Australian Government

Department of Health

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An Australian Government Initiative

Primary Health Networks – *Greater Choice for At Home Palliative Care*

Adelaide Primary Health Network Limited

The Greater Choice for At Home Palliative Care **Activity Work Plan 2017-2018 to 2019-2020 has all internal clearances obtained and has been endorsed by the CEO.**

The *Greater Choice for At Home Palliative Care* Activity Work Plan was submitted on 19 February 2018, and will be subsequently updated, on an annual basis.

Introduction

Background

Through an EOI process undertaken in August – September 2017, all 31 PHNs were invited to submit their interest in implementing the *Greater Choice for At Home Palliative Care* (GCfAHPC) pilot measure. Through this process, Adelaide PHN is one of the 10 PHNs were selected to receive funding to implement the measure.

Overview

The key objectives of Primary Health Networks (PHN) are:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

The *Greater Choice for At Home Palliative Care* (GCfAHPC) provides funding to improve coordination and integration of end-of-life care across primary, secondary, tertiary and community health services to support at home palliative care through funding Primary Health Networks (PHNs).

In line with these objectives, the PHN GCfAHPC Funding stream will support PHNs to:

- improve access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care;
- enable the right care, at the right time and in the right place to reduce unnecessary hospitalisations;
- generate and use data to ensure continuous improvement of services across sectors; and
- utilise available technologies to provide flexible and responsive care, including care after usual business hours.

In the context of the PHN *GCfAHPC,* funding under this stream will support the recruitment of two Full-Time Equivalent positions within the PHN to deliver the activity in accordance with the GCfAHPC Expression of Interest (EOI) submission/proposal and any aspects agreed to during clarification sessions post EOI outcome.

PHNs are required to outline planned activities, milestones and outcomes to provide the Australian Government with visibility as to the activities expected to be undertaken by PHNs selected to implement the GCfAHPC pilot project.

GCfAHPC Activity Work Plan must:

- reflect the individual PHN GCfAHPC Expression of Interest (EOI) proposal and anything agreed to in the clarification sessions post EOI outcome;
- demonstrate to the Australian Government what the PHN is going to achieve and how the PHN plans to achieve this; and
- be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments, Local Hospital Networks/Local Health Districts and other stakeholders, as appropriate.

This GCfAHPC Activity Work Plan covers the palliative care component of Core Funding provided to PHNs to be expended within the period from 1 January 2018 to 30 June 2020.

1. Planned activities funded under the Activity – Primary Health Networks *Greater Choice for At Home Palliative Care* Funding

The table below outlines the activities proposed to be undertaken within the period 2017-18 to 2019-2020. These activities will be funded under the *Greater Choice for At Home Palliative Care* Funding stream under the Schedule – Primary Health Networks Core Funding.

Proposed Activities	Description
Activity Title	*PC1.1 Enabling Choice for South Australians (ECSA)*
Description of Activity	The focus of ECSA is on utilising existing resources and programs to build capacity in the primary care workforce to support Continuous quality improvement (CQI) in palliative care systems and processes. ECSA aligns with the guiding principles of the National consensus statement: essential elements for safe and high-quality end-of-life care, looking to improve patient-centred processes of care through supporting service providers to ensure their organisational prerequisites are met. Capacity building approaches will be used to undertake this work and to support the service providers to utilise CQI practices in their work around end-of-life care interventions. CQI is as an approach to quality management that builds upon traditional quality assurance methods by emphasising organisation and systems. It focuses on "process" rather than individuals, recognising both internal and external "customers". It promotes the need for objective data to analyse and improve processes. ECSA will utilise and link with existing evidence-based resources such as end-of-life essentials, Decision Assist, PEPA and many more, as a basis for the development of activities which address identified gaps and needs of service providers, and encourage the development of organisational processes which support continual review and monitoring of such activities. ECSA aims to further develop partnerships, networks, programs, tools and resources in the broader palliative care sector to deliver the following: 1. Enhanced capacity of key stakeholders to plan and coordinate services that promote greater choice for at home palliative care including staff, GPs and other health professionals – ensuring they are confident to provide consistent quality information and support for people and their families.

2. Collaborative partnerships with RACFs and formalised arrangements which embed and/or integrate end of life choice into existing systems and processes.
3. Consistent use and promotion of My Health Record within RACFs and in primary health care settings to capture and maintain end of life planning documents.
4. Analysis of data which clearly identifies strengths /weaknesses in the delivery of choice for at home palliative care and shares learnings and opportunities for improvement with key stakeholders.

Adelaide PHN (APHN) will work closely with key stakeholders including Palliative Care SA, community and residential providers, SA Health and consumer and carer organisations on the implementation of ECSA.

APHN will engage 2 x Service Planning and Integration Officers to implement ECSA. Their roles and responsibilities include:

- Establishing formal relationships with stakeholders, and the collaborative advisory group
- Development of processes for gap analysis and needs assessments of organisational procedures
- Support providers to identify their specific needs and gaps through CQI processes
- Build capacity of providers to identify solutions and required resources
- Linking providers with resources, training programs and supports
- Provision of consistent information and strategies
- The ongoing identification, alignment and collection of information
- Collection and collation of data

The implementation methodology will include the following stages:

1. Project Planning
    - Establish collaborative advisory group & steering group
    - Identify initial improvement indicators
    - Develop an evaluation framework
2. Project Preparation
    - Recruitment of Service Planning and Integration Officers
    - Identify target regions and populations
    - Collate resources and programs
3. Project Implementation
    - Identify service providers
    - Develop methods for data collection
    - Gather and understand baseline measurements

	• Develop and undertake CQI and capacity building activities 4. Project Monitoring and review • Ongoing monitoring • Undertake iterative review of ECSA • Meetings with advisory group/network Governance arrangements will encompass three levels - operational, strategic and consultative. Operational governance will be undertaken through usual APHN processes, with strategic and consultative governance established in the early stages of ECSA implementation, incorporating the knowledge, experience and commitment of representatives from relevant groups.
Rationale/Aim of the Activity	ECSA aims to build on existing resources and programs to support continuous quality improvement in the planning and delivery of palliative and end-of-life care to improve the care of people and their families/carers wishing to die at home. Consultation held with the Adelaide PHN Palliative Care Health Priority Group identified a range of areas for improvement in the planning and provision of end-of-life care. These included the effective use of tools and information, engaging primary healthcare providers in training, consumer 'end-of-life' literacy, and on-the-job mentoring or coaching for staff providing end-of-life care. Also identified was a desire not to replicate existing activities but to build on them to improve sustainability. ECSA will also build on the work of previous APHN activities which have seen improvements in end-of-life care planning and provision through similar CQI processes. This activity is based on the National Consensus Statement: essential elements for safe and high-quality end-of life care and is designed around the 5 organisational prerequisites identified.
Strategic Alignment	ECSA aligns with the following priority areas: - **Objectives of the Primary Health Networks Programme**: • increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and • improving coordination of care to ensure patients receive the right care in the right place at the right time.

	APHN Primary Objective Focus Areas (see our Strategic Plan for more information): • Aged Care • Health Workforce • Palliative Care **APHN Needs Assessment Priorities** (numbers listed below align to priorities in the 2017/18 Adelaide PHN Core Flexible Needs Assessment Update): 10. Higher rates of multimorbidity among the aged population lead to increased utilisation of health care services. 11. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations. 12. RACFs have a low capacity to support their residents in the afterhours setting leading to increased transportation to emergency departments and medical deputising services. 13. Selected APHN regions have higher rates of PPH resulting from a range of chronic (Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, diabetes complications, angina, iron deficiencies) and acute conditions (dental issues, urinary tract infections, cellulitis). 16. A need to increase the ease of navigation and visibility of the health care system in selected APHN regions, population groups and for particular health issues. 19. Lack of community awareness about existing health care services for different population groups, consumers and providers. 20. Lack of person-centred care and responsiveness to individual circumstances, including co-morbidities. 22. Need to improve the aptitude/attitude and consistency of empathic responses of a variety of health care staff across a range of sectors and settings as well as increase workforce capacity. 23. Minimise instances of poor quality and unwarranted variations of care and follow up. 27. Awareness of timely access to appropriate services (including after-hours services) for vulnerable population groups particularly, Aboriginal and Torres Strait Islander people, Children and Youth, people with a disability, Older people, Palliative Care patients, and their carers 28. A coordinated approach to improve navigation and pathways for patients to manage their conditions **APHN Membership Identified Themes**: • Provide timely, early and equitable access to appropriate services • Improve health literacy and education for consumers and primary health care providers • Improve care coordination, integration and navigation of the primary health care sector

Scalability	Other PHNs wishing to undertake capacity building and CQI activities in the end-of-life care sector may wish to examine the learnings from the ECSA measure once evaluated.
Target Population	ECSA is a workforce capacity building approach targeting service providers and their staff who provide end-of-life or palliative care to: • People with life-limiting illnesses • Families and carers of people with life-limiting illnesses Service providers will be identified during the planning and preparation stages and may include, but not limited to: • RACFs • Home care providers • General practices • Community services • Allied Health providers including pharmacies
Coverage	To be determined during the planning and preparation stages and to be iteratively assessed throughout the duration of the project.
Anticipated Outcomes	By the end of the ECSA measure, people with life-limiting illnesses and their families/carers will: • Be well supported by organisations and service providers to receive end-of-life care in their place of choice By the end of the ECSA measure, identified service providers and organisations will have: • Leadership and governance structures in place around end-of-life planning and care • Support mechanisms for staff around planning and providing end-of-life care • Policies and procedures in place to regularly review and monitor end-of-life and palliative care processes By the end of the ECSA measure, staff of identified service providers and organisations will: • Have skills and knowledge to support end-of-life planning and provide end-of-life care • Understand the support mechanisms available to them for the planning and delivery of end-of-life care By the end of the ECSA measure, APHN will have: • High quality data and evidence on the use and impact of Advanced Care Planning across the system • Relationships which support ongoing review of end-of-life and palliative care planning and provision

Measuring outcomes	Indicators, both qualitative and quantitative, will be identified during the planning and preparation stages with the assistance of advisory groups and wider consultation. The Service Planning and Integration Officers will liaise with the External Evaluators to ensure consistency of evaluation activities and data development. Indicators may include: • Numbers of ACDs develop • Confidence of service provider workforce • Patient experience measures • Established connections between service providers and stakeholders • Increased utilisation of existing resources/programs • Quality and safety measures outlined in the National Consensus Statement Other quantitative sources of information include the My Health Record data provided to APHN through the digital health initiative and hospital admission/separation data gathered through partnerships with SA Health. Collection of information from qualitative sources, such as evaluation of information sessions, experiences of residents, families, carers, volunteers and workforce will be undertaken. *Note - An External Evaluator will commence activities from July 2018 and will support PHNs to develop a set of core Key Performance Indicators (KPIs) to inform the national evaluation of the GCfAHPC. Activity related to the development of indicators with the External Evaluator should be reflected in the 2019 Activity Work Plan.*
Indigenous Specific	Not specific but may include Aboriginal and Torres Strait Islander people
Collaboration/Communication	APHN has established links in the palliative care sector in Adelaide and broader South Australia. Through our Palliative Care Health Priority Group, APHN brings together people with high levels of skills and expertise to inform an ongoing commitment to improving the End-of Life (EoL) experience for people in the Adelaide metropolitan region. Members represent peak bodies for consumers and health professionals, SA Health (both service delivery and policy levels), aged and community care services, universities and related organisations. Other members comprise individual health professionals, including general practitioners, palliative care workers, mental health clinicians and consumers. APHN also works collaboratively with Country SA PHN and is committed to sharing information, resources, learnings and methods to allow implementation in peri-urban areas with key partner organisations. Similarly, Health Priority Groups have been established by APHN for Older People and Aged Care and Consumers and Carers. Alongside these, the Commonwealth mandated Clinical Councils and Consumer Advisory Councils, provide links to local communities, consumers, carers and health professionals. Where needs and interests align, information is shared between the groups through formal and informal mechanisms.

	Notable groups include: • Palliative Care SA • Aged and Community Services Australia • Leading Age Services Australia • Southern, Northern, and Central Specialist Palliative Care Services (SA Health Local Health Networks) • Catalyst Foundation • Council for the Ageing (COTA) SA • Health Consumers Alliance SA APHN has strong linkages with primary care providers and general practice including non-government health organisations. APHN will work with these stakeholders through network meetings, Care Connections, Health Care Homes, peak bodies and health priority groups to ensure we are working together to provide consistent messages around end-of-life care choices and the use of existing tools to ensure consumers in RACFs (and their families) know how to indicate their choices around palliative and end-of-life care. APHN has representatives on the SA Health Program Board for End of Life Care Strategy along with various stakeholders who are aligned with APHN through the abovementioned groups. Memoranda of Understanding will be developed as required to strengthen the involvement of stakeholders in the ECSA measure. This may be with identified service providers, but also with SA Health and Local Hospital Networks and other stakeholders as required. The APHN already has in place Partnership Agreements/Memoranda of Understanding with each of the SA LHN areas and ECSA can easily be included in the joint work identified. Terms of Reference for the advisory group will support the strategic engagement of partners and other stakeholders in the ECSA measure.
Timeline	2017-18: Planning and preparation phases underway, including establishment of advisory committee and recruitment 2018-19: Implementation and monitoring/evaluation phases to commence 1 July 2018 2019-20: Implementation and monitoring/evaluation phases to continue, with expected completion 30 June 2020