Palliative Care Education and Support Program

Part C Executive Summary

1. Identifying Information

1.1 Project Title – Palliative Care Education and Support Program
1.2 Time frame – 20/6/2003 until 17/7/2005
1.3 Organisation – Central Australian Division of Primary Health Care

2. Setting

Central Australia and the Barkly region covers over a million square kilometers, from Elliott in the North and into the Pitjantjtjara lands of South Australia, also from the Queensland border into the Ngaanyatjarra lands of Western Australia. Alice Springs Hospital is the major trauma hub with Tennant Creek being the only other hospital in the region. These hospitals support over 45 Aboriginal Communities, stations, roadhouses and the high proportion of tourists that travel through the region that covers health provision for all of life care.

3. Background

This project aim is to address the relative lack of training and education opportunities available in Central Australia and the Barkly regions and to improve capacity within the regions to support appropriate palliative care provision. This was achieved by offering palliative care training, education and awareness opportunities for specialists and a broad range of primary health care workers involved in palliative care provision and for the general community. The project invited experts in palliative care issues to visit the region as educators and facilitators.

The project developed out of a partnership between the Central Australian Palliative Care Service and the Central Australian Division of Primary Health Care (CADPHC) recognizing the issues around specialist education within this region. The target group was recognized as all health providers as primary health care givers and the general public.

It is recognized that the health work force for these regions has a high proportion of transient staff. Education in any specialty is hard to maintain due to the through put of staff, be that in hospital based, private sector, community based or nursing home based.

The project officer for this project has been the Clinical Nurse manager for the regional Palliative Care Service with the Division of Primary Health Care being the auspicing body. The project is a follow on to Australian Government funding from a partnership in palliative care that started back in 1997, with specialists in palliative care visiting Central Australia to provide education. Funding for this project finished in 2002 and the Caring Communities funding was able to continue the education program.

4. Project Objectives

- To offer expert palliative care education, to all health care providers in Central Australia and the Barkly region.
- Offer peer support to specialist palliative care services.
- Raise professional awareness of services available
- Enhance palliative care networks within the region

5. Description

This project was designed to bring specialists in palliative care into Central Australia and the Barkly region of the Northern Territory. It was aimed at supporting all health care providers in the region in specialist education on palliative care issues. It also offered the local palliative care service an opportunity of peer support and service promotion. The main targets for education were initially set by the steering committee and this was supported by the needs analysis that was completed.

The education sessions were offered as in-house, after hour's sessions or as dedicated workshops to specific practitioners. All sessions run by this project were evaluated by a form that was developed by the national evaluator and the project officer.

6. Results

All presentations were well received with the content and quality of the presentations rarely receiving a fair response. From evaluation forms all presenters are acknowledged as leaders in their fields and were able to spend valuable time with the local palliative care service. Feed back from Tennant Creek audiences was extremely appreciative that such speakers could spend time there and were a future contact point for support.

The only draw back was the low numbers of General Practitioners who attended sessions despite offering sessions outside of working hours and publicising in the weekly mail out to GP's.

All the initial aims were met as suggested through this project in varying degrees. Peer support was raised by the setting up of the networks that are now available both locally and nationally. The formation of a peers support network was not possible due to job changes and time constraints of the project officer but this project was able to foster links within this region of services and support groups, an example of this was the bringing of a breast cancer support group onto the region palliative care reference group.

The printing of a loss and grief booklet for Aboriginal people by this project following bereavement support workshop has been an unexpected bonus that will have ongoing result.

7. Discussion

The major achievements of this project must be the formation of networks within this region with health care providers that are focused on palliative care. Another is the bereavement work and the loss and grief booklet for Aboriginal people which is a first in its own right which will be a valuable tool. Finally the lymphoedema work group that will be formed for care of those afflicted in this region.

The major success for meeting the aims of this project is the collaboration of the local organizations to work together to form partnerships to support the education and networking part of this project. These organizations have recognized that palliative care is an important issue in primary health care.

Time has been a limiting factor for the project officer when he has been an active health practitioner as well as project officer to complete any part of the project.

All of the objectives have remained important parts to the project.

With the change to the project officers role as the Palliative Care Clinical Nurse Manager there was less time available for the project officer role, project management then renegotiated that the peer support group would be amalgamated in to the regional reference group.

To improve the project a project officer must be employed to run the project as there needs to be dedicated time to the project that cannot be otherwise consumed.

The project officer has approached two organizations to continue supporting the bringing of specialists to the region, both have given positive responses. The regional reference group will continue to operate with more members now a part of the network. Dissemination has been through regular reports to the reference group, division newsletters and to the local Palliative Care association meetings.

- No matter how small a project look at role of the project officer, include funding in proposal.
- Setting up of networks to work as a collective for rural and remote issues, capacity building.
- Publication of a grief booklet for Aboriginal people
- Experts in their field want to come out to the rural and remote areas to share information but to also look at rural and remote issues.