

*inside*  
*outside* | 28-29  
July 2016  
Melbourne | palliative  
care

Keeping the essence of palliative care alive!

Palliative Care Victoria  
Conference 2016

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This version is current as at 6 May 2016 and will be updated as the Program is finalised.



## 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.

# Sponsors

## 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.eastpallcare.asn.au/>



Eastern Metropolitan Region  
Palliative Care Consortium

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/>



**loddon mallee**  
regional palliative care consortium  
*Enhancing life and quality of health*

The Loddon Mallee Regional Palliative Care Consortium comprises members from palliative care services across the Region: Bendigo Health, Boort District Health, Castlemaine Health, Echuca Regional Health, Kyneton District Health Service, Maryborough District Health Service, Mildura Base Hospital, Sunraysia Community Health Service and Swan Hill District Health. The Consortium's role is to help deliver and facilitate the Victorian Government's policy and strategic directions across the Loddon Mallee Region.

<http://www.lmrpcc.org.au/>

# Exhibitors



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 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.

<http://listenacknowledgerespond.com.au/>



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](http://www.maynepharma.com)



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.

<https://www.mundipharma.com.au/>



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/>



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/>



# Acknowledgement and Appreciation

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, Pauline Cerdor, Carita Clancy, 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, Fional 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**

Please note: These workshops are for PCV Members only. If you are a member of an interstate palliative care peak body please contact our office on email [conf@pallcarevic.asn.au](mailto:conf@pallcarevic.asn.au) should you wish to register.

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



# Conference Program

## Day 1 – Thursday 28 July 2016

Time	Program Content
9.00 - 9.10	MC Welcome & introduce Elders - Dr Judi Greaves, PCV Chair, Julie McCrossin, MC
9.10 - 9.25	Welcome to Country - Aboriginal Elders
9.25 – 9.45	Opening Address - To be confirmed
9.45-10.25	Keynote Address: Dr Heather Richardson, Joint CEO, St Christopher’s Hospice, UK Reflections on Hospice and Palliative Care in the UK: The Good, the Bad and the Ugly
10.25 - 10.45	Keynote Address Q&A - MC, Dr Heather Richardson & audience
10.45 - 11.15	MORNING TEA
11.15 – 12.15	Living and Dying Well – a blueprint for leadership and innovation 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.  Julie McCrossin, MC, Sandra Hills, CEO, Benetas, Michael Goldsworthy, Australian Strategic Services, other panel member tbc
12.15 - 12.45	Our Stories - MC, audience participation
12.45 – 2.00	LUNCH - Trade Exhibition & Poster Display
2.00 – 3.40	Concurrent Sessions Oral presentations and workshops; refer to detailed program below
3.40 - 4.10	AFTERNOON TEA
4.10 - 5.10	A Case Study – What can we do better? MC and panel, with audience participation
5.15 – 6.15	Pre-dinner option - Film: Love in our own time
6.15 – 9.30	Conference Buffet Dinner - drinks, entertainment, networking Showcasing talents from the palliative care sector



# Conference Program

## Day 2 – Friday 29 July 2016

Time	Program Content
9.00 - 9.10	Welcome - Dr Judy Greaves, PC Chair, Julie McCrossin, MC
9.15 – 9.55	Keynote Address: Professor Emilio Herrera , New Hope Foundation, Spain The search for meaning - What would we do if we weren't so frightened? The new Integrated Palliative Care perspective.
9.55 – 10.15	Q & A - MC, Dr. Emilio Herrera and audience participation
10.15 – 10.45	Our Stories - MC and audience participation
10.45 to 11.25am	MORNING TEA
11.25 - 12.55	Concurrent Sessions – refer to detailed program below Oral presentations and workshops; option for small group dialogue on issues
12.55 to 2.00 pm	LUNCH - Trade Exhibition & Poster Display Death café experience/workshop
2.00 – 2.10	Best Poster Award - MC, Chair of poster selection panel
2.10 – 3.45	Palliative care in Victoria - where to from here?
3.45 – 4.00	Conference wrap-up and close - MC & PCV Chair
Conference Close	Take-away fruit available

# Conference Program

Day 2 – Friday 29 July 2016

Concurrent and Workshop Sessions  
11.25am – 12.55pm

	Parkside 5	Parkside 4	Parkside 3	Parkside 2	Nellie Melba	Lord Melbourne	Netherby
Session Times	Nurturing & developing our workforce	Community & Consumer Participation	Leadership & Innovation (Capacity 40)	Posters & Networking	Workshop 4 (Capacity 15)	Workshop 5 (Capacity 15)	Networking (Capacity 15)
11.25 - 11.45	Presentation to be confirmed	Volunteering, community engagement and palliative care Dr Heather Richardson	Optimism and innovation in changing environment Dr Louise Parkes, Director, the Voice Project	Poster Display, exhibits and networking	Forming & sustaining compassionate communities in Victoria  Dr Bruce Rumbold, La Trobe University	Responding to patient's needs: patient rated symptom distress using SAS  Sabina Clapham, PCOC	Available to book for discussion on issues / networking
11.45- 11.55	Q&A	Q&A	Q&A				
11.55 – 12.15	Determining capacity to provide end of life care in a residential setting	Consumers' views on older people's advance care planning: qualitative research	Practical insights on CEO & Governance roles in leading innovation Beverly Smith				
12.15 – 12.25	Q&A	Q&A	Q&A				
12.25 – 12.45	Losing a resident, losing a friend	About the new Health Care Complaints Legislation, Dr Grant Davies Victorian Health Services Commissioner	Presentation to be confirmed				
12.45 – 12.55	Q&A	Q&A	Q&A				

# International Keynote Speakers

## 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.



# Conference MC

## Julie McCrossin

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).





# Panel Discussion

## 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

Benetas is one of the leading not-for-profit providers to older Australians of residential care, in-home care, respite care, housing services and retirement living in Victoria.

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.

In 2014, Benetas released its Strategic Plan: Towards 2019 which identifies its forward focus and growth pathways across aged and community care, health, social advocacy and retirement living options.

Benetas has developed a recognised contribution in the research and advocacy space and the future focus will be on translating research into practice. 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.

Benetas has committed to expanding its role in aged and community care and continues to influence debate and discussion on key topics. 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.





# Panel Members

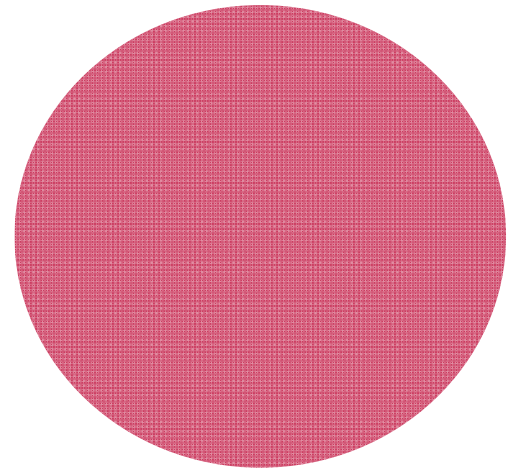
## Michael Goldsworthy

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.



To be advised



# Pre-Conference Workshops

## Wednesday 27 July 2016

| Parkside 3

| 9.00am – 5.00pm

| Wednesday 27 July 2016

### **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 for 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 grand daughters, 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.

His books include *Bereavement Care for Families* with Routledge (2014), *Handbook of Psychotherapy in Cancer Care* with Wiley-Blackwell (2011), *Handbook of Communication in Oncology and Palliative Care* with Oxford University Press (2010), *Depression and Cancer for the World Psychiatric Association/Wiley* (2011) and *Family Focused Grief Therapy* with Open University Press (2002, 2008).

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:**

1. Gueguen J, Bylund CL, Brown, R, Levin TT, Kissane DW (2009). Conducting Family Meetings in Palliative Care: Themes, Techniques and Preliminary Evaluation of a Communication Skills Module. *Palliative & Supportive Care* 7(2):171-9.
2. Dumont, I, Kissane DW (2009). Techniques for Framing Questions in Conducting Family Meetings in Palliative Care. *Palliative & Supportive Care* 7(2):163-70.
3. Kissane DW, Parnes F. (2014). *Bereavement Care for Families*. (19 chapters, 295 pages). Routledge, New York.

## Clinical Skills

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.

# Day 1

## Thursday 28 July 2016

2.00pm – 3.40pm Concurrent Sessions

### 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 through the dance of hundreds of citizen hands ([lenguajedelcuidado.com](http://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".

| Parkside 5 Presentation 2 | 2.20 - 2.40pm | Thursday 28 July 2016 |

## **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 Bidmade, 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.



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

Presenter: to be confirmed

### **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.

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

Ms Helen Shepherd

Presenter: 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.

Additional Authors: Toby Wallace, 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 Dousta 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](http://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](http://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.

## Specialist Palliative Care

| Parkside 4 Presentation 1 | 2.00 - 2.20pm | Thursday 28 July 2016 |

### **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.

Additional Authors: Associate Professor Jennifer Philip is the Co-Deputy Director of the Centre for Palliative Care and Head of the Consultancy Service at St Vincent's Hospital Melbourne

#### **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.

| Parkside 4 Presentation 2 | 2.20 - 2.30pm | Thursday 28 July 2016 |

### **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 care givers. 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.

| Parkside 4 Presentation 3 | 2.30 - 2.40pm | Thursday 28 July 2016 |

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

Dr Clare O'Callaghan

Presenter: Dr Clare O'Callaghan is Senior Research Associate in Palliative Care at Cabrini Health; Associate Professor (honorary), Department of Medicine, St Vincent's Hospital; Research Fellow (honorary), Peter Mac; and music therapist, Caritas Christi Hospice. As an NHMRC Post-Doctoral Fellow (2008-9), Dr O'Callaghan's research informed music-based guidelines for supporting children, adolescents, and adults affected by cancer, and recommendations for managing patients' unfinished legacies. Her research has also informed development of therapeutic song writing in palliative care and strategies for offering live music in dementia care. Since 2011, Dr O'Callaghan has brought qualitative research expertise to many oncology and end-of-life care interdisciplinary collaborations.

Additional Authors: Dr Natasha Michael 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.

| 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 MBSM 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.

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

## **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.

**Additional Authors:** Celia Marston, Monash University, Royal Melbourne Hospital

### **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.

## **End of life care standards and strengthening end of life care capacity in health services**

Dr Juli Moran

Presenter: Dr Juli Moran is dual trained in Aged and Palliative Care. She is Director of Palliative Care Services at Austin Health. Her main interests are quality of care and improving care of the dying in acute hospitals.

### **Abstract**

Forthcoming



## **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**

Facilitator: Ms Shelley Chapman (further details forthcoming )

### **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.

### **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, practise working with an interpreter in a role play scenario 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.

## Nurturing & Developing Our Workforce

Parkside 5 Presentation 1

11.25am - 11.55pm

Friday 29 July 2016

### Presentation to be confirmed

Parkside 5 Presentation 2

11.55am - 12.25pm

Friday 29 July 2016

### 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 Public 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.

| Parkside 4 Presentation 2

| 11.55am - 12.25pm

| Friday 29 July 2016

## Consumers' views on older people's advance care planning: Qualitative research

Ms Emma Sayers

**Presenter:** Emma Sayers is a senior project manager with the Health Issues Centre (HIC) in Melbourne, which aims to support and inform consumers and the health sector to partner for healthcare improvements. She is the project lead on HIC's current work on consumer engagement in advance care planning. Trained in law but working in health, Emma has worked in the not for profit, health service, and academic sectors. She has particular experience in cancer support and advocacy, and is a co-author on numerous publications including the book 'Surviving Survival: Life after cancer' (Choicebooks 2001).

**Additional Authors:** Dr Clare O'Callaghan and Dr Natasha Michael, Cabrini Health

## 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.

| Parkside 4 Presentation 3 | 12.25 - 12.55pm | Friday 29 July 2016

## 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

| Parkside 3 Presentation 1 | 11.25 - 11.55am | Friday 29 July 2016

## 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.

| **Parkside 3 Presentation 2** | **11.55am - 12.25pm** | **Friday 29 July 2016**

### **Practical insights on CEO and Governance roles in leading innovation**

Ms Beverly Smith

Details forthcoming

| **Parkside 3 Presentation 3** | **12.25 - 12.55pm** | **Friday 29 July 2016**

To be confirmed



# Day 2

## Friday 29 July 2016

11.25am – 12.55pm Workshops

Nellie Melba Workshop 3

11.25am - 12.55pm

Friday 29 July 2016

### **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 patients' level of distress relating to individual symptoms. The tool assists patients to assess their own needs, leading to the identification of the patients' 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 delegate's post workshop.

# Posters

Poster Title	Primary Author
Caring in the Grampians Region - A Carer's Perspective	Pippa Wischer
Communication and information sharing - easier than you think!	Tanja Bahro
Evaluation of nurse's 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.	Vicky Smith
Five minutes of nurturing - engaging individuals spiritually enhances team connection	Anita-Joy Louis
Identifying and responding to unstable clients in the community setting	Robert Molenaar
Implementation of a pilot Massage Therapy service for Palliative Care patients	Jennifer Zerafa
Increasing collaboration between Palliative Care and Intensive Care services	Juli Moran
Skilled Intake Nurse + robust initial assessment + triage framework = responsive access to service	Alex Talty
Supporting Health Professionals' Emotional Reactions to Grief and Loss	Anthea Udovicich
The development of a successful community partnership providing bereavement support.	Meg Moorhouse
Towards best practice spiritual care	Christine Hennequin
Use of palliative care services by individuals with respiratory failure	Sophie Hatzipashalis
What is helpful in post-death bereavement care: a survey	Damien Peile

# Conference Venue

## Bayview Eden Melbourne

6 Queens Road, Melbourne, VIC 3004

[www.bayviewhotels.com/eden](http://www.bayviewhotels.com/eden)

## Conference Floor Plan



*inside  
outside* 28-29 July 2016  
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care

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