

Gippsland Model for After-Hours Palliative Care – Action Plan 2014-15

Gippsland Region

**Palliative Care
Consortium**



Background

Six key elements are identified in the *After-hours palliative care framework*¹ (the Framework):

1. Best practice care planning
2. Client information systems
3. After-hours telephone triage
4. After-hours nursing support
5. After-hours medical support
6. Activity following an after-hours contact and quality assurance

An initial *After-Hours Palliative Care Proposal* was approved by the GRPCC Management Group (CMG) in June 2013. This proposal was based on data from semi-structured interviews, which were conducted with the palliative care co-ordinator (or delegate) of 12 community palliative care services across the region during March and April 2013.

More recently, the following documents, including recommendations, have been approved by the CMG:

- *After-Hours Palliative Care Proposal - Phase 2*
Outlines proposed actions to develop the Gippsland Model for After-Hours Palliative Care (the Model) against the six key elements
- Palliative Care Telephone Triage Training Workshops 2014; Evaluation report

A Model for Community Palliative Care in Gippsland was presented to the CMG in September 2014. The recommendations in this document are based on extensive consultation with palliative care services in Gippsland and on Palliative Care Australia's national standards. The recommendations in this document are very relevant for after-hours palliative care and should be considered together with information in this document.

Overview of after-hours community palliative care service provision in Gippsland, 2014 update

A second round of interviews were conducted with the palliative care co-ordinator (or delegate) of Gippsland's community palliative care services during May - June 2014. Nine of the services are funded to provide community palliative care, while three are un-funded services; all are members of the Gippsland Region Palliative Care Consortium (GRPCC). This report focuses on the funded services as they are responsible for providing the after-hours service to registered palliative care clients. However, components of the Gippsland Model for After-Hours Palliative Care will also apply un-funded services.

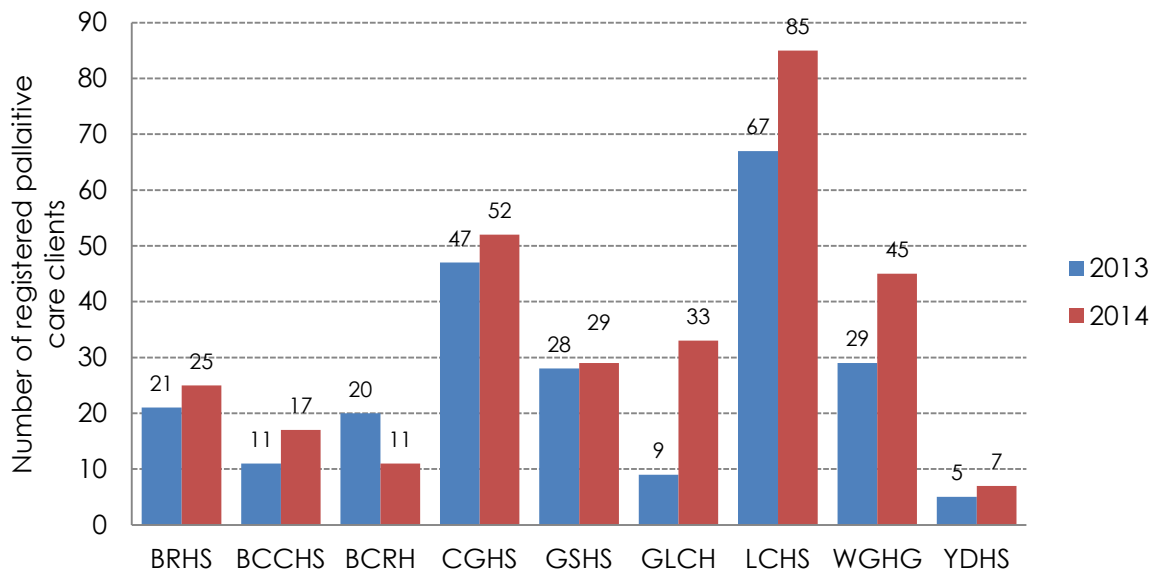
¹ Victorian Government Department of Health, *After-hours palliative care framework*, 2012.

The purpose of the 2014 interviews was to get updated information about after-hours palliative care practices and feedback about the proposed Gippsland Model for After-Hours Palliative Care. Each service had been provided with a copy of the *After-Hours Palliative Care Proposal - Phase 2* prior to the interview. A copy of the interview plan is in Appendix 1.

After-hours activity

The number of registered palliative care clients at each service was recorded at the time of the interviews in 2013 and 2014. The total number of registered palliative care clients in Gippsland was approximately 250 in March-April 2013, while the total number in May-June 2014 was 304. This represents an increase of 22%. Numbers of registered clients by service is presented in Figure 1.

Figure 1. Number of registered community palliative care clients at funded services in Gippsland at the time of the interviews, March–April 2013 and May–June 2014.



The number of after-hours phone calls from registered palliative care clients/carers and the number of after-hours nursing visits as a result of these phone calls is presented in Table 1. This information was not available at all for some services, either due to not being collected or due to reporting difficulties caused by software limitations. For services where the data was reported, there are differences in how it is collected. In addition, the time period defined as after-hours varies by service depending on their usual hours of operation. Despite these limitations, the available information provides an estimate of the current regional after-hours service provision and some indication of how it differs between services.

Table 1. Approximate number of after-hours¹ phone calls and nursing visits for Gippsland services over a one year period², where available.

Health service	Phone calls		Nursing visits	
	2013	2014	2013	2014
BRHS			15	31
BCCHS	71	5	16	5
BCRH				
CGHS	60		24	
GSHS	6		2	
GLCH		14		9
LCHS	64	154	3	4
WGHG	22	22	6	17
YDHS	4		4	

¹ After-hours is here defined as outside normal business hours in order to capture unplanned activity only.

² The one year period varies between services depending on what was available, and in some cases a shorter period was used to estimate the activity over one year.

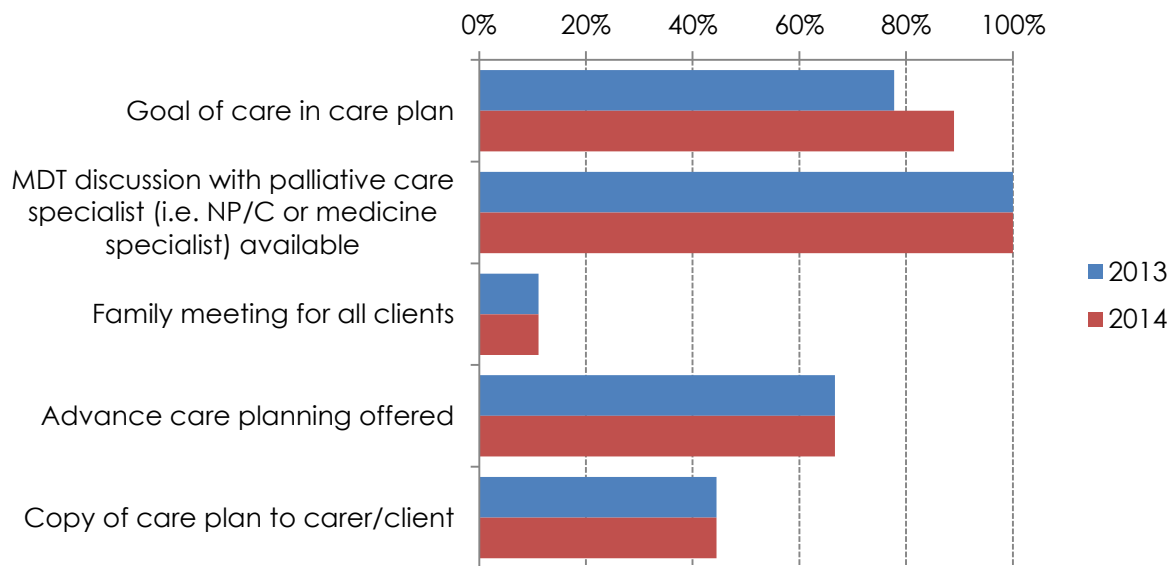
Discussion

There is a need to improve the quality of regional data about after-hours activity. The GRPCC has received an agreement by all member services to access VINAH data from their organisations. It is acknowledged that the VINAH data has significant limitations, especially for some organisations, but it is existing data, which is expected to improve with time. In addition, a form was developed by the GRPCC for recording information about after-hours phone calls from palliative care clients/carers (included as a form in the Client Summary Palliative Care, see discussion under key element 1). This is being piloted at two services during 2014 and it is expected it will then be implemented across the region.

Key element 1: Best practice care planning

Availability of specific components of care planning for clients at each funded palliative care service are presented in Figure 2, including a comparison of results between 2013 and 2014.

Figure 2. Gippsland funded community palliative care services (n=9) and their use of specific care planning components, 2013 and 2014.



There is currently a lot of work in the region to improve care planning for palliative care clients and carers. Six of nine services are reviewing their palliative care planning processes, in three cases as a result of National Standards Assessment Program (NSAP) recommendations. In addition, two services are implementing Palliative Care Outcomes Assessment (PCOC) tools.

There is great variation in the amount and type of information provided to clients / carers about symptom management in the home. Some services provide a standard information pack to all clients while most services tailor the information provided to the needs of the client / carer. Four services provide general pamphlets on symptom management, e.g. the PCV pamphlets (which are available on line). All provide verbal individual advice and at least three services provide handwritten individual information to clarify symptom management for individual clients.

Discussion

The Client Summary Palliative Care was developed by the GRPCC to facilitate best practice care planning and communication between care providers, using a consistent language based on approved PCCN tools. Two services are piloting the Client Summary Palliative Care and it is expected that a revised version will be available for regional implementation in 2015. Progress with implementing PCCN endorsed tools is continuing with some services currently implementing recommended tools into their care planning process.

The Framework emphasises the importance of educating clients and carers and providing written plans to assist them with managing situations that may arise. The amount and type of written information provided to clients / carers in Gippsland is very variable depending on service. The GRPCC is working on a number of resources, which are expected to be ready to roll out across the region in 2015:

- A Carer's Safety and Information Kit has been piloted at three services and found to be very useful. A revised version will be implemented.
- Symptom Management Information Sheets for clients / carers are currently with the GRPCC Clinical Practice Group (CPG).
- A series of three Carer's Group Education sessions developed by the Centre for Palliative Care has been trialled at LCHS with support from the GRPCC. The trial was successful and additional sessions are planned. In addition, a carer's support group has been formed by attendees.

Palliative Care Anticipatory Prescribing Guidelines have been approved by the GRPCC CPG during 2014. These guidelines are designed to facilitate communication between palliative care services and GPs and to expedite access to medications after-hours for clients / carers. They are available to download from the GRPCC web site (www.grpcc.com.au) along with other recommended resources.

Key Element 2: Client information systems

The main client record is now electronic at two services in Gippsland; LCHS use TCM7 and ORH use Uniti. In addition, BRHS is working towards a fully electronic record on Uniti.

Submission of VINAH data is through four different types of software; Uniti (3 services), PJB (2), iPM (2) and TCM7 (2). Services using Uniti and TCM7 were satisfied that the system was now working, while services using PJB or iPM were all experiencing problems and limitations.

At LCHS, the main client record is now available to all nurses after-hours. WGHC use an electronic palliative care register which is stored on 'Nurse common'; a common drive accessible to all nurses within the health service, containing clinical handover information and alerts. Other services rely on paper based records to be passed on to after-hours nursing staff. This is often a very brief summary, not including clinical information.

Services were asked what use they could see for a shared client information system for community palliative care clients in Gippsland. The most common response was that they were overwhelmed by the requirements to document aspects of the care in different places and that there is a need to focus on the basics such as ensuring information within the service is available and that required reporting is completed. The S2S system for referral and care planning was mentioned by three services as a tool to help improve communication of information. However, there are barriers to

sharing client information between services that need to be addressed. In the longer term, a shared client information system was seen as very valuable provided it is possible to electronically update the information as well as having viewing access.

Discussion

The GRPCC are currently scoping the use of an electronic client information system for palliative care services in Gippsland. Options under consideration include Pall Care and PERM, which have both been designed specifically for palliative care and include the capability to submit VINAH data as well as collect the PCOC data set. Ideally, access would be web based and accessible by care providers during business hours and after-hours, both from within Gippsland services as well as by specialists who may be based in Melbourne. A main benefit of an electronic client information system would be quick access to legible and up to date client information from any location with internet access.

Key Element 3: After-hours telephone triage

Two of nine community palliative care services in Gippsland now provide their own after-hours triage service (GLCH and LCHS). However, at GLCH there is not always a nurse on call if there is no client / carer assessed as being in need of this. At the other seven services, the local hospital after-hours coordinator takes any phone calls from palliative care clients / carers, but the expectation of them varies;

- at four of seven services they do not provide any advice to palliative care clients, but rely on the district nurse on call for triage;
- at two services, some coordinators are able to triage palliative care clients, while others rely on the district nurse on call for triage; and
- at one service, all coordinators are expected to triage the call.

Eight of nine services prefer to continue providing the telephone triage service for palliative care clients locally. Reasons for this included:

- familiarity with the clients, *"nothing compares to talking to someone who has seen the client recently and know their situation"*;
- essential for Aboriginal clients to talk to someone they know; and
- *"it seems to work well the way it is"*.

One service was open to using a metropolitan based palliative care service for telephone triage in the future.

No service has guidelines to support clinical decision making by nurses when triaging a phone call from a client / carer. As put by one interviewee, *"It can be very stressful to take calls at night without guidance and reassurance"*. All services support the work by the GRPCC to upskill local nurses who provide telephone triage for palliative care clients and carers, both with telephone triage skills and to learn

about palliative care. All services agree that documents to support the decision-making by nurses (e.g. symptom management guidelines and telephone triage protocols) would be very valuable.

"Would be very beneficial for the nurses to provide the same information and have a set of guidelines that guides their care and a set of protocols to help them manage symptoms."

Discussion

The purpose of the after-hours telephone triage service is to provide professional information, comfort and support for clients and carers and to empower them to manage at home until death if that is their wish. Each community palliative care service in Gippsland identifies their preferred method of delivering after-hours telephone triage to their clients. Training for triage nurses was identified as a gap in the initial after-hours proposal and the GRPCC has since provided telephone triage training to 110 nurses across Gippsland. The evaluation of the training was very positive and an additional three workshops will be offered in 2015.

A need for supporting documents for triage nurses was identified. This includes access to:

- Up to date client information
- Best practice call management guidelines
- Best practice symptom management guidelines
- Guidelines for how to triage clients
- Triggers for referrals

Availability of supporting documents is expected to lead to more standardised, better quality care for clients / carers who require after-hours assistance. The GRPCC are addressing these needs by identifying existing documents and endorsing / modifying these, or by developing new documents where required. Resources include:

- Client Summary Palliative Care - developed in house, approved for pilot
- *WA Cancer and Palliative Care Network Evidence based clinical guidelines for adults in the terminal phase* - endorsed
- Symptom Management Guidelines for health professionals – currently being considered by the CPG
- Telephone triage protocols – to be developed based on existing documents

Key Element 4: After-hours nursing support

All nine funded community palliative care services provide a nursing visit to their clients if needed after-hours, but one service only visits if the client has died. In

addition, GLCH do not always have a nurse on call if there is no client / carer assessed as being in need of this at the time.

No service has clear guidelines to aid the nurses' decision making about when to provide a nursing visit after-hours. It is left up to each individual nurse to decide if a visit is required.

All services have a process for home risk assessment, which is the same across the district nursing service.

Discussion

There is variation between services, as well as between nurses within the same service as to when a home visit will occur and what tasks are carried out after-hours. The GRPCC will include guidelines for when a nursing visit is recommended in the telephone triage protocols discussed under Key Element 3. Each service will then need to identify what their triggers for after-hours nursing visits should be in order to have consistency within the service. Local policies and procedures are required to clearly define what is expected after-hours, e.g. tasks allowed to be undertaken after-hours, scope of practice and procedure for conducting a home visit.

Development of local policies and procedures are the responsibility of each health service, but the GRPCC will include examples of such documents, including the minimum requirements as defined in the Framework, as part of the final Gippsland After-Hours Palliative Care Model.

Key Element 5: After-hours medical support

No changes to local service provision noted since 2013.

Discussion

The provision of guidelines to assist nurses in deciding when to contact relevant medical support was previously recommended and will be included in the telephone triage protocols described under Key Element 3. In addition, expansion of the current agreements with palliative medicine specialists to include after-hours support was previously recommended.

Key Element 6: Activity following an after-hours contact and quality assurance

No changes to local practices noted since 2013.

Discussion

The Framework specifies that details of any after-hours contacts is to be documented by the start of the next business day, either electronically or on paper. An electronic client management system would allow timely updates of client records following any after-hours contact (see Key Element 2).

Data collection about after-hours contacts is discussed under After-hours activity.

Challenges

The interviewee of each service was asked what they thought the main challenges with after-hours service provision were. The following main themes were identified:

- Telephone triage protocols; four of 12 services saw this as a great need. This would be a document that could act as a resource for the triage nurses to guide their decision making, including what questions to ask, criteria for when a home visit is recommended and guidelines for how to manage common symptoms.
- Need for education of triage nurses; two services mentioned this as an issue. Education both about telephone triage skills and palliative care was requested.
- Access to medical support after-hours was mentioned as an issue by two services. Accessing the client's GP after-hours is often hard and few local hospital doctors have palliative care knowledge. After-hours availability of palliative medicine specialists was desired by one service.
- Communication between acute and community sector; two services raised this as a main challenge. Both gave inadequate discharge planning from the inpatient setting as an example of an area that could be improved and where responsibilities appear to be unclear.
- Timely anticipatory prescribing was a challenge mentioned by two services.
- Additional issues mentioned were:
 - Safety of staff
 - Local policy for after-hours service provision
 - Lack of social work EFT
 - More laptops for use in the field
 - Avoid duplication of electronic data collection for different requirements
 - Resourcing for on call is an issue
 - Satnav system for cars needs to be up to date
 - The clients expect an after-hours visit for any after-hours issue
 - Documentation of after-hours phone calls and visits is needed

Discussion

The lack of telephone triage protocols is being addressed by the GRPCC. A consultant has been recruited to modify existing documents for Gippsland's needs (see Key Element 3).

Education for triage nurses has taken place during 2014 and additional sessions will be offered in 2015 (see Key Element 3). In addition, training in palliative care for both nursing, allied health and medical professionals is available (see the GRPCC education calendar) and scholarships are available for attending conferences and for further study.

Communication between community palliative care and the acute settings are a continuing issue which is being addressed by community palliative care services. The *Model for Community Palliative Care in Gippsland* (GRPCC September 2014) outlines strategies for addressing this issue. The following recommendations were made:

- Actively develop relationships among all disciplines of the MDT, and with GPs and local hospitals, to promote holistic and seamless care as well as mutual support and education.
- Consider the appointment of a DN in each team to the role of Liaison Nurse to enhance relationships and promote safe, seamless and effective transitions between inpatient and community settings.

Anticipatory Prescribing Guidelines were approved by the GRPCC during 2014, (see key element 1).

Stakeholders

The stakeholders for the after-hours project include:

- Funded community palliative care services
- Un-funded community palliative care services
- Inpatient palliative care services (with funded in-patient beds)
- Emergency departments
- Ambulance service
- Gippsland Medicare Local
- Gippsland Health Alliance

Action Plan 2014-15

A GRPCC action plan for developing the Gippsland Model for After-Hours Palliative Care (the Model) is summarised in Table 2 below. The actions in the Table have already been approved, but have been updated based on recent information about after-hours service provision in the region and feedback on current GRPCC initiatives as described in this document.

Funding for improving after-hours palliative care in Gippsland is secured for the GRPCC until the end of June 2015 (\$150,000 per annum). After this date, it is uncertain if after-hours funding will be available to the GRPCC.

Additional recommendations for the GRPCC:

1. Consult with the ambulance service about the Model.
2. Finalise all components of the Model by end June 2015; this will include a pilot period for new resources.
3. Work with services to improve regional data about after-hours service provision.
4. Develop a plan to implement the Model into community palliative care services. This should allow significant support and training by GRPCC staff as required for each service.

Table 2. Approved GRPCC actions towards developing the Gippsland After-Hours Palliative Care Model, with priorities based on the current situation compared to the Framework's key elements. Relevant national standards² are also listed.

Key Element	Core components	Updated Situation 2014 n=9 funded services (4 un-funded services)	Actions by the GRPCC Bold – Key resources / strategies to address gaps	Relevant Standard ²
1 Best Practice Care Planning	a. Client issue / problem identified	All services use an assessment tool, however a variety of tools are used (some of which are not validated) resulting in un-wanted variation	<ul style="list-style-type: none"> Promote the use of PCCN endorsed tools Facilitate training to use PCCN endorsed tools Client Summary Palliative Care (Client Summary) provides a minimum dataset 	Standard 6 – Clinical Handover
	b. Goal of Care	Not fully documented by 2 of 9 services	Client Summary (see 1a) includes prompts	Standard 6
	c. MDT meeting	All funded palliative care services have access to a meeting involving a palliative medicine specialist, but 3 services have only medical and nursing attending, i.e. not multidisciplinary	Broader professional attendance at these meetings is being promoted by the GRPCC	Standard 6
	d. Client / carer have written information	4 of 9 services provide written care planning information to the client/carers	Client/carers are offered: <ul style="list-style-type: none"> Client Summary (see 1a) Symptom Management Information Sheets Carer's Kit with relevant information Carer Group Education 	Standard 2 – Partnering with Consumers
	e. Carer/family meetings	One service offers a family meeting for all clients	Client Summary (see 1a) includes prompts	Standard 2
	f. Advocacy for improving access to medication	Varying process for planning of after-hours medication needs Varying access to GP (or other prescribing professional) after-hours	Promote the use of Anticipatory prescribing guidelines , which have been approved by the CPG and are available on the GRPCC web site	Standard 4 – Medication Safety
	g. Advance Care Planning	6 of 9 services offer advance care planning	<ul style="list-style-type: none"> Client Summary (see 1a) includes prompts GRPCC web site links to resources GRPCC training calendar 	Standard 2 + Standard 9 Recognising and responding to clinical deterioration in acute health care (9.8.1 + 9.8.2)

² Relevant National Safety and Quality Health Service Standards criteria which are proposed to apply to community based services from 1 July 2015.

	No change required
	More than half the services have some aspects of this component
	More than half the services lack this component

Key Element	Core components	Updated Situation 2014 n=9 funded services (4 un-funded services)	Actions by the GRPCC Bold – Key resources / strategies to address gaps	Relevant Standard ³
2 Client Information System	a. Minimum data set for client information system	Varying client information systems and data sets between services	The Client Summary incorporates a minimum data set (see 1a)	Standard 6 - Clinical Handover
	b. Minimum functionality to include remote (web based) access during business hours and after-hours	One service has remote electronic access to the full client record during business hours and after-hours, others are still paper based (during business hours and after-hours)	Scope introduction of software tailored to palliative care needs for Gippsland community palliative care services	Standard 6
3 After-hours telephone triage	a. All registered clients and carers have access to an after-hours service	<ul style="list-style-type: none"> All services provide an after-hours number to clients, but at one service it is not available for stable clients After-hours calls are answered by a hospital coordinator at 7 of 9 services, but at 6 of these services a district nurse is usually contacted for triage A district or palliative care nurse answers the call directly at 2 of 9 services 	Each service needs to identify their preferred model for after-hours triage coverage (1630h until 0700h) and provide relevant training and resources to triage nurses	Standard 6
	b. Triage nursing staff have telephone triage training and palliative care training	Triage nurses are not provided with telephone triage training and many do not have palliative care training	<ul style="list-style-type: none"> Telephone triage training offered to all relevant staff GRPCC training calendar 	Standard 6
	c. Triage nurse has access to relevant client information and access to guidelines covering best practice symptom management and decision making	<ul style="list-style-type: none"> Access to clinical information by triage nurses is highly variable depending on the service, with some services only providing very basic information. Updates to the information is only weekly at one service. Decisions are based on the triage nurse's clinical judgement, there are no protocols in place to guide decision making 	<ul style="list-style-type: none"> Current Client Summary (see 1a) for all registered palliative care clients WA Cancer and Palliative Care Network Evidence based clinical guidelines for adults in the terminal phase provided Symptom Management Guidelines for health professionals approved by CPG Telephone triage protocols developed including information about best practice call management and referral triggers 	Standard 6 + Standard 1 - Governance (1.9.1)

³ Relevant National Safety and Quality Health Service Standards criteria which are proposed to apply to community based services from 1 July 2015.

	No change required
	More than half the services have some aspects of this component
	More than half the services lack this component

Key Element	Core components	Updated Situation 2014 n=9 funded services (4 un-funded services)	Actions by the GRPCC Bold – Key resources / strategies to address gaps	Relevant Standard ⁴
4 After-hours nursing visit	a. Ability to provide after-hours nursing visits	One of the 9 services does not provide after-hours nursing visits		Standard 9 – Recognising and responding to clinical deterioration in acute health care (9.7.1)
	b. Triggers for after-hours nursing visits	No service has this	Telephone triage protocols	Standard 9 (9.7.1)
	c. Policy and/or position description details tasks allowed to be performed during after-hours visit	4 of 9 services do not have any information in position description about after-hours duties	GRPCC to provide example of policy / procedure	Standard 1 - Governance
	d. Risk assessment applicable for after-hours visits	All except one service have a process for a general risk assessment	GRPCC to provide example of policy / procedure	Standard 1
	e. Home visiting guidelines: <ul style="list-style-type: none"> • Staff rights and responsibilities • Client eligibility (if not available for all clients) • Management of drugs in the home • After-hours problem solving • Verification of death 	2 of 9 services do not have this at all, while 7 of 9 rely on general district nursing policy	<ul style="list-style-type: none"> • GRPCC to provide example of policy / procedure • GRPCC Verification of Death guideline 	Standard 1

⁴ Relevant National Safety and Quality Health Service Standards criteria which are proposed to apply to community based services from 1 July 2015.

	No change required
	More than half the services have some aspects of this component
	More than half the services lack this component

Key Element	Core components	Current Situation n=9 funded services (3 un-funded services were also interviewed)	Proposed actions by the GRPCC Bold – Key resources / strategies to address gaps	Relevant Standard
5 After hours medical support	a. Palliative care services to determine after-hours access to GP	GP involvement in after-hours care is determined on admission by all services	Anticipatory Prescribing Guidelines (see 1f)	Standard 1
	b. Guidelines for when to seek urgent medical attention, including after-hours service medical handover	No service has guidelines for when to seek medical attention or how to provide a handover	<ul style="list-style-type: none"> Telephone triage protocols (see 3c) Client Summary (see 1a) to be used for handovers 	Standard 1
	c. Access to palliative medicine specialists	Palliative medicine specialists can be contacted after-hours, but there is no formal agreement for this service	Expand the current agreement with palliative medicine specialists to include an after-hours service	Standard 1
6 Activity following an after-hours contact and quality assurance	a. After-hours staff support	No service has formal support systems for after-hours staff. They rely on team meetings and staff requesting support themselves from senior staff or social worker.	<ul style="list-style-type: none"> Expansion of the visiting palliative specialist program to include psychosocial professionals from 2014 	Standard 1 - Governance (1.12.1)
	b. Next day communication and follow up	Handover of information to staff working the following day is verbal at 6 of 9 services, while remaining 3 services do written notes. Client records are updated the day after at 6 of 9 services while 3 update during the night. Variation happens at all services depending on circumstances.	Updating the Client Summary will capture key clinical handover information for an after-hours contact	Standard 6 – Clinical Handover (6.2.1)
	c. Quality improvement process	2 services have a register of after-hours calls/nursing visits that is completed, while remaining 7 services do not have a formal process, but discuss actions at handover	The Client Summary (see 1a) includes a sample form for collecting after-hours call information	Standard 6 – Clinical Handover (6.2.1)

	No change required
	More than half the services have some aspects of this component
	More than half the services lack this component

Appendix 1

Questions for after-hours service providers 2014

To be completed during phone interview

The GRPCC are updating some of the information from interviews originally held with service representatives in March-April 2013.

Summary of components to update:

- Hours of operation
- Number of registered palliative care clients
- Number of after-hours phone calls per year (2013)
 - How is this recorded
- Number of after-hours nursing visits per year (2013)
 - How is this recorded
- Changes to care planning since last year? New tools used?
- What type of written information does the client/carer have at home to help them manage after-hours, e.g. symptom management information, care plan?
- Policy/procedure for managing medication in the home?
- Have there been any changes to client management software / VINAH data?
- What contact details are provided to clients for after-hours needs (1630 hours until 0700 hours)?
- Procedure for dealing with after-hours calls? Is this different depending on time?
- What patient information does the triage nurse have access to after-hours?
- Do you see a need for guidelines to assist the triage nurse/visiting nurse with decision making?

Additional questions:

1. How do you think the after-hours (1630 hours until 0700 hours) telephone triage service would be best provided for palliative care clients from your health service?
 - Hospital after-hours coordinator
 - District Nurse / Palliative Care Nurse
 - Caritas Christi Specialist PC nurse
 - Other, specify

Elaborate: _____

2. What uses can you see for a shared client information system in Gippsland for community palliative care clients?

Compare if the system includes a client summary document or also has the facility to update the record.

3. Would a hand-held scanner be useful for keeping client information up to date?
4. What are the greatest needs for your service when it comes to after-hours service provision for palliative care clients?