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This report was prepared by:
Vicki Doherty
Consortium Manager
September 2012

Gippsland Region Palliative Care Consortium
c/- West Gippsland Healthcare Group
41 Landsborough St, Warragul 3820
September 2012

Copies of this report and more information is available from
www.gha.net.au/grpcc
or by phoning 03 5623 0684.
The highlight of 2011-12 was the commitment made by the Victorian Government to strengthen palliative care services across the State. This commitment was backed up by additional funding of $34.4 million over the next four years. In addition to the Gippsland Region Palliative Care Consortium’s (GRPCC) core funding of over $800,000, Gippsland’s slice of the new funding pie was over $1 million; $706,082 per annum in growth funding to community palliative care services and over $350,000 per annum for new palliative care projects.

The new GRPCC funding is targeted towards three key projects that will support more people to die in their place of choice: the development of a regional after-hours model of care; the employment of a regional Palliative Aged Care Resource Nurse; and providing resources to enhance palliative care capacity in disability accommodation services.

The new funding also supports the ongoing roll out of the Specialist Palliative Care Consultancy Service which will result in Gippslanders having access to a resident consultancy service. Currently, Gippsland is the only region in the State without such a service and its delivery remains a key priority for the GRPCC.

2011-12 also saw the appointment of a new Consortium Manager. Vicki Doherty was appointed in July 2011 and has brought to the role a wealth of expertise and energy which will help deliver the work of the Consortium.

With the appointment of the new Manager, it was timely to review the GRPCC’s strategic priorities and to align them with Victorian Government policy. The GRPCC Strategic Plan 2012-2015 will be released shortly and will guide the Consortium’s work over the next four years.

The Pathways for Improving the Care of the Dying (PICD) project was rolled out across 12 participating health services in the region during 2011-12, following the earlier pilot project at two inpatient sites (Latrobe Regional Hospital and West Gippsland Healthcare Group). An evaluation was conducted on the project and it was agreed that the GRPCC will continue to advocate the PICD as the benchmark for end-of-life palliative care in the region.

The Nurse Practitioner Program continued to expand in 2011-12 with the recruitment of a new candidate in East Gippsland, Nicola Gorwell. The GRPCC doubled the funding provided to employing agencies to assist our three candidates to gain endorsement. The Victorian Nurse Practitioner Collaborative also provided peer support and guidance to the candidates as they take this challenging journey.

Two Annual Volunteer Retreats were held during 2011-12 and attended by over 50 volunteers from across the region and volunteer managers from a number of regional palliative care services. Held since 2008, the retreat provides participants with the opportunity to network and share their experiences in a fun and relaxed environment. The retreat also provides the opportunity to revisit volunteer policies and discuss further educational options that may assist volunteers in their work with patients and families. Importantly, the retreat provides a forum to celebrate the tremendous work that the volunteers carry out and helps reinforce the message that palliative care volunteers are valued and supported by the GRPCC.

Anne Curtin
Chair, GRPCC
At the end of my first year as Consortium Manager, I continue to be impressed by the enthusiasm and commitment of everyone involved in palliative care across the region.

2011-12 has indeed been a busy year. The GRPCC has received new funding to deliver three key new projects, relocated to our very own office at West Gippsland Healthcare Group in Warragul, appointed a new Project Officer as well as gained approval to appoint a regional Palliative Aged Care Resource Nurse.

Specialist Palliative Care Consultancy Service

The Consortium planned and developed an implementation strategy for a comprehensive and sustainable Specialist Palliative Care Consultancy Service for the region by 2015. Part of this plan was to expand the existing palliative care consultancy service provided by metropolitan-based services.

Member services have worked extremely hard to expand and integrate the visiting specialist consultancy service in Gippsland. Services are engaging more and more local general practitioners and championing palliative care service provision. A specialist primary clinic for palliative clients with complicated symptoms is being run from William Buckland Radiotherapy Centre Gippsland once a month and primary consultations are being provided in most areas. A major achievement has been the expansion of multidisciplinary team meetings which all services are now participating in.

Education

The Consortium has continued to support a comprehensive suite of educational opportunities for health workers in Gippsland. The Introduction to Palliative Care Short Course is now in its fourth year and the visiting palliative medicine specialists have provided an extensive calendar of formal education sessions. The Consortium has had numerous requests to provide education, including for: Monash University Gippsland postgraduate medical students; the Divisions of General Practice about Advance Care Planning; Gippsland Multicultural Services about Culturally Inclusive Palliative Care; the Gippsland Region Integrated Cancer Services Annual Forum; the Victorian Postgraduate Medical Foundation; and Maryvale Private Hospital about the Pathway for Improving the Care of the Dying.

Nurse Practitioner Program

The Nurse Practitioner Program received a boost in funding this year to assist the Nurse Practitioner Candidates (NPCs) on their path to endorsement. The NPCs have been attending clinical placements with metropolitan based services and beavering away on their studies. The NPCs have also been branching out from their employing organisations and moving towards providing a subregional service.

Planning

The GRPCC hosted a strategic planning day with representatives from all member services. A list of priorities for the Consortium was developed and the GRPCC Strategic Plan 2012-2015 will be released shortly.

Vicki Doherty
Manager, GRPCC
4. POLICY CONTEXT

The Victorian Government’s policy *Strengthening palliative care: Policy and strategic directions 2011–2015*, released in August 2011, guides the work of government-funded specialist palliative care services, palliative care consortia, statewide specialist services and the Palliative Care Clinical Network in Victoria over the next few years.

The policy’s vision is to ensure that “Victorians with a life-threatening illness and their families and carers have access to a high-quality palliative care service system that fosters innovation, promotes evidence-based practice and provides coordinated care and support that is responsive to their needs.”

The policy identifies seven strategic directions with associated priorities. The strategic directions for 2011-2015 are:

1. Informing and involving carers and clients
2. Caring for carers
3. Working together to ensure people die in their place of choice
4. Providing specialist care when and where it is needed
5. Coordinating care across settings
6. Providing quality care supported by evidence
7. Ensuring support from communities.

For the purposes of clarity and accountability, the structure of this Annual Report and other documents including the GRPCC Strategic Plan 2012-2015 and annual operational plans are based on these seven strategic directions.

5. ORGANISATIONAL STRUCTURE

The Gippsland Region Palliative Care Consortium (GRPCC) is one of eight regional consortia in Victoria and provides leadership to its member services by:

- undertaking regional planning;
- coordinating palliative care service provision;
- advising the Department of Health about future service development and funding; and
- managing the service delivery framework and undertaking communication, capacity building and clinical service improvement initiatives in conjunction with the Palliative Care Clinical Network.

Palliative care consortia comprise voting members from all government-funded specialist palliative care services in each departmental region as well as other stakeholders from health and community services in a non-voting capacity.

The voting member agencies of the GRPCC are:

- Bairnsdale Regional Health Service (BRHS)
- Bass Coast Community Health Service (BCCHS)
- Bass Coast Regional Health (BCRH)
- Central Gippsland Health Service (CGHS)
- Gippsland Southern Health Service (GSHS)
- Gippsland Lakes Community Health (GLCH)
- Latrobe Community Health Service (LCHS)
- Latrobe Regional Hospital (LRH)
- West Gippsland Healthcare Group (WGHG)
- Yarram and District Health Service (YDHS).

Non-voting GRPCC member agencies for 2011-12:

- Central West Gippsland Division of General Practice (CWGDGP)
- Koo Wee Rup Regional Health Service (KRHS)
- Omeo District Health (ODH)
- Orbost Regional Health (ORH).

Consortium Management Group

The role of the Consortium Management Group (CMG) is to drive the implementation of the Victorian Government’s policy in the region. The CMG is responsible for monitoring and reviewing the implementation of the policy, as well as facilitating the integration of care for people with a life-threatening illness, as well as supporting carers and families across the service system. The Consortium Manager is part of the CMG in a non-voting capacity.
In 2011-12 the CMG membership comprised:

<table>
<thead>
<tr>
<th>Member Service</th>
<th>Representative</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCCHS</td>
<td>Rae Davies</td>
<td>Client Services Manager</td>
</tr>
<tr>
<td>BCRH</td>
<td>Kaye Beaton/</td>
<td>Director of Community Services</td>
</tr>
<tr>
<td></td>
<td>Ward Steet</td>
<td></td>
</tr>
<tr>
<td>BRHS</td>
<td>Vicki Farthing/</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td></td>
<td>Bernadette Hammond</td>
<td></td>
</tr>
<tr>
<td>CGHS</td>
<td>Mandy Pusmucans</td>
<td>Director of Community Services</td>
</tr>
<tr>
<td>CWGDGP</td>
<td>Marg Bogart</td>
<td>CEO</td>
</tr>
<tr>
<td>DoH</td>
<td>Jennifer Doultree</td>
<td>Aged Care Team Leader (ex-officio)</td>
</tr>
<tr>
<td>DoH</td>
<td>Pat Jordan</td>
<td>Aboriginal Regional Development Officer (ex- officio)</td>
</tr>
<tr>
<td>GLCH</td>
<td>Cheryl Bush</td>
<td>Executive Manager, Clinical and Nursing Services</td>
</tr>
<tr>
<td>GSHS</td>
<td>Neil Langstaff</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>GRPCC</td>
<td>Vicki Doherty</td>
<td>Consortium Manager</td>
</tr>
<tr>
<td>KRHS</td>
<td>Margaret Bakonyi</td>
<td>Deputy Director of Nursing</td>
</tr>
<tr>
<td>LCHS</td>
<td>Nicole Steers</td>
<td>Executive Director of Ambulatory Care</td>
</tr>
<tr>
<td>LRH</td>
<td>Amanda Cameron</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>ODH</td>
<td>Louise Vullermin</td>
<td>CEO &amp; Director of Nursing</td>
</tr>
<tr>
<td>ORH</td>
<td>Bernadette Hammond/Debbie Hall</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>WGHG</td>
<td>Anne Curtin</td>
<td>Director of Nursing (Chair of GRPCC)</td>
</tr>
<tr>
<td>YDHS</td>
<td>Robert Baker</td>
<td>Director of Nursing</td>
</tr>
</tbody>
</table>

The Department of Health mandates that the Consortium members meet at least six times per annum. In 2011-12, the CMG met 11 times. Members are expected to attend 75 per cent of meetings. The attendance of each member service is outlined in Table 1.

<table>
<thead>
<tr>
<th>Table 1: Attendance by member services representatives at 11 Consortium Management Group meetings 2011-12.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member service</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>BCCHS</td>
</tr>
<tr>
<td>BCRH</td>
</tr>
<tr>
<td>BRHS</td>
</tr>
<tr>
<td>CGHS</td>
</tr>
<tr>
<td>CWGDGP</td>
</tr>
<tr>
<td>GLCH</td>
</tr>
<tr>
<td>GRPCC</td>
</tr>
<tr>
<td>GSHS</td>
</tr>
<tr>
<td>KRHS</td>
</tr>
<tr>
<td>LCHS</td>
</tr>
<tr>
<td>LRH</td>
</tr>
<tr>
<td>ODH</td>
</tr>
<tr>
<td>ORH</td>
</tr>
<tr>
<td>WGHG</td>
</tr>
<tr>
<td>YDHS</td>
</tr>
</tbody>
</table>

Consortium Executive
The role of the Consortium Executive is to ensure the consortium regional plan is delivered; provide support to the Consortium Manager; ensure financial accountability is achieved and to undertake staff recruitment and performance management.

The Department of Health requires Consortia Executive to meet at least twice per annum. In 2011-12, the GRPCC Executive met six times and comprised:
- Consortium Chair (WGHG) – Anne Curtin
- Consortium Manager – Vicki Doherty
- Fund holder (CGHS) – Mandy Pusmucans
- Other voting members – Vicki Farthing (BRHS), Cheryl Bush (GLCH) and Nicole Steers (LCHS).

Clinical Practice Group
The role of the Clinical Practice Group (CPG) is to ensure that decisions made by the consortium are based on good clinical practice; facilitate collective problem solving in the implementation of the Victorian Government’s policy at a clinical level; and develop resources that promote good clinical practice. The CPG is a mandated advisory group and includes representation from the member services, community organisations, General Practitioners, Palliative Medicine Specialists and Nurse Practitioner Candidates.
During 2011-12, the CPG met ten times and begun work on the following evidence-based guidelines:

• Verification and Certification of Death;
• Multi-disciplinary Team Meeting Process and Documentation;
• Emergency Medication;
• Delirium; and
• Prioritising and Responding to Referrals.

In 2011-12, the CPG membership comprised:

Calvary Health Care Bethlehem
Dr Jane Fischer
Central West Division of GP
Dr Jenny Worboys
Central West Region
Jenny Turra
Central West Region and MND Australia
Maryann Bills
Central West Region GP
Dr Jenny Worboys
Eastern Region
Therese Smyth
Eastern Region
Cheryl Bush (Chair)
Eastern Region
Sandy Joiner
Eastern Region
Nicola Gorwell
Eastern Region Allied Health
Erin Lee
Eastern Region GP
Dr Liz Wearne
GRPCC
Vicki Doherty
GRPCC
Anny Byrne
GRPCC/ Southern Region
Mary Ross-Heazlewood
Peninsula Palliative Care
Dr Brian McDonald
Southern Region
Jo Kelly
Southern Region
Rosie Steele
Southern Region
Megan Daly
Southern Region GP
Dr Bronwyn Williams

In 2011-12 the ORG membership comprised:

BCCHS
Jo Kelly
BCRH
Julie Clements
BRHS
Lesley Fenton
CGHS
Mandy Pusmucans (Chair) and Therese Smyth
CWDGP
Marg Bogart and Pam Odgers
Gippsland Multicultural Services
Lucyra Artymicik and Jude Hewathanthree
GLCH
Maggie Goss
GRPCC
Vicki Doherty
GSHS/GRPCC
Mary Ross-Heazlewood
KRHS
Megan Daly
LCHS
Rachelle McKay
LRH
Kerry Sibson and Marg Warne
Very Special Kids
Maria Bradford
WGHG and MND Australia
Toine Boville

Operational Reference Group

The Operational Reference Group (ORG) is an optional advisory group that meets as required to inform decision-making, planning, implementation and coordination of care related to the Victorian Government’s policy within the region, and to help build and maintain relationships with service providers in the region. The group includes palliative care coordinators and key community organisations to ensure buy-in of decisions.

During 2011-12 the role of the ORG was reviewed. The ORG will now meet twice per year for half a day to network and participate in educational opportunities.

The ORG participated in a strategic planning workshop held in October 2011. The workshop was facilitated by an external consultant who led the review of the GRPCC Strategic Plan 2004-2009 and undertook a SWOT analysis to identify the Consortium’s strengths, weaknesses, opportunities and threats. The review has informed the development of the GRPCC Strategic Plan 2012-2015.
Consortium Team

The consortium team assist with the implementation of the GRPPC’s work by providing regional education and training; project, volunteer and administrative support; and coordinating communication activities.

In 2011-12, the GRPCC team comprised:

- **Consortium Manager**: Vicki Doherty
- **Administration Officer**: Judy Coombe
- **Information and Communications Officer**: Steve Kirkbright
- **Motor Neurone Disease Shared Care Workers**: Maryann Bills and Toine Boville
- **Project Officers**: Anny Byrne, Mary Ross-Heazlewood, Karen Raabe (commenced February 2012)
- **Volunteer Support and Education Officer**: Maggie Goss

Representative on other relevant committees

The GRPCC is represented on a number of statewide and national committees as detailed below.

<table>
<thead>
<tr>
<th>Committee</th>
<th>GRPCC Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Network of Palliative Care Managers of Volunteers</td>
<td>Maggie Goss</td>
</tr>
<tr>
<td>Palliative Care Clinical Network</td>
<td>Jo Kelly</td>
</tr>
<tr>
<td>Palliative Care Victoria Volunteer Management Special Interest Group</td>
<td>Maggie Goss</td>
</tr>
<tr>
<td>Palliative Care Victorian Interdisciplinary Research, Education and Advanced Practice Special Interest Group</td>
<td>Mary Ross-Heazlewood (Co-Chair)</td>
</tr>
<tr>
<td>Victorian Palliative Care Consortia Chairs</td>
<td>Anne Curtin</td>
</tr>
<tr>
<td>Victorian Palliative Care Consortia Managers</td>
<td>Vicki Doherty</td>
</tr>
</tbody>
</table>

Accreditation status of Member Agencies

All member agencies are currently accredited with the Australian Council on Healthcare Standards (ACHS) with the exception of Bass Coast Community Health Service, Gippsland Lakes Community Health and Latrobe Community Health Service which are accredited with the Quality Improvement Council.

Figure 1: GRPCC Organisational Structure

[Diagram showing the GRPCC Organisational Structure]
6. ABOUT GIPPSLAND

Geography
The Gippsland region is extremely diverse covering an area of 41,375 square kilometres (18.3% of Victoria), from metropolitan Melbourne to the New South Wales border in the east. The distance from Mallacoota in the east to Melbourne CBD is approximately 516km. In 2011, the estimated resident population in Gippsland was 269,791 persons or 5% of Victoria’s total population (Table 2). The projected change in population is 1.4% per annum, resulting in an estimated resident population of 345,887 persons in 2031.

Population
The proportion of the population aged 65 or above is higher in Gippsland compared to Victoria as a whole (Table 2). By 2031, persons over 65 years of age are expected to make up 28% of Gippsland’s population (compared to 19% in Victoria as a whole).³

Table 2: Selected indicators for Gippsland compared to Victoria, 2011

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gippsland</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Resident Population¹</td>
<td>269,791</td>
<td>5,354,039</td>
</tr>
<tr>
<td>Population aged 65 or above</td>
<td>18.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Indigenous population</td>
<td>1.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Birthplace Australia</td>
<td>87.3%</td>
<td>72.3%</td>
</tr>
<tr>
<td>Speak language other than English</td>
<td>4.7%</td>
<td>24.2%</td>
</tr>
<tr>
<td>20-24 year olds who completed year 10 or less</td>
<td>22.5%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Median individual gross weekly income</td>
<td>$474</td>
<td>$562</td>
</tr>
<tr>
<td>Need assistance with core tasks</td>
<td>6.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Households on internet</td>
<td>73.1%</td>
<td>79.7%</td>
</tr>
<tr>
<td>Dwellings that are rented</td>
<td>23.9%</td>
<td>27.2%</td>
</tr>
</tbody>
</table>

Source: Australian Bureau of Statistics on line Table Builder using 2011 census data (prepared by Hayden Brown, City of Greater Dandenong, 2012).

Country of Origin and Language
In the 2011 Census, 87.3% of people in Gippsland stated they were born in Australia. The next most common places of birth were United Kingdom 4.9%, New Zealand 1.1%, Netherlands 1.0%, Germany 0.7% and Italy 0.7%. In Gippsland, the most common languages other than English spoken at home were: Italian 0.9%, German 0.4%, Dutch 0.3%, Greek 0.3% and Mandarin 0.2%.

Health Outcomes
In terms of health outcomes, Gippsland rates the lowest of all regions on a number of indicators, including chronic ambulatory care sensitive conditions (e.g., angina, asthma, diabetes, heart failure and pulmonary oedema, hypertension), smoking, male life expectancy, psychological distress and whooping cough notifications. The region has the highest rate of low birth weight babies and children at developmental risk, the highest rate of persons with disability and of drug and alcohol clients. The rate of inpatient separations is the highest of all regions, while private hospital utilisation is the lowest. GP attendances are slightly below average, while primary care type presentations at emergency departments are above average, as are primary health occasions of service.⁴

Palliative Care Services
There are nine funded specialist community palliative care services in the Gippsland region, based at:

- BCCHS
- BCRH
- BRHS
- CGHS
- GLCH
- GSHS
- LCHS
- WGHG
- YDHS.

Unfunded generalist palliative care services are also provided by KRHS, ODH and ORH. There are also a number of smaller bush nursing services in the East Gippsland region.


⁴ 2011 Local Government Area Profiles, Gippsland Region, State Government of Victoria, Department of Health, 2012 pg. 90
There are 11 designated palliative care inpatient beds in the region located at:

- BCRH – one bed
- BRHS – one bed
- CGHS – two beds
- GSHS – one bed
- LRH – four beds
- WGHG – two beds.

Figure 2: Location of palliative care services - Gippsland region.

7. STRATEGIC DIRECTION 1: INFORMING AND INVOLVING CLIENTS AND CARERS

Culturally and linguistically diverse and Aboriginal Palliative Care

In partnership with Gippsland Multicultural Services and the Centre for Cultural Diversity in Ageing, the GRPCC hosted a workshop in June 2012 on delivering culturally inclusive palliative care. The workshop was attended by 45 health professionals from across the region and evaluations were received from 37 participants (82% response rate). Key aspects of the workshop (content, facilitator, handouts and value of information and resources) were rated as very good or excellent by over 80% of respondents.

Planning for the annual Gippsland Palliative Care Conference took place during the second half of the year and the program will include a speaker from the Centre for Cultural Diversity in Ageing.

During 2011-12, the GRPCC developed links with the Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO). VACCHO provides direction in Aboriginal health policies and also supports local initiatives. A DVD titled “Our journey, my story, in honour of Doc”, made by the Ballarat and District Aboriginal Co-operative Ltd and the Ballarat and District Division of General Practice Ltd., was distributed to member services for staff and patient education and cultural awareness.

Reflective of the East Gippsland population, Aboriginal Health Services are represented on the East Gippsland Nurse Practitioner Steering Committee.

Victorian Palliative Care Satisfaction Survey

The Victorian Palliative Care Satisfaction Survey (VPCSS)\(^5\) has been conducted annually by Palliative Care Victoria since 2010 and its findings help consortia identify improvements in service delivery for clients and carers. The 2012 survey (conducted between mid-February and 21 May 2012) captured feedback from adult patients (27%), carers (33%) and bereaved carers (34%) from both community and inpatient palliative care settings. There were a total of 188 respondents across the region from 595 surveys distributed (response rate 32% compared to 27% in 2011 and 23% in 2010). Items were rated from 1 (very low) to 5 (very high).

All respondents were asked, “How satisfied were you with the overall standard of care provided by the palliative care service?” (Figure 3), with 76% responding with a very high level of satisfaction while 18% were satisfied, leaving 6% not satisfied with the standard of care. All respondents in the in-patient setting were satisfied or very satisfied with their level of care. Bereaved carers had a lower level of satisfaction (92% satisfied), compared to patients (96%) and carers (95%).

\(^5\) Victorian Palliative Care Satisfaction Survey, Gippsland Region Report June 2012, Department of Health and UltraFeedback
Table 3: Top five performing items for Gippsland Region 2012

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Satisfaction with] The level of respect shown towards the patient as an individual</td>
<td>4.82</td>
</tr>
<tr>
<td>[Satisfaction with support received for] Necessary equipment to provide care safely for the patient</td>
<td>4.72</td>
</tr>
<tr>
<td>[Satisfaction with response to needs from] Nurses</td>
<td>4.71</td>
</tr>
<tr>
<td>[Satisfaction with] The level of expertise of people involved in the patient’s care</td>
<td>4.68</td>
</tr>
<tr>
<td>Satisfaction with time taken to start receiving palliative care</td>
<td>4.67</td>
</tr>
</tbody>
</table>

Source: VPCSS 2012 Gippsland Region, June 2012

Table 4: Top five Priority to Improve items for Gippsland Region 2012

<table>
<thead>
<tr>
<th>Rank</th>
<th>Area of Improvement</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[Satisfaction with ongoing support] Opportunities to talk with other carers about your own situation (as a carer).</td>
<td>3.00</td>
</tr>
<tr>
<td>2</td>
<td>[Satisfaction with support received for] Planning ahead for funeral arrangements (if applicable).</td>
<td>3.63</td>
</tr>
<tr>
<td>3</td>
<td>[Satisfaction with ongoing support] To minimise your own psychological burden.</td>
<td>3.96</td>
</tr>
<tr>
<td>4</td>
<td>I knew where to enquire about palliative care.</td>
<td>3.66</td>
</tr>
<tr>
<td>5</td>
<td>[Satisfaction with ongoing support] Support you received from volunteers.</td>
<td>3.78</td>
</tr>
</tbody>
</table>

Source: VPCSS 2012 Gippsland Region, June 2012

8. STRATEGIC DIRECTION 2: CARING FOR CARERS

After-hours Palliative Care Support

A Project Officer was appointed in February 2012 to commence work on the development of the after-hours palliative care project which was funded by the Department of Health in 2011-12. The aim of the project is to improve after-hours support, including telephone support and home visits where appropriate, and implement a regional after-hours model of care.

A discussion paper was tabled with the Consortium Management Group in June 2012 which summarised the findings of the After-hours palliative care framework released by the Victorian Government in February 2012. The framework identifies six key elements of an after-hours palliative care model; provides after-hours telephone protocols; outlines assessment criteria; lists key questions for the management of palliative care symptoms as well as provides IT specifications for an after-hours service and a sample web portal system.

The framework was informed by the findings of two pilot after-hours projects - one metropolitan based and the other rural. The GRPCC has consulted with the Project Manager responsible for developing the rural pilot. The after-hours model is now in its first year of implementation across the Grampians Region Palliative Care Consortium (four services) and Loddon Mallee Regional Palliative Care Consortium (seven services). The learnings from the pilot program and the framework will help inform the GRPCC’s project.

Work will continue on the After-hours Palliative Care Project during 2012-13 with the establishment of a Steering Group to drive the development and implementation of an after-hours model of care suitable for Gippsland.

Pathway for Improving the Care of the Dying

The Pathway for Improving the Care of the Dying (PICD) was rolled-out across 12 participating health services in the region during 2011-12, following the earlier pilot project at two inpatient sites (Latrobe Regional Hospital and West Gippsland Healthcare Group). An evaluation report was presented to the Consortium Management Group (CMG) in May 2012. The report made five key recommendations which were endorsed by the CMG in June 2012:

1. That the GRPCC continues to advocate the PICD as the benchmark for end-of-life palliative care in the region.
2. That the GRPCC engage with health service educators to promote training on the PICD pathway.
3. That the GRPCC implement the Aged Care Link Nurse Project in 2012 to provide greater clinical support, education and direction in aged palliative care.
4. That the GRPCC work with the Victorian End-of-Life Care Pathways Coordination (VEC) Program to continue to support end-of-life care pathways in Gippsland.
5. That the GRPCC explore mechanisms to integrate paper-based systems and existing IT systems to simplify documentation processes.

Aged Care Link Nurse Project

The GRPCC received recurrent funding from the Department of Health in 2011-12 to facilitate implementation of end-of-life care pathways in residential aged care facilities to ensure that more people are supported to die in their place of choice.

During 2011-12, a project plan was developed and consultation took place with the Project Manager at Southern Metropolitan Palliative Care Consortium (SMRPCC) who had implemented a pilot project. The GRPCC also commenced consultation with the region’s aged care sector. The Consortium Management Group agreed to recruit a regional Palliative Aged Care Resource Nurse on a part-time basis as a permanent member of the GRPCC team.

Work will continue on the Aged Care Link Nurse Project during 2012-13 with the commencement of the Resource Nurse and the establishment of a steering group to drive the development and implementation of the project across the region.

Disability Palliative Care

The GRPCC also received recurrent funding from the Department of Health in 2011-12 to develop and implement a strategy to enhance palliative care capacity in disability accommodation services consistent with the Disability Residential Services Palliative Care guide. The desired outcome of this initiative is that people living in disability accommodation services who have a life-threatening illness are supported to be cared for and die in their place of choice.

Planning work commenced this year with the employment of a part-time Project Officer in February 2012 to establish links with the government funded and non-government funded disability accommodation services in the region. A project plan was developed and the disability accommodation services were mapped.

7 Victorian Government Department of Human Services, Disability Residential Services Palliative Care guide: End-of-life care for residents of disability residential services, 2009.
10. **STRATEGIC DIRECTION 4: PROVIDING SPECIALIST PALLIATIVE CARE WHEN AND WHERE IT IS NEEDED**

**Nurse Practitioner Project**

The GRPCC provides funding to three lead member services – Bass Coast Community Health Service, Gippsland Lakes Community Health and Latrobe Community Health Service – to enable the employment of three Nurse Practitioner Candidates (NPCs) to provide a sub-regional specialist palliative care service.

The development of the Nurse Practitioner Program was one of the 11 recommendations of the *Specialist Palliative Care Consultancy Service Plan for Gippsland* and a key component of the Service Plan’s implementation strategy.

Key achievements during 2011-12 include:

**Central West Region Nurse Practitioner Candidate (hosted by LCHS)**

Jenny Turra has been working in the Central West region the past year and is half way through her Masters of Advanced Clinical Practice with Flinders University.

In 2011-12, Jenny set up a monthly primary clinic at LCHS for client reviews with visiting Specialist Palliative Care Physicians and is providing ongoing education at LCHS.

Jenny has established ongoing relationship with LRH and William Buckland Radiotherapy Centre and is involved in the Palliative care working group party at LRH. She has provided a number of education sessions at LRH to residents, registrars in mental health, acute staff on communication and cultural diversity in palliative care.

Jenny attends monthly ward rounds with the visiting specialist team at LRH and undertakes patient assessments. Jenny has also reviewed referred clients from LRH and attends the monthly clinic at William Buckland Radiotherapy Centre with the visiting specialist team.

**East Gippsland Region Nurse Practitioner Candidate (hosted by GLCH)**

Nicola Gorwell was appointed in August 2011 and has been busy engaging GPs and health services dispersed across an area more than half the size of Gippsland. Nicola also started her Masters of Nursing Practice (Nurse Practitioner) in 2012.

Nicola has established multi-disciplinary team meetings in East Gippsland and the number of patient care teams participating each fortnight continues to increase. She has coordinated education sessions by the visiting specialist team so that services with video and telephone conferencing capability in East Gippsland have access to this education.

Nicola has also been measuring the impact of her role in East Gippsland using tools from the Palliative Care Outcomes Collaborative. Evidence is emerging that there is a strong collaborative approach to palliative care service delivery in East Gippsland which will have great benefits for clients and carers.

**Southern Region Nurse Practitioner Candidate (hosted by BCCHS)**

Jo Kelly has been working in the Southern region for the past year and during 2011-12 completed her formal studies and received the Nurses Memorial Centre award for the highest academic achiever in the Masters of Nursing Practice (Nurse Practitioner) Course.

Jo has continued to work closely with clinical mentors Dr Bronwyn Williams, Dr Brian McDonald and Nurse Practitioner, Deb Garvey, as well as liaising and consulting with local General Practitioners to improve outcomes for the palliative care population.

Jo attends the monthly Southern region multidisciplinary team meetings and is a member of the Statewide Palliative Care Clinical Network.

**Specialist Palliative Care Services**

Access to specialist palliative care consultancy services enables people with a life-threatening illness to remain in their place of choice for longer and improves their quality of life. During 2011-12 the Consortium Management Group endorsed the *Specialist Palliative Care Consultancy Service Plan for Gippsland*. Work commenced on Phase 2 (Figure 4) of the implementation strategy to address the gaps in workforce capacity, service delivery and infrastructure to deliver a resident specialist palliative care consultancy service for Gippsland by 2015.
Phase 2 of the implementation strategy focuses on the integration of an enhanced primary consultation role undertaken by visiting palliative medicine specialists with the evolving Nurse Practitioner program located within each sub-region along with primary care services in the region.

On behalf of member services, CGHS credentialed Calvary Health Care Bethlehem (CHCB) and Peninsula Health palliative medicine specialists that visit the region so they could provide primary and secondary consultations as required.

Regular fortnightly Multi-disciplinary Team Meetings (MDTs) via teleconference were established in East Gippsland, Central-West Gippsland and Wellington. Monthly face to face MDTs were held in South Gippsland and Bass Coast. Case Reviews and education commenced in West Gippsland.

Key highlights include:

**Southern Region - Bass Coast and South Gippsland**

A palliative medicine specialist from Peninsula Health provided monthly visits to BCRH, South Gippsland Palliative Care (covers GSHS’s two campuses and South Gippsland Hospital), and BCCHS to participate in MDT meetings with the Southern Region NPC, provide education and patient reviews.

Strong relationships have been forged between the BCRH palliative care team and local GPs with wide multidisciplinary attendance at the MDTs. In 2011-12, there were nine visits, 25 patient case reviews and two primary consultations.

There were nine MDTs at BCCHS this year, which attracted 24 participants and discussed 18 patients. There were also nine meetings at South Gippsland Palliative Care where a total of 66 patients were discussed. A GP was in attendance for 80% of the MDTs, with an average of six attendees at each meeting. Opportunistic education was also provided at these meetings on management of complex pain, terminal sedation and neuropathic pain.

**Wellington - Sale, Yarram and surrounds**

In 2011-12, a palliative medicine specialist from Calvary Health Care Bethlehem (Calvary) attended 10 monthly MDTs via teleconference at CGHS. The MDTs were extended to YDHS as required. At these meetings, 30 new patients were discussed (41 patient reviews) and there was one primary consultation. The visiting specialist also provided four palliative care education sessions with a total of 28 in attendance.
Central West Region - Latrobe Valley and Baw Baw

LCHS and LRH collaborated to integrate the enhanced primary consultation role in the Latrobe Valley. Monthly primary palliative care clinics were established at William Buckland Radiotherapy Gippsland providing 30 primary consultations to 20 patients.

Support for complex patients was provided through six joint consultation sessions with the NPC and visiting palliative medicine specialist. Nine education sessions were provided by the visiting palliative medicine specialist at LRH.

Fortnightly MDT teleconferencing between the LCHS palliative care team, the NPC, referring GPs and the Calvary specialist team were established to review and discuss complex cases. There were 22 fortnightly MDTs held with 76 new patients, 45 reviews, 69 deaths and discharges, and 40 occasions of GP involvement. LCHS also introduced a primary consultation model for patients and 14 primary consultations were conducted at LCHS or in the client’s home.

In February 2012, palliative medicine specialists began monthly visits to West Gippsland. The specialists have attended palliative care case reviews and provided education sessions for the palliative care team, acute medical/nursing staff and local GPs.

Since February, 132 professionals of multiple disciplines have attended the case reviews and education sessions.

Eastern Gippsland Region

Fortnightly MDT teleconferencing between the palliative care team, the NPC, referring GP and a palliative medicine specialist are now well established. In 2011-12, 14 MDTs via teleconference were held for a total of 88 patient reviews of 69 unique clients. There were also 10 primary consultations undertaken by the visiting specialists.

Monthly education sessions by the specialists were provided to local palliative care/ district nursing teams in Omeo, Orbost, Mallacoota, Bruthen, Buchan, Nowa Nowa and Gelantipy, via video and teleconferencing. A total of 118 professionals participated (six disciplines on average) in these education sessions. The education sessions were also made available to other services in the region and video-recorded in case the timing was not suitable.

A “Fly-in Fly-out” arrangement for the visiting specialists was piloted in early 2012, but was later aborted as the specialists were uneasy with the chartered flight conditions. The specialists have resumed driving to East Gippsland which takes on average of five hours each way.

Lung Tumour Stream Meetings

The GRPCC funds palliative medicine specialists to participate in the fortnightly Gippsland Region Integrated Cancer Services Lung Tumour Stream MDTs. Of the 50 patients discussed at these meetings, five were referred to the palliative medicine specialist for complex pain management.
11. STRATEGIC DIRECTION 5: COORDINATING CARE ACROSS SETTINGS

The GRPCC continues to integrate practices across hospital and community settings to ensure access to coordinated and consistent care at the end of life, through the Consortium Management Group, the Clinical Practice Group and the Operational Reference Group as well as linkages with the Medicare Local. The Nurse Practitioner Candidates in Central-West Gippsland and East Gippsland were successful in developing strong linkages between acute and community palliative care services in their sub-regions.

12. STRATEGIC DIRECTION 6: PROVIDING QUALITY CARE SUPPORTED BY EVIDENCE

Through the Clinical Practice Group, the Consortium maintains consistent clinical care protocols that are informed by research and evidence. All member services participate in the annual Victorian Palliative Care Survey (VPCSS) and seven participate in the National Standards Assessment Program (NSAP). Details are summarised in the table below.

Table 5: Quality initiatives undertaken by member services

<table>
<thead>
<tr>
<th>Member Service</th>
<th>NSAP</th>
<th>VPCSS</th>
<th>PCOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRHS</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>BCCHS</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCRH</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>CGHS</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLCH</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>GSHS</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRHS</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LCHS</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LRH</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ODH</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ORH</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WGHG</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>YDHS</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number</td>
<td>7</td>
<td>13</td>
<td>1</td>
</tr>
</tbody>
</table>

National Standards Assessment Program

Seven services (BRHS, BCCHS, BCRH, GLCH, LRH, ODH, ORH and WGHG) across Gippsland participated in the NSAP and the Clinical Practice Group identified the following regional priorities for improvement:

<table>
<thead>
<tr>
<th>Area of Improvement</th>
<th>GRPCC Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 5 - The primary caregiver is provided with information, support and guidance about their role according to their needs and wishes.</td>
<td>“Caring for Carers” is a key area of the new policy direction. Elements of this standard will also be addressed in the proposed After-hours Project.</td>
</tr>
<tr>
<td>Standard 6.7 - Plans are in place for the certification of death, including plans for certification after-hours.</td>
<td>CPG is currently developing guidelines for the Verification and Certification of Death.</td>
</tr>
<tr>
<td>Standard 8.4 - Clinical assessment is undertaken to identify those family members suffering depression, anxiety and sadness associated with loss, grief or bereavement.</td>
<td>Work is currently being undertaken by the Victorian Palliative Care Clinical Network with regards to this element. The After-hours project will include guidelines for assessment of carers.</td>
</tr>
<tr>
<td>Standard 10.3 – Policies for prioritizing and responding to referrals in a timely manner are documented.</td>
<td>The Triage Working Group is developing a triage tool which will be adopted by the CPG to implement in the region.</td>
</tr>
<tr>
<td>Standard 11.5 – There is a robust and rigorous clinical audit review.</td>
<td>The CPG is currently exploring existing frameworks for this standard.</td>
</tr>
</tbody>
</table>

Palliative Care Outcomes Collaborative (PCOC)

Gippsland Lakes Community Health is the only service in the Gippsland region that systematically uses PCOC tools.

Training, Education, Research and Workforce Activities

The GRPCC coordinates regular visits by palliative medicine specialists to provide education, secondary consultations and participation in MDT meetings. In 2011-12, the visiting palliative medicine specialists attended:

<table>
<thead>
<tr>
<th>Member Service</th>
<th>Number of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCCHS, BCRH, GSHS and LRH</td>
<td>11</td>
</tr>
<tr>
<td>BRHS</td>
<td>4</td>
</tr>
<tr>
<td>CGHS</td>
<td>8</td>
</tr>
<tr>
<td>GLCH</td>
<td>7</td>
</tr>
<tr>
<td>LCHS</td>
<td>10</td>
</tr>
<tr>
<td>WGHG</td>
<td>6</td>
</tr>
<tr>
<td>YDHS</td>
<td>0</td>
</tr>
</tbody>
</table>

A number of education activities were delivered in 2011-12. The Introduction to Palliative Care Short Course run by Monash University’s School of Nursing and Midwifery was again a highlight, with 22 participants graduating from the fifth intake. The majority of students came from nursing backgrounds, with one social worker and one diversional therapist. Several students were generously supported by the Angela Dempsey and Bernadette Carstein Scholarship Fund.
<table>
<thead>
<tr>
<th>Title</th>
<th>Partners</th>
<th>Participants</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydromorphone in Palliative Care</td>
<td>LRH and Calvary</td>
<td>August 2011</td>
<td></td>
</tr>
<tr>
<td>Latrobe Regional Hospital</td>
<td>Delirium in Palliative Care</td>
<td>15 health professionals</td>
<td>September 2011</td>
</tr>
<tr>
<td>Latrobe Regional Hospital</td>
<td>Palliative Care and Pain Relief in Palliative Care</td>
<td>Monash University</td>
<td>September 2011</td>
</tr>
<tr>
<td>Monash University, Churchill</td>
<td>Lung Cancer in the Palliative Setting</td>
<td>GRICS, Annual Forum</td>
<td>70 health professionals</td>
</tr>
<tr>
<td>Latrobe Regional Hospital</td>
<td>Constipation in Palliative Care</td>
<td>CGHS and LRH</td>
<td>26 health professionals</td>
</tr>
<tr>
<td>Latrobe Regional Hospital</td>
<td>Recognition and management of the dying phase</td>
<td>CGHS and LRH</td>
<td>27 health professionals</td>
</tr>
<tr>
<td>Latrobe Regional Hospital</td>
<td>Pain assessment in Palliative Care</td>
<td>CGHS, GLCH, LRH</td>
<td>23 health professionals</td>
</tr>
<tr>
<td>CGHS</td>
<td>Commencing a patient on PICD</td>
<td>GRPCC</td>
<td>25 health professionals</td>
</tr>
<tr>
<td>Managing Complex Pain in Palliative Care</td>
<td>CGHS, GLCH, LRH</td>
<td>39 health professionals</td>
<td>March 2012</td>
</tr>
<tr>
<td>End of Life management / Terminal Care</td>
<td>BRHS, GLCH, LRH</td>
<td>57 health professionals</td>
<td>April 2012</td>
</tr>
<tr>
<td>Bairnsdale Regional Hospital</td>
<td>End Stage Respiratory Disease</td>
<td>BRHS, GLCH, LRH</td>
<td>33 health professionals</td>
</tr>
<tr>
<td>Delivering Culturally Inclusive Palliative Care</td>
<td>Centre for Cultural Diversity in Ageing and Gippsland Multicultural Services</td>
<td>45 health professionals</td>
<td>June 2012 Italian-Australian Club, Morwell</td>
</tr>
<tr>
<td>Delirium and Terminal Restlessness</td>
<td>GLCH and LRH</td>
<td>24 health professionals</td>
<td>June 2012</td>
</tr>
</tbody>
</table>
Motor Neurone Disease Shared Care Worker

The Motor Neurone Disease (MND) Shared Care Worker role is funded by MND Victoria. The position is held by two palliative care team leaders from West Gippsland Healthcare Group and they provide a regional service. Support is provided through education sessions, telephone support and personal contact as required.

Key activities included:

- attendance the International MND Symposium in Sydney – December 2011;
- presentation to WGHG staff on MND at 2nd Consultation – July 2012;
- provision of patient advice and care via teleconference liaison with palliative care specialists;
- provision of phone support to all of Gippsland palliative care services as required;
- ongoing liaison with MND Regional Advisor; and
- attendance at regular MND meetings.

Palliative Care Volunteers

2011-2012 was a busy year with the organisation of two annual retreats for palliative care volunteers. The 2011 retreat was held at the Phillip Island Adventure Park at Cowes in October 2011 and attended by 30 volunteers. The 2012 retreat was held at The Summit Adventure Park at Trafalgar East in May 2012, and attended by 20 volunteers. Both retreats were also attended by GRPCC staff and volunteer managers from a number of regional palliative care services.

The annual retreat has been held since 2008 in various locations across Gippsland. The retreat provides participants with the opportunity to network and share their experiences in a fun and relaxed environment. The retreat also provides the opportunity to revisit volunteer policies and discuss further educational options that may assist volunteers in their work with patients and families. Importantly, the retreat provides a forum to celebrate the tremendous work that the volunteers carry out and helps reinforce the message that palliative care volunteers are valued and supported by the GRPCC.
13. FUTURE DIRECTIONS

The 2012-13 strategic directions of the GRPCC align with the Victorian Government’s policy and will include:

1. **Informing and involving clients and carers**
   - The GRPCC will develop regional guidelines for care planning and include these guidelines in the annual education program.

2. **Caring for carers**
   - The GRPCC will develop a project to improve after-hours support, including telephone support and home visits were appropriate.
   - The GRPCC will provide information and education on respite, including providing care for children with a life-threatening condition on the GRPCC website.

3. **Working together to ensure people die in their place of choice**
   - The GRPCC will work with government and non-government funded disability accommodation services to improve palliative care capacity and develop an education program for staff caring for residents.
   - The GRPCC will employ a regional Palliative Aged Care Resource Nurse.

4. **Providing specialist care when and where it is needed**
   - The GRPCC will continue the roll out of the Specialist Palliative Care Consultancy Service Plan for the region.
   - The GRPCC will continue to support the nurse practitioner model in the region.

5. **Coordinate care across settings**
   - The GRPCC will introduce a communication training program focused on role-playing bedside manner in palliative care scenarios.
   - The GRPCC will continue to assist services to participate in video and teleconferencing.

6. **Providing quality care supported by evidence**
   - The GRPCC will continue to build and support the palliative care workforce to meet increasing demand for palliative care by developing a scholarship program to improve palliative care expertise.
   - The GRPCC will improve palliative care education for paramedics and invite representation on the After-Hours Palliative Care Project.

7. **Ensuring support from communities**
   - The GRPCC will take a health promoting approach to strengthen the community’s awareness and understanding of death, dying and loss.

14. FINANCIAL STATEMENT

Gippsland Region Palliative Care Consortium Financial Statement 2011-12

GRPCC

**Revenue**

- Government Grants\(^\text{^}\) $ 399,919
- Total revenue\(^*\) $ 399,919

**Expenditure**

- Beverages $ 542
- Special functions $ 40,678
- Consultancy Costs $ 225,298
- Printing and Stationery $ 7,660
- Staff Training and Development $ 5,319
- Conferences Registration and Accommodation $ 4,433
- Travel Expenses - Car allowance $ 152
- Other Expenses $ 21,627
- Total Expenses $ 305,709

**Surplus (Deficit)** $ 94,210

\(^*\) Includes Palliative Care Grant, Post-PEPA, After-Hours, Disability and Palliative Aged Care Link Nurse funding.

\(^\text{^}\) Does not include funding provided by Commonwealth, Consortia or MND.

**Medical Purchasing**

**Revenue**

- Government Grants\(^\text{^}\) $ 707,275
- Balance brought forward 2010-11 $ 278,989
- Total revenue $ 986,264

**Expenditure**

- Salaries Recoveries $ 38,181
- Food Supplies-Other $ 3,543
- Consultancy Costs $ 191,069
- Conferences Registration and Accommodation $ 2,554
- Travel Expenses - Car allowance $ 5,498
- Accommodation - Other $ 265
- Other Admin Expenses - Other $ 1,000
- Total Expenses $ 242,110

**Surplus (Deficit)** $ 744,154

\(^\text{^}\) Includes Rural Palliative Care Medical Purchasing, Consultancy and Nurse Practitioner funding.