Fitzroy Valley Palliative Care Service

Final Report

A project funded

under

The Caring Communities Program

by the Australian Government Department of Health & Ageing

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Fund holder (auspice body): Nindilingarri Cultural Health Services
Name of service conducting the project: Nindilingarri Cultural Health Services

Project Recommendations

The changes to key personnel meant that the project lost momentum for a period of 9 months. It is important to recognise that the role of palliative care is a particularly sensitive issue when a non-aboriginal person is working in an aboriginal community.

It must also be noted that although training local people to support the service is to be recommended, there will be times when those people are unable to provide care due to cultural issues. These include their understanding of blame and payback, gender and extended familial issues.

Project Profile

The project objectives were to

- To refurbish an area within the Fitzroy Valley hospital to meet the palliative care needs of individuals and their families
- To identify a team, which includes Aboriginal Health Workers to provide local palliative care
- To develop a strategy for palliative care services in this area which is sensitive to the cultural needs of the people of Fitzroy Valley, especially those in remote communities
- To identify and organise cross-cultural training for palliative care support groups
- To establish a specialist hospital and community palliative care service for Fitzroy Valley
- To ensure that a traditional healer (maburn man) is involved in the provision of palliative care as requested by the individual or family
- To link indigenous communities and existing health services to provide information on the choice of palliative care
- To provide palliative care education and training for indigenous and non-indigenous community members, Aboriginal Health Workers, nurses and personal care attendants

Project Implementation

In November 2002 the manager of the aged care facility presented a submission to the Dept. of Health and Ageing outlining the identified need for a palliative care service to be implemented for the people of Fitzroy Valley. This was based on the findings of the project “Let me die in my country” presented by the North West Aboriginal Health Strategies Unit in 1996.

Fitzroy Crossing is situated in the heart of the Kimberley, 400km east of Broome, 260 km south-east of Derby and 2,800km north-east of Perth. The population of the town is approx. 1500 people with a further 2,000 people in >40 remote communities. The total population is approx 88% indigenous.

The Dept. of Health & Ageing funded the project as part of the Caring Communities Grants. The funding was to allow implementation of the

objectives. The Project Officer salary cost was paid by Nindilingarri Cultural Health Services (NCHS).

The project commenced in March 2003 and was originally expected to end in March 2005. However this was extended until October 2005 due to a change in key personnel.

Originally the manager of the aged care facility and the registered nurse employed there were the Project Officers. When they left there was a period of 5 months before the project was taken over by a registered nurse employed by NCHS in a multi-disciplined role which included 20% of her time allocated to manage this project.

Support was given by the staff of NCHS and Fitzroy Valley Health Service (FVHS) to ensure that cross-cultural issues were given the high priority needed for this project to be accepted by the people of Fitzroy Valley. This included having access to aboriginal health workers, the aboriginal liaison officer at FVHS, and the CEO of NCHS.

Originally a steering committee was formed to ensure all relevant people were aware of the goals of this project. They were also able to advise how to present this project to the local people. On the committee were the HACC coordinator, the ALO, NCHS 3rd year student nurse, a carer from the aged care facility, the manager of the facility and the registered nurse. Between them they represented all 4 language groups from Fitzroy Valley.

The first strategy was to talk with key personnel at FVHS and identify a room which could be refurbished to meet the needs of palliative care clients. This was done and the room completed by June 2003. It is an end room at the hospital. It opens onto the veranda and this allows for the extended family to visit without having to access nursing staff.

The RN project officer liaised with the regional palliative care coordinator in Broome to ensure she was aware that a palliative care team was now available in Fitzroy Valley. Referrals to the service commenced.

The new RN commenced employment in mid August 2004. Her first referrals to the service came in December 2004. The delay was due to the need to establish herself within the community and gain their acceptance and trust. There was also a need to establish relationships with the staff at FVHS.

A brochure was developed to explain the role of Palliative Care in Fitzroy Valley. This is available to people who visit the hospital or the town clinic. At present there is no service available to people who live in remote communities.

The present coordinator had a poster presentation at the national palliative care conference in August 2005. This is available on the CareSearch website.

It was planned to make a video explaining the concept of palliative care which could be sent out to communities. It was envisaged that this would identify interested community people who could be trained to provide extra support for families within their own community who were referred to the service. However at present the service does not have the capacity to adequately support clients in remote communities and the video has not been made.

Sustainability

The present RN will complete her contract in January 2006. However the service will continue and will be coordinated by the RN/Manager of the aged care facility. This is a new position which has not yet been filled. There are also changes happening in the delivery of community/population health in the valley which will provide improved service delivery in the more remote communities in the near future.

The Future

The Palliative Care Service has been well accepted by the local people who have accessed it. Feedback has been very positive and staff and residents of the Valley are eager for it to continue.

The staff and doctors at the hospital are happy to have the resource of a Palliative Care RN and she has been used extensively to provide input into the holistic nature of this approach to chronic, incurable care of the individual and their family.

The Aboriginal RN at NCHS will provide care during the interim period and will work with the new RN/Manager to ensure continuity of care with existing clients.

The coordinator of the Kimberley Palliative Care Service will also ensure that contact is maintained and will be available as a resource for the people of this area.