

From:
To: [Joint Select Committee on End of Life Choices](#)
Cc:
Subject: Questions Arising from Evidence to the Select Committee on End of Life Choices
Date: Friday, 25 May 2018 11:19:34 AM
Attachments: [Summer-2015-1.pdf](#)
[Exits-factsheet.pdf](#)

Hello Jeannine

My apologies for the delay in responding to the Committee's questions and to your follow up email.

I shall have to continue to get the level of the palliation supplement confirmed, but the way the system works now is as follows:

There was specific funding allocated for palliative care services in some residential care activities upon application under the PEPA program. Sadly this concluded in June 2017. My staff advise me that there is still some funding accessible for palliation for residents in residential aged care. Part of the dilemma we have in changing from a general residential care focus to a palliative approach to all care is that the traditional mode for recognising palliation may be necessary for an older frail resident will be only in the last week or so of life, and not, for example, the two to three months leading to death. The Commonwealth will provide some additional palliative care supplement but for a period of six weeks where additional management overhead of assessment and recording of justification for service requires additional staff hours. Some find this too onerous to claim and simply continue to provide good palliative care from within their own resources.

The following and attached resources may be of some limited use.

May 2016

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In May 2015, the Government announced the successful organisations to receive funding under the National Palliative Care Projects until June 2017. Projects funded will support quality service delivery, by focusing on the following areas:

- service provider skill development (frontline worker education and training);
- service quality improvement (in acute and community health settings);
- research and benchmarking (build and enhance capacity within the palliative care sector);
- advance care planning (strengthen understanding and uptake);
- knowledge building and awareness (improve sector knowledge and community awareness);
- improve collaboration and linkages between all Governments' palliative care activities; and
- collate and distribute palliative care information across the sector.

The Australian Government has considered the 38 recommendations made in the Report, and detailed responses in relation to each recommendation of the Senate Community Affairs References Committee report on Palliative Care in

Australia (the Report) are below. Details are correct at time of drafting.

11	The committee recommends that service delivery models include greater emphasis on community-based care, 'dying in place', and a reduction in unnecessary hospital admissions.	<p>Noted</p> <p>The Australian Government notes that state and territory governments operate palliative care services, a form of sub-acute care, as part of their health and community service provision responsibilities.</p> <p>The Australian Government is committed to ensuring people and their families have the support and assistance to allow end of life planning to be about personal control and choice. The Government recognises that care providers need to be appropriately skilled to look after people needing palliative care in the community.</p> <p>The Australian Government notes that community-based palliative care supports people to die at home, if that is their wish, and may be a cost effective model that could reduce the demand on hospital services. The Australian Government funds the \$49.2 million Better Access to Palliative Care in Tasmania Programme, which is trialling a community-based palliative care model and aims to increase access to community-based palliative care for people with life limiting illness nearing the end of their life.</p> <p>In May 2015, the Australian Government announced funding for palliative care education and training including:</p> <ul style="list-style-type: none"> • Queensland University of Technology to continue educating and training the health workforce to provide quality palliative care; and • Australian Healthcare and Hospitals Association to continue online education and training to assist health workers in the use of the Guidelines for a Palliative Approach for Aged Care in the Community Setting. <p>These projects will assist in skill development, education and training to palliative care service providers, including those who work in the community setting.</p> <p>The Australian Government also funds :</p> <ul style="list-style-type: none"> • Specialist Palliative Care and Advance Care Planning Advisory Service, to
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		<p>improve the palliative care skills and advance care planning expertise of aged care service staff in both the residential and community care sectors. The Advisory Service aims to improve the quality of care for aged care recipients and to prevent unnecessary hospital admissions; and</p> <ul style="list-style-type: none"> • The Better Health Care Connections (BHCC): Short Term, More Intensive Health Care for Aged Care Recipients Program to improve access to more complex health care services for aged care recipients in residential and community settings. <p>The Australian Government funded:</p> <ul style="list-style-type: none"> • The Palliative Approach Toolkit (PA Toolkit) for residential aged care facilities (RACF) to enable effective day-to-day practice by staff caring for residents who are at the end of their lives. The PA toolkit has been provided to every RACF across Australia and is available electronically on the CareSearch Website.
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With respect to the Commonwealth Report which conformed that the Commonwealth did not specify length of stay and disease classification for residents in age care. It does provide some reporting for “discharges” from care as per the attached pdf. This information whilst illuminating is not particularly helpful to my comments. I cannot substantiate my comments around the length of stay other than to say this is anecdotal based on discussions with a range of colleagues. It is somewhat supported by the attached report. That is, whilst the Department of Health discusses average length of stay as still being well in excess of two years, there are complicating cohorts of residents in that mix. There are some for whom respite care provides about 8 weeks per annum of care, to some people previously admitted as low care recipients as far back as the 1990s who are still ageing in place. My commentary was around those admitted in recent times, not generally living with advanced dementia, who are admitted predominantly for advanced chronic health care needs that cannot be managed at home. This cohort on average has a significantly lower length of time in care than those with dementia. Some colleagues are now advising, anecdotally of course, that in their facilities, they are down to a less than twelve months length of stay for this group. I can share with the Committee that one of our facilities, a 52 place aged care facility that commenced life in the late 1990s as a low care facility, has in each of the five financial years prior to 2017-18 had eight discharges through death on average each of those years. At the end of March 2018, it had 40 discharges due to death, or about 1 discharge due to death per week. Our view is that order of change will continue to happen.

Aged care is changing and palliative care services are a must have, not a nice thought.

I hoep that the above explanations have been helpful.

Regards

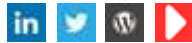
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PEPA

Program of Experience in the Palliative Approach

Funded by the Australian Government Department of Health

NEWSLETTER

SUMMER 2015

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EDUCATING. TRAINING. IMPROVING CARE.

The Program of Experience in the Palliative Approach (PEPA) provides an opportunity for health, aged and community care professionals working in primary care or non-specialist palliative care settings to improve confidence and develop skills in working with people with palliative care needs. PEPA offers funded workforce placements in palliative care specialist services (host sites). These have three components:

- A supervised clinical placement in a metropolitan or larger service (inpatient, community and/or hospital based consultancy)
- Integration of learning into the participant's practice
- Post-placement support

PEPA also offers tailored workshops. Please access the PEPA webpage for further details: <http://www.pepaeducation.com/>

PEPA is a national palliative care project funded by the Australian Government Department of Health as part of the Palliative Care Education and Training Collaborative (incorporating PEPA and PCC4U).

UPDATE FROM THE NATIONAL TEAM

Happy New Year to all of our lovely readers and supporters! As the Christmas sparkle fades and the carols cease, it's time to take a breath and look forward to the year ahead. What new adventures and delights await you? What hopes and dreams might come to fruition? In your professional practice, how will you continue learning and improving the delivery of care?

Recently, I've been reminded of the importance of having an enquiring and curious mind. A study by Dyche and Epstein published in the Journal of Medical Education (2011, Jul; 45 (7): 663-8) noted that 'curiosity is fundamental to understanding each patient's unique experience of illness, building respectful relationships with patients, deepening self-awareness, supporting clinical reasoning, avoiding premature closure and encouraging lifelong learning.' Too often we fall into the trap of looking for an instant answer or a quick fix. This leads to snap clinical judgements rather than teasing out the various strands of intertwined information that may lead to a new perspective or approach. Voltaire, the French writer, historian and philosopher famously said, 'You should judge a man by his questions, not by his answers'. So I pose, what questions are you asking in relation to your professional practice? In 2016, does your curiosity need to be rekindled?

Here in the national PEPA office our curiosity and quest for continuous quality improvement keeps us examining ways to more efficiently and effectively prepare the Australian health workforce to deliver high-quality, holistic, person-centred and culturally respectful care to people with life-limiting illness and their families. Over the past couple of months this has led to more efficient data management processes, development of online pre- and post-placement surveys and creation of discipline-specific promotional materials for the Aboriginal and Torres Strait Islander workforce, aged care workforce and medical practitioners. As part of the Palliative Care Education and Training Collaborative we also co-hosted with PCC4U a national workshop to finalise a framework for a whole-of-workforce approach to palliative care education and training. Watch this space as further details of these innovative models and materials become available.

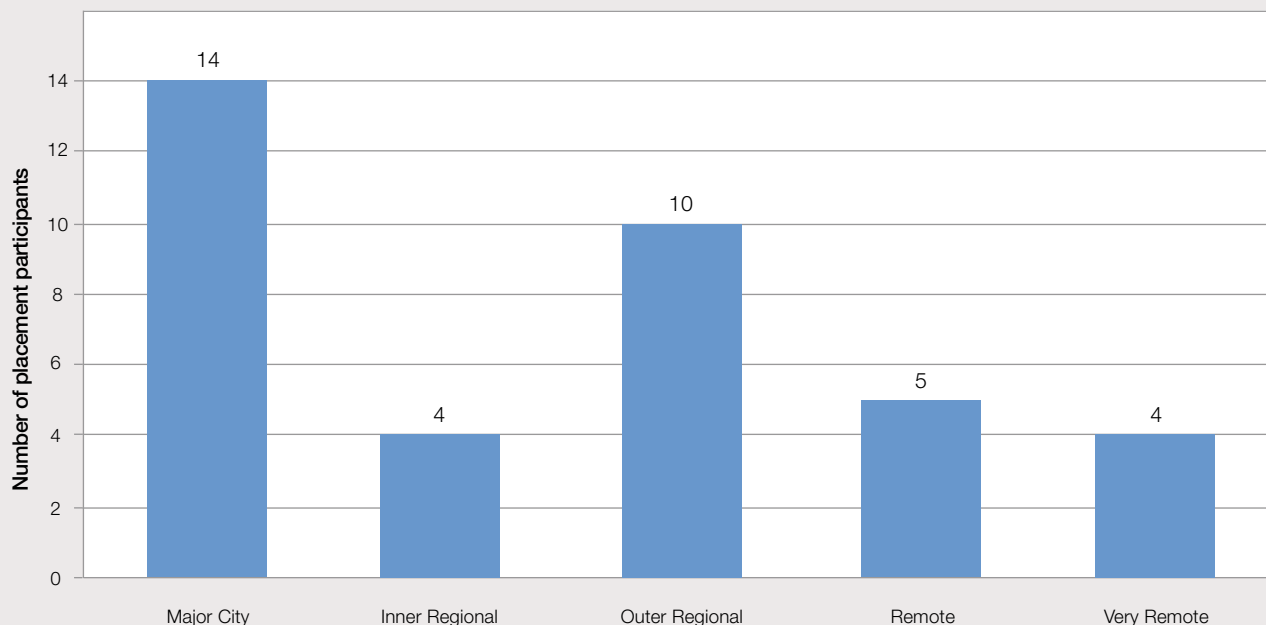


A snapshot from our recent GP film promotion, with mentor Dr Janet Hardy, our PEPA participant Dr John Chapman and our patient actor, Sam Howard. Photo by Glenn Hunt.

TRACKING ACHIEVEMENTS

The 2015-2017 phase of PEPA formally commenced in March 2015. Placement and workshops commenced shortly thereafter in most states and territories. By 30 June 2015, the program delivered a total of 37 placements and 14 workshops. A breakdown of placement participants by geographical remoteness is included in Table 1. Data for July to December 2015 will be available in the next edition of our newsletter.

Table 1: Breakdown of placement by geographical locations between 1 Jan 2015 - 30 June 2015 (n = 37)



MAKING A DIFFERENCE:

Evaluation responses from employers of PEPA participants who completed a placement in 2015 describe a range of positive impacts on their workplace. Some examples of these benefits include:

- Having a member of staff who can deliver in-service education to colleagues
- Increased knowledge of available resources
- Better understanding about pain management procedures
- Increased use of advanced care planning
- Embedding a palliative approach within care plans
- More efficient care coordination within the workplace
- More effective collaboration with external organisations

92% of employers surveyed reported that their employees' involvement in PEPA has increased their organisation's capacity to care for people who have a life-limiting illness.

STAFFING NEWS:

With the start of a new year comes the appointment of a new National Project Coordinator, Sue Hadfield. We welcome her to the team and are excited that she brings to this role a wealth of experience from working in health care in varied nursing and senior management positions which have delivered state-wide services, programs and projects.

We would also like to express our thanks to Natasha Myers, our outgoing National Project Coordinator and wish her and her family well as they embark on their new adventure in New Zealand. After more than seven years in the role it won't be quite the same without her.

REFLECTIONS ON IMPROVED CARE:

Alison Paton, RN

Recently, there were some impressive comments made about the improved capacity of the Jindalee RACF team in caring for palliative patients. This feedback was forwarded to the Jindalee team and their nurse educator provided the following response:

“Thank you so much for giving me this feedback. I think there are a few reasons why our care has improved:

- 1) We have formed our JAD team [Jindalee Approach to Dying]... The 4 AINs involved in this team are the ones that completed the 4 day REVERSE PEPA program... The education they received was outstanding and they all provide excellent EOL care to our residents...
- 2) We have two CNCs who both have a great interest and ability in EOL care. One of the CNCs is ...now full time. Her ability to work with dying residents and their families has increased dramatically...
- 3) Someone from PEPA told me last year about the online palliative care training (www.palliativecareonline.com.au). For about 12 months now I have given every new nursing staff member (AIN, EEN/RN) a copy of this flyer and I encourage them to complete all four modules. I have had a good response to this. I have also emailed the flyer to all current RNs and EENs.
- 4) All of our RNs and EENs are aware of the ‘Caresearch’ website that you told me about (www.caresearch.com.au).
- 5) All of the above reasons have occurred because of the education provided to us by PEPA and our involvement with PEPA. You Ros, have been so accommodating and assist me greatly in meeting our educational needs, so a big thank you to you.”

To find out more about Reverse PEPA and how it may benefit your residents contact the relevant PEPA Manager in your state or territory. See back page for contact details.

EDUCATIONAL COMPONENT:

At the End: Part 1

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At The End

There are things that can help to prepare as someone approaches the last few weeks and days of life. Having information can help to make choices.

People vary in what they know, understand and believe about death and dying. They also differ in what they want to know. Each individual should be as informed, or not, as they want to be. For many, knowing what to expect can help take some of the fear, distress and anxiety away. For others, having too much information gives them more things to worry about.

Caring at the End

Over time as an illness progresses, you may need to provide more care. Symptoms may change in frequency and severity. There may be new symptoms. Being free of symptoms like pain and nausea is important. Doctors and nurses can help you in managing any change in symptoms. It may also help if you talk to a doctor about any things that are worrying you.

As someone approaches the end of their life they may become more drowsy. They may become detached from reality, or unaware of what is happening around them. They may be less interested in eating and drinking. They may need changes in medications. There may be more visits from health professionals. Your caring role will change as the person becomes less able to do things for themselves.

The doctor or nurse can explain to you what these changes mean. They can talk about what stage has been reached. It may help you to keep in touch with the nurses and other health professionals. They can provide you with support and guidance. This can help you to feel less alone. They can also talk about how you can manage any particular caring matters. This may help to avoid an unplanned ambulance call. It could avoid hospital admission or an Emergency Department visit.

Changes at the Time of Death

You may have little or no prior experience of dying and death. You may only have scenes from movies as some kind of guide. It is always a good idea to ask questions. There are no ‘silly’ questions for health professionals. You may need detailed information about what to expect. You may just need to know that advice and support is available.

As a person is dying, they will experience changes. This could be having less energy and being easily tired. During this time, doctors and nurses are likely to be needed more often. This will include the GP and community nurse for someone at home. A palliative care team may also be involved.

It is important that the person who is ill is free of symptoms like pain and nausea. Many people prefer to be alert. They like to be able to talk with those around them. People often eat and drink less, and spend increasing time sleeping.

You or the person you are caring for may want to know what happens as death approaches. There are common changes that most people will go through. This can be a change in colour, in circulation or breathing patterns. However, each person’s death is individual, just as their life is.

Resources

Websites

- The Cancer Council NSW website has a page [about death and dying](#) taken from a booklet for carers entitled “When the Cancer won’t go away”
- The Cancer Council has a website called [Cancer Connections](#) with information about what
- The healthtalk website (UK) has a section on [Planning for deterioration and death](#)
- MacMillan Cancer Support (UK) has information on:
 - [The last few weeks](#)
 - [The last few days](#)
 - [Nearing death](#)
- From the NHS inform website (UK): [What is dying like?](#)
- From Carers Australia: [The National Carer Counselling Program](#) Call 1800 242 636.

- The Canadian Virtual Hospice has a comprehensive section on [When death is near](#)
- The Cancer Council of Australia has a website with information on [Anticipatory grief](#)
- The healthtalk website (UK) has a section on [The death itself](#)
- The NHS Inform (UK) website has a section on [What is dying like? and Final moments of life](#)
- From Carers Australia: [The National Carer Counselling Program](#). Call 1800 242 636
- Carers Australia: You can contact your local carers organisation for support.

Fact Sheets

- The Tasmanian Department of Health and Human Services has produced a fact sheet [Caring for the dying](#) (229kb pdf)
- The National Cancer Institute has a fact sheet on [End-of-Life for People Who Have Cancer](#).
- The Hospice and palliative Nurses Association (US) has a [Patient / Family Teaching Sheet on the Final Days](#) (2012) (67kb pdf)
- Palliative Care Australia has a brochure [The Dying Process](#)
- The Cancer Council of Australia has a website with information on [What happens in the final days of life](#)
- The Tasmanian Department of Health and Human Services has produced a factsheet on [Dying at home](#). (223kb pdf)

Look out for At the End – Part 2 in the Autumn 2016 edition of the PEPA Newsletter.

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www.caresearch.com.au/caresearch/tabid/2529/Default.aspx.

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SECTOR LINKS:

National Palliative Care Projects: The Australian Government funds a range of national palliative care projects primarily focused on education, training, quality improvement and advance care planning. In addition to the Palliative Care Education and Training Collaborative (incorporating PEPA and the Palliative Care Curriculum for Undergraduates (PCC4U) project), projects include:

- the Palliative Care Outcomes Collaboration (PCOC);
- the Palliative Care Clinical Studies Collaborative (PaCSSC);
- Respecting Patient Choices (RPC);
- the Specialist Palliative Care and Advanced Care Planning Advisory Services (Decision Assist);
- the Paediatric Palliative Care National Education and Quality Improvement Collaborative;
- Listen, Acknowledge, Respond;
- Training Counsellors for Carers of Palliative Patients;
- Online Religious and Culturally Sensitive Advance Care Planning;
- the National Standards Assessment Program (NSAP);
- the Palliative Care Training and Information Online Portal;
- Palliative Care Australia;
- End of life in Acute Settings; and
- the Australian Palliative Care Knowledge Network - CareSearch.

For more details visit: www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-program.htm

STATE NEWS:

PEPA NT: Valli Camara and Jonathan Jauncey

The PEPA Program had a busy few weeks with placements being completed by nursing staff and an Aboriginal Liaison Officer from Alice Springs, Darwin and Katherine. We have interest from a range of different areas, including social work, acute care, disability and aged care for PEPA placements in the new year.

Jonathan and I had the opportunity to travel to Alice Springs to present to different groups, including the Alice Springs Aged Care Network, Allied Health and Disability Coordinators from the Central Australia Office of Disability team and Social Workers and Aboriginal Liaison officers with the Alice Springs Hospital about the PEPA Program. There was lots of interest generated for workshops, so planning is underway for workshop opportunities in the new year.

Our workshop program has been busy with workshops being held in Darwin in late October and in December, as well as PEPA information sessions. Our workshop calendar for the next six months is starting to take shape, with sessions planned for Darwin, Alice Springs and a number of remote communities over the Top End.

PEPA ACT: Ros Kirk

PEPA ACT is in full swing for the 2015-2017 phase. We held a number of Palliative Approach Workshops at ACT Specialist Palliative Care Services with over 65 frontline workers from a wide variety of disciplines and sectors attending the workshops. Three Residential Aged Care Facilities in ACT have hosted Palliative Approach in Aged Care workshops attended by over 50 AINs, PCWs and Activity Co-ordinators. In ACT the Aged Care Facilities are able to contact Ros Kirk, the ACT PEPA Manager and book an Aged Care Workshop for their own facility.

All available PEPA clinical placements at ACT Specialist Palliative Care have been filled for 2015 and many places filled well into 2016. The reflections and post placement activities reveal that a PEPA clinical placement is incredibly effective by increasing the frontline worker's knowledge and confidence in caring for palliative approach patients. We have had a mix of RNs, ENs and Allied Health PEPA placement participants from the aged care, acute care and the community setting.

We have also held Reverse PEPA at a Residential Aged Care Facility where four AINs participated in the Reverse PEPA 3 day clinical placement program. The AINs had the opportunity to learn about the Palliative approach to care, advance care planning, symptom assessment/management, dementia, end of life care, the role of AINs in the multi-disciplinary team, communication and self-care. The participants have followed up with some great post placement activities to transfer their newly gained knowledge and confidence to their Residential Aged Care Facility team. PEPA ACT has another Reverse PEPA block planned for early December.

PEPA ACT has also held two post placement support workshops so far this phase and they were attended by over

30 past PEPA placement participants. The first workshop was on Advanced Physical Assessment and Symptom Management and was booked out and therefore we will be holding a repeat of the workshop in December. The second workshop was titled "Talking about suffering, death & dying. You can do it." The workshop was aimed at giving the participants confidence and insight into how to respond to difficult questions and comments asked or made by patients/family around suffering, death & dying. It was a great day with lots of group participation and small group work.

Please see table below for ACT PEPA upcoming workshops and for enquiries contact the ACT PEPA Manager, Ros Kirk (see back cover for details).

WORKSHOP	TARGET GROUP	LOCATION
Palliative Approach Tuesday 23 February 2016	All disciplines	Clare Holland House Menindee Dve Barton
Cultural Diversity – a multicultural perspective of end of life care in our ageing population Wednesday 2 March 2016	Aged Care – all disciplines	Clare Holland House Menindee Dve Barton
Palliative Approach to Care for Aboriginal & Torres Strait Islander Health Care Providers Workshop March 2016 (date to be confirmed)	Aboriginal and Torres Strait Islander Health care providers	Clare Holland House Menindee Dve Barton
Introduction to the Palliative Approach in Aged Care Workshop Wednesday 6 April 2016	AINs & PCWs NB: the day is not intended for experienced ENs/ RNs/CNs/CNCs.	Bill McKenzie RSL Lifecare
Post Placement Support Grief in the Palliative Setting Wednesday 27 April 2016	Past PEPA clinical placement participants	Clare Holland House Menindee Dve Barton
Introduction to the Palliative Approach in Aged Care Workshop May 2016	AINs & PCWs NB: the day is not intended for experienced ENs/ RNs/CNs/CNCs.	To be confirmed. Please contact PEPA Manager to book for your Residential Aged Care Facility
Palliative Approach Tuesday 24 May 2016	All disciplines	Clare Holland House Menindee Dve Barton
Introduction to the Palliative Approach in Aged Care Workshop June 2016	AINs & PCWs NB: the day is not intended for experienced ENs/ RNs/CNs/CNCs.	To be confirmed. Please contact PEPA Manager to book for your Residential Aged Care Facility

For further information: Roslyn Kirk ACT PEPA Manager
Email: roslynkirk@calvary-act.com.au Phone: 02 6264 7338
To register for workshops: <http://profile.eventarc.com/profile/ACTPEPA>

PEPA VIC: Carol Pyke

Delivery of PEPA in Victoria is yet to commence for the 2015-2017 phase. We anticipate that the program will be up and running by January 2016 and look forward to having an update for you in the next edition of the newsletter..

PEPA NSW: Janeen Foffani

We are currently organising placements for 2016 in NSW. I encourage those interested in undertaking a placement to submit their application form as soon as possible.

Education sessions have been held in Glen Innes, Lithgow, Broken Hill, Wagga Wagga, Largs, Glenfield, Batemans Bay, Eden, Bathurst, Orange, Newcastle, Dubbo and Queanbeyan over the past few months. All sessions were well attended and attendees included doctors, nurses (RN, EN, AIN), allied health professionals, Aboriginal Health Professionals and Carers.

PEPA NSW has also had the opportunity to attend a number of Residential Information Service meetings between Residential Aged Care Facilities Managers and the Local Health Districts Aged, Chronic Care and Rehabilitation Services. These meetings provide a great opportunity to promote PEPA and to strengthen networks between Residential Aged Care Facilities and Specialist Palliative Care Services.

A mix of full day, half day and evening education sessions have been planned for 2016, some are listed below. Keep an eye on the PEPA NSW webpage for education sessions in your area. To register for these session please visit our webpage and follow the link.

WHEN	WHERE	TYPE
26 Nov 2015	Newcastle	A palliative approach (paediatrics)
26 Nov 2015	Orange	A palliative approach to care (Aged Care)
4 Dec 2015	Dubbo	Palliative Care Yarn Up (Aboriginal Health Professionals)
11 Dec 2015	Queanbeyan	A palliative approach (All health professionals)
22 Jan 2016	Newcastle	Subcutaneous infusion pumps in Palliative Care
14 Apr 2016	Port Macquarie	A palliative approach (RNs, EENs, ENs)
28 Apr 2016	Goulburn	End of life care and Advanced Care Plans
9 Jul 2016	Nowra	Palliative Care Yarn Up (Aboriginal Health Professionals)
22 Jun 2016	Port Macquarie	A palliative approach (AINs, PCAs, PCWs)



Wagga workshop

PEPA TAS: Sheila Campbell and Sally Bonde

We are excited to advise that PEPA recommenced in Tasmania at the end of September. Sally Bonde and Sheila Campbell will be progressing PEPA in Tasmania while a formal recruitment process takes place. PEPA Tasmania also hopes to recruit someone to work with Aboriginal and Torres Strait Islander health workers who may be interested in undertaking a clinical placement or attending a Community Outreach Workshop. We have been busy organising placements from a healthy "waiting list" and five Registered Nurses will have completed placements by the end of the year.

Two Palliative Approach workshops for GP's have been completed, with Dr Michael Barbato as the main facilitator. The GP's who attended very much enjoyed the insights and experiences that Michael shared with them, drawn on his years of clinical practice and research.

2016 will be a busy year for us in Tasmania – with a further 10 workshops to be organised in the first 6 months. We look forward to the opportunity to work with our district and rural hospitals around the State, in addition to our Aged Care Facilities. We are still accepting applications for clinical placements, and would especially welcome interest from any Allied Health staff who are interested in improving their knowledge, skills and confidence in caring for people at the end of life.

We would like to take this opportunity to thank past participants, their managers and our wonderful host sites for their ongoing support of PEPA Tasmania and wish you all a happy and safe festive season. We send our best wishes for 2016.

PEPA QLD: Aurora Hodges



PEPA Queensland's new Indigenous Project Officer: Linda Medlin has come on board and has got the ball rolling very quickly. Linda is enjoying her new role and has been liaising with the community.

Aurora Hodges, PEPA Queensland Manager and Kym Griffin, CPCRE Research Officer were privileged to attend a meeting with Linda and the local elders at Lawnton. We met with Auntie Vikki, Auntie Paula, Auntie Flo and Auntie Jane and Uncle Bill. We learned a lot about the local community while discussing health care and barriers for Aboriginal and Torres Strait Islander patients.

PEPA Queensland delivered three Aged Care workshops in November to over 70 Aged Care workers in Brisbane and regionally. A very special thank you to both Kym Griffin and Julie Latham for their hard work delivering these workshops throughout 2015.



A GP workshop was held in November at the Bond Institute of Health and Sport at Robina. Dr Momin Sid, Dr Frank McDonnell and Dr Lucia Rodrigues spoke about referrals to the service, symptom management and the palliative approach in aged care. The evening was well received by local GPs who attended.

We would like to acknowledge our wonderful host sites for hosting 31 placements from June to November this year. Feedback from the participants has been overwhelmingly positive.

If you are interested in a placement or a workshop, please contact Aurora Hodges, PEPA Queensland Manager via email pepaqld@health.qld.gov.au or by phone 3646 6216.

Upcoming Queensland Workshops:

WORKSHOP	TARGET GROUP	LOCATION
Tuesday 16 February 2016 6.00pm to 8.30pm (subject to change)	Aimed at AINs and PCWs working in Aged Care	Rockhampton
Wednesday 17 February 2016 9.00pm to 3.00pm (subject to change)	GPs and Rural Medical Officers	Rockhampton
Tuesday 19 April 2016 6.00pm to 8.30pm (subject to change)	Aimed at AINs and PCWs working in Aged Care	Townsville
Thursday 21 April 2016 9.00am to 4.00pm (subject to change)	Aimed at AINs and PCWs working in Aged Care	Robina
Workshop registration links can be found at: www.health.qld.gov.au/cpcrc/pepa.asp		

PEPA Qld is also planning workshops in Longreach in March and in Bundaberg/Hervey Bay/Maryborough in May.

PEPA SA: John McMahon

As Christmas approaches we have been busy winding up the last of the activities for 2015. Although slow to start momentum built quickly in response to John's active promotion in many areas.

The recent trip to the APY lands in conjunction with the NT Palliative Care team was a great success. We were welcomed by members of the Nganampa Health team. In Umuwa we were invited to address all the nurses and doctors which was a valuable opportunity in cross border collaborations and resulted in confirmation of a reverse PEPA at the local aged care facility and a PA workshop locked in for early next year. Through the connections and ties of our NT friends, we were invited to the NPY Women's Council where we discussed their current palliative care project, and the opportunities PEPA offers them in terms of placements and workshops. This summer will also see an Aboriginal Health Worker workshop in Port Lincoln.

Recent involvement and opportunity to market PEPA at the new GP Palliative Shared Care training, has generated a lot of interest and this along with the previous promotional activities sees GP's enthusiasm growing, and two GP's from the Eyre Peninsula are booked in to undertake their placements during December. We continue to circulate information about PEPA to a wide audience.

Working regionally with the local palliative care teams has multiple benefits; there is now a commitment to regular collaboration and a realisation by the palliative care services of the enormous interest and desire by their generalist colleagues for information and education about the palliative approach to care. Planning is well progressed for next year's workshop program and we look forward to bringing you the dates at a later time.

In closing we wish you a safe and peaceful holiday season and leave you with some images of recent workshops in SA.



Josephine To Pharmacist Northern Adelaide Palliative Care

PEPA WA: Brooke Wilkinson

Over Summer PEPA has been very busy facilitating placements with over 15 standard placements taking place in metropolitan and regional WA and 6 Reverse placements completed in the Midwest at Juniper Aged Care.

The WA PEPA team have been busy coordinating workshops in Perth and the South West region. A mini roadshow was run in the South West with an Aboriginal Health Care Providers Workshop taking place at the South West Aboriginal Medical Service, followed by a Patient Care Assistants workshop and Nurses Pain session at Mirrambeena Aged Care Facility in Margaret River. Over the two days 2 General Practitioners, 6 Aboriginal Health Worker's, an Aboriginal Social Worker, 4 Registered Nurses, Physiotherapist and 19 Patient Care Assistants attended training.

Feedback from participants;

'I think this is a great workshop, maybe Aboriginal Health Workers could get information out to Aboriginal people in the community so they know more about palliative care'

'Thank you, great to hear updated information for clinical care for clients with a terminal illness'

'I enjoyed learning that the palliative approach begins at diagnosis not at end of life. This ensures good care and knowledge for our residents at start of admission'

We have also been very busy planning for future 2016 workshops and placements. Please see our upcoming workshops below;

Upcoming Queensland Workshops:

WORKSHOP	TARGET GROUP	DATE	LOCATION
Palliative Approach for Aboriginal Health Care Provider's	Aboriginal Health Worker's, Liaison Officer's, Outreach Worker's ect	3 February 2016	Kalgoorlie WA
Basic Palliative Approach Workshop	Nurses, Allied Health & Patient Care Assistants	4 February 2016	Kalgoorlie WA
Palliative Approach in Residential Aged Care	All health professionals working in aged care	10 February 2016	Esperance WA
Culture Centred Care Workshop with an Indigenous Australia Perspective	All health professionals working with Indigenous clients	24 February & 2 March (two day workshop)	Perth WA
Palliative Approach for Patient Care Assistants	Patient Care Assistants or Assistants in Nursing	8 March 2016	Perth WA
Palliative Approach for Allied Health Professionals	Allied Health Professionals	3rd May 2015	Perth WA

We encourage all participants interested in undertaking a PEPA placement to submit their application as soon as possible as the year comes to a close.

For further information about any of the workshops or placement opportunities please contact Brooke Wilkinson or Alicia King on 08 9382 9372 or Pepa@cancerwa.asn.au.

Palliative Care Education and Training

Mentored
placements

Palliative
workshops

Indigenous
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resources

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8



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For further information on PEPA please contact your local manager:

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A copy of this newsletter is available online at: <http://www.pepaeducation.com>



People leaving aged care

What does it mean to leave aged care?

People use aged care services for as long as they need to. When the service is no longer needed, they are 'discharged' and information about their reasons for leaving care and how long they were in care are recorded.

A person might leave and return to aged care several times throughout the year (or across many years), or they might move between providers. In either of these cases, they are counted as a discharge or an 'exit' each time they leave care (excluding short periods of leave).

How many people leave aged care?

In 2015–16, there were around 206,700 exits from aged care. Of these, the majority (142,200) was from residential care—split relatively evenly between permanent residential aged care (48%) and respite care (52%)—followed by home care (39,300) and transition care (24,300).

Why do people leave aged care?

The reasons people leave differ by the type of care. The largest proportion (81%) of exits from permanent residential aged care was due to death. In comparison, death accounted for less than 4% of exits from respite care (Figure 1).

Considering respite care is focused on shorter-term care, the majority of exits from respite saw people returning to their homes (58%).

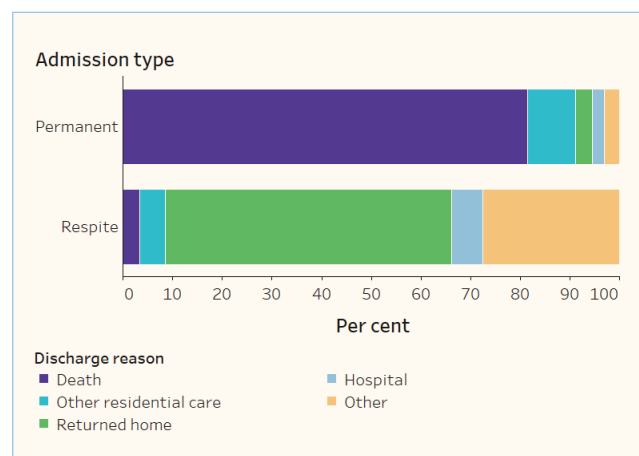


Figure 1: Exits from residential care, by admission type and discharge reason, 2015–16.

There was little difference between men and women in the reasons for leaving permanent residential aged care. In respite care, men were more likely than women to be discharged due to moving to hospital and death (7.3% and 4.6%, respectively, compared with 5.5% and 2.7%) (Figure 2).

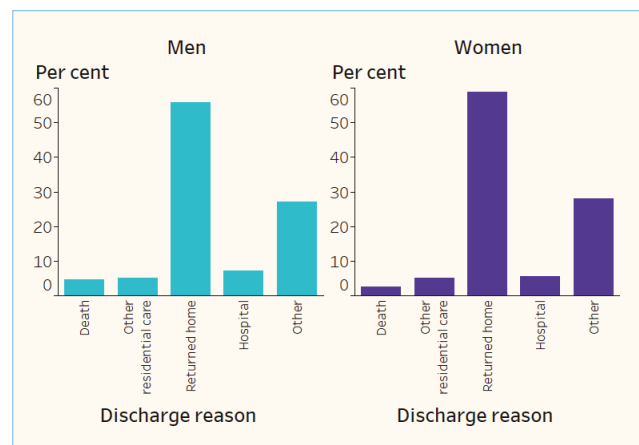


Figure 2: Exits from respite residential care by discharge reason, 2015–16.

How have exits from residential care changed over time?

The proportion of exits from permanent residential care due to death has increased from 71% in 2007–08 to 81% in 2015–16 (Figure 3). There has also been a slight increase in the number of people returning home, from 2.9% in 2007–08 to 3.4% in 2015–16. Over the same period, the number of people moving to other residential care (changing residential facility) has decreased from 20% to less than 10%. This suggests there has been a change in care preference and it is likely to be because people are entering care later in life—that is, they enter later and stay at the one facility until death.

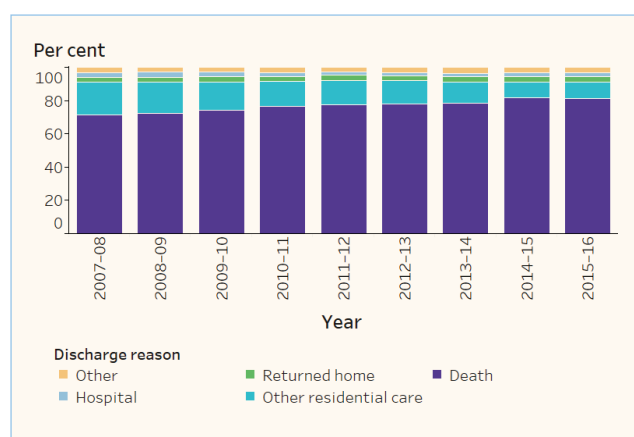


Figure 3: Exits from permanent residential aged care by discharge reason, 2007–08 to 2015–16.

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How long are people in aged care?

In 2015–16, people who left permanent residential aged care stayed on average for 35 months (2 years 11 months). Women stayed on average 1.5 times as long as men (3 years 3 months compared with 2 years 3 months).

For shorter respite care, the average length of stay was 2 months, and this was the same for men and women.

The average length of stay in home care (29 months or 2 years 5 months) was 6 months shorter than in permanent residential care. Women stayed in home care on average 5 months longer than men (30 months compared with 25 months).

Length of stay generally increased with age for people in permanent residential aged care. In home care, people aged less than 55 years stayed on average longer than people aged 55 to 89 years. For people aged 70 to 89 years, the length of stay in home care remained constant at an average of 27 months (Figure 4). In both residential aged care and home care, people aged 100 years and over had the longest length of stay.

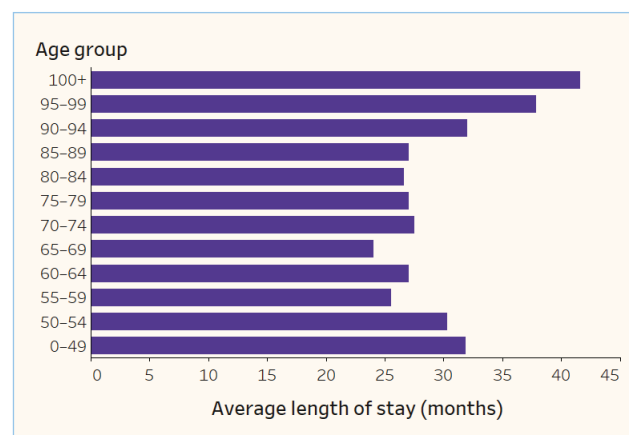


Figure 4: Average length of stay in home care, by age group, 2015–16.

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