KANGAROO ISLAND HEALTH SERVICE

Final Report

A project funded

under

The Caring Communities Program

by the Australian Government Department of Health and Ageing

Part C – Executive Summary

Activities/Progress

Objective 1: Develop and provide appropriate Palliative Care information and Education opportunities.

Session 1: In-service education session held at KIGH for staff, with Professor Ian Maddocks.

Outcome:
Increase in awareness of palliative care and knowledge.
To ensure needs met by staff, questions and needs received before the session.
Sharing of thoughts and ideas within the health service for the vision. All areas of the health service working collaboratively.
This is on-going and will still be in progress on completion of the project.

Session 2: Staff invited to afternoon session to be involved in the panel, with Di Moncrieff.
Outcome: Discussion re: holistic care of Palliative patients with ethical and spiritual scenarios.

Session 3: Caring for yourself session.
Outcome: Staff increased awareness of self care and support in their professions.

Session 4: Communication and Listening. Facilitator: Pamela Dawn. Relationships Australia.
Outcome:
Scheduled for March, date changed due to Project workers commitments. Re-scheduled for April.
Include Cancer Support group volunteers.

Session 5: Overview of Major Cancers. Dying Processes, communication with dying patient and family. Dr. G van der Linden.

Session 6: Palliative Care Volunteer Conference.
"Essential Presence – defining being there for volunteers." National Palliative Care Week.

The Palliative Care Council of South Australia Inc.
May 2005. Volunteers invited to attend conference in Adelaide. Invitations to attend sent.

Objective 2.2: Implementation of the Palliative Care Components of the Health Services Volunteer Program.

Palliative Care Volunteer Training Sessions held.

Session 1: What is Palliative Care? Principles and Philosophies. History of Palliative Care. Facilitated by Prof. Ian Maddocks.

Volunteer's role in Palliative Care team, challenges and opportunities. Facilitated by CN Andy Wilkinson, previously Pall Care @QEH.

Session 2: Death & Dying, introduction and impact of Loss and Grief. Facilitated by Di Moncrieff Social Worker @ QEH.

Session 3: Manual handling, safe care of equipment and self. Facilitated by Simon Windsor Physiotherapy solutions.

Session 4: Overview of major Cancers. Dying Processes, communication with the dying. Facilitated by Dr.Gerome van der Linden. KI Medical Practise.

Outcome:
Palliative Care Volunteers attended training sessions.
Use of KIHS staff expertise at sessions.
Palliative Care information package.
Final Volunteer interviews not completed due to overseas fellowship.
These will be attended on my return.
Volunteer Police checks to be attended.

3. Additional Comments

Identify here any difficulties you experienced in the six month period. What problems occurred and why? What challenges do you anticipate? What actions will be taken to overcome these challenges?

Co-ordination of sessions proved time consuming, co-ordinating of facilitators and cancellations of sessions, unavoidable.
Support with Clerical issues, re-typing of protocol and policies.

4. Major Achievements

List the major achievements in the reporting period.

Collaborative Networking continuing. Spent time with Alison McLeod from Southern Fleurieu Health Service. Alison advised on care of Volunteers, monthly meetings and content of these sessions.

Volunteer Resources purchased, will be catalogued for loan to the community through the Kangaroo Island Public Library.

Cancer support Group members have purchased other resources to compliment the KI Palliative Care Volunteer resources, also being available through the Public Library. Complementing and increasing the amount of resources available.

Project Worker successful in application for Clinical Placement at St. Christopher's Hospice (Home care team) London and St. Wilfred's Home Care team Eastbourne.

5. Evaluation Activities

Activity What evaluation activities have you undertaken in the last six months? Eg Surveys/questionnaires focus groups, interviews. Please identify the tools you used, ie from the CCP toolkit, or please attach any instruments you developed yourself. If you undertook more than 4 evaluation activities in this period, please append an additional page	***Results*** Briefly describe the results of each activity, being as specific as possible. Wherever possible, please report your results in both quantitative and qualitative terms. Eg 15 survey forms on community awareness of palliative care completed. Key results were: - 12 respondents had little or no awareness of palliative care; - Women had a better knowledge of palliative care than men, with 6 out 8 reporting that they had good knowledge and 1 of 4 men reporting good knowledge; - 8 out of 15 respondents thought that palliative care services in this community could be improved by the provision of home based care.
Activity 1: Staff Meetings.	Reports monthly, progress of project and up and coming activities. Minuted at Meetings.
Activity 2: Volunteer Training Sessions.	Session 1:12 Palliative Care Volunteers attended the first session completed evaluation tool 2.3, new palliative care volunteers survey as well as an evaluation about the session. 10 surveys completed. All 10 had previous experience as a volunteer in some capacity. 6 offering volunteer support in many areas of vol work, whilst 4 wanted to care for people in their own homes. Decision to become a volunteer was: "make a difference in someone's life", "Contribute to my community", "I like people and like giving." Session 2: 11 volunteers attended; once again praise for the facilitator was strong. All felt their understanding had increased after the session, appreciative of the input from the Ministers fraternity on the panel, highlighting the spiritual aspect of caring for someone palliatively. Some excellent reading resources. Session 3: 12 Volunteers attended this session; all embraced the session and stated that they learnt to look after the many aspects of themselves, aware of the importance in their work as Pall Care volunteers. All felt a special bond with each other by this intimate session and facilitator. Volunteers at the end of each training session filled in an evaluation form.

Activity 3: Staff/Professional Sessions.	Session 1: Staff attending this session completed Evaluation tool 2.5: 7 surveys where completed. All 7 rated their knowledge of Palliative Care as General Knowledge only. 6 respondents felt most local needs are met. When asked how Palliative Care could be improved in your community, Community needs more home based care scored 6, Volunteer in pall care 5, Community needs 24 hour a day telephone service 5, Hospital needs to be more aware of needs of Pall Care patients 4. General Survey re: facilitator and needs: Excellent and knowledgeable presenter, continuing education needed with scenario learning. Session 2: 6 staff attended the panel session. All thought was an interesting learning tool, including the minister's fraternity. Needs re: Palliative Care where Grief Counselling and Bereavement care. Session 2: 7 staff attended this late afternoon session, all believed the issues discussed would enable them in their line of work to support them and take care of their bodies, minds and spirits.

Please note: sustainability, generalisability and capacity building checklists should be completed by all projects during the first six month period

6. Dissemination Activities

Activity What dissemination activities have you undertaken in the last six months? If you undertook more than 4 dissemination activities in this period, please append an additional page	***Results***
Activity 1: Staff Meetings.	Report given at Staff meetings, monthly. Progress of project and up and coming activities. Reports minuted in our team meetings.
Activity 2: Article in local paper.	Professor Ian Maddocks, facilitating the first Palliative Care training session.
Activity 3:	
Activity 4	

Dissemination activities include:
(1) Presentation or talk to staff at one service or agency in the local area (eg, talk at a staff meeting, during a hospital grand round); (2) Talk to staff from more than one service or agency in the local area (eg, talk at an interagency meeting), (3) Story in the local newspaper (4). Story or article in a local magazine or newsletter (eg, GP news, hospital newsletter, community agency newsletter) (5). Story or article in a professional or industry magazine or newsletter (6). Presentation or poster at a local conference (7). Presentation or poster at a State/Territory conference (8). Presentation or poster at a national conference (9) Peer-reviewed journal article (10). Information provided on a website (11) Any other way you have told people about your project

7. Additional Comments

What have you learnt from these evaluation activities/results? Based on what you have learnt what changes will you make in the next six months?
The importance of continuing education for Palliative Care Volunteers and the need for an education program for KIHS staff.

The need for a formalised bereavement support program. The later two will be included in the Vision for Palliative Care on KI.

8. Are there any comments you would like to make about activities that you have undertaken in the following areas?

Capacity building Eg management changes, training	Provision of on-going education for volunteers on volunteer management, peer support and shadowing of appropriate professionals on the island. Included Cancer Support Group in Listening and communication to increase their knowledge and ability to provide the support necessary for the Island Community.
Sustainability Eg new policies, funding resources	Planning continuing. Project worker has 8 hours per fortnight for Palliative Care Volunteer support.
Generalisability Eg Networking	Ensure the policy and procedures are in electronic format that can be accessed by other services. Continue networking and working collaboratively with other Palliative Care services.