



PALLIATIVE CARE

*Progress Report 2009
Action Plan 2009-2010*

NGĀ PEEHITANGA TĀNGATA O TE AO HURUHURI
NGĀ WHAKARITENGA MO TE TIKA ME TE ORA MORIMORIMATAWHAI
THE TRIALS PEOPLE FACE IN A CHALLENGING WORLD
CAN BE OVERCOME BY CARING FOR AND LOVING ONE ANOTHER

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Ngā Peehitanga Tāngata o te ao Hurihuri, ngā whakaritenga mo te tika me te ora morimori atawhai.

The trials people face in a challenging world, can be overcome by caring for and loving one another.

Acknowledgement

Reverend Buddy Te Whare for the support and citation on the cover page.

Executive Summary

This is the fourth annual Waikato Palliative Care Operations Network progress report.

The purpose of this report is to:

- outline the Waikato Palliative Care Operations Network 2009/2010 action plan
- summarise the Waikato palliative care progress between 1 July 2008 and 30 June 2009 that aims to enhance service provision to patients with a life limiting illness and their family/whānau.

The Waikato Palliative Care Strategy Plan 2005-2010 (Strategy Plan) was endorsed in August 2005. The purpose of the Strategy Plan was to assist guiding local service delivery developments.

The Waikato palliative care goal is to ensure that all providers of palliative care in the Waikato work together with the community to ensure that the New Zealand Palliative Care Strategy (Ministry of Health, 2001) is implemented in the most optimal way for the Waikato district. This is to ensure that all people with palliative care needs and their family/whānau have access to essential palliative care services, provided in a co-ordinated and culturally appropriate way.

The 2009/10 action plan builds on progress to date since the endorsement of the Strategy Plan and details the Waikato Palliative Care Operations Network key focus areas for 2009/10. These include:

- continued implementation of the end of life Liverpool Care Pathway
- implementing quality improvement initiatives, especially relating to rural and community services, including:
 - discharge planning
 - access to collaborative care services
 - standardisation of systems where appropriate
 - access to palliative care information
- implementation of the Midland nursing and carers education framework
- facilitation of a second Maori health providers palliative care hui
- Hospice Waikato to implement community inpatient services
- link with New Traditions in their development of a transition pathway from child and youth services to adult services
- commence the primary palliative care project
- review and refresh the Waikato Palliative Care Strategy Plan

The progress report section summarises developments over 2008/2009. In some areas, minimal progress was made due to a lack of Operations Network infrastructure support.

Key achievements for 2008/09 are:

- continued roll out of the end of life Liverpool Care Pathway. Waikato now has 26 collaborating sites registered with the LCP central team in the United Kingdom
- hui held with Maori health providers to promote recommendations from the stocktake
- development of palliative care directory for generalist providers
- establishment of a Collaborative Palliative Care Nursing Workgroup
- progress toward implementation of recommendations from the Rural Hospitals and Community Based Services Palliative Care Project 2008
- monthly medical specialist palliative care outreach service established in Te Awamutu (Matariki Hospital). Education sessions are a component of this outreach service
- completion of Waikato one off nursing scholarship initiatives for LCP and palliative care nurses education framework development
- completion of specialist palliative care gap analysis templates by each organisation (hospital, hospice and planning and funding) as requested by MOH
- active participation in and support of national initiatives.

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Part One: Introduction

This is the fourth annual Waikato Palliative Care Operations Network progress report.

The Waikato Palliative Care Strategy Plan (Hewitt, 2005) was developed to provide strategic direction for an integrated and co-ordinated palliative care service for the Waikato district. The plan guides service delivery and development until 2010. This report builds on the 2006, 2007 and 2008 Progress Reports (Hewitt, 2006, 2007 & 2008), highlights 2009 advancements, and outlines the action plan for 2009/10.

The Waikato palliative care goal is to ensure that all providers of palliative care in the Waikato work together with the community to ensure that the New Zealand Palliative Care Strategy (Ministry of Health, 2001) is implemented in the most optimal way for the Waikato district. This is to ensure all people with palliative care needs and their family/whānau have access to essential palliative care services, provided in a co-ordinated and culturally appropriate way.

The goal encompasses four key result areas:

- integrated and collaborative care
- patient focus on improved access and equity to palliative care services based on identified needs and informed choices
- workforce development to ensure a skilled and competent workforce committed to the palliative care approach
- quality systems.

Each of the key results areas have supporting objectives and strategic initiatives recommended for implementation over the next three years. The supporting objectives are:

Integrated and Collaborative Care

- 1.1 To establish the Waikato Palliative Care Network.
- 1.2 To promote the palliative care approach and inform the public and providers.
- 1.3 To establish formal links between the various service levels and providers.
- 1.4 To ensure there is palliative care clinical leadership.

Patient Focus on Improved Access and Equity of Services

- 2.1 To provide access to culturally appropriate palliative care services.
- 2.2 To continue to improve palliative care services through review, analysis and improvement to the patient journey and parallel processes.
- 2.3 Waikato rural communities to have improved access to palliative care services.
- 2.4 To strengthen the palliative care links and partnerships with general practice.
- 2.5 To provide specialist palliative care advice and support to palliative care patients in resthomes and continuing care organizations.
- 2.6 To establish assessment single point of entry.
- 2.7 To improve clinical care through the development and implementation of clinical pathways.
- 2.8 To maximise scarce specialist palliative care resources and reduce duplication.

Workforce and Resource Development

- 3.1 To ensure all palliative care service providers practice within the palliative care approach.
- 3.2 To ensure there are adequate levels of appropriately trained palliative care staff.
- 3.3 To ensure there are adequate Hospice community inpatient beds for respite and symptom control.
- 3.4 To ensure there is adequate, safe and appropriate equipment to support people in the community.

Quality Systems

- 4.1 To foster a culture of continuous quality improvement that enhances best practice and improves quality of care and services provided.
- 4.2 To develop and implement a transition pathway and process between child and youth services to adult services.
- 4.3 To establish adult child and youth baseline data, appropriate performance indicators, benchmarks and reporting mechanisms to ensure achievement of the Palliative Care Strategy.
- 4.4 Participate in national initiative to improve the quality of palliative care and establish benchmarking.
- 4.5 Waikato DHB planning and funding service should review the Disability Support Link palliative care administrative function for night relief and respite care to resthomes / continuing care organisations.
- 4.6 Waikato DHB planning and funding service should review all palliative care service specifications, rationalise, integrate and establish reporting and monitoring systems.

Part Two: Action Plan 2009/2010

This section takes a planned and phased approach towards achieving the Waikato Palliative Care Strategy Plan goal and recommendations. The Waikato Palliative Care Operations Network 2009/10 Action Plan builds on progress made over the last three and a half years and has a clear focus on completing what has already been started.

Priorities include:

- continued implementation of the end of life Liverpool Care Pathway
- implementing quality improvement initiatives, especially relating to rural and community services, including:
 - discharge planning
 - access to collaborative care services
 - standardisation of systems where appropriate
 - access to palliative care information
- implementation of the Midland nursing and carers education and support framework
- facilitation of a second Maori health providers palliative care hui
- hospice Waikato to implement community inpatient services
- link with New Traditions in their development of a transition pathway from child and youth services to adult services
- commence the primary palliative care project
- review and refresh the Waikato Palliative Care Strategy Plan.

ACTION PLAN 2009/2010 Part 1: Items carried over from 2008/09 action plan

Medium to Long term Objective (strategy plan reference)	Annual Objective 2009/2010 <i>What we are going to do.....</i>	Performance Measure	Lead
(2.3) Waikato Rural communities have improved access to palliative care services.	Continue developing relationships in Tokoroa to further promote the collaborative care model within this community. Complete implementation of recommendations from the Rural Hospitals and Community Based Services Palliative Care Project (2008).	Increased use of collaborative care model in Tokoroa community by <i>30 June 2010</i> . Implementation of recommendations by <i>30 June 2010</i> .	Rural & Comm Services / Hospice Waikato Rural & Community Services
(3.2 – k, l, m) To ensure there are adequate levels of appropriately trained palliative care staff (medical staff for intermediate level)	Explore options and funding implications for general practice network support for Hospice Waikato.	Intermediate level options explored and the preferred option identified with implications for implementation by <i>30 June 2010</i> .	Hospice Waikato
(3.3) To ensure there are adequate Hospice community inpatient beds for respite and symptom control (Hospice Waikato lead for project management of the process)	To scope and develop requirements for Waikato Hospice community inpatient service, including service framework, workforce requirements, quality processes & systems and funding implications.	Hospice Community inpatient service model of care, service delivery framework and implementation /change management plan is developed by <i>31 December 2009</i> .	Hospice Waikato
(4.1) To foster a culture of continuous quality improvement that enhances best practice and improves quality of care and services provided.	Improve discharge planning for palliative patients from all Waikato and rural hospital areas.	Improved discharge planning and communication demonstrated by <i>30 June 2010</i> .	Collaborative Palliative Care Nursing Workgroup
(4.2 & 1.3b) To develop and implement a transition pathway and process between child and youth services to adult services	a) Child services consult with New Traditions and identify a timeframe to develop the transition pathway and process b) Revisit and update paediatric palliative care services.	Child Services identify timeframe by <i>31 December 2009</i> .	Child Services
(4.5) Waikato DHB should review the DSL palliative care administration function for night relief and respite care to resthomes / continuing care	Complete implementation of recommendations by completing the trial of DSL referral and assessment documents and submit to Waikato DHB forms committee for approval. Arrange printing of new forms and communicate availability.	DSL documents approved by Waikato DHB forms committee and printed, available for use by <i>31 December 2009</i> .	DSL

Part 2: New Items for 2009/10

Medium to Long term Objective (strategy plan reference)	Annual Objective 2009/2010 <i>What we are going to do.....</i>	Performance Measure	Lead
(2.7) To improve clinical care through the development and implementation of clinical pathways.	Continue implementation of LCP: a) Waikato Hospital <ul style="list-style-type: none"> Orthopaedics (Wd 6,16,26) July 09 ENT (Wd 17) - July 09 Renal (Wd 24) - August 09 Urology (Wd 4) - Sept 09 Plastic surgery (Wd 7) - Sept 09 Gynaecology (Wd 51) - Nov 09 Cardiac surgery (Wd14) - Feb 2010 Psychogeriatric (Ward 30) – April 2010 (b) Waihi Community and resthome - August 09 (c) Matamata Community and resthomes - August 09 (d) Te Kuiti Hospital, community and resthome – Oct/Nov 09 (e) Coromandel Peninsula DN bases and resthomes - by Dec 09 (excludes Oceania resthomes) (f) Tokoroa hospital, community and resthomes - March 2010 (g) Hospice Waikato – Inpatient facility – Dec 09	Education sessions completed in planned areas by 30 June 2010.	(a) to (f) Health Waikato PCS
	Reflective Data Cycle actions: <ul style="list-style-type: none"> Six monthly snapshots of selected wards, community settings and rural hospitals. Targeted education planned according to RDC audit results. 	Areas selected and snapshots commenced in September 2009. Education implemented as identified (ongoing).	(g) Hospice Waikato Health Waikato PCS

Workforce and Resource Development 3.1 (a) Educate providers in the palliative care approach through development of a suite of education packages.	(a) Implement recommendations from the MCN report on nursing and carer education and support for generalists. (b) Provide palliative care continuing medical education (c) Commence CTA funded advanced registrar training in Palliative Medicine (within budgeted resource).	(a) Recommendations implemented by PCS and Hospice Waikato by 30 June 2010 (b) 4 primary GP education sessions by 30 June 2010; and Participate in post graduate medical programme during 2009/10 (c) Recruitment of up to two FTE registrars into CTA funded training positions by 30 June 2010.	Health Waikato PCS
3.1 (c) To build Maori and Pacific health workforce capacity and capability.	Facilitate a 2 nd Maori health provider hui to view the value of the resource directory.	Second Hui held by 30 June 2010	Te Puna Oranga – Operations Network representative
Review and refresh the Palliative Care Strategy Plan 2010-2015	Develop strategy plan for Waikato Palliative Care for the period 2010 – 2015.	Strategy plan developed and endorsed by 30 June 2010.	Chair - Operations Network
Specialist Palliative Care Service Lakes and Waikato	To be kept informed of midland developments and understand the implications of providing a specialist palliative care service to Lakes DHB	Ongoing	Manager, Midland Cancer Network
Primary / GP Liaison project	To support the primary palliative care project to identify a primary palliative care model and plan.	(a) Primary care report on findings and recommendations by 30 June 2010. (b) Employment of part time GP Liaison asap.	Pinnacle Group Limited

Part Three: Progress Report 2008/2009

Part three summarises developments over the last year and work in progress since the endorsement of the Strategy Plan. Components of this section include:

- an overview of the network
- an update of the key focus areas from the 2008/09 action plan
- other update points and achievements not prioritised in the 08/09 plan.
- overview of national developments.

Progress against each of the specific 2008-09 objectives is attached (Appendix 1).

Waikato Palliative Care Operations Network

The Waikato Palliative Care Operations Network (Operations Network) was established in November 2005 and has proven to be an effective mechanism for advancing the Strategy Plan. However, for much of 2008/09 there was no dedicated resource to support the network. Progress in some areas has occurred at a slower rate than originally intended and the Operations Network did not meet as a group between August 2008 and April 2009. In November 2008, it was agreed that sponsorship and management would transfer back to the Manager, Midland Cancer Network (MCN) to support this initiative. A Service Improvement Facilitator was employed in March 2009, fixed term to 30 June 2010.

The Network has met regularly since April 2009. Two changes have occurred in the membership since the Network last met in August 2008 (refer to terms of reference appendix 2):

- The Chair is now the Manager, Midland Cancer Network
- Dr D Singh has returned and replaces Dr P Weston for Paediatrics.

Progress on key focus areas from the 2008-09 plan

1. To work with Maori providers to promote recommendations from the stocktake

Recommendations from the stocktake were:

- to continue to promote palliative care by working in collaboration with Maori health providers
- the development of palliative care education and information resources for Waikato Maori providers, and Maori whanau moving through the palliative care system.
- the establishment of a strengthening relationship network between Waikato specialist palliative care services and Waikato Maori health providers, through primary services.

Actions endorsed by the Network for advancement in 2008/09 were to:

- (a) Provide education to Māori health providers in the palliative care approach to build capacity and capability
- (b) Provide directory of palliative care services and resources to Māori health providers

These were achieved with a full day hui held in June 2009 for Maori providers within the Waikato DHB area. The hui provided information on the models of palliative care services in Waikato and included speakers on palliative care topics. A draft directory was provided for input and feedback prior to being finalised.

2. To explore funding options for general practice network support for Hospice Waikato

Minimal progress has been made. This requires further discussion around GP special interest options and will be progressed in the 09/10 action plan.

3. Continue with implementation roll out of the end of life Liverpool Care Pathway; and further implementation of LCP plan

The planned roll out of end of life LCP was largely achieved according to plan. Some delay was experienced in implementing into the orthopaedic wards at Waikato Hospital due to staffing issues in those areas. This has since progressed and will be completed within the 09/10 period.

A large focus for 08/09 implementation was on the rural hospital and community services (district nurses and resthomes) of Thames and Taumarunui, and community services in the Hamilton and surrounding areas.

There are now 26 sites registered with the LCP Central team in Liverpool (UK) under the Waikato DHB. Of these, 21 are residential care facilities (this represents 40% of the 52 residential care facilities in the Waikato district). Overall, against the total number of sites and GPs targeted for LCP implementation, 42% are completed as at 30 June 2009.

A detailed LCP annual progress report is attached (Appendix 3).

4. Revisit and update paediatric palliative care service

Progress has not been made during the 08/09 period. This will be advanced within the 09/10 plan.

5. Document how we are working on palliative care improvement

Between 2006 and 2008 three major palliative care related reviews were carried out. These are outlined below with a summary of progress to date.

5.1 DSL review 2006

Most of the quality improvement recommendations from this review have been implemented using existing DSL staff resources. DSL established eligibility criteria, assessment and referral guidelines and forms. These were widely circulated to referrers, although there has been an ongoing need to provide support in their use. DSL implemented a trial period for the documents prior to submitting them to the Waikato DHB forms committee for approval. Completion of the trial and formalisation will occur as part of the 09/10 plan.

5.2 Collaborative Care Review 2006

The majority of the recommendations of this review were implemented in 07/08. It was planned to set up a palliative care quality nursing group to progress the

remaining recommendations, provide some ongoing monitoring for a period of time and to resolve issues as they arose. This group was set up in May 2009 as the Collaborative Palliative Care Nursing Workgroup – the terms of reference are attached (Appendix 4).

Work on establishing a region wide baseline dataset with a reporting and monitoring system for collaborative care has not progressed and it is not intended to do any more work on this until the national Specialist Palliative Care Service Specifications and gap analysis are completed. In the interim, Hospice Waikato have well developed recording and reporting mechanisms and have agreed to make available base data on collaborative care e.g. volumes, trends, patient demographics. This is contained in the attached report of adult services of Hospice Waikato 2008/09 - Appendix 5.

5.3 Rural Hospitals and Community Based Services Palliative Care Project 2008

The Waikato Palliative Care Strategy Plan recommends:

(2.3) Waikato rural communities to have improved access to palliative care services; and included the strategy (2.3b) to review and evaluate the current rural hospitals and make recommendations for the future in relation to palliative care. This aspect of work has strong links with the collaborative care review.

The Rural and Community Based Services review was carried out in 2007/08 and a report finalised in November 2008. (Cowley C & Hewitt J, November 2008). A detailed action plan supporting rural palliative care service improvement was provided in the report. Key recommendations include:

- a horizontal network approach for the rural hospitals and community based services is required to link and standardise the systems
- equitable access and provision across the Waikato
- improved integration of services with each area to have documented mechanisms of working together that includes a list of services and providers and associated links
- Tokoroa community to have equal access to collaborative care services
- the existing collaborative care steering group (Health Waikato rural hospitals and community based services, PCU and Hospice Waikato) extends its terms of reference to include the standardisation of palliative care processes and systems, e.g. discharge checklists
- improved discharge planning systems and processes of palliative care patients from rural and Waikato hospital(s)
- a formalised palliative care education and training framework to support the rural hospitals and community based services. Specialist palliative care providers have commenced developing a core education package for generalists
- clear, transparent and formalised out of hours patient care plan, specialist palliative care support and advice service
- continue the end of life Liverpool Care Pathway implementation plan rollout with completion of Thames and then commence Taumarunui.

The Group Manager for Rural and Community Services is responsible for implementation of the recommendations. In the first six months since finalising the report, progress has been made on the following:

- rural hospital and family health teams have documented services and providers for their areas

- improvements in resource information on palliative care related matters for district nurses
- participation in palliative care education sessions at rural hospitals and Waikato Hospital study days to increase palliative care knowledge
- participation in the Collaborative Palliative Care Nursing Workgroup which will support the work around discharge planning and information resources
- LCP roll out in Thames and Taumarunui hospitals and their communities. Timeframes for roll out to other rural areas have been established
- planning meeting with Hospice Waikato, PCU and community team to discuss implementation of collaborative care model in Tokoroa
- quarterly review and reporting against action plan.

6. Completion of one off Waikato nursing scholarship initiatives

In February 2008, the Ministry allocated funding linked to meeting specific service requirements in the New Zealand Specialist Palliative Care Service Specifications (draft). The Waikato funds were allocated as one-off nursing scholarships of \$40,000 each to:

- 'fast track' the LCP implementation plan over and above the baseline allocated resource
- develop a core specialist palliative care education package for generalist health professionals.

Specialist palliative care resources have been used in 08/09 to back fill current incumbents to be released to meet the development phase of the Ministry of Health Crown Funding Agreement service requirements. A review and evaluation will occur towards year end that will enable prioritisation of the limited funds on a sustainable basis. Waikato DHB supports and links with Midland regional developments, as discussed further on in this report.

7. To promote development of the national specialist palliative care service components as per the Ministry of Health requirements, linking the LCP implementation programme, the Waikato palliative care nursing scholarships and the Midland Cancer Network regional initiatives and DHB planning and funding gap analysis against the NZ specialist palliative care service specifications.

At the time of preparing this report the national specialist palliative care service specifications (SPCSS) remain in draft form. The gap analysis of current specialist palliative care services, being led by Central region's Technical Advisory Services (TAS) for the Ministry of Health, is still in progress. Waikato specialist palliative care providers and Planning and Funding separately completed the required gap analysis templates. It has been acknowledged by the Ministry that significant time and energy was required to provide the information, and that it could be as much as six months or more before being finalised and an implementation plan developed.

However, in the meantime Waikato projects have continued with the guidance of the draft SPCSS.

8. To continue to actively participate and support national initiatives.

Refer to National Workplan – page 17

Other update points

1. Hospice Waikato Facilities

Hospice Waikato completed the purchase of a motel/conference centre, based in Hamilton in December 2006. The aim of this strategic initiative is to bring all Hospice Waikato services onto one site and give Hospice the flexibility to develop inpatient services as recommended in the Strategy Plan. This long-term initiative will provide the foundation for enhancing Hospice services to align with the Strategy Plan recommendation:

3.3 To ensure there are adequate Hospice community inpatient beds for respite and symptom control.

Strategies

- a) Waikato DHB and Hospice Waikato need to consider and address the current level of community Hospice inpatient beds, four is inadequate, and strategies to increase to 10 should be explored as the Waikato DHB model of care is developed.
- b) Explore long-term facility/management options for community inpatient respite and symptom control beds for the Waikato district.
- c) Develop and strengthen Hospice community inpatient respite and symptom control services to ensure best practice and excellence in standards.

Hospice Waikato's capital fund raising programme¹ to upgrade the administration service facilities and new build for the inpatient facility is nearing completion. The facility has been named the Gallagher Family Hospice and it is hoped that this facility will be opened mortgage free, thanks to the support from the Waikato community.

- Stage 1 : Administration facility - completed and occupied in March 08
- Stage 2 : Rainbow Place - completed and occupied from December 09. The family rooms and two beds will not open until the adult unit is open and occupied to ensure safety requirements can be met.
- Stage 3 : Adult inpatient facility - nearing completion and will be opened officially in November 09. The project plan for commissioning the Inpatient Unit is well underway. It is hoped to have staff trained and patients for respite and symptom control using this facility early 2010.

The completed complex will include creative therapy space for adults, room for medical consultation, nurse led clinics and a caretakers home. Grounds and other requirements are all planned and will be completed for the opening.

¹ Target \$7million

2. Links with the Midland Palliative Care Network

The Midland Cancer Network (MCN) was endorsed and established in 2006 with supporting management infrastructure.

The Waikato Palliative Care Operations Network recommended a regional service group be established to look at regional palliative care initiatives. A Midland Cancer Network palliative group meet in December 2007 and agreed that the MCN would facilitate regional collaboration on:

- end of life programme LCP
- core education programme for generalists
- gap analysis against the NZ specialist palliative care service specifications (lead by DHB planning and funding portfolio managers).

3. Achievements that were not prioritised in the 08-09 plan:

- Nurse Donny Fellow

In April 2009, the Health Waikato Palliative Care Service prepared a proposal and applied to run the Donny Nurse fellow programme through the Waikato DHB, in collaboration with Hospice Waikato. The application was declined and consideration will be given to reapplying in 2010.

- Primary Palliative Care

A Waikato Palliative Care Primary Gold Standards Framework project has been agreed, with Pinnacle Group Limited contracted to meet the project objectives. The project will commence in August 2009 and includes the employment of a GP Liaison fixed term to investigate the potential of international models within Waikato, including the NHS Gold Standards Framework. The aim is to support and strengthen primary palliative care. Applications have been invited from interested GPs.

- Preferred Priorities for Care (PPC) pilot

In June 2009, the Health Waikato Clinical Governance Board approved a proposal for a phase one pilot of a best practice advanced care planning process called the Preferred Priorities for Care (PPC). The Waikato Hospital pilot will commence in August 2009.

- Health Waikato Palliative Care Service gained accreditation by the Royal Australasian College of Physicians (RACP) to provide advanced training in Palliative Medicine (three year programme). Accreditation lasts for three years, subject to meeting college requirements.

National Workplan

The Ministry of Health Cancer Control work programme includes palliative care. The following is a summary from the National work programme of relevant work in progress or work about to commence.

National Leadership in Palliative Care

The Ministry of Health, Cancer Control Council, and Chair of the Palliative Care Advisory Committee have decided to advance national leadership. The Cancer Control Council is working with a palliative care subgroup to develop terms of reference for its palliative care group (provisionally called the Palliative Care Council) and the Ministry will work with members of the New Zealand Palliative Care Working Party terms of reference.

National Specialist Palliative Care Service Specification

A national Palliative Care Service Specifications Review Group (PCSSRG) was established (March 2006). Draft specifications were released in 2008, supported with DHB funding to contribute to specific service component development.

The new national service specification, which is still in development stage, will result in a revision of the service coverage schedule. It is expected that the new specification will be more explicit in relation to the purchasing arrangements required for palliative care services and that in moving to the new specification some service gaps may be identified in some districts. The extent to which this will be an issue for Waikato DHB is unclear but could be expected to be identified over the next 18-24 months as information on activity against the new framework becomes evident.

Workforce Development – Cancer and Palliative Care Nursing

The document *A National Development framework for Cancer Nursing in Aotearoa New Zealand* is going through the publication process. A consultation paper for investment was circulated to the sector. At this point in time, based on feedback there is no further development of the recommendations made in the paper.

Establish a National Approach to Palliative Care Medical Training

A proposal to establish a training pathway in specialist palliative medicines and training opportunities in palliative medicine for other doctors has been agreed. Auckland and Capital and Coast DHBs will be approached to be lead DHBs in progressing the programme.

Palliative Medical Registrar Workforce

Pamtrac is a national committee looking at the placement of advanced training registrars, which campaigned for the funding of advanced training positions in Palliative Medicine. As a result, agreement has been reached with the CTA to partially fund nine positions nationally.

Palliative Care Medications Work Group

This group has prioritised access as the main concern for action, with a focus on exceptional circumstance processes.

Paediatric Palliative Care

Work continues on the scoping of paediatric palliative care development. It is likely that an appropriate group (such as the Palliative Care subgroup of Paediatric Oncology Steering Group) will develop a proposal/plan for a national network of paediatric palliative care based on best use of available resources.

Palliative Care Data Work Group

There is a Palliative Care Data Work Group for the data definition workstream in the Cancer and Palliative Care Information Systems project.

Supportive Care

A working group is developing Guidance for Improving Supportive and Rehabilitative Care for Adults with Cancer in New Zealand. The draft guidance came out for consultation in 2008/09 and is due for release in 2009.

National LCP Office – New Zealand

The National LCP Office - New Zealand was established with the financial support of the Ministry of Health and sponsorship from Hospice New Zealand in November 2008. The principle function of the national office is “to provide national co-ordination and to promote sustainable implementation of the LCP in New Zealand.” Following submission of a 2009-2012 business proposal the Ministry of Health approved ongoing sustainable funding for the National LCP Office – New Zealand.

Increased funding for hospices

The Minister has signed the latest joint Ministry and Hospice New Zealand health report. This confirms the funding allocation of the \$15 million ‘Boosting Hospice Care’ initiative announced in May 2009.

Progress Report against Waikato Palliative Care Operations Network Action Plan 2008/09

Key Results Areas	Medium to Long Term Objective	Annual Objective 2008/2009	2008/2009 Performance Measures	Progress as at June 2009
Integrated and Collaborative Service	1.1 Midland Palliative Care Network	Participate in MCN regional palliative care initiatives: a) EOL LCP work shop b) Specialist palliative care nursing and medical education for generalists c) Gap analysis against specialist palliative care service specifications (link to 4.6)	Active participation by Waikato to meet MOH requirements by 30 June 2009	a) Achieved – Aug 2008 b) Achieved c) Completed MOH questionnaires for gap analysis.
Patient Focus on Improved Access and Equity of Services	2.3 Waikato rural communities to have improved access to palliative care services	DHB Planning & Funding work with Tokoroa and Hospice Waikato to explore options to implement collaborative care in Tokoroa community	Strategy identified to implement Hospice Waikato resources into Tokoroa	Hospice Waikato, rural hospital and PCU continue to make progress with Tokoroa Hospice. Collaborative care is now available to the Tokoroa community.
	(1.3) To establish formal links between the various service levels and providers a) To develop a model that describes the various levels of service, delineates expected resources & capability of generalist and specialist services (links to 1.1, 2.4 f and 4.6)	a) Each 'T' hospital and community based service area to document generalist, specialist and support services, system links, referral processes and after hour's plans. b) Document how we are working on palliative care improvements.	All stakeholders are aware of what services and how to access	In progress Rural & Community Services have a separate action plan for implementation of the recommendations from the Rural and Community Based Services project. Quarterly updates are provided by the Group Manager, Rural and Community Services.

Key Results Areas	Medium to Long Term Objective	Annual Objective 2008/2009	2008/2009 Performance Measures	Progress as at June 2009
Patient Focus on Improved Access and Equity of Services continued	2.4 To strengthen the palliative care links and partnerships with general practice	(a) PCU engage in discussions with the 4 PHOs to develop a palliative care continuing education plan for primary (b) PCU engage in discussions with Waikato Post Graduate Medical Programme to provide palliative care continuing education	4 Primary CME sessions by 30 June 2009 PCU participate in Post Graduate Medical Programme during 2008-09	Achieved Whitianga, Waihi, Thames, Otorohanga, Hamilton, Te Kuiti 07/08 Taumaranui, Cambridge, Huntly, Hamilton 08/09 Achieved GP liaison project commencing 2009/10 with recruitment of GP for investigation of models incl NHS Gold Standards framework.
	2.7 To improve clinical care through the development and implementation of clinical pathways - Liverpool Care of the Dying Pathway Implementation Plan (links with 2.4 and 2.5 concepts)	(a) Complete Thames Hospital and community roll out (b) Implement Taumarunui Hospital, primary rest homes and community (c) Specialist palliative care nurse scholarship for LCP extension implemented (d) Implement Waikato Hospital Wards 8, 6, 16, 26 (e) Participate in MCN LCP workshop	Implementation roll out plan achieved by 30 June 2009	a) Achieved b) Achieved c) Hospice one off funds for LCP – achieved. (Report from Hospice is being finalised) d) Ward 8 completed. Orthopaedic wards 6, 16, 26 will be implemented 09/10. Wards 25, 23, 22, 5, 2, 12, 58, CCU and HDU have been completed over and above the original plan. Matariki and Rhoda Read were not in the original plan but have been completed. e) achieved – August 08

Key Results Areas	Medium to Long Term Objective	Annual Objective 2008/2009	2008/2009 Performance Measures	Progress as at June 2009
Workforce and Resource Development	3.1 To ensure all palliative care service providers practice within the palliative care approach	(c) Provide education to Māori health providers in the palliative care approach to build capacity and capability (links to 2.1) (d) Provide directory of palliative care services and resources to Māori health providers	Hui held between Waikato Palliative Care Services and Maori health providers completed by 30 June 2009 Directory and resource pack developed and delivered to Māori health providers completed by 30 June 2009	a) Hui held 10 June. b) Draft provided for feedback.
	Donny Fellowship	(a) Continued development and promotion of the Donny Fellow programme	Donny Fellow programme evaluated and altered as required	Last trainee was over 12 months ago. Unlikely to apply to Donny Trust again if CTA funding continues.
	Education and support for generalists	(a) Specialist palliative care services continue to develop core education package for generalists (nursing) (b) Specialist palliative care nurse scholarship for education package extension implemented (c) Participate in MCN work programme	Specialist (nursing) core education package developed by 30 June 2009	a) In progress b) Achieved c) Achieved
	3.2 To ensure there are adequate levels of appropriately trained palliative care staff (medical staff for intermediate level – k, l, m)	(a) Explore options and funding implications for general practice network support for Hospice Waikato	Intermediate level medical staff options are explored and the preferred option identified with implications for implementation by 30 June 2009	In progress - will not be completed by 30 June 09. Needs more work and discussion around GPs special interest options.
	3.3 To ensure there are adequate Hospice community inpatient beds for respite and symptom control (Hospice Waikato lead for project management of the process)	(b) To scope and develop requirements for Waikato Hospice community inpatient service, including service framework, workforce requirements, quality processes & systems and funding implications	Hospice community inpatient service model of care, service delivery framework and implementation / change management plan is developed by 30 June 2009	In progress. Construction of the beds underway. Now scoping related requirements.

Key Results Areas	Medium to Long Term Objective	Annual Objective 2008/2009	2008/2009 Performance Measures	Progress as at June 2009
Quality Systems	4.1 To foster a culture of continuous quality improvement that enhances best practice and improves quality of care and services provided	a) Continue with PCU / Ward 25 discharge improvement b) Explore opportunities to improve discharge planning for palliative patients from all Waikato and rural hospital areas c) Quality nursing group established	Improved discharge planning and communication demonstrated	(a) and (b) Discharge planning: Opportunities for improvement will be identified and progressed by collaborative workgroup (below). c) Achieved - Established as Collaborative Palliative Care Nursing workgroup (May 2009)
	4.2 (& 1.3b) To develop and implement a transition pathway and process between child and youth services to adult services	c) Child services identify a timeframe to develop the transition pathway and process d) Revisit and update paediatric palliative care services	Child Services identify timeframe by 30 June 2009	Not achieved 08/09. Child Service and PCU to meet and discuss. Link with New Traditions group planning for 09/10.
	4.5 Waikato DHB should review the DSL palliative care administration function for night relief and respite care to resthomes / continuing care	a) DSL and Planning and Funding implement recommendations of DSL review	DSL recommendations implemented by 30 June 2009	Recommendations actioned. Those not progressed were: <ul style="list-style-type: none"> • Documents still require WDHB forms committee approval and printing (for action 09/10). • Specific PC quarterly reports not produced – reporting PC numbers is a part of DSL contract reporting. • Single point of entry for PC support service referrals has been investigated. Agreement from services is that the current process is working satisfactorily.
	4.6 Waikato DHB should review all palliative care service specifications, rationalise, integrate and establish reporting and monitoring systems	(a) DHB Planning & Funding complete gap analysis against new specialist palliative care service specifications (SPCSS) (b) Implement resources to support the LCP database	Participate in development of national service specifications	In progress – SPCSS still in draft and gap analysis to be completed at national level. b) Under discussion. (Margaret) <ul style="list-style-type: none"> • Trying to link with Isoft clinical results viewer. • Considering snapshot vs full collection.

Terms of Reference for the Waikato Palliative Care Operations Network

Overview

Cancer control is a strategic health priority for the Waikato and palliative care comes under the umbrella of cancer control. The Waikato palliative care operations network will be the approach and mechanism to bring all providers together to work on implementation of the Waikato DHB Palliative Care Strategy Plan 2005 – 2010. A philosophy of broad-based community service is the optimal way to accommodate and address the projected demand in palliative care needs.

Palliative Care Operations Network

Palliative care providers will work in a collaborative and co-ordinated manner to ensure equitable provision of high quality, clinically effective, culturally appropriate palliative care service throughout the Waikato. The network formalises relationships with generalist and specialist palliative care providers as well as the community.

The **specific role** of the Waikato palliative care operations network is to be actively involved in planning, developing, implementing, monitoring and evaluating health related initiatives and services for people with palliative care needs within the Waikato.

Membership

Membership for this group will comprise of the following:

Executive Sponsor – Jan Hewitt, Manager, Midland Cancer Network

Chair	Jan Hewitt
Chief Executive Officer, Hospice Waikato	Elizabeth Bang
Clinical Director Palliative Care	Dr Alan Farnell
Hospice Waikato, Advisor	Robin Steed
Planning & Funding Portfolio Manager	Rachel Poaneki
Service Manager, Medical and Oncology	Neil McKelvie
Operations Manager, Palliative Care Unit	Kim Holt
Regional Co-ordinator Palliative Care Unit	Margaret Stevenson
Paediatrician	Dr Deepika Singh
Waikato GP Liaison	Dr Linda Rademaker
Manager Rural Hospitals & Community based services	Jill Dibble
CEO Hauraki PHO	Hugh Kininmonth
Project Manager, Te Puna Oranga	Erena Kara

The network will co-opt other key stakeholders and support staff as necessary.

Key Objectives

- To deliver on the goals of the Waikato DHB Palliative Care Strategy Plan, this aims to achieve the national Palliative Care and Cancer Control Action Plan strategies
- To build relationships to promote providers of palliative care services within the Waikato to communicate new initiatives and / or service developments to the

Waikato Palliative Care Operations Network. This will enable the Network to be kept informed and consider palliative care initiatives / developments within the Waikato to inform planning and alignment with the Waikato DHB Palliative Care Strategy Plan. The Network as required provide expert advice and support to providers as required

- To direct and oversee palliative care workstream projects as required
- To focus on local service co-ordination and ensure provision of generalist and specialist services and support as required
- Development of an annual report on progress and action plan that plans a phased approach to implementation of the Waikato Palliative Care Strategy Plan
- To monitor the implementation of the annual action plan
- To monitor and evaluate service provision including reporting of data to inform and shape future service development
- To ensure participation of all key stakeholders this takes account of the views of other providers, patients, families / whānau and / or carers
- To promote the development of collaboration and integration, including intersectoral linkages between services
- Effective and efficient communication links among health professionals / providers
- To participate in regional and / or national initiatives and communicate developments as required
- Members may also be invited to participate or lead additional working groups as required.

Chair and Administration Function

The administration function entails the preparation and circulation of agenda, recording and circulating the minutes, coordinating meeting arrangements and the distribution of information among members.

Chair: Jan Hewitt
Administration: Sharon Hardaker

Meeting Schedule

Frequency: 3rd Tuesday of the month 11 am – 12 noon
Venue: Hospice Waikato (updated June 09)

Minutes and Agenda

- Minutes are circulated to members within seven days after the meeting via email
- Agenda items are sought ten days preceding each meeting
- The agenda is circulated one week prior the scheduled meeting including all papers.
- Briefing/background papers will be prepared and circulated prior to the meeting. If a decision is required a recommendation will be clearly stated at the end of the paper.

Reporting and Communication

- The Network Chair reports directly to the Programme Sponsor
- Annual progress report developed by the Chair for the stakeholder organisations and the Waikato DHB COO
- Minutes will be made available to other stakeholders as requested
- The process for managing any correspondence from the network will be directed by the Chair.

Progress Report – LCP Implementation 08/09

Introduction

The Waikato District Health Board Palliative Care Strategy Plan 2005-2010 endorses the implementation of the Liverpool Care Pathway (LCP). The LCP is seen as a key component and best practice concept in improving delivery of end of life care to patients and family/whanau.

Waikato DHB registered with the LCP Central Team in Liverpool (UK) in 2006. Following a successful pilot in Waikato Hospital, an implementation across Waikato DHB district encompassing hospital, community and residential care was approved.

This report incorporates LCP implementation and support activities in the Waikato district by both Health Waikato and Hospice Waikato LCP facilitators.

Summary

- Waikato has 26 registered sites
- Overall, against the total number of sites and GPs targeted for LCP implementation, 42% are completed as at 30 June 2009.
- A large focus for 08/09 implementation was on the rural hospital and community services (DNs and resthomes) of Thames and Taumarunui, and community services in Hamilton and surrounding areas.

08/09 Activity

The table below summarises the 08/09 activity against plan:

Planned activity (from 08/09 plan)	Comments
Taumarunui hospital, resthomes and community incl resthomes, GPs and district nurses	Achieved
Thames Hospital and community incl resthomes, GPs and DN's	Achieved
Waikato Hospital wards 8,6,16,26	Achieved ward 8. Wards 6,16 & 26 were delayed due to clinical staffing issues in orthopaedics. To be completed in July 2009.
Participate in MCN LCP workshop	Achieved – August 2009
Specialist palliative care nurse scholarship for LCP extension implemented	Scholarship awarded to Hospice Waikato nurse.

In addition to those planned, the following were completed:

- Waikato Hospital agency nurses
- Waikato Hospital emergency dept – senior nurses
- Matariki and Rhoda Read Hospitals
- Residential care facilities in Hamilton, Cambridge, Huntly, Raglan
- Development of a rapid discharge pathway used by emergency dept and ITU for patients transferred to community or residential care to die
- Reformatting of documents in line with NZ national office changes
- Specific pathway and anticipatory prescribing guidelines adapted for Waikato renal patients
- Anticipatory prescribing guidelines reviewed and amended in line with current practice
- Development of a resource folder for use by GPs and nurses in Hamilton community.

**Current status
of
implementation**

- Waikato DHB currently has 26 registered sites. Of these, 21 are residential care settings (40% of the total possible 52 sites in the Waikato District).
- Overall, against the total number of sites and GPs targeted for LCP implementation, 42% are completed as at 30 June 2009.
- The LCP was used with 19.8% of patients who died in Waikato Hospital from 1 June 08 to 31 May 09 (see issues below).
- In quarter 4 (April to June 09) LCP was used for 28% of deaths supported by the hospice@home service of Hospice Waikato. This is an increase from 7% in quarter 1 (July to Sept 08).
- The preferred implementation strategy outside Waikato Hospital is to target the groups by location, starting with the GPs in the area. In the rural hospital districts, education is delivered for the catchment area including hospital staff, GP, district nurses and resthomes around the same time. In smaller areas, education starts with the GP then resthomes and district nurses.
- The most success has been gained by introducing LCP to GPs via medical education sessions already provided by specialists from the Health Waikato Palliative Care Service. The objective in rolling out LCP to general practice is to have delivered an introductory explanation to GPs and have their agreement in principle to utilise LCP.
- Pre and post audits continue for each registered site.

Issues / items of note:

- Ongoing support and mentoring by LCP facilitators to cater for staff turnover is important. This requires the support of managers in these areas to sustain the 80% threshold of staff in the ward/area educated in LCP.
- Currently in Waikato Hospital there is no way to accurately measure the number of deaths that have occurred where the patient was on an LCP. There is no provision for recording and therefore reporting this from i.PM. Measuring and tracking the use of LCP requires manual recording and reporting to the LCP facilitators. This is prone to error resulting in the number of deaths with the patient on an LCP being understated. Requests for changes to i.PM have been made, and improvements to the manual recording are being investigated.

- The Oceania Group, one of the largest residential care organisations in New Zealand, has not committed to LCP for its facilities at this time. Discussions are taking place between Oceania and the national LCP office. Two Oceania facilities in Waikato area already use LCP – these were implemented prior to being part of the Oceania Group. There are three remaining Oceania sites in the Waikato district.

Other items for information

- The National LCP Office New Zealand was established in November 2008 to provide national co-ordination and to promote sustainable implementation of LCP in New Zealand. A strong relationship has developed between Waikato LCP facilitators and the national office.
- In April 2009 Deborah Murphy, LCP National Lead Nurse and Associate Director of the Marie Curie Palliative Care Institute Liverpool (UK) visited New Zealand and spent time in Waikato. This included a presentation to the Midland Palliative Care group and session with the Midland LCP facilitators.

Current Resources

The resources applied to implementing and supporting LCP in 08/09 were:

- Waikato PCS – Lead LCP Facilitator (1.0 FTE)
- Waikato PCS – Resthome Liaison / LCP Facilitator (1 FTE / part role LCP)
- Hospice Waikato – 2 nurses / part role LCP (total = 0.15 FTE) one-off funding scholarship initiative.

No change is anticipated to Waikato PCS resource in 09/10.

Any change to Hospice Waikato resource in 09/10 would be to support implementation of LCP into their new inpatient services.

LCP implementation progress

Progress of LCP implementation in Waikato is detailed in the following table. This table indicates:

GPs

- 39% of all individual GPs in the Waikato area have received introductory LCP education (107 of 273).

Resthomes

- Of the 52 potential sites 13% (7) are not planned for implementation as they have low need for LCP and no 24/7 nursing on site.
- 55% of the remaining sites have been completed (48% of all sites).

Waikato Hospital

- Of the 37 wards and areas 30% (11) are not planned for implementation as the LCP is low need (mental health forensic & maternity) and pediatrics are awaiting a specialised paediatric version of the LCP.
- 54% of the remaining wards and areas have been completed (38% of the whole hospital).

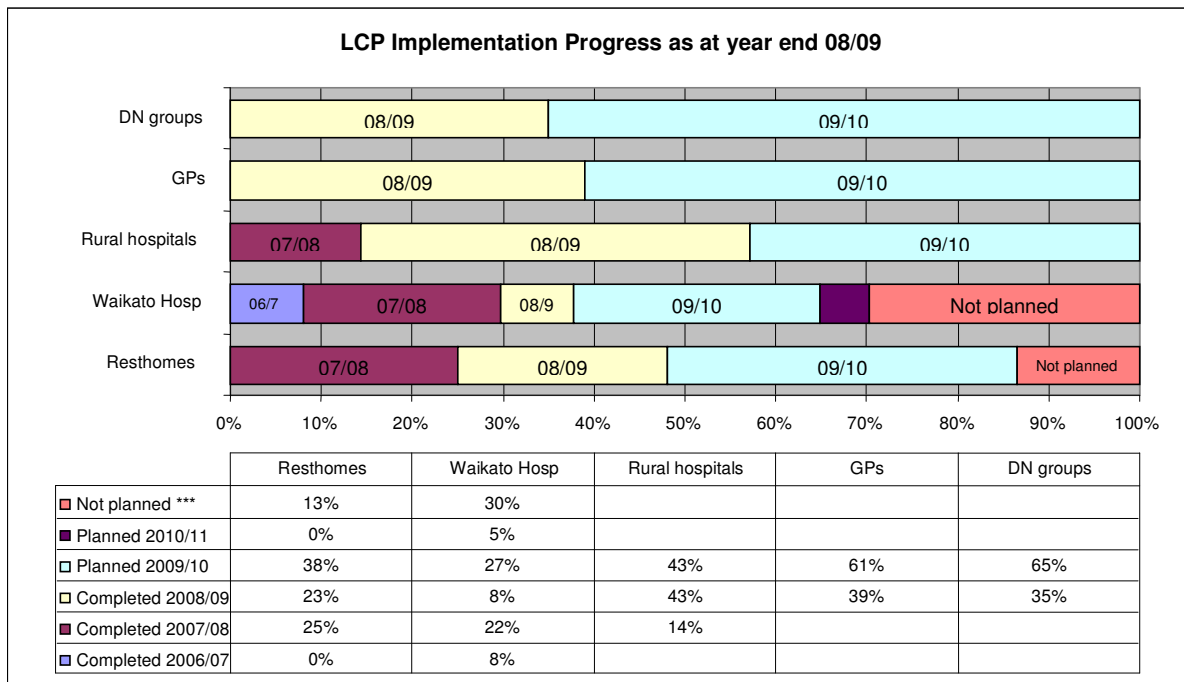
Other hospitals including Hospice inpatient

- Of the 7 hospitals 57% (4) are completed.

District Nurses

- Of the 24 district nurse locations 33% (8) are completed.

Overall, against the total number of sites and GPs targeted for LCP implementation, 42% are completed as at 30 June 2009.



Waikato District Health Board Collaborative Palliative Care Nursing Workgroup Terms of Reference

➤ **Committee Name**

Collaborative Palliative Care nursing workgroup

➤ **Purpose**

To work in collaboration to implement and progress the endorsed Waikato Palliative Care recommendations from the:

- Palliative Care Collaborative Care Review (2006).
- Health Waikato Rural Hospitals and Community Based Services Palliative Care Project (2008).

To use the information in the Palliative Care DSL Review (2006) to inform the group and identify issues that require communication with DSL.

To take agreed action on palliative care nursing issues that arise as a result of the work above.

➤ **Objectives**

- a. To review the implementation of recommendations from the Palliative Care Collaborative Care Review (2006).
- b. To review the implementation of recommendations from the Health Waikato Rural Hospitals and Community Based Services Palliative Care Project (2008) and the Palliative Care DSL Review (2006), **where these require collaboration and action across services or organisations.**
- c. To develop a plan to complete the implementation of any outstanding collaborative recommendations described in a) and b) above
- d. To identify issues and risks occurring within palliative care services and take appropriate action to resolve or progress the issues. This may include advising or recommending action to other appropriate groups e.g. Rural and Community Services Quality Steering Group, Health Waikato Clinical Audit Support Unit.
- e. To identify opportunities for improved collaboration across the care continuum in the delivery of palliative care services in the Waikato district.

➤ **Constraints**

The workgroup must act in accordance with the priorities specified in the Palliative Care Strategy Plan 2005-2010 and any other endorsed Waikato Palliative Care plans.

➤ **Chair and Administration Function:**

The administration function entails the preparation and circulation of agenda, recording and circulating minutes, coordinating meeting arrangements and the distribution of information among members.

Chair: Belinda Macfie, Clinical Nurse Director - Primary

Administration: Sharon Hardaker, Service Improvement Facilitator – Palliative Care

➤ **Sponsors**

- Jill Dibble, Group Manager Rural and Community, Health Waikato
- Elizabeth Bang, Chief Executive, Hospice Waikato

➤ **Workgroup Membership**

Waikato DHB	<ul style="list-style-type: none"> • Belinda Macfie, Clinical Nurse Director – Primary (Chair)
Waikato DHB Rural and Community Services	<ul style="list-style-type: none"> • Marg Carey, Service Manager Community Support • Lyn Pointon, Clinical Nurse Manager, District Nursing Central + Northern
Hospice Waikato	<ul style="list-style-type: none"> • Raewyn Jarvis-Hall, Clinical Team Leader • Janice Osborn, Regional Development Manager
Health Waikato Palliative Care Service	<ul style="list-style-type: none"> • Margaret Stevenson, Clinical Nurse Manager • Sandi Haggart, Palliative Care Clinical Nurse Specialist
Midland Cancer Network	<ul style="list-style-type: none"> • Sharon Hardaker, Service Improvement Facilitator – Palliative Care

➤ **Quorum**

A quorum will be half the members of the group plus one. Members are expected to take ownership and actively work to ensure the success of the group. Decisions will be made by consensus. If it is not possible to reach consensus then areas of disagreement will be identified and reported to the Sponsors or Waikato Palliative Care Operations Network.

➤ **Meeting Schedule**

Frequency: monthly.

➤ **Minutes and Agenda**

Minutes are circulated to members within five days of the meeting via email.

Agenda items are sought ten days preceding each meeting.

The agenda is circulated minimum one week prior to the meeting including all briefing/background papers to be discussed.

➤ **Reporting and Communication**

A work programme is developed and submitted to the sponsors and Waikato Palliative Care Operations Network for endorsement.

The Chair reports monthly on the workplan to the sponsors, who are members of the Waikato Palliative Care Operations Network. The monthly report will also be submitted to the Waikato Palliative Care Operations Network for endorsement.

Reports are due by 8 June, 13 July, 10 August, 7 Sept, 12 October.

➤ **Consultation**

The group will consult with other services and groups, including Te Puna Oranga, as necessary.

➤ **Resources**

Project and administration support will be provided by Sharon Hardaker.

➤ **Review date**

It is intended that the workgroup will disband on completion the objectives. The activities of the group will be reviewed on or before October 2009.