Summary of the Round Table Meeting
Meeting Purpose: Key stakeholders invited to discuss challenges, opportunities and visions for a sustainable model of Palliative Care in Aged Care Townsville. The purpose of the meeting was to facilitate an informal discussion surrounding the current model of palliative care service delivery in RAC - specifically the 10 facilities captured in the CELC-T project
Date: Friday 29th June 2018
Attendees: The round table was attended by local members of the Townsville Community [Consumers, Clinical Leaders from Acute, Specialist Palliative Care, RAC, PHN, General Practice]; PCQ, PCA [Policy], COTA Qld, Canberra Hospital and Health Services.
Top 10 Key issues identified
1. Lack of clarity of PC RAC vision TSV
2. Symptom management - availability of skilled staff to deliver breakthrough medications during night
3. Lack of skilled workforce
4. Limited GP support afterhours - lack of continuity of care
5. Poor communication with consumers and families about transition to palliative care
6. Goals of care and Advance Care Planning documentation - inconsistency with documentation being accepted e.g. ARP
7. ED staff challenged with recognising dying
8. Inappropriate referrals to ED | hospital afterhours
10. Aboriginal and Torres Strait Islander representative not apparent **

Top 10 Opportunities
1. Develop local strategy network to ensure sustain conversations and facilitate change
2. Facilitate Consumer engagement - Consumer Round table with all RACFs inviting residents and families
3. Goals of Care | Advance Care Planning - discussions with RACF public and RACF private to have consistent documentation - work with QAS to identify issues
4. Training focus in communication and compassion - embed training needs orientation and appraisal systems.
5. Ensure General Palliative Care is on the agenda at every DON/FM RACF Townsville Meeting
6. Paramedics and QAS - Opportunity fo linkages/pathways between LARU, Specialist Palliative Care services and RACF
7. Understanding dying pathways - strengths & room for improvements recognised with case reviews/death audits attended by Acute/Specialist/RACF staff -
8. Mapping of GP services & Pharmacy services to RACF - particularly in afterhours
9. Recognising dying - clinical and consumer awareness of how to recongise and communicate dying needs using and appropriate common language
10. Investigate Nurse Practitioner led Model - case management/case conferencing, linkage between RACF & Hospital, mentorship and trainings
Next Steps to develop a model of care
1. Local palliative care in RACF needs assessment: Detailed local service mapping, common journey pathways, issues and opportunities, death audits and consumer roundtable
2. Co-Design workshop identify how needs can be met with local resources and best practice models
3. Design model of care to be agreed on by the Local network