Palliative Care Clinical Network Steering Committee

Date/Venue: 13 February 2020
Chair: Dr David Holden
Attendees: Jane Marshall, Alan Bevan, Mark Waters, Kate Swetenham, Linda Foreman, Stephen Byrne, Deidre Morgan, Caroline Amato, Helen Stone, Peter Allcroft, Charlotte Griffiths, Parry Agius, Peter Jenkin, Peter Allcroft, Sara Fleming, Lesley King and Rama Ramanathan (Minutes).
Apologies: Tracy Bryant, Katie Billing (Ex-officio), Elizabeth Fallas and Sonia Schutz
Guests: Helen Chalmers

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<th>Agenda item</th>
<th>Discussion</th>
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<td>1. Welcome</td>
<td>Members were welcomed and they introduced themselves.</td>
<td>Action 1: Set up meetings with Committee members in the coming weeks.</td>
<td>PCCN Secretariat (Ongoing)</td>
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<td>- David mentioned that Rama and he will make an attempt to visit and talk to as many of the members within the Steering Committee in the coming weeks to encourage their active contribution to the PCCN.</td>
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<td>- David encouraged members to contact either himself or Rama with concerns and ideas for the steering committee and palliative care clinical network.</td>
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<td>2.</td>
<td>Minutes from previous meeting / outstanding action items</td>
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<td>- The Draft Minutes of the 11 Dec 2019 meeting was amended based on further input as some of the discussion of the meeting had not been adequately captured.</td>
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- David mentioned that we welcome and are grateful for feedback and the opportunity to amend the minutes. Naturally, the steering group will have a further opportunity to review and finalise the minutes at the meeting as usual.

- Future practice will be to complete and distribute the minutes as soon as possible after the meeting, for group consideration.

- The Committee accepted the amended minutes of the meeting held 11 December 2019 as a true and accurate record of the meeting with a change to note that Peter Allcroft was an apology at the meeting.

- No actions from the previous meetings were outstanding.

- Permission has been given for recording the meeting for minute completion to then be erased on completion.

3. Conflict of interest
   - None declared

4. DHW Reporting
   - Helen C talked to the Palliative Care Election Commitment Update February 2020 briefing.
   - LHN Specialist Palliative Care services have commenced their innovation and service development projects which aim to target comprehensive 24/7 palliative care services. NALHN and WCH have been successful in initial implementation of their projects.
   - WCH wanted to upgrade their on call 24-hour model which was nurse consultant led to a Medical Consultant and Nurse Practitioner model on call service. Due to recruitment issues with the Nurse Practitioner position, there is now a Registrar employed that has resolved this problem.
   - CALHN and SALHN are having issues with recruiting to positions and procurement for their service expansions. However, work to establish new models of care for those serving a custodial sentence in a SA Prison facility and those who are homeless or vulnerably housed has begun at CALHN. Consideration of funding extensions for these projects will be explored in future where/if necessary.
   - The Department for Health and Wellbeing has released a Palliative Care 2020 Grants Program on 10 February 2020. The Program will support non-government organisations to improve and diversify palliative care options for those living in residential aged care and to increase access to services across South Australia for those who need it most. A briefing session will be held on 14 February for agencies interested in applying for these grants.
- Helen C also briefed the Committee on some preliminary work that has begun around the Advance Care Planning – 90 Day Project which is currently being planned with the intent to run across March-May 2020. The project is to promote uptake and increase awareness of Advance Care Planning in Residential Aged Care Facilities, and in the community more generally. This is also a priority for the Urgent Care Clinical Network.
- Multiple agencies will be utilised to deliver the project. Further details will be announced soon once stakeholder consultations and necessary planning have been completed.
- Parry enquired on how the 90-Day project will have a focus on Aboriginal people living in remote parts of SA and address any issues around immediate family members being concerned about making decision for others.
- It was not clear how ACD uptake could be enhanced within Aboriginal populations especially as writing an ACD is based on personal choice. Helen S mentioned that there could be some key learnings from the NT Aboriginal communities.
- David mentioned that it is important for the PCCN Steering Committee to establish a sub group to identify the meaning behind and the key issues in Aboriginal Palliative Care and to use the learnings from the work to improve access for Aboriginal and other culturally and linguistically diverse groups. Parry agreed to lead the sub group.
- Key challenge is around a high percentage of residents in RACFs not having decision making capacity to be able to complete an ACD. Sara mentioned that key learnings from the project could be helpful even for improving uptake of ACDs among paediatric clients who may have limited understanding about their illness or decision-making capacity (e.g. those with Cerebral Palsy).

| Action 2 | Committee members to provide comments and suggestions regarding the Advance Care Planning – 90 Day Project. |
| Action 3 | Establish a Aboriginal Palliative Care sub-group under PCCN led by Parry. |
| PCCN Secretariat to compile for Helen prior to next meeting. |
| PCCN Secretariat to establish an EOI process for participation prior to next meeting. |

5. **Discussion: Vision, Aims and Priorities**

- Members discussed changes to the circulated draft of the Vision and Aims document (see attached).
- Group agreed to keep the word ‘consumers’ as it has currency, is easily understood and the best word under the existing circumstances. We can revisit the language, vision and the aims again upon the release of the National Palliative Care Strategy 2018 Implementation Plan.
- Helen S offered to circulate COTA’s Submission to the Royal Commission into Aged Care Quality and Safety on why they prefer to use the word consumers.
- Keep consumers, carers and the community focus in the Vision statement.
- Remove ‘South Australian’ in Vision as some services (e.g. Paediatric service) works beyond SA.

| Action 4 | Circulate COTA’s document to the Steering Committee. |
| Helen S through the PCCN Secretariat. |
Lesley mentioned that End of Life Directions for Aged Care (ELDAC) project is working with 35 Aged Care service providers to develop a prototype Digital Dashboard focusing on end of life indicators. The dashboard will enable basic data collection around processes relevant to end of life care and provide reporting functions relating to these processes and activities.

Mark proposed and David and members agreed that a sub group could be established to further discuss and progress relevant work around meaningful data collection. Deidre agreed to lead the sub-group. The data fellows being appointed by the Commission would be able to support some of this work.

Caroline was interested in someone from RDNS participating in the Data sub group. Members agreed to encourage participation from people external to the PCCN Steering Committee with relevant skills while establishing both the Aboriginal and Data sub groups.

**Action 5:** Lesley to send ELDAC links on data collection and Digital Dashboard.

**Action 6:** Establish a subgroup to consider data collection in palliative care.

**Action 7:** Send out the updated Vision and Aims document to the members out of session.

**Action 8:** Send out the DHW Palliative Care RASCI document to the members out of session.

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### Responsibility Assignment Matrix (RASCI)

DHW is working on identifying the various palliative care initiatives it is undertaking and providing further clarity and information on funding, geographical scope, duration, what stage the project is at and on who is responsible, accountable, supporting, consulted and informed.

This document will be used with the PCCN approved Vision and Aims document to identify potential areas of focus for the PCCN workplan. Early insights suggest that these could be in the areas of Aboriginal palliative care, Grief & Bereavement, GPs and Primary Care and Data collection and measurement.

**Action:** Send out the DHW Palliative Care RASCI document to the members out of session.

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### Update – Bereavement Sub group

Kate mentioned that the subgroup of bereavement coordinators within specialist palliative care services, Grief Link, Palliative Care SA, Parry Agius has started to meet.

Two streams of work have been identified:

- **Stream 1:** Map bereavement services that exist within health and community services system.
- **Stream 2:** Reporting and capturing bereavement activity in Sunrise Electronic Medical Record (EMR) in a consistent manner across the health system. Services provided to the carer pre & post bereavement is usually captured under the patient’s record vs creating a separate occasion of service for the carer. This provides only limited visibility of the bereavement work undertaken by specialist palliative care services and other specialities. Therefore, some business rules are being established initially to capture bereavement activity for carers appropriately in Sunrise EMR.

**Action:** Send out the updated Vision and Aims document to the members out of session.

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**PCCN Secretariat to circulate prior to next meeting.**

**PCCN Secretariat to establish an EOI process for participation prior to next meeting.**

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**PCCN Secretariat prior to next meeting.**
- Peter wish to be involved in the subgroup to contribute an Aged Care perspective to the work.
- Bereavement services across the private sector within the hospice and the community is also varied for the smaller number of patients being seen. Calvary Care may be better placed to provide bereavement support compared to other private providers in SA.
- Next meeting of the subgroup will be on 11 March.

### 8. Data Fellows
- Not discussed

### 9. Microsoft Teams
- Being trialled as a mode of communication within the Urgent Care Clinical Network but with limited success. Secretariat will continue to use group emails for the time being until a better solution is identified.

### 10. Clinical Lead Update
- Due to limited time, David indicated that his report of the work he has been undertaking between meetings will be provided with the Minutes.
- Peter Allcroft and Sonia Schutz are welcomed as the two Rural Clinical Leads for Palliative Care.
- David highlighted the need for the Steering Committee to have a Deputy Chair to run the meetings when he is unable to make the meeting. He asked for personal Expression of Interest from the Committee Members.
- The PCOC team visit is being planned for May and a meeting is being arranged by the Department of Health & Wellbeing for anyone interested. More details will be available soon.

| Action 9: Circulate David’s report to the Committee with the Minutes. |
| Action 10: Write to Rama to nominate to become a Deputy Chair |
| PCCN Secretariat prior to next meeting. |
| Interested committee members prior to next meeting. |

### 9. AOB

**Life Extinct Documentation**
- The previous PCCN put up a Policy of Life Extinct to SA Health based on what RDNS was doing at that time for community staff to go out to declare life extinct in the absence of a medical doctor. Kate has been speaking with the SA Health Chief Nurse, Jenny Hurley to explore that as an option for the busy specialist palliative care services. The policy may need to be amended as it is only a possibility now in the absence of a medical doctor. Hospitals maintain that it is unlikely that a medical officer...
is not present. There needs to be more discussion offline with Jenny to identify next steps.

Caring@home Kit
- The kit has been produced for community service providers, health care professionals and carers to support carers to help manage breakthrough symptoms safely using subcutaneous medicines. Mark has had conversations with the Metropolitan Referral Unit and Paul Tait, Pharmacist at SALHN who has been involved in the development of the kit. Feedback around utilisation of the kit has been positive but there are cost issues around encouraging a greater uptake across health and aged care systems. RDNS is considering the utilisation of the kits but upon discussion with Specialist Palliative Care Services. Resthaven has incorporated the learnings from Caring@Home project into their current policies and guidelines. Mark mentioned that it would be good from a best practice and standardisation point of view if the kits were implemented more widely.

“Finding the service for you” – PCSA website development
- Mark mentioned that PCSA is re-designing its website with enhanced search functions which provide a greater clarity on palliative care services available near someone.
- Sara also flagged that it would be timely to do a review of the current referral forms to Specialist Palliative Care Services.

Seven Step Pathway Documentation
- David is having conversations with Jenny Hurley regarding the review of the 7-step pathway documentation to allow community palliative care nurses to be able to complete them independently.

| Action 11: Circulate information regarding Caring@home to members. | PCCN Secretariat prior to next meeting. |
| Action 12: Follow up on the need to and on who can review the referral form. | David at next meeting. |
| Action 13: Provide further update on review of the 7-step pathway documentation. | David at next meeting. |

10. Close
- Meeting ended around 5.20pm.
- Next meeting will be held on Thursday, 12 March, 3.30-5pm.