and influence throughout the palliative care community.

St John of God Hospitals

The standard being sought at each of our hospitals seeks to reflect current contemporary and best practice standards while accommodating the particular service configuration in each of the communities we are represented.

As a general observation the Victorian State Government has been more active in establishing palliative care services throughout the public hospital network in that state. This includes the establishment of residential facilities as well as community based services. Within this context most of the actions required in our Victorian facilities focuses on how they relate and refer patients between services, particularly after discharge from our hospitals.

The Western Australian palliative care strategy relies more on a disparate arrangement with non government agencies more involved in the provision of community based palliative care services such as Silver Chain and one dedicated Hospice (St John of God Murdoch Community Hospice). With the closure of the Cottage Hospice, the beds have been dispersed across a number of public and private hospitals mainly north of the river.

Our hospitals in Bunbury and Geraldton also offer Palliative care inpatient services including contracts for care of public patients. In the case of Bunbury the service also provides the community based component of the palliative care service.

In both the Victorian and Western Australian contexts there are opportunities for strengthening our palliative care services and the strategy adopts an approach by describing the existing services and setting aspirational goals for each of the services through to 2012. This includes basic background information for our divisions on:

- Standards for palliative care
- Definitions

- Information on demographics and trends
- Service delivery models
- Funding sources
- Special groups

Group Wide Strategy

In addition to the specific divisional goals the strategy also recommends the adoption of broad group wide approaches to support palliative care development across the organisation. This will be enabled by the following actions:

- Education and Training
The development and maintenance of a graduate nurse rotation, incorporation of palliative care as a major within the Notre Dame nursing curriculum, medical training and clinical placements.
- Clinical Excellence
Establishing dedicated Clinical Nurse Specialists/Consultant to coordinate our palliative care services within major sites and as a shared resource where necessary, establish mandatory clinical competencies for those working in palliative care areas particularly multi disciplinary teams and assist Divisions to implement quality improvement programs and monitor their performance.
- Information and Policy Development
All sites to have a palliative care resource guide, establish clear pathways and protocols for transition of patients from curative to palliative phase, establish clear policies on high cost drug usage and protocols for patient management, bereavement support, guidelines for complementary therapies and effective support structures for volunteers.
- Research
Clinical nurse specialists to establish close links and a minimum common data set for benchmarking and planning purposes with Universities and assist them in development of palliative care research agenda, including evidence based practice. Clinical governance and risk management approaches established with support from Universities. Close relationship with Chair in Palliative Care in Victoria and consider a similar arrangement in WA.
- Funding sources
Advocate for introduction of funding for intensive provision of palliative care for non-malignant disease such as Motor Neurone disease. Advocate with health funds for removal of step down rates for Palliative patients and introduce rebates for complementary therapies and home based services. Investigate grant funding support through Australian government and rural programs to assist in bringing palliative care expertise into rural settings.

Implementation

It is proposed that a Coordinator for palliative care be established for the Group. The responsibilities of the Coordinator will be to assist divisions to achieve the agreed goals for their services and act as a resource and reference point for guidance. The coordinator will also carry responsibility for implementing the group wide initiatives outlined in the strategy and oversee the monitoring and reporting of our achievements within palliative care. The role will also incorporate the advocacy and representations made to funders and through participation on the major palliative care groups National and State.

The coordinator will be establishing key performance indicators and reporting on a quarterly basis the achievements against the strategy and annual operational plans.

A detailed budget has been prepared outlining the financial contribution necessary to support the strategy. It is envisaged that other avenues to support the strategy will be sourced over the next few years including government grants. Seed funding will be reviewed annually in line with each Divisions' performance against the strategies identified. As mentioned previously, collaborative partnerships are vital for the sustainability of the service and prior to budget planning each year, consultation needs to be undertaken with key partners to determine needs etc.

By 2012, Palliative Care should be part of mainstream service delivery within all the St John of God Health Care Divisions.

For further information, please contact the Group Coordinator of Palliative Care, St John of God Health Care on (08) 9429 3277