

Rural Palliative Care

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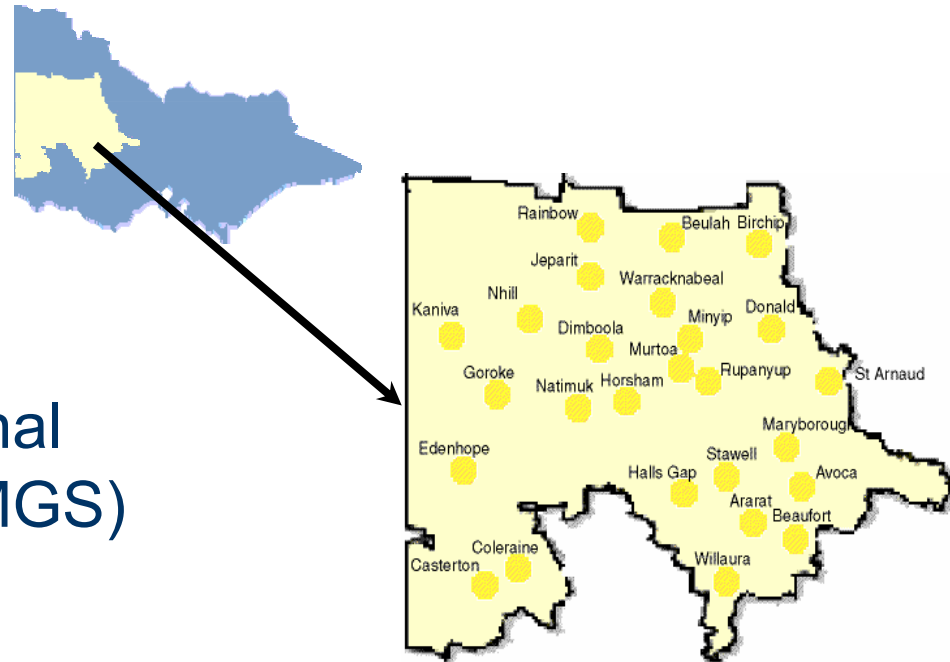
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Mission Statement

*Supporting general practice
to deliver the best care
to improve the health of our community.*

WVDGP Demographics

- 62,500 km²
- Popⁿ ≈80,000
- 77 GPs
- 10 vacancies
- 44 (57%) International Medical Graduates (IMGS)
- 30 practices
- 12 solo practice



Workforce Demographics

- In 1997 WVDGP had 58 GPs, and in 2006 WVDGP has 77
- 44 (57%) have obtained their medical qualifications in countries other than Australia.
- 12 solo GPs and 9 (75%) are IMG

Australia	Other	Current VR	Non VR
33	42	53	22

Objectives Rural Palliative Care

- Ensure continuity of care for terminally ill people, their carers and families through the development of an integrated palliative care system in the West Vic Division of Practice.
- Increase the confidence and competence of health care providers across a range of disciplines and settings through the provision of education opportunities on palliative care.

Outcomes

- increased capacity of rural health professionals to work cooperatively to implement an integrated palliative care system.
- Validation of the palliative care service within the rural environment, and a commitment from all stakeholders to quality integrated patient centred care

Victorian and Grampians Context

- Wimmera Hospice Care and Central Grampians Palliative Care
- Grampians Region Palliative Care Team
- Grampians Region Palliative Care Consortium

The Issue

- Palliative care involves
 - **An approach**, that is what we bring as individuals and health professionals. It is our philosophy and culture of how we want to treat others and their families who are experiencing terminal illness
- and
- Interdisciplinary specialised palliative care, that is a **team** that can work effectively together to meet the diverse and complex needs of the palliative patient

The Challenge

To “convert” local general practitioners to the palliative care approach and to identify mechanisms or processes to increase capacity for general practitioners to participate in the multidisciplinary palliative care team.

Framework to increase uptake of palliative approach in our region

- Build relationships
- Provide a service
- Encourage and support a developing collegiate environment
- Capacity and sustainability

Relationships

- Division and specialist palliative care providers – Wimmera Hospice Care and Central Grampians Palliative Care .
- Capacity for Regional relationships
- Aged Care
- IMGs
- Nurses and Palliative care Services
- Community (Advisory Group)
- Pharmacists

Services- Education

GP

- CME weekend, multidisciplinary town based events, PEPA , IMG practice visits, clinical placement planning

Aged Care

- RQCC meetings, bereavement training, case presentations, communication skills, Respecting Patient Choices, Clinical Placements

Pharmacists

- Regional Meeting, further development of medication protocol and updated medication list

Community

- Consumer rep, consumer focus group to develop local promotion of pall care, consumer advisory group, patient held record

Nurses

- Clinical placements

Collegiate Environment

- IMG visits
- Relationships built through clinical visits and placements
- Advisory committees
- Clinical placements for nurses
- Steering committee meetings
- Pall care discussed in pharmacy, aged care, etc

IMG Visits – 18 GPs

- Affirmation
- Reflection
- Disclosure
- Comparison
- Sharing resources and knowledge
- Identification of learning needs
- Affirming team



Lessons

- Different health systems and cultural beliefs
- Role of family, community and government
- aged care
- Overwhelmed by the number of systems
- Willingness to learn and be part of a team

Sustainability and capacity

- Capacity commenced by project will be maintained by service
- Clinical placements
- Advisory groups
- Patient held record
- Links with Aged Care GP Panels – Respecting Patient Choices