CHSD

Centre for Health Service Development

Care Planning
Third National Workshop
Report

CarePlanningThirdNationalWorkshopReportCarePlanningThirdNationalWorkshop

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1 Aims and objectives

The third Care Planning National Workshop was held on 28-29 July 2008 at the Novotel Brighton Beach, Brighton le Sands, NSW. The workshop brought together project representatives, project sponsors, DoHA representatives and evaluators involved in the Care Planning Sub-Program.

The aims of the workshop built on those of the two previous workshops:

1. to increase participant knowledge of the sub-program,
2. to increase participant understanding of project and sub-program evaluation
3. to foster and promote networks between the 33 projects comprising the sub-program

In addition, this final workshop aimed:

4. to provide opportunities for projects to publicly present their project findings, and share lessons learned; and,
5. to facilitate a greater sense of coherence within the sub-program which had the potential to be sustained into the future, once projects have finished.

The first day's activities focused on project implementation. Participants were given the opportunity to find out how other projects are progressing and discuss practical solutions to the challenges they are facing.

The second day's activities focused on project evaluation, reporting and dissemination. Participants were given the opportunity to discuss methods of measuring project outcomes and strategies for sustainability and dissemination. Reporting requirements for the national evaluation were also explained.

2 Design and planning

In planning for this third National Workshop, the NET consciously sought input from project officers regarding topics, presenters and activities. The workshop was designed and planned using information gleaned from previous workshops, in particular the evaluation of the second National Workshop (June 2007), and through feedback from projects received through emails and phone calls, site visit discussions, and review of project reports.

The objective of the NET was to design this workshop to meet the needs of projects as far as possible. This included decisions around timing of the workshop, which had to take into account a number of competing priorities for project staff, DoHA and the NET. Program details were initially sketched and forwarded to participants in April 2008 and refinements to individual sessions within the sub-program continued until the last minute, as the NET sought to accommodate participants' suggestions and requirements. Adding to the sense of inclusiveness, the NET invited many project officers to present or lead sessions. Ultimately, more than half the projects took an active part in the workshop in this way. All the breakout sessions held during the workshop were based on topics that project officers had indicated were of interest and value to them. As a result, the NET felt the final program for the workshop was one for which projects could genuinely have a sense of ownership, and which encouraged active participation by all delegates.

Input from DoHA was sought in both the early planning and final agenda-setting phases. Furthermore, DoHA representatives were invited to take an active role in the workshop, including facilitating break-out sessions and meeting with individual projects.

## 3	Workshop attendees

The workshop was attended by 61 participants including members of the National Evaluation Team (NET) and other staff from the Centre for Health Service Development (CHSD), representatives from the Department of Health and Ageing (DoHA), and representatives from other stakeholder organisations, including Program of Experience in the Palliative Approach (PEPA) and Palliative Care Australia (PCA). Table 1 provides a summary of workshop attendance.

Table 1   Profile of workshop attendees

Participant Profile	# Participants
Project representatives	48
National Evaluation Team	6
Department of Health and Ageing	2
Representatives from other stakeholder organisations *	5
* Not all representatives attended both days	
Total	61

## 4	Summary of Day 1

Following is a summary of each session from Day 1 of the Care Planning workshop, as per the agenda for the day. The full program is at Appendix 1. Links to the presentations (where available) are also provided, and a full listing of all presentations are available on the CHSD website: http://www.chsd.uow.edu.au/care_planning_presentations.html. Because the content of the presentations is well documented elsewhere, the majority of reporting for Day 1 summarises discussions held during breakout and concurrent sessions.

### 4.1	Welcome and Introduction

The first day of the workshop commenced with a welcome and introduction from the Director of the CHSD, Professor Kathy Eagar. Prof Eagar noted the significance of this, the final workshop, and encouraged participants to reflect on the journey they had undertaken since the first workshop nearly two years ago. She commented that the program agenda was an indication not only of the stage of the sub-program, with its focus on evaluation and report writing, but also of the increased level of mastery of participants. This was evident in the high number of projects which were presenting key findings or lessons learned.

### 4.2	Update from DoHA

Andy Paras, Assistant Director, Palliative Care Section, DoHA welcomed the participants to the workshop, and outlined his expectations for the two days. Mr Paras also provided a brief overview of recent developments within the Department, including the impact of the change of government last year, which included an internal DoHA restructure. The implications for the Palliative Care Section have included its movement from the Population Health Division to the Ageing and Aged Care Division and some resultant staffing changes. The overall message, however, was that business was as usual, and the Section acknowledged that this provided opportunities to influence colleagues in aged care section about palliative care issues.

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_national_pall_care_program_andy_paras.pdf

### 4.3	Presentations from Projects Nearing Completion, Part 1

Presentations were given by four project officers from projects that have completed or are nearing completion. Rachael McMahon (NT-1), David Brumley (VIC-1), Annette Jarvis (NSW-9) and Denise Ray (TAS-1) all shared their experiences and lessons from the final phase of their projects' life. The projects were all quite different in terms of scope, target group, lead

organisation, and outcomes. There were similar themes which emerged, including working in isolation (professionally and geographically), the benefits of 'badging' your product (e.g., the Diamond Register of NT-1, or PallCare Packages of NSW-9); and the importance of managing your service networks and partnerships in order to avoid barriers and enhance the sustainability of the project. Presentations by NT-1 and NSW-9 can be accessed using the following links:

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_top_end_pall_care_planning_rachael_mcmahon.pdf

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_riverina_pall_care_packages_annette_jarvis_part2.pdf

4.4   Project Networking

Projects were given the chance to meet with two other individual projects, providing an opportunity for networking and sharing knowledge. This activity drew on the experience of the first two workshops, where opportunities had been provided for projects to meet with each other, however, feedback suggested that meeting just a few projects, for a longer period of time, would provide for a more meaningful encounter. All projects were asked to develop a one-page summary of their project, which was made available on the CHSD website: http://chsd.uow.edu.au/care_planning_summaries.html. Projects were asked to nominate their preferences for projects they would like to meet, and the NET grouped projects according to preferences as far as possible. Participants had 15 minutes to meet with each of the two allocated projects to discuss their projects in more detail.

4.5   Presentations from Projects Nearing Completion, Part 2

Presentations from three more projects nearing completion were given. Pam Hasleby (WA-2), Nicola Champion (SA-2) and Geoff Mitchell (QLD-6) shared their experiences and lessons learned.

As with the earlier session, the projects were all quite different in terms of scope, target group, lead organisation, and outcomes. However, again, similar themes emerged, including the issue of professional and geographical isolation; role of Memoranda of Understanding (MOUs) to facilitate buy-in of stakeholders; and strategies to improve transitions, including discharge planning and residential aged care. Presentations from this session can be accessed using the following links:

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_midwest_aged_indigenous_pall_care_pam_hasleby.pdf

http://chsd.uow.edu.au/Publications/2008_pubs/care_pan_mid_north_pall_care_referral_nicola_champion.pdf

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_pall_care_discharge_planning_project_geoff_mitchell.pdf

4.6   Breakout Session 1: Back in Time

A total of 49 participants were involved in six discussion groups, led by NET, DoHA and PCOC representatives.

This session provided an opportunity for participants to reflect over the period of their projects, and to identify what could have been done better at both the individual project and the sub-program levels. The objective was to identify lessons which they as individuals could take from this experience, what organisations could do to facilitate future projects, and what program administrators might consider when establishing sub-programs such as this in the future.

Project level

If you were starting your project all over again next week, what would you do differently, and what would you keep the same?

Nine key themes emerged from discussions about what could be done better at the project level: application process; staffing and skills development; organisational fit/context; governance and partnerships; and accountability - DoHA and NET.

Application process

The most significant issue was the disconnect between personnel involved in developing the application, and those responsible for the implementation. This led to difficulties in defining the scope of the project, for example:

> *Many things in the original application were not do-able in time or too woolly …*

> *(I was) not involved in putting together the original application and many of those people had gone … This meant a lot of time (was) spent trying to understand the project application/aims.*

This was a clear source of frustration for a number of participants, demonstrated in comments such as:

> *The experienced person writes the proposal and (the) inexperienced person is employed as project officer*

> *The manager involved in writing the proposal did not realise the human resources required.*

One participant noted that 'evaluation funding wasn't included in original submissions, therefore people didn't attach funds' to it.

Similarly, many project officers found it a struggle to define and contain the parameters of the project and felt that those who wrote the original application had not understood the scope and complexity of the tasks they proposed. In some cases, the project activities highlighted other issues that needed to be addressed. Much time was spent on prioritising and preventing scope creep.

A number of positive suggestions were made by participants regarding future project proposals, such as the need to keep the project simple and be realistic about what is achievable. Ideally, the person who writes the application would remain involved and committed for the life of the project.

One participant noted, however, that their project was relatively well defined from the outset, primarily because 'the key stakeholders were in on the process … they helped shape the project prior to application'. This was 'pivotal' as it ensured 'buy in, commitment, support'.

Staffing and skills development

A second key issue was staff recruitment, skills and turnover. Some participants commented on the difficulty of finding a project officer with appropriate skills and knowledge who could quickly build productive relationships with the key partners and stakeholders.

A common theme was the difficulties that arise when a clinician is appointed as the project officer. This often results in conflicting pressures, as clinicians find it hard to separate from their clinical roles. Project work was seen as quite different or 'foreign', requiring a different set of skills. These skills could be learned, but the process required time and considerable support from project managers. One participant also commented on the way a clinician's speciality could

skew the project, which became 'too nursing focused. Maybe it would have been done differently if the project officer did not have a nursing background'.

The high turnover of project staff was also of concern. To illustrate, one discussion group comprised seven project officers, only three of whom were with the project since the beginning, and one of whom was the third to take on the role for that project. This highlights the importance of having consistent management or governance arrangements which can provide continuity to the project, and appropriate support to the project officer.

Ensuring that project officers have the appropriate project management skills was seen as critical, and a number of participants had availed themselves of project management courses. It was noted that larger organisations (e.g., Divisions of General Practice) provide "how to" workshops for nurses taking on project officer roles. Such training was most valuable early in the project, so that the tools and techniques could be put into practice in the project planning phase. Dedicated time should be allowed for project management tasks. One participant, however, noted that 'project management courses are not always helpful … it was hard to apply to my project'.

In a similar vein, a number of participants commented on the difficulties they experienced understanding financial management of a project. Allowable expenses (e.g., whether project funds could be used to buy a laptop) and underspends were particular areas of concern. Project officers also would have liked to have more information about spending project funds to outsource some project tasks, such as literature reviews or evaluation.

In addition to project management skills, participants felt it was essential to ensure that skills in research and evaluation were available. The evaluation requirements of the sub-program were a significant cause of anxiety for many project officers, especially at the beginning of the project. Some had not previously encountered this, e.g.,:

> *Other projects are different… they don't ask for hard evidence*

There was some discussion regarding the merits or otherwise of engaging an external evaluator. This was seen by some as having the potential to enhance objectivity and improve credibility. Others questioned whether a project was necessarily 'better for having to be so accountable'. The majority agreed, however, that evaluation should be thought about early on, and some suggested that a template for the evaluation of the project be included in the proposal and potential recipients being required to demonstrate previous evaluation experience.

Dealing with ethics committees was new for many of the participants, causing some unexpected delays. Some participants suggested that clarity regarding the potential for ethics clearance should have been included in the submission process, so they could plan for this, and 'workshop ethics applications at the beginning'. Participants also discussed how the absence of academic skills can influence the overall presentation of the project. It was noted that there was a great deal of academic support regarding palliative care, and that this provided an opportunity to encourage partnerships between those with clinical expertise and others with academic and writing expertise.

Organisational fit/context
A number of participants commented on the importance of having a sound sense of where you 'fit' within the organisation, given that project officers – even those who are employed from within the host organisation - are often taken out of their usual context. Co-location with other project staff was a way of overcoming the isolation many project officers experienced. Others noted that it was important to ensure the project is accountable to executives of the organisation.

> *Find a place for the project within host organisation structure … (clarify) where does it fit/sit? Possibly under quality/risk management to tie in with other quality activities?*

Governance and partnerships
Supportive governance arrangements were required to enable the success of a project, as well as enhance its capacity to be generalisable and sustainable. Many participants commented on the 'high interest/high influence' factor, recognising the importance of having 'buy-in' of senior managers and decision-makers, in addition to 'people on the ground'. Steering or advisory committees need to be representative and adaptable. The merits of smaller versus larger committees were discussed, with one person commenting that it 'took too much time to organise 30 people'.

The potential of the committee to cement partnerships was seen as critical, especially given that most projects required multi-agency and multi-disciplinary input to effect positive outcomes for palliative care clients/residents/patients. For some projects there was an existing collaboration while others reflected there had not been enough consultation within communities at the start, and this had fostered an 'us and them' environment. One participant spoke of the need to revisit relationships as part of a regular process throughout project.

Accountability – DoHA & NET
The dual reporting requirements for DoHA and the National Evaluation Team were cited by a number of participants as a cause of significant frustration and irritation. The main issues here were the nature of the reports, and the timing, with some feeling six-monthly evaluation reporting to the NET was redundant, as 'sometimes nothing changes from 6 months to the next 6 months'.

There was general consensus regarding the value of NET, in particular its role in providing support to project officers, assistance with evaluation strategies and advice, and facilitating linkages between projects. Comments from a number of participants included 'the support has been extremely useful', 'the NET provides essential support for the project officer' and 'the support has been great, they are not waiting for the fall before assisting with advice and support'. Similarly, advice provided regarding evaluation strategies was also valued, with one participant commenting that 'in hindsight, the evaluation plan needed to be done first' with the NET contribution 'very valuable'.

Participants also appreciated the co-ordinating role undertaken by the NET, including 'linking similar projects', 'sharing information via the list server', and providing 'opportunities for projects to collaborate'.

 Sub-program level

> **If the sub-program were to start all over again next week, what would you suggest is done differently and what would you suggest is kept the same?**

Many issues raised during the discussions on the project experience were also reflected in participants' perspectives of the sub-program as a whole, and a number of opportunities for improvement were identified in the following areas: the tender process; staffing and skills development; and accountability - DoHA and the NET.

Tender process
Following on from points raised earlier in the discussion group, the main issue was the need for greater clarity in terms of what should be included in proposals and specifically in project budgets.

> *(Application) guidelines should highlight the need to allow funds for evaluation and project management.*

A number suggested a staged approach to proposal development, including possible 'seeding money to develop a business case', which would provide the opportunity for feedback about the

realistic scoping of the project and confirmation of evaluation requirements and dissemination strategies. This would also help establish partnerships with stakeholder organisations and ensure the budget covers management and support costs. While incorporating project activities into routine practice is desirable for sustainability, this may require resources for the host organisation or project partners.

Some pointed to the timing of the tender, which was advertised at Christmas time, with 'many staff on holidays and a short period of time to prepare the application'. A longer lead time would also allow time to develop solid proposals and engage stakeholders.

There was much discussion regarding project selection, with many participants suggesting that DoHA should have had paid closer attention to the potential duplication of projects, or overlap in elements such as literature reviews, patient held diaries, end of life care pathways. A number commented that had these similarities been identified early on in the sub-program, it could have allowed for greater alliance between projects, sharing resources and perhaps more consistent use of evaluation tools. While some saw the duplication of projects as a negative, others liked the 'variety of different projects, which cut across a lot of different stakeholder groups'.

Staffing and skills development
Participants suggested a number of strategies which could be adopted at the sub-program level which would seek to ameliorate the impact of issues identified at the project level. This includes a workshop for clinicians to undertake the project officer role, including project management skills and evaluation techniques, including 'more guidance on what to do with evaluation tool data'.

Accountability - DoHA & NET
As noted previously, there was some discussion regarding the apparent duplication of effort regarding reporting requirements, and participants felt that this could have been clarified earlier on in the sub-program. However, there was general agreement that the reporting templates were 'easy and user friendly'.

Some participants noted that the funding through the Care Planning Sub-Program was quite separate to usual palliative care funding sources, resulting in some disaffection at the local service level, as existing services felt threatened by what were perceived as 'new players' entering the palliative care field. Participants were aware that there was 'politics involved', at both the Departmental level, as well as local service level.

The general feedback regarding the NET was positive, in particular its role in 'helping overcome geographical and professional isolation, and connecting project officers to the broader sub-program'. The national workshops facilitated by the NET were 'extremely useful'. Some indicated that the first workshop should have been held before the sub-program started, and could have included a focus on financial management and project management, and the establishment of a mentorship program at this time. There was some interest in participating in a 4th workshop at the end of the sub-program. The State forums/networks were also found to be helpful, as they provided 'opportunities to network with other palliative care services, and opportunities to partner and value add to each other's projects'.

4.7   Project Evaluation Methods
Four projects presented on different evaluation methods, and later responded to questions from the group. First, Susan Aldhous (SA-1) talked about content analysis of case conference transcripts. Secondly, Fiona Israel (QLD-2) explained the method of carer questionnaires used in her project. Third, Penny West (NSW-6) described the process of clinical auditing her project adopted. Finally, Gayle Jones and Judi Greaves (VIC-6) discussed issues around the method of focus groups. In addition, Catherine Bauld (VIC-7) presented a brief outline on using 'Survey Monkey', an easy to use, on-line survey tool.

This session stimulated a great deal of discussion, as participants sought to understand the advantages and disadvantages of each evaluation method, and potential application to their projects. Following the session, a number of participants followed up with individual presenters to discuss evaluation strategies further.

Presentations from QLD-2 and VIC-7 can be found at the following links:

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_evaluating_eol_pathways_fiona_israel.pdf

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_survey_monkey_catherine_bauld.pdf

4.8 Summing Up

The first day came to an end with a summary by CHSD's Director, Prof Eagar. She commented on the breadth of issues raised during the day, and the contrast in terms of content to previous workshops, reinforcing her opening comments about the progress which had been made at both a project, as well as a personal level, by participants.

4.9 State Forums

State forums were convened after the day's summary. NET members and DoHA also attended, and contributed to the discussions as required. NSW focused its discussion on the next project meeting, planned for November to coincide with the NSW Palliative Care conference in Coffs Harbour. A number of NSW projects will be presenting at the conference. Both NSW and Victoria discussed opportunities for further conference presentations, as well as potential funding sources for conference or study trips.

4.10 Dinner

The day concluded with an informal dinner at a nearby restaurant, which was attended by approximately 30 project and NET members.

5 Summary of Day 2

5.1 Welcome and feedback from Breakout Session 1

The second day began with a welcome from Prof Eagar and an overview of the proceedings of Day 2. Prof Eagar observed that there seemed to be a different level of 'energy' in the room than had been the experience at previous workshops. She felt this was a reflection of the maturity of projects, which were now well underway or in final phases, and the greater confidence of participants in their role as project officers. She also commented on the level of engagement by participants with one another, which indicated a much more robust and comfortable relationship than had been evident early on in the sub-program.

Karen Quinsey (NET) provided a summary of the previous day's break-out sessions, and State forum representatives fed back key points from their discussions.

5.2 Comparisons with the UK and USA

Julie Garrard (NSW-1) gave a presentation comparing UK and USA palliative care and hospice systems, based upon observations from a recent sabbatical to the two countries. Issues regarding medications, GP services, psycho-social care and transition into Aged Care Facilities were discussed. Discussion of these systems was also related back to the Australian context. http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_international_perspectives_garrard.pdf

5.3 Breakout Session 2: Sustaining the Work

A total of 46 participants were involved in six discussion groups, led by NET and DoHA.

This breakout session asked project officers and managers to identify the strategies that would continue once their projects have finished. The key questions were:

What will keep going when you are gone (the project is finished)?
What strategies are in place? How are they progressing?

Five components or elements of projects were identified as most likely to be sustained beyond the life of the sub-program: models of care; resource development; educational packages; skilled staff; supportive environment. During this break-out session, participants were also asked to identify the challenges or barriers which they had encountered which may have hindered or impeded the success and sustainability of the project.

Models of care
Participants identified three main models of care developed during the course of the sub-program:

- multi-disciplinary team meetings (MDTs) or case conferencing
- care pathways, including End of Life (EOL) pathways and Advanced Care Directives (ACDs), rural and organ-failure specific (heart, renal) models
- carer support groups.

By far, the majority of participants identified the MDT or case conferencing as the key model of care which would be sustained beyond the life of the sub-program. The model was being implemented in residential aged care facilities (RACFs), primary care and community contexts. Lead agencies were either RACFs or Divisions of General Practice, and membership included a range of primary, allied, acute and specialist health care services, as well as public and private hospitals.

Some participants indicated that the MDT/case conferencing model would definitely continue after their particular project finished. Their confidence was based on the strong commitments made by management of the lead agencies, demonstrated benefits for both clients and services, and the relationships built during the project. Others, however, were unsure that the model could be continued without dedicated funding to coordinate meetings and follow-up administration. A number of participants indicated that they were working with their own management as well other local stakeholders to attempt to secure ongoing commitment to coordination and administration of the MDTs/case conferences.

End of Life (EOL) care pathways are being developed predominantly within the RACF context. One participant noted that the implementation of care pathways had already resulted in 'changed and consolidated practice' and these changes had been driven by the support of the leadership team. Others noted that their projects were influencing external services. For example, one participant had received requests for the EOL pathway and support documentation from other RACFs in the local area, while another had commenced negotiations with the local Area Health Service to fund a link nurse model to continue and extend the work undertaken as part of this project. The Renal Pathway being developed by the WA-1 is similar in concept to EOLs, however commences at a much earlier point in the disease trajectory. This pathway has been embedded into practice within the existing renal service and will be integral to the service delivery of the proposed future development of renal services in the Kimberley.

Carer support groups were established as part of a number of projects, some of which were likely to continue beyond the life of the project. The majority of participants recognised the need for some dedicated funding to facilitate and resource these groups. A number indicated they are actively sourcing alternative means of supporting the groups, including working with the local Carer Resource Centres and Aboriginal Medical Services (WA-2), as well as seeking financial or

in-kind donations from support group participants, Area Health Services, and local community services and groups.

Resource development
Participants identified a variety of resources developed during the sub-program, which will continue to be available and utilised once the projects have finished. A number of these resources relate directly to the models of care which have been developed, such as policies and procedures for end of life (EOL) care pathways and advanced care directives (ACDs) and an ACD discussion tool to assist staff. For the residential aged care sector, a number of transition pathways have been established, documented and distributed, as well as a framework (flowchart) for dementia symptom management in RACF, and a prognostication tool. A number of DVDs have been scripted and/or produced, targeting nurses, GPs and carers. Assessment tools have been developed or identified, and placed on organisational and/or network websites. Resources have also been developed for clients/residents/patients and their carers, including patient diaries, pamphlets on coping skills and ACDs, and resource packages or kits containing information, samples, and aids. Participants noted, however, that many of these resources will need ongoing funding to maintain currency and continue distribution.

Educational packages
The majority of participants indicated they had spent considerable time and effort developing, trialling and refining educational packages during the course of the sub-program. While some of the training has been around established guidelines and understanding of palliative care issues, much was focused on the policies or practices that have been developed. For example, training has been provided to support the implementation of EOL pathways, ACDs and MDTs/case conferencing. Some have built in sustainability to the training, incorporating it into the curriculum for Certificate III and IV, or working with industry educational outlets such as the Aged Care Channel. A number have commenced working with universities in curriculum development, helping to identify skill sets which can underpin care delivery within specific professional domains, and providing placements for social work students (NSW-8 and NSW-9). Many are working within professional organisations to promote elements of the educational packages and project findings, through conference presentations, journal articles, and membership on executive or working parties. Two participants indicated their involvement in identifying key performance indicators (KPIs) for social workers working in palliative care (NSW-1 and NSW-8), and another is working closely with the Heart Foundation.

Skilled staff
Directly related to the development of educational packages, has been the number of staff, carers and volunteers who have received training under this sub-program, and who are now an ongoing legacy and resource to the sector for the future. A number of participants commented on the increased confidence with which staff now handled palliative clients/residents/patients and their carers, and the impact this had made on the broader provision of service within that organisation:

> *It has helped staff learn to have discussions with residents on ACP and EOL care.*

Similarly, one participant noted that several of the RACF staff she had trained under this sub-program were 'already asking for more training – at an advanced level'. The approach taken by a number of projects has been to train registered nurses as 'champions' who can 'keep the momentum' after the project has finished. One Area Health Service has indicated that it will consider providing ongoing funding of a liaison nurse to visit RACFs to work with staff on EOL care.

Supportive environment
Fundamental to the sustainability of project outcomes is the engagement and support of senior management and key stakeholders. A number of strategies were used to achieve this, including

Memoranda of Understanding (MOUs), engaging key stakeholders in project governance (e.g., advisory or steering committees) and utilising an existing network which had wide membership, sphere of influence and capacity to attract ongoing funds (e.g., Divisions of General Practice).

It was widely acknowledged that one key to sustainability was engaging senior management in the project. These people were in a position to ensure project outcomes were implemented and incorporated into routine practice, 'embedding it within the organisation and culture'. One project officer advised:

> *Present issues and possible solutions to management/service – put the ball in their court.*

Another developed a sub-group of the steering committee to look at and foster sustainability.

Challenges/barriers to sustainability

As is evident from the discussion above, many of the projects were acutely aware that without ongoing funding, either from an external source such as a program grant, or from within the organisation, many of the initiatives developed under this sub-program would either not be sustainable in the longer term, or would fail to have their benefits maximised. Comments from participants included:

> *The social work and coordination role would be lost without extra resources.*

> *Case conferencing … if there is no dedicated person, it's not sustainable.*

> *The delivery of education and training is sustainable with HACC funding, but not sustainable without it.*

> *Someone needs to take responsibility for up-skilling the link nurses, especially more advanced skills.*

Given this, participants had already identified potential sources for ongoing funding, at the organisational and local level, as well as through state and national funding initiatives. Examples include:

- Round 2 of Encouraging Best Practice in Residential Aged Care (EBPRAC)
- Divisions of General Practice grants
- Negotiations with Area Health Services for link nurse
- Contributions from AHS and private hospitals for an MDT coordinator.

Some participants indicated they had revised their approach when they realised the model they were proposing was not sustainable. Others commented on the impact of organisational changes which had occurred within the timeframe of the projects. For example, one project was originally situated within one health cluster, but ended up being spread across clusters as Area Health Services were restructured. Another started off within a regionally based organisation which merged with another, creating a new state-wide organisation where policy decisions were now made centrally, not locally.

Management changes at the local level also impacted on the success of the project, and its potential for sustainability. In one case, a change of management resulted in the 'blocked implementation of transition pathway in one RACF', a key element of the project, despite a MOU being in place.

There was also concern expressed about the capacity of some Registered Training Organisations (RTOs) to provide quality training to aged care staff. A number of participants

noted that there are 'no minimum standards' for RTOs and while the 'packages developed by projects should be mandated nationally', there is no guarantee that the RTO will deliver the information effectively.

5.4   Stakeholder Survey

Karen Quinsey (from the NET) presented on Care Planning stakeholder surveys, which focused on sub-program level feedback. The aims of the survey, and the methodology used, were outlined. The results of the survey were discussed, in terms of stakeholder awareness and involvement, as well as other key areas including stakeholder's views on the sub-program's impact, sustainability, capacity building, generalisability and dissemination.

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_stakeholder_survey_grootemaat.pdf

5.5   Breakout Session 3: Sustaining Enthusiasm

A total of 39 participants were involved in six discussion groups, led by NET, a project officer and DoHA representatives.

The majority of Care Planning projects will finish in early 2009, which means that most are now on the 'downhill run'. This breakout session gave participants an opportunity to reflect on the current phase of their project, be realistic about the process of wrapping up a project, and consider the plans and processes that will be required to support them through this next period. The questions for discussion were:

> **What support do you need (as a project officer) to complete the final phase of your project?**
> **What strategies have you been using (or do you plan to use) to keep you sustained until the end?**

Four key themes emerged from the breakout groups during this session: managing the workload; clarifying skill set and support needed; strategies for the 'wrapping up' process; and planning for the next steps.

Workload
A number of the participants commented on the amount of work which was still to be undertaken during these final months of their projects. Participants indicated that the 'busy-ness' of the next few months was going to be 'exhausting', and the importance of 'being clear about what is achievable'. The change in personnel during the time of the projects was also raised as an issue, with the expectation that the next few months were likely to be 'draining', as 'coming in halfway through as a project officer' meant they didn't have all the history, or 'corporate knowledge' about the project, and had to spend significant time 'building relationships'. This latter aspect was particularly important given the partnership nature of the majority of the projects. Sustainability of the project was also raised, and in particular the effort which would be required in the coming months to bed down the outcomes of projects:

> *The big challenge is sustainability – this will require a great deal of energy and enthusiasm.*

Skill set and support
Participants identified specific skill sets which they would need to develop or enhance in the lead-up to finalising the project, mostly to support their evaluation and report writing activities. This was particularly pertinent for those project officers who had a strong clinical background, and did not feel they had the skills to undertake the evaluation with confidence. A number highlighted the importance of the NET as a resource, both in terms of evaluation strategies as well as general support, with several indicating they would be seeking a site visit from the NET soon, and regular phone and email contact with the NET during this latter phase of their projects.

A number of strategies were proposed to access evaluation skills, ranging from one participant intending to 'spend some money on an external evaluator', to several others proposing to undertake additional training; for example, courses to learn how to use programs such as Excel for quantitative and qualitative analysis.

Some project officers appreciated the professional development opportunities these challenges provided, with a number commenting on the positive aspects of training as providing personal benefits in terms of skills development and maintaining enthusiasm, as well as benefits to their organisation as a whole.

Report writing was another challenge raised by participants. The project plan and evaluation plan were identified as key documents which would assist in 'bringing it all together'. A number appreciated the instructions and advice provided in the 'optional' reporting template, and were seeking examples of reports of former projects to use as a guide. One participant had received an offer from La Trobe University academic to assist in writing up, with the view of jointly developing conference papers and journal articles. Making the report readable and user-friendly was considered a priority:

> *(We need to think) about the way in which the report is written… to ensure that it is interesting … and not trying to be more academic than we actually are.*

Management support was also seen as crucial in assisting participants during this final phase of the project. Suggestions included encouraging the active participation of people who originally submitted the proposal to assist and support the project officer and attend steering committee meetings.

> *Governance needs to be supportive and accept this is part of responsibility in managing project and stakeholders need to be actively involved in the support role.*

As many of the project officers are in part-time positions, it was also suggested that they could be freed-up from other work during this time, enabling them to 'concentrate 100% on project' and have 'less interruptions'. It would also help to have a mentor to help with report writing. One participant noted that the funding for the project was a concern, as there was 'not enough to last to completion of project'.

Wrapping up

Participants acknowledged the importance of project planning, including having 'structured and achievable timelines', 'realistic goals for sustainability', 'time to reflect and prepare for final reporting', and 'milestones and rewards'. The report writing process was seen as potentially quite isolating, so strategies for maintaining enthusiasm were suggested, such as ongoing meetings and networking with stakeholders, contact via the State Forums, and support from the NET. Planning for dissemination could provide a motivating focus.

The importance of closure was also highlighted, at the personal, organisational as well as national level. Suggestions ranged from having a local celebration or party to running a national 'best practice' conference at which the projects could present. Practical issues were also discussed, including reports for ethics committees and archiving of documents and data.

Next steps

In summing up this break-out session, participants were prompted to think about what happens next, in terms of the project outcomes (sustainability) as well as personally and professionally. For a large number, sustainability had not been a strong focus of their project at the outset, but it had become increasingly more important as time moved on. Overwhelmingly, the sentiment was to:

> *optimise the knowledge…. as it would be a shame to lose it!*

A number of suggestions were made to address this at a local, organisational level, as well as systemically. Some commented on the importance of having buy-in from senior managers, and suggested booking in regular 'meetings with senior management to engage them in sustaining project'. This was particularly important if there was 'ongoing mopping up' associated with the project, and engaging them to follow through with recommendations arising from the project. Participants were encouraged to be on the lookout for additional sources of funding or partnership arrangements as a means to encourage ongoing management support for the project outcomes. Garnering support from stakeholders was also deemed important, and a key opportunity to do this was through dissemination activities.

For a large number of participants, there were uncertainties about future employment once the project finished. While some had positions to return to, others were employed short-term for the specific purposes and timeframe of the project. Many were keen to use their newly developed skills and expertise in an ongoing way, leading one participant to ask, "How do I market myself for the next job?" Dissemination and the networks and partnerships established during the project could be used to market the project officer's skills and achievements. Another suggestion was to seek a mentor in the field who can help identify opportunities and networks.

5.6 Final Report Writing for the Evaluation

Kim Rees of DoHA gave a presentation explaining the requirements for the final report, including templates, audited statements and CareSearch lodgement. Kate Williams of the NET then presented on the NET's optional final reporting template, explaining the different sections of the report, outlining the benefits of using this template in conjunction with the DoHA template, and emphasising that using the NET reporting format is essential for projects to be showcased on CareSearch.

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_report_writing_rees_and_williams.pdf

5.7 Concurrent Sessions

Four concurrent sessions were held after lunch.

5.7.1 Writing Skills

Kate Williams of the NET led a concurrent session on writing skills. A short presentation providing more detail on the use of the optional final report template was followed by group discussion of issues around writing and dissemination. Questions were raised about academic writing, including selection of appropriate journals and conducting literature reviews, and group members were able to share their experiences and provide advice.

5.7.2 Aged Care Forum

Eleven projects participated in this forum, facilitated by Anita Westera (NET), with Maree Banfield (PCOC) & Kim Rees (DoHA).

The purpose of this discussion group was to follow up on issues raised by projects which had a residential aged care focus, during the course of the year over the care planning aged care list server, as well as following on from issues raised at the previous national workshop. Projects participating in this discussion group are, in the main, developing transition pathways, end of life care pathways, multi-disciplinary team meetings, and advance care directives. The four main issues discussed were the impact of the new Aged Care Funding Instrument (ACFI); application of PCOC within RACFs; ethics; and, aged care clinicians.

Aged Care Funding Instrument (ACFI)

Participants noted the increasing number of people entering RACFs who are essentially in there for end of life care, and indicated that this trend would only continue; therefore it was imperative that this sector be appropriately skilled and resourced to appropriately care for palliative clients.

Kim Rees spoke to this issue, outlining that under the new funding instrument there is a subsidy for 'complex care needs', under which palliative care could be considered. Residents would immediately attract this higher subsidy if identified by the ACAT assessment process as requiring palliative care. Otherwise, a comprehensive assessment is to be undertaken after 7 days of admission by a palliative care Clinical Nurse Consultant (CNC), a Registered Nurse (RN) with 5 years or more experience in the field, or a specialist palliative care clinician. It was acknowledged that the new focus on appropriate assessment would facilitate stronger linkages between RACFs and palliative care services (however, this may have resource implications for local palliative care services).

There was some discussion about the appropriateness of the level of funding, and need to wait seven days before ACFI assessment could be undertaken. One project (NSW-1) noted that in the UK, palliative care clients entering RACFs are classified as having health care needs and therefore funded at a higher rate by the health system (i.e., RACFs in this case seen as extension of health services). A number of participants concurred that this was a more appropriate funding model.

A number of participants raised issues regarding delivering palliative care in aged care services in rural and remote areas. One participant commented that this was problematic as RACFs 'can't access palliative care as there are NO palliative care services which they can access'. Also raised was the viability of low care facilities in regional areas under ACFI, as well as the appropriateness of palliative clients ageing in place in low care facilities, given the staffing profile within those facilities.

There was general interest in mapping the palliative care standards and aged care accreditation standards, and the question was raised whether this would be undertaken as part of NSAP. One participant (NSW-3) noted that as a result of her involvement with the Aged Care Channel, it had recently clarified its definition of palliative care and 'end stage' (initially regarded as a few days or weeks) to be broadened to encompass 'end of life stage', and had a better appreciation of the concept of end of life pathways.

Palliative Care Outcomes Collaboration (PCOC)

The issue of PCOC tools being used within RACFs was raised at the second national workshop, and Maree Banfield (PCOC) was invited to comment on developments since then. There was some general discussion at the outset about the changing profile of RACF clients, the need to re-frame palliative care within aged care settings, and acknowledge that the majority of residents today are admitted for the purposes of end of life care – although the timeframe for this stage could be from weeks to months. However, participants were also cautioned that they should 'be careful not to box everyone who is aged care into palliative care'.

Ms Banfield commented that the issue regarding how PCOC could be used to collect RACF data was raised at the recent PCOC Scientific Committee meeting, within the context of Phase 2 of PCOC (aged care and paediatrics). A number of participants indicated they were using PCOC tools in their facilities, to assist staff being able to identify the 'trigger point as to when people are deemed palliative'. A number of participants indicated their concern, however, regarding the application of PCOC tools within aged care, given staff are 'already time poor', have 'low skills', cautioning that you would have to 'think about audience/capacity of staff in facilities to fill/use effectively and use data gained'.

Ethics

A brief discussion was held regarding the importance of seeking ethics approval for projects. There was still some confusion amongst participants regarding the distinction between quality improvement projects, and research. It was noted that a great deal of quality improvement projects were underway in RACFs, and there was the potential that the need to apply for ethics approval for each project may impact on these: 'it's time-consuming to do ethics – you don't want to stop doing quality projects because the time it took to apply for ethics approval'. There was general understanding of the principle that you 'go to ethics if you want to publish'.

Aged care clinicians

Some general comments were made regarding the need to reframe aged care to recognise that an increasing proportion of residents are entering care with higher and more complex care needs, and this has implications for resourcing in terms of funding, skills, environments and access to specialist support services. There was a discussion about the role of general practitioners, with one participant commenting that the 'primary care model does not work in residential aged care'. There was general agreement about the importance of having doctors who understood working with aged care clients, with one participant asking 'how do we nurture and develop medical practitioners in aged care (eg Netherlands and Belgium)?' Nurse practitioners were also seen as an important investment for the aged care sector, particularly given the recent developments regarding them having Pharmaceutical Benefits Scheme (PBS) rights. A number of participants indicated that this would be particularly beneficial for aged care services in rural and remote areas, where access to GPs, let alone specialist palliative care services, was limited.

5.7.3   Palliative Care in the Community

Sally Brown (VIC-2) provided the following summary points from the session:

Discussion was held around how the specialist and generalist services work together, and whether relationships between the two could be made more useful if the services cohabit. Also, comments were made around what specialist services do with non-complex palliative care clients, and the benefit of the specialist involvement, especially around the provision of allied care services. The role of the Nurse Practitioner was explored, and a decision taken that this requires further emphasis in the future, especially regarding interventions for clients so they do not need to present to emergency departments. MSOAP funding was discussed, with the need to establish links with local Divisions of GPs and communities, and engage a greater use of technology for client contacts with doctors (especially in the rural areas). 24/24 cover was discussed, whether this is provided by the specialist service, by a general 1300 number staffed by palliative care specialists, by GPs, or by the generalist service. A group of general principles around palliative care as provided by the agencies were agreed upon; PCA standards and guidelines, PCOC and NSAP.

5.7.4   Overcoming Challenges of Working with a System as an Outsider

This session was attended by a small number of projects. Julie Mildenhall (NSW-7) and Geoff Mitchell (QLD-6) provided the following summary points from the session:

The main issues discussed in this forum relate to the differences between the service delivery and research contexts. Services are focused on patient outcomes, are time and resource poor, with systems usually embedded, and academics needed to bear this in mind when developing and evaluating an intervention which is to be applied within the service delivery environment. There is a need to ensure systems are in place to facilitate ongoing two way communication and feedback between the two sectors.

Suggestions included piloting interventions to test acceptability with patients, clinicians and administrators, and the need to be willing to adapt and change. Measuring patient outcomes assists in relevance for clinical teams, however it was recommended to use multiple methods to do this, rather than focusing on one.

Participants commented on the importance of negotiating what is possible within the service delivery context, both in terms of implementation as well as evaluation, and noted that the evaluation of the process can be just as valuable as other measures, i.e., in mapping the 'how', 'what' and 'who.

There was some discussion on the process of facilitating change, and the different types of people involved: innovators, early adopters, late adopters, un-changeable.

From a sustainability perspective, it is important to understand the system in which you are operating, look to incorporate into existing systems, and expect less than you hoped for!

Academics need to ensure that they approach the project as equal partners, particularly in terms of interpretation of results and writing publications.

In summary, participants indicated it was a really interesting and useful session, there was a lot of time spent swapping stories and experiences, and it helped put a number of the challenges into context as common experiences.

5.8   Down-hill run: finalising a project

Sarah McIntyre, a guest speaker from the Cerebral Palsy Institute, gave a lively presentation on various issues regarding project completion. She discussed the completion stage in terms of research findings, factors critical to project success, and specific tasks in the final phase, including governance-related tasks and reporting-related tasks, dissemination, human relations and other practical considerations.

http://chsd.uow.edu.au/Publications/2008_pubs/care_plan_finalising_project_mcintyre.pdf

5.9   Dissemination panel

The dissemination panel provided an opportunity for project officers and managers to share their experiences regarding publication in journals, conference presentations and other issues relevant to documenting and publicising project results.

To begin, Bronwyn Bidstrup and Leanne Hills described an innovative dissemination activity which launched the Wodonga project (VIC-8). This project is developing an integrated, shared-care model of palliative care linking inpatient and community health across the region. They identified the need for a neutral 'third space' in which issues relevant to palliative care provision could be discussed openly and productively.

To this end, the project was launched with an event at a local café involving a wide range of stakeholders and facilitated by a local personality and comedian, John Walker. As the audience enjoyed wine and finger food, John conducted armchair interviews with representatives from the Department of Health and Ageing and the local hospital, and a palliative care physician gave a presentation on the history of palliative care in Australia.

This was followed by a 'hypothetical' exercise in which a future scenario was presented: John, as a palliative patient, presenting to the emergency department in three years' time at the end of the project. The audience was asked, "What would be the vision for his care?" In this way, the audience shared and experienced the information, and because it was personalised and presented in a fun way it was memorable, and sparked discussion immediately after the event

and weeks later. The information was also recorded and used to guide and plan the Wodonga project.

Geoff Mitchell (QLD-6) addressed the question of whether to present at a conference or write an article for an academic journal. He made the point that it depends on the audience you wish to reach. While it is true that you do not present the same material twice in different journals, it is acceptable to create a conference presentation and a journal article as these are different media, with different audiences.

John Rosenberg (QLD-1) identified three key questions for those considering whether to write an article for an academic journal:

1. Do you have something interesting to say? (Identify your key message.)
2. Who do you want to reach? (Identify your audience and select an appropriate journal.)
3. Have you said it clearly and concisely? (Study the guidelines for authors of your chosen journal and ensure you meet its requirements.)

John recommended asking others to read and comment on the draft before submitting it to the journal. To this, Kathy Eagar added that authors should expect critical comments from journal reviewers, and should not take this personally! Be prepared to make the necessary changes.

After a number of years working as a project officer within a university environment, Sally Easterbrook (NSW-10) noted that academic papers can continue to be published long after a project ends. Conference presentations are also often used for dissemination, although it is relatively rare for the project officer to be the presenter! In addition, articles about the project may appear in the local news media.

Sally observed that the university environment ensured a level of rigour in creating publications. One person writes a first draft, which is then edited by a number of others. This process can take several months but ensures the paper is in good shape before it is submitted to the journal. Ethics and evaluation plans are generally built into the original project grant applications, and intellectual property issues are clarified at the start of the project.

In summing up the discussion, Kathy Eagar said partnerships between clinicians and academics in publishing the results of projects could be mutually beneficial. Her advice to project officers was:

- Don't make it too complicated – focus on one or two most important aspects of the project

- Don't leave it too late – but a bit of distance can help

- Consider policy and practice literature – again, think about the audience you want to reach

The importance of presentation in project materials was also discussed by audience members. Publications such as booklets, folders, DVD covers and other materials produced by the project should be attractive, easy to read and visually exciting. It was recommended that funds should be included in project planning to have such materials professionally designed and published.

5.10   Summing up the workshop

Before the completion of the workshop, the opportunity was provided for a number of announcements by participants, regarding opportunities to enhance the networking which had occurred during the previous two days. This included promotion of the Palliative Care Nurses conference in September, a palliative care nurse website, and the opportunity for Margaret O'Connor, President of Palliative Care Australia, to provide some observations and comments.

DoHA's Kim Rees provided a brief commentary on her perspectives of the workshop, as well as some key take-home messages for both participants, and the Department. A commitment was made to consider funding projects to present at the 2009 National Palliative Care conference in Perth, in order to showcase the sub-programs' outcomes, as well as sustain their implementation.

Prof Eagar closed the workshop, reiterating its aims, the main themes, and key lessons learned. She commented on the opportunity that the workshop provided for the NET to meet with individual projects (approximately half had meetings with their NET member during the course of the workshop, in between formal sessions), and provided a brief overview of the forthcoming activities for the NET. Participants were encouraged to complete the workshop evaluation forms, and proceedings finished at 3.30pm.

6   Participant feedback

All participants were encouraged to complete a workshop evaluation form at the end of the workshop. In total, 39 responses were received, all of which appear to have been completed by project staff, representing an 81% response rate. A summary of key findings from the evaluation responses is discussed here, with the full evaluation findings available at Appendix 3.

The overwhelming number of respondents thought the workshop fully met its aims and objectives, with 84.5% fully, and the remaining 15.5% partially. This indicates that the NET's goal of having a workshop responsive to participants' needs, as outlined in Section 2 of this report, was successful.

Objective 1 of the workshop sought to increase participant understanding of where their project fits into the National Palliative Care Program and the Care Planning Sub-program. The responses indicate that this was achieved, with 79% indicating they fully understood, and 21% saying they partially understood.

Objective 2 of the workshop aimed to increase participants' understanding of evaluation, and the evaluation sought to assess this by seeking responses to the statement, "I have a clear idea about how I will evaluate my project". Encouragingly, 83.5% indicated a strong agreement with the statement. However, it is of concern to the NET that five respondents indicated that they did not know if they agreed with the statement, and one strongly disagreed.

Objective 3 of the workshop aimed to foster and promote networks amongst the projects, and the vast majority of respondents indicated that this had been achieved, with 27 respondents finding the networking and collaboration with other projects was 'very useful', and 11 saying it was 'of some use'.

In an open question, participants were asked to identify the key strengths and weaknesses of the workshop. Strengths included: the opportunities for networking and collaboration (22 respondents); the useful information, and quality of presenters and presentations (11 each); workshop organisation (9); support from CHSD (7); and support from DoHA representatives (3).

Many respondents specifically commented that the workshop had no weaknesses. However, a small number of comments were made in regard to the following areas: insufficient time (5); inapplicability of information (4); workshop dinner (3); and repetition of information (2).

It seems there was a mixed response to the breakout sessions, with nine respondents nominating them as a workshop strength, and two seeing them as a weakness. When the breakout sessions were raised specifically later on in the survey (Question 6), there was overwhelming feedback that they were of assistance, with 17 respondents rating them as 'sort of helpful', and 21 rating them as 'very helpful'.

Similarly, there was a mixed response to the workshop presenters, with 11 respondents identifying them as a positive, compared to five who thought they were a weakness. However, no comments were made about presenters in response to Question 9, which asked what could be improved.

There was positive feedback for the NET, with 97.5% of respondents finding the workshop facilitators to be very helpful and approachable, while the remaining one respondent found us 'sort of' helpful and approachable.

In closing the feedback sheet, participants were asked to identify areas for improvement. The responses correlated closely with the workshop weaknesses identified earlier: dinner (5 respondents); inapplicability of information (2); and, lack of time (1). Interestingly, two respondents suggested that the initial workshop should have occurred earlier.

7   Summary comments from the NET

Based on feedback received from participants during the workshop, and subsequently, in addition to the evaluation results, the NET feels satisfied that this workshop achieved its aims and was a positive experience for participants. We were particularly pleased to be able to achieve over 50% of projects presenting during the workshop, as it provided not only an opportunity for others to hear about project outcomes and be encouraged by the lessons learned, but it also gave less experienced presenters a 'safe' environment in which to develop and test their presentation skills.

It was encouraging for the NET to see the increased level of engagement between the projects during this workshop. Our observation is that this is probably due to the project officers being more confident about their roles, and having their projects more fully developed. There are some very strong partnerships which have developed over the course of the sub-program, and this was evident in the general rapport during the workshop, the willingness for projects to present, and the free-flowing discussions in the breakout sessions.

The workshop provided the opportunity for projects to also meet with their NET member, and DoHA representatives. The NET met with almost half the projects in the breaks between sessions during the two days, including over breakfast and at the days' end. This was a vital opportunity for us to touch base with projects, address any critical or outstanding issues, organise time to follow-up in further detail through a site visit or teleconference, and provide general support. A number commented on the value of having the opportunity to engage with Prof Eagar on a range of issues.

Projects also indicated their appreciation of the opportunity to hear from DoHA representatives about policy and sub-program directions and related developments. In particular, the opportunity to for individual projects to meet with Kim Rees was valuable, especially for those working in isolated situations or struggling with aspects of their project. Feedback from DoHA representatives also indicated that they found the opportunity to meet projects extremely valuable.

8   Recommendations

A number of recommendations can be made arising from comments from participants made at the workshop and subsequently, evaluation form responses, and observations made by the NET. A consolidated list of recommendations arising from all three workshops will be included in the final report of the sub-program.

Sub-program workshops should be held on a regular basis, with the initial workshop taking place at the commencement of project funding. Workshops such as these are extremely valuable for participants, and for the national evaluators. There are clear advantages to holding the initial workshop very early on in the sub-program, to assist projects better understand their place in the sub-program, evaluation tools, and to facilitate networking and reduce duplication of effort.

Workshop programs need to be established in close collaboration with key stakeholders, particularly project officers, as well as DoHA and the NET. This ensures a greater sense of ownership and engagement of participants in the workshops, as indicated by the findings of the third workshop evaluation. It would encourage projects to feel that they are valued partners of a greater whole/Sub-program, and possibly empower them to feel they have a leadership role in palliative care in their local contexts.

Workshop dinners should be included as part of formal part of workshop programs. Feedback from a number of participants commented on the lack of clarity about the workshop dinners, including the process of payment. It was felt that these are valuable opportunities to continue conversations started within the context of the workshop, and increase collaboration between projects and within the sub-program as a whole.

Promotion of workshop procedures and findings. The dissemination of workshop presentations and outcomes has the potential to engage the sector more broadly in the aims and objectives of the Sub-program, increase support for projects at the local level (in particular those who are geographically or professionally isolated) and enhance chances of sustainability.

Appendix 1: Care Planning Third Workshop Program

http://chsd.uow.edu.au/documents/care_planning_third_workshop_program.pdf

Appendix 2: Care Planning Third Workshop Evaluation Form

http://chsd.uow.edu.au/documents/care_planning_third_workshop_evaluation_form.pdf

Appendix 3: Report on Participant Feedback from the Third Workshop Evaluation Form

http://chsd.uow.edu.au/documents/care_planning_participant_feedback_report.pdf