GPNS Rural Palliative Care Project

Palliative Care Audit TERMS OF REFERENCE

Patient Audit Objectives

- To foster learning opportunities and common understandings of models of rural palliative care between GPs, the Palliative Care Service, RACFs and other key stakeholders, including specialist palliative care services
- Improve awareness of roles of variety of stakeholders involved in palliative care
- To strengthen links between palliative care providers
- To enable problem solving with difficult cases
- To improve future palliative care in the region through increased knowledge, networking and experience.

Patient Audit strategies

- GPs, RACFs and Palliative Service invited to provide relevant case studies to Project Officer prior to each meeting (patients where there were difficulties, patients where things worked well)
- The GPs whose patients are to be discussed will be invited to attend (in person or via phone link up) to take part in the discussions.
- Each meeting to discuss 4 patients (15 minutes each).
- Individual patients and GPs **will not** be identified throughout this process.
- Engage specialist palliative care services (SAPS) in discussion.
- Establish manageable and sustainable methods of continuing this audit process once the Rural Palliative Care Project is completed (June, 2010).
- Report on discussion strategies to GP and other health professionals involved with particular case study
- Report results of discussion more generally to other GPs as a possible learning tool

Role of participants

- To provide case studies
- To engage actively and positively with other participants in discussion of patients
- To identify and facilitate opportunities for learning and modification of practice or systems if required
- To promote the project to other interested colleagues and health professionals

Panel Composition

Chair: Helene Hipp, Rural Palliative Care Coordinator, General Practice Network South

- GPs in Kangaroo Island and Southern Fleurieu region whose patients are used as case studies
- Other interested GPs
- South Coast Palliative Service
- Residential Aged Care Facilities

- Palliative Care Specialist (SAPS)
- Community Health Representatives
- Other interested health professionals

Meeting Frequency

The audit panel is to meet every 3 months. Suggest July, October, 2009; February and May 2010.

Agenda

The Project Coordinator will collate case studies, distribute to interested participants and distribute discussion and learning highlights to all stakeholders afterwards, using the reporting template.

Location

It is anticipated that meetings will be held at the South Coast District Hospital, Victor Harbor, to facilitate telephone conferencing linkage with participants who are unable to meet face to face.

Project Coordinator: Helene Hipp, General Practice Network South

Date:……/……./…….