



A NEW WAY FORWARD

2023-2024 Annual Report

ACKNOWLEDGEMENT OF COUNTRY

EPC acknowledges Aboriginal and Torres Strait Islander peoples as the Custodians of the lands and waters where we live and work. We respect their historical and continuing spiritual connections to country and community and pay our respects to their Elders past and present. We commit ourselves to the ongoing journey of Reconciliation with those who hold the memories, traditions, culture and hopes of Aboriginal Australia.



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‘Our focus of care is living well every day’

CHAIR/CHIEF EXECUTIVE OFFICER REPORT



A NEW WAY FORWARD

Welcome to our 2023-2024 Annual Report. As we moved into our 26th year of providing specialist community palliative care across Eastern Melbourne we also took the first steps in a new era of transforming EPC into a value based health care organisation. Value Based Health Care (VBHC) is a set of principles that are being used globally to address the challenges faced with increasing levels of chronic disease, health inequity, a growing and ageing population, rising costs and limited resources. It is about maximising value for clients: that is, achieving the best outcomes that matter to clients relative to the end-to-end cost (social, environmental and financial) of delivering those outcomes.

Over the year we developed a comprehensive VBHC Strategy – A Case for Change tailored to EPC's unique operating environment. EPC has solid foundations on which to build but with demand for our services continuing to climb across our region, we need to find new and smarter ways to deliver the high quality care that is our hallmark.

We have transformed operations and models of care in allied health and the delivery of palliative care in residential aged care settings. We have utilised the best available technology for our clinicians to work more effectively as they deliver client care through different modes. We are refining our data collection methods and analysis; building our understanding of what our different services cost and their value to clients; developing our leaders and the capability of our workforce through education and training. This transformative activity is all happening while we keep our clients' needs, experience and desired outcomes at the centre of everything we do. Our VBHC Framework has clinicians and consumers at the centre of its co-design, and we are very fortunate to have the input of several consumers on our Consumer Advisory Subcommittee and VBHC Taskforce.

In June 2024 the Committee of Management endorsed the new 2024-2027 Strategic Plan – Embracing Value Based Health Care (available on our website) which outlines EPC's strategic imperatives and the direction of our business in the coming years.

We have been fortunate to enter two significant partnerships during the year. Firstly, a research partnership with La Trobe University's School of Psychology & Public Health in relation to network centred care for our clients. Network centred care is about building informal caring networks as central to the caregiving process, alongside formal care services such as EPC and general practice. Secondly, an international collaboration with seven health providers across the UK, Wales, France, Scotland, Switzerland and Australia to implement a person-centred value based health care tool for client goal setting to inform shared decision-making about their care.

As mentioned in last year's report, the Committee of Management (CoM) is closer to its transition to a Company Limited by Guarantee as EPC's legal structure. At the 2023 AGM we reduced the number of CoM members by three to nine. We also developed our skills matrix to assist in succession planning and to ensure a balanced board with deep experience that exercise sound responsible governance and is equipped to lead the work of our numerous Subcommittees.

The current economic climate makes our financial position the weightiest risk that the CoM addresses. EPC's responsible stewardship and proactive financial and risk management is exemplary, and something of which the CoM is very proud. Australian businesses and institutions have been exposed to significant cyber attacks over the year and we remain vigilant in the mitigation of this risk due to the high priority of the safety of our client data.

Without increases in Government funding we are increasingly reliant on our fundraising and the generosity of our donors to maintain not only the range of services EPC provides but also the levels. Growing our donor base and philanthropic relationships is a high priority going forward.

EPC has continued to work with Palliative Care Victoria, the Department of Health and the Department of Families, Fairness and Housing, to endorse the high value of community specialist palliative care services in keeping people well and out of hospital. This will be an ongoing advocacy priority in Victoria and nationally through Palliative Care Australia.

The Committee of Management and our workforce are determined to reduce and soften the impact of EPC's environmental footprint. Several operational initiatives to support this are already underway. All clinicians have been provided with laptops to reduce the printing of paper, our newsletters are predominantly emailed rather than posted, and we are moving to a hybrid vehicle fleet. We have much more to do but the commitment to 'greening' EPC is strong.

Of course, EPC is nothing without the professionalism, dedication and commitment of our 170 staff and 240 volunteers. We have welcomed new faces and said farewell to others over the year. Our nurses, doctors, allied health professionals and volunteers face challenging situations frequently but their passion for their work and care for our clients and carers can never be questioned. On behalf of the Committee of Management and Executive team, we wish to thank all our staff and volunteers and acknowledge their incredible contribution to helping our clients live well every day.



Margaret Stewart
Chair



Adjunct Associate Professor Gaylene Coulton
Chief Executive Officer

ABOUT US

Eastern Palliative Care (EPC) is the specialist palliative care service for the Eastern region of Melbourne. We support clients and carers in the local government areas of Boroondara, Manningham, Maroondah, Whitehorse, Monash, Knox and the Yarra Ranges. We care for people who have life-limiting illnesses and complex symptoms in their last year of life. These symptoms can be physical, psychosocial, emotional and/or spiritual.

EPC is funded by the Victorian State Government to provide specialist palliative care and is accredited to provide care through the Australian Council on Health Care Standards (ACHS).

Services are provided by a multidisciplinary team of clinicians: nurses, family support workers, physicians, occupational therapists, massage therapists, music therapists and volunteers. We work in partnership with clients' General Practitioners, other medical specialists, other service providers and carers to provide high quality specialist palliative care. We aim to partner with our clients to facilitate their end-of-life choices.

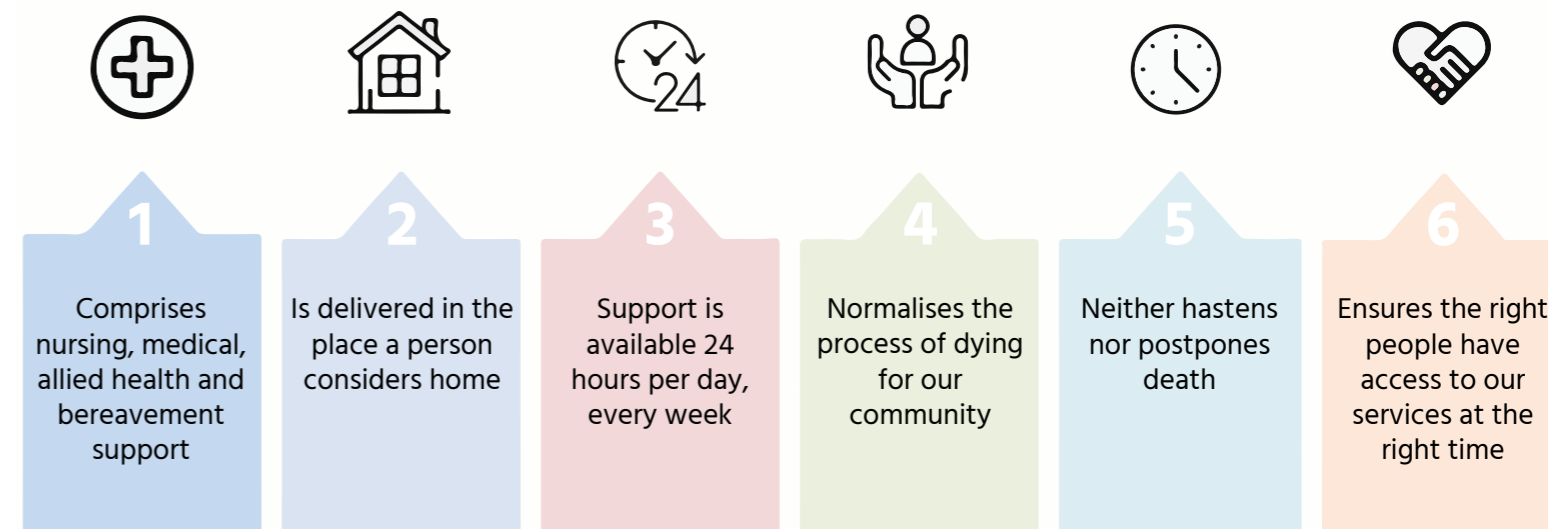


OUR PURPOSE

- Our clients live with the best quality of life, before dying in their place of choice.
- Our clients, their families and carers are supported according to their needs and choices.
- Our resources are managed wisely and sustainably to provide value for the community.

OUR ROLE

To people with a progressive, life-limiting condition, we provide a holistic, person-centred, specialist palliative care service which:



OUR VALUES

The **EPC Code of Ethics** articulates the basic principles upon which EPC operates and informs our values.



OUR YEARLY HIGHLIGHTS



PhD research was conducted by Karly Edgar through La Trobe University into Eastern Palliative Care's Biography Program.



Awarded Winner of the 2023 Outstanding Achievement in Volunteering Award.



POUND THE PAVEMENT 4 EPC raised \$23,043.



The lucky recipients of a community grant from Rotary Box Hill Burwood.



POUND THE PAVEMENT 4 EPC was nominated for the Community Event of the Year Award.



A special EPC staff and volunteers event during National Volunteer Week.



Celebrating 25 years of excellence in specialist palliative care.

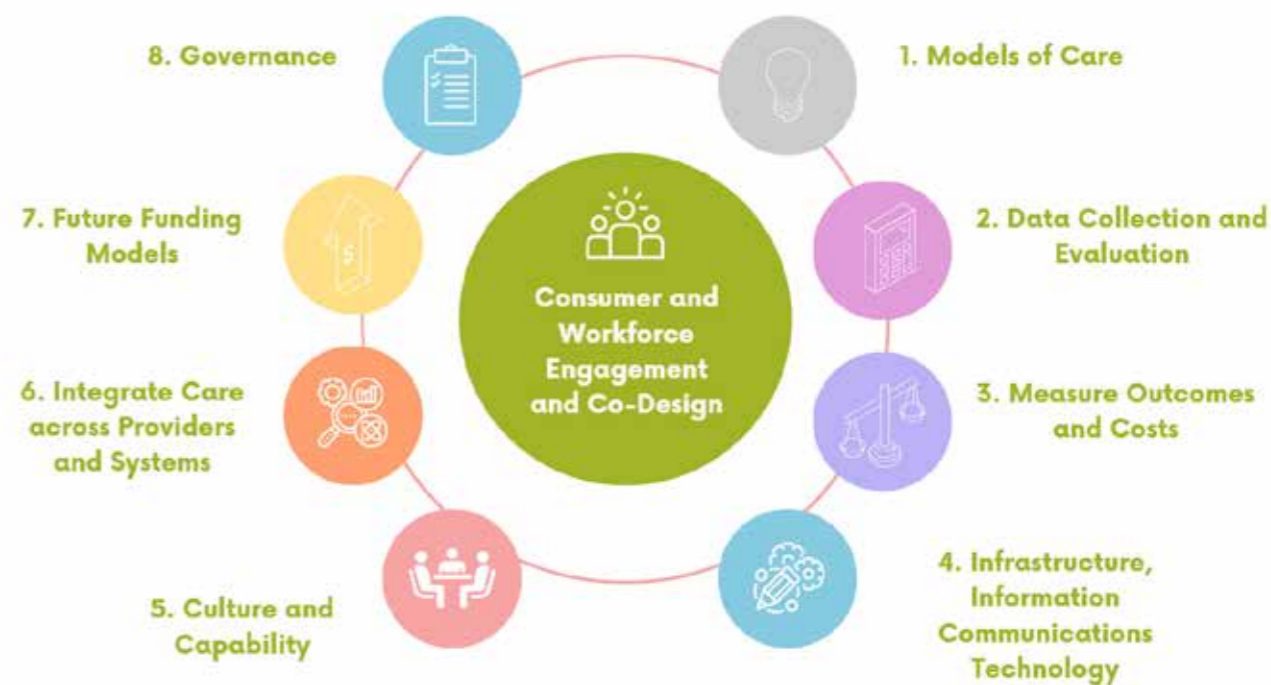
VALUE BASED HEALTH CARE AT EPC

In 2023, we embraced Value Based Health Care (VBHC) as the framework to drive our intention. Person-centred value in health care is the measured improvement in a person's health outcomes relative to the cost of achieving that improvement. An outcome is described as a milestone, consequence or endpoint that matters to a person. There has been an international shift towards value based health care and the opportunity it provides to move the focus of healthcare delivery from volume (the number of occasions of service) toward value (the impact of the care delivered on client outcomes).

VBHC has a person-centred approach:

- Through shared decision making, clinicians and the person receiving care must work together to understand the goals of that person, and then use these goals to determine the outcomes that matter and the processes and structures that are applied to achieve these.
- It involves a focus on the accurate and systematic measurement of outcomes that matter to clients and are clinically relevant. Health services must routinely use patient reported outcome measures (PROMS) and patient reported experience measures (PREMS) and address unwarranted variation in delivery.
- People receiving care must be involved, through co-design, in all aspects of health care system policy and strategy development and pathway design.
- Due to finite resources, it is not possible to provide every person with their preference all of the time. Clinical teams must then work with the available services, products and resources to best determine how to meet the goals of individuals.

EPC will use person-centred value based health care principles and an eight-component framework to achieve our purpose in the future. VBHC is a long-term evolving strategy which will enable EPC to build the culture and capability of the organisation to 2030 and beyond.



Value Based Health Care Framework

GOVERNANCE

Eastern Palliative Care Assoc Inc is a partnership between St Vincent’s Hospital (Melbourne) Ltd, Outer East Palliative Care Service Inc and the Order of Malta Home Care (Vic) Ltd. These bodies nominate three members each to the Committee of Management of EPC (CoM).

The work of the CoM is supported by the following Subcommittees:

1. Accommodation and Infrastructure
2. Clinical Governance
3. Consumer Advisory
4. Ethics
5. Finance and Risk
6. Governance
7. Public Relations and Fundraising

The Committee of Management has continued its journey to transition to a Company Limited by Guarantee, and we expect this to occur early in the new financial year. As part of this transition the Committee decreased its numbers from twelve to nine at the AGM in 2023, farewelling Dr Anne Hunt OAM, Mr Peter Gurr, Mr Kevin Francis and Ms Nicole Jolley. Dr Hunt, Mr Gurr and Mr Francis have served as volunteers on the CoM for 10, 24 and 16 years respectively. We welcomed Mrs Christine Fyffe to the Committee who was nominated from Outer East Palliative Care Service Inc.

COMMITTEE OF MANAGEMENT ATTENDANCE DURING THE 2023-2024 YEAR

Ms Margaret Stewart (Chair)	9
Dr Anne Hunt OAM	3
Dr Raymond Snyder AM (Treasurer)	7
Mr Peter Gurr OAM	4
Prof David Kissane AC	7
Dr Andrew Barnden (Deputy Chair)	8
Mr Kevin Francis	4
Dr Margaret O’Donnell OAM	9
Dr Tamsin Bryan	9
Dr Ian Parry	8
Mr Timothy Gorton	7
Mrs Christine Fyffe	4

ACCOMMODATION AND INFRASTRUCTURE SUBCOMMITTEE

The Accommodation and Infrastructure Subcommittee met six times during the year. The Subcommittee heard from frontline staff about the daily challenges impacting their work, to better understand the safety, fleet, accommodation and technology requirements currently and in the future. The CoM subsequently committed to transitioning to a hybrid fleet and eventually an electric fleet of vehicles, once our accommodation needs permit, in line with EPC’s commitment to social responsibility and sustainability.

CLINICAL GOVERNANCE SUBCOMMITTEE

The Clinical Governance Subcommittee, which includes a local General Practitioner Dr Dan Jeyaseelan, external Medical and Nursing Advisors and a consumer representative, met six times during the year. The oversight work of this Subcommittee includes reviewing our models of care and supporting systems that are in place to ensure the delivery of safe and high-quality palliative care and that we are continuously improving our services in line with our value based healthcare strategy.

CONSUMER ADVISORY SUBCOMMITTEE

EPC’s Consumer Advisory Subcommittee met quarterly and is a crucial part of ensuring that the services provided are closely aligned with the needs and experiences of the community. By involving volunteers with diverse life experiences, especially those who have firsthand experience as carers, the Subcommittee can provide valuable insights into EPC’s value based health care strategy, health literacy, shared decision-making, and co-designed models of care. This approach helps ensure that the ‘consumer voice’ is heard and integrated into EPC’s Strategic Plan and operations, ultimately leading to better service delivery in palliative care.

Some of our Community Advisory Subcommittee members volunteer to act as consumer advisors on EPC’s Subcommittees, for example our Ethics, Public Relations and Fundraising, and Clinical Governance Subcommittees, and their contribution is valued immensely by the Committee of Management.

This year we welcomed Ms Rebecca Brough as Chair when long-standing Chair Mr Jim Good stood down. We thank and acknowledge Jim for his outstanding contribution to EPC over recent years as inaugural Chair of the Consumer Advisory Subcommittee and recent member of both the Consumer Advisory and Ethics Subcommittees. His valuable perspectives will be missed.



ETHICS SUBCOMMITTEE

The Ethics Subcommittee which also includes external members and consumer perspectives, met five times during the year. The Subcommittee oversees our participation in research ensuring alignment with the principles and parameters of our Code of Ethics. Areas of research undertaken in 2023-2024 include:

- Routine Clinical Assessment of Psychosocial and Existential Symptoms in Palliative Care: A National Quality Improvement Project through Education and Supervision.**
 Prof David Kissane AC, Clare Johnson, Jonathon Lennon, University of Notre Dame, Australia.
- Witnessing the Theatre of Life: The EPC Biography Program and Storytelling in Palliative Care.**
 Ms Karly Edgar, La Trobe University.
- Evaluating Collaborative Neuro-Palliative Care (NPC) for patients with progressive neurological disease (PND).**
 Dr Dharshini Kunahlan, Calvary Health Care Bethlehem.
- HELP (Co-designing Alliance for Palliative Care Community Intervention using Technological Innovation – Healthy End of Life Program).**
 Dr Andrea Grindrod, La Trobe University Public Health Palliative Care Unit, School of Psychology and Public Health.
- COMET - Palliative Care Nurses Experience, Care and Views of Xerostomia.**
 Ms Laura Murphy – EPC Representative and the Palliative Care Nexus Centre.

FINANCE AND RISK SUBCOMMITTEE

The Finance and Risk Subcommittee met ten times during the year. The focus of the Subcommittee is to continue to oversee the financial operations of EPC, including investments of reserves to ensure our revenue is expended effectively to deliver services both now and into the future in a sustainable way. The biannually reviewed Risk Management Framework and Enterprise Risk register has allowed the Subcommittee to increase its active oversight and governance of the most significant risks. The overall financial position of EPC for the year ending 30 June 2024 remains strong. Please refer to the full Audited Financial Statements for the year ending 30 June 2024 for detailed information on the financial position and activities for the year.



GOVERNANCE SUBCOMMITTEE

The Governance Subcommittee met seven times over the year, to support the CoM in the development of an appropriate Constitution for EPC to become a Company Limited by Guarantee. While this work continues the three participating bodies are committed and working closely together to ensure the Constitution is suited to EPC's needs and reflects the unique governance partnership underpinning our history.

PUBLIC RELATIONS AND FUNDRAISING SUBCOMMITTEE

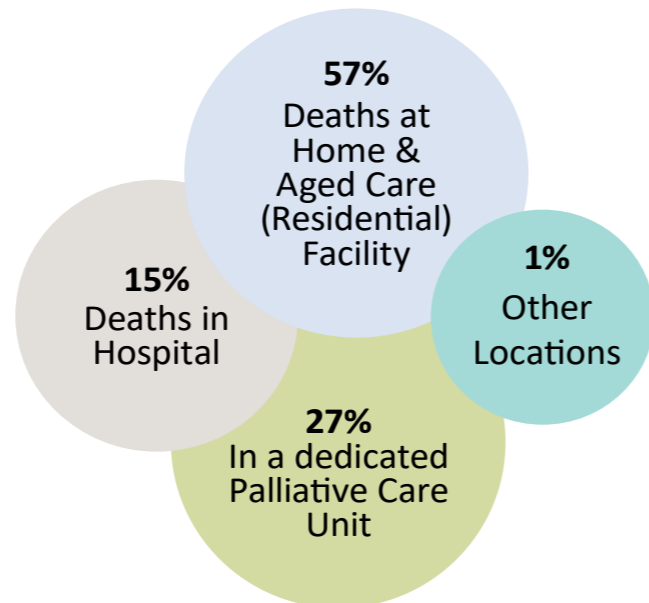
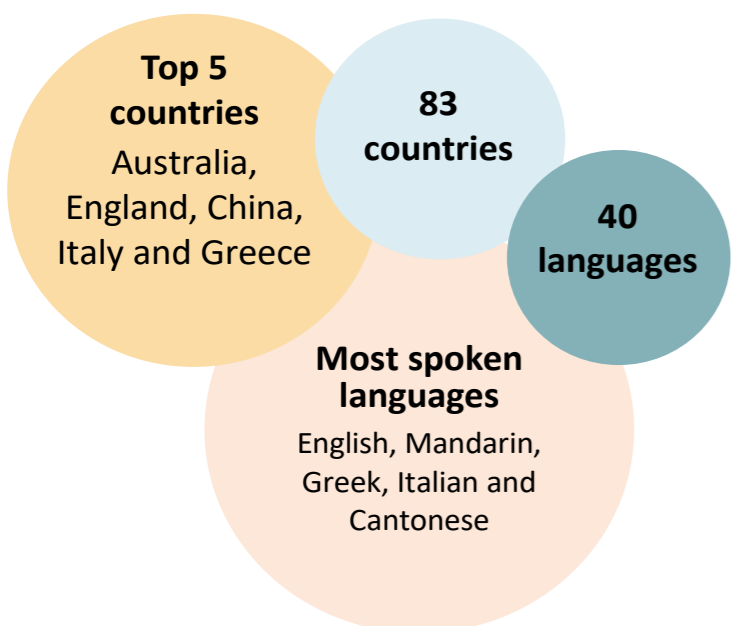
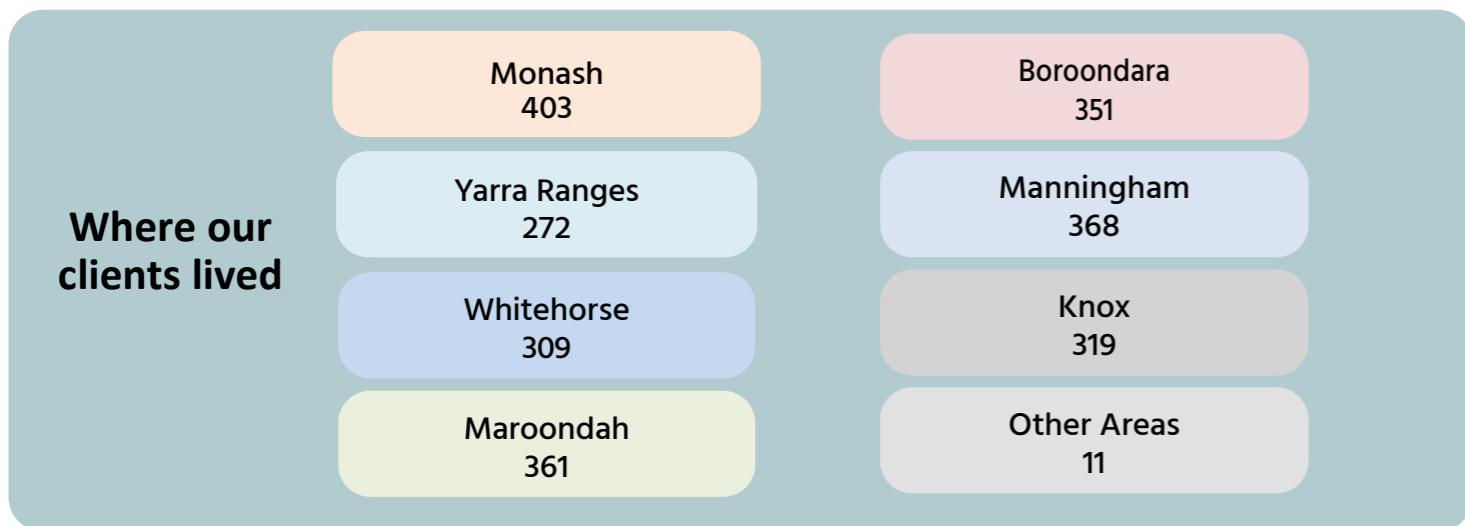
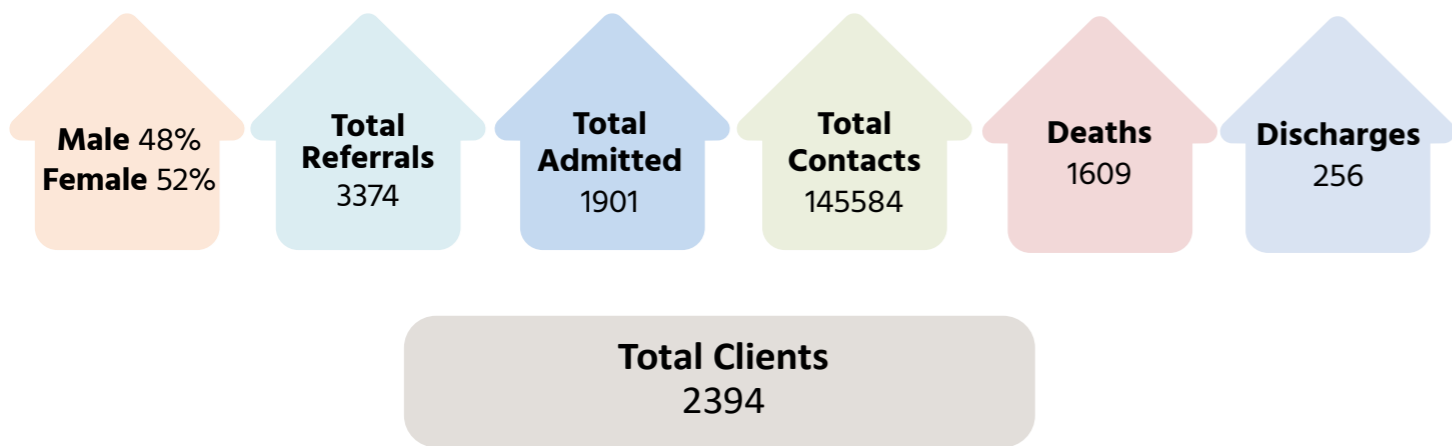
The Public Relations and Fundraising Subcommittee met five times during the year. EPC continues to be reliant on community support and fundraising activities to supplement the government funding to support the specialist palliative care programs delivered to our clients. Please refer to page 24 for a more detailed report on the activities undertaken in this important area during the year. Dr Margaret O'Donnell OAM became Chair when Mr Kevin Francis stood down at the AGM and we are thankful that Mr Francis remains a valued member of the Subcommittee.

On behalf of EPC Management, we would like to sincerely thank the dedicated volunteer members and staff involved in all the Subcommittees for their time, knowledge and expertise and their willingness to share this to benefit EPC.



EPC CLIENT PROFILE

EPC Client Profiles for 2023-2024



EPC CLIENT STORY

Christine and David



EPC WALKING ALONGSIDE THE TWO OF US

I first became aware of EPC when I attended a briefing on the Assisted Dying Legislation. I was impressed by the way the views and concerns of EPC were presented. Little was I to know that within a few years my husband David would become a client of EPC.

We had quite a lengthy journey with EPC walking alongside us, at one stage we exited the program due to David's health improving. A few months later we came back into the program.

David thoroughly enjoyed massages by Rudi and talking football. The visits by a Family Support Worker were essential to both of us. To actually have someone talk openly about death and dying brought a sense of relief. Family wouldn't talk about death always saying things like "Dad you have got years left". Friends also evaded the topic.

Planning for death was important to us. David had his story written by an EPC biographer and our children spent hours over it whilst organising David's funeral.

As David's illness progressed and he needed more and more medication, the 24 hour support and access to EPC nurses were of vital importance in being able to keep David at home.

The reassuring voices in the middle of the night, talking to a nurse who had his full record and knew what to advise. Especially when I had administered the prescribed maximum dose and I knew he needed more, but was worried I might give him an overdose if I gave too much.

David was a very open, happy man who thoroughly enjoyed the home visits by everyone from EPC. The smiling faces walking in the front door would always cheer him up.

Thank you to Christine for permission to share her story.

EPC CLIENT STORY

ROCKY AND SUE'S STORY

Our journey started a number of months ago when Aspasia (Sue) was admitted to hospital via the Emergency Unit. You can never be prepared to hear the news, when they told Sue and I, that she had kidney cancer and that it had spread to her bladder. We were further distressed to be informed by the senior urologist that intervention was not advised and that Sue's condition was terminal.

After release from hospital, apart from routine specialist visits, we were all alone in terms of what awaited Sue due to her deteriorating condition. This was until we were introduced to the team at EPC. From the very first visit, the EPC nursing staff immediately put us at ease and took control of Sue's pain management. She received regular visits in order for EPC to monitor her and arrange updates to medications as and when her condition deteriorated. This included Sue's holistic needs, as well as liaising with her GP regarding prescriptions.

As Sue's primary carer, I was also empowered through EPC nurses' instructions, when administering these drugs in order, as Sue needed 100% supervision in this area. Every EPC nurse who attended was not only extremely knowledgeable in pain control but all were very caring and supportive, an aspect that can never be undervalued.

Further, EPC's welfare officer, Iris, has been providing both Sue & myself with much needed emotional and psychological support during this trying time. She also made arrangements to make available a number of disability products which included a wheelchair, walker, commode and bathroom shower stool. These made Sue's environment safer around the home and assisted her to attend her many medical appointments.

Iris was also very helpful in connecting me with MyAgedCare services for assessment in order to arrange home assistance as well as respite care. She also put us in touch with the volunteer photographer. All the photos were amazing, some featuring Sue proudly sitting as the head of the family which extends down to great grandchildren. We are all very grateful and will treasure these always.

All the staff at EPC have been our anchor and safety net. They have collectively contributed to making Sue's suffering far more manageable. Without EPC we would have been lost. Both Sue and I cannot thank EPC enough for the assistance given from so many wonderful people who care.

Rocky, Sue and Family



Thank you to Rocky for permission to share his story.

CLINICAL SERVICES

Eastern Palliative Care's (EPC) clinical team includes practitioners from Nursing, Medicine and Allied Health disciplines working together to provide our service 24 hours a day, seven days a week, providing thousands of visits, phone calls and telehealth sessions with clients and carers in need of specialist palliative care.

The nursing and medical team includes registered nurses, nurse practitioners, physicians and clinical educators. The allied health team include five clinical disciplines and support: family support (psych-social-spiritual), bereavement, massage therapy, music therapy, occupational therapy and client resources (equipment). All of our clinicians are tertiary qualified, with a majority holding post graduate qualifications and are specialists in their field.

Our clinical workforce consists of:

- 70 Specialist Community Palliative Care Registered Nurses
- 32 Family Support Workers incl. casual staff (qualified Social Workers, Psychologists and Counsellors)
- 4 Family Support Consultants (1 job share)
- 5 Clinical Nurse Consultants (1 job share)
- 3 Bereavement Family Support Workers
- 6 Massage Therapists
- 2 Music Therapists
- 2 Palliative Care Nurse Practitioners
- 3 Palliative Care Clinical Educators
- 3 Occupational Therapists
- 3 Palliative Care Physicians
- 1 Palliative Care Registrar (in 2024)
- 2 Client Resource Coordinators (job share)

Agility, resilience, responsiveness, transformation and change were key themes for the nursing, medical and allied health teams in the 2023-2024 year. Increased demand, new leadership and an uncertain fiscal environment did not sway the unwavering dedication to EPC clients and their carers of our dedicated specialist palliative care clinicians.

Our leadership team, together with senior management embraced value based health care as a framework for improvement and innovation to address these challenges. Key clinical goals under value based health care include improving access to specialist community palliative care to the community, models of care matching key illnesses and client groups, empowering clients and carers in the care and support, improving support to carers, improving job satisfaction, and increasing consistency of service delivery across teams. We focused on five key areas of performance, workforce, models of care and program development, speciality working groups and external connections.

PERFORMANCE

Covid-19, along with general cold and flu outbreaks, remain a variable in our workforce resourcing. Prevalence of community illness also affects availability of clients for home visits. The move to increase telehealth offerings has proven invaluable in these events, ensuring clients and carers remain supported whilst keeping our workforce safe from transmissible illness.

Demand monitoring was a key focus this year with the introduction of a clinical dashboard tracking incoming referrals, acuity and workforce trends. A weekly clinical operations huddle was introduced where clinical leaders meet to talk through demand, workforce resourcing and strategies to ensure excellence in clinical offerings.

A deep exploration of PCOC (Palliative Care Outcomes Collaborative) reporting and benchmarking was undertaken to assist in areas of clinical and systemic improvement initiatives across EPC. As a result, concerted efforts to train clinical staff in the reporting requirements of both clinician and patient rated outcomes has been completed across all disciplines.

CLINICAL SERVICES

WORKFORCE

This year we welcomed Palliative Care Physicians, Dr Katie Tham, Dr Sarah Tan and our inaugural, first term registrar Dr Jack Wang to the EPC team. Later in the year Dr Wang will return to us as a Palliative Care Physician and we will welcome our second term registrar. Together with Dr Chien Lin, our EPC doctors continue to support EPC clients, carers and provide specialist support to registered nurses and family support workers. Our nursing and medical team is led by Maria Logan, General Manager of Nursing and Medical Services, who was appointed to the role in September 2023.

The allied health team welcomed new clinicians in family support, occupational therapy and massage therapy. To promote and foster clinical excellence, the massage therapy and music therapy programs reimplemented Senior roles to assist in the facilitation of new models of care.

Our nursing teams were met with opportunities for career progression with two clinical nurse consultants continuing their careers in other areas of health. The Region Wide Services team welcomed well respected registered nurse, Kerryn Grieve to the team and Nicole Murphy, registered nurse and paramedic recently stepped into the leadership role within the Central Team.

The nursing, medical and allied health teams have undertaken significant work to become an agile workforce. With improved flexibility and uptake of technology, we continue to improve efficiencies and help facilitate a better work-life-balance for our workforce.



CLINICAL SERVICES

MODELS OF CARE

Value Based Health Care, Allied Health And Volunteer Services Model Of Care Review

In August 2023, EPC commenced a full review of its allied health and volunteer services programs with external consultants, Dr Deborah Cole and Adjunct Professor Alison Verhoeven. The review consisted of evidenced based research reviews, focus groups including clinical staff, leaders and consumers and produced 17 key recommendations to improve access to specialist palliative care. The recommendations informed transformational change and the development of new models of care across allied health and volunteer services.

Aged Care Model Of Care

From July 2024, Eastern Palliative Care (EPC) is changing the way we support clients in Residential Aged Care Facilities (RACF) who have specialist palliative care needs.

The key changes are:

- A refined referral criteria targeting clients with specialist palliative care needs.
- A stronger virtual care model for assessment and scheduled care.
- Psychosocial support for clients with high needs.
- Reduction of services that are duplicated e.g. music, massage, volunteers.
- A process to discharge clients who are stable and do not have specialist palliative care needs.

The 24/7 triage phone number will be provided for all clients accepted onto the program.

Renal Early Assessment, Surveillance And Evaluation (EASE) - A Pilot Program With Eastern Health (EH)

Expanding on our Nurse Practitioners' relationship with the Eastern Health Kidney Supportive Care Multi Disciplinary Team.

Patients with end-stage kidney disease who have been receiving dialysis only are referred and admitted to the EPC program when they decide to cease treatment or they cannot continue when their symptom burden is high. The rapid deterioration of clients post dialysis discontinuation is a challenge to manage when optimising support for end-of-life care at home, from both symptom management and psychosocial perspectives.

Our pilot program, Renal EASE, will offer earlier access to specialist community palliative care for EH dialysis patients meeting the following criteria.

- Current EH patient on dialysis.
 - Prognosis of last 12 months of life.
 - Informed consent of client/proxy.
- AND (one or more of the following)
- Not tolerating dialysis or considering discontinuing (dialysis).
 - Needing/wanting specialist Advanced Care Directive discussions.
 - Current stable EPC dialysis clients.

The Renal EASE Model Of Care will feature the following:

- Referral will be via the usual pathway.
- EH Renal patients who are considering stopping dialysis and meet the Renal EASE criteria will be identified through the Eastern Health Multi Disciplinary Team meeting.
- Joint assessment, face to face visits, led by a Nurse Practitioner and a Family Support Worker.
- Focus on symptom control, advice and support with end-of-life planning.
- Monthly monitoring will be by the lead clinician and will be by telephone or telehealth.
- Patient led diary recording for symptom records via the PalCare Home app.
- Access to some volunteer services including biography and Smile Makers.
- Access to afterhours phone support via Triage.
- When the patient stops dialysis or deteriorates and is therefore no longer suitable for the EASE program, they will be handed over to the appropriate team within EPC.

The Renal EASE Pilot Program commenced on 5 March for three months and we are now evaluating the program and are not seeking any further referrals at this stage.

CLINICAL SERVICES

Allied Health VBHC Model Of Care Pilot – Phase 1

In March we saw the introduction of a new referral tool for all allied health disciplines, improving quality of referrals, timely access to supports and promoting top of scope work. The referral tool refers to palliative care terminology and references Palliative Care Outcomes Collaboration (PCOC) indicators such as ESAS (Edmonton Symptom Assessment Scale) and PCPSS (Palliative Care Problem Severity Score). The model includes music therapy, massage therapy and volunteer services programs. It focuses on timely access to support when clinically indicated, i.e., the right support at the right time. This pilot is currently at the midway point with preliminary data analysis showing exceptional positive results.

Allied Health VBHC Model Of Care Pilot – Phase 2

The central team commenced the roll out of Phase 2 in April. The model promotes interdisciplinary holistic care of clients and carers with increased joint assessments, transparency of psychosocial information in health records (PalCare), omnichannel modes of clinical service delivery and client centred care, i.e., clients directing care that matters to them. Whilst EPC are in the early phase of the new model, responsiveness has increased substantially, and joint visits have quadrupled since its inception.



PROGRAM DEVELOPMENT AND EDUCATION

Aged Care Project

In October 2022 the Victorian Department of Health provided EPC with \$250,000 with the aim to improve access to specialist palliative care services for people in Residential Aged Care Facilities (RACF). The Comprehensive Palliative Care in Aged Care (CPCiAC) Project was developed to improve access, support clinicians in aged care facilities and to improve palliative care outcomes for RACF clients. This model will implement the learnings from the project and be delivered within the current budget. A substantial report has been finalised and recommendations have informed EPC's new Aged Care model of care.

Overnight Respite And Equipment Provision

High demand proved challenging at times with demand for overnight respite and equipment exceeding budgeted monthly provisions. Alternate resourcing avenues, including generous donations were sourced for carers who fell outside of eligibility criteria for State funded respite and equipment. Revision and redevelopment of overnight respite and equipment provision processes were undertaken to ensure vulnerable clients receive timely support to remain at home.

Virtual Healthcare - Introducing Options For Virtual Care At EPC

Providing guidance for Telehealth - Virtual Health a completely new process map has been developed and approved.

Our business services team have provided support by way of improved technology, technical advice, data for monitoring performance, booking processes and telehealth hubs.

Our education team have provided a variety of in-services, trouble shooting guides, cheat sheets, demonstration videos and one-on-one at elbow education sessions. Whilst the initial focus was on nursing this will now shift to the allied health teams in the latter part of 2023-2024.

EPC's General Manager Nursing and Medical Services is leading the discussion with a group of the Victorian State Palliative Care Managers in the forum of the Telehealth Community of Practice where our focus is to improve confidence for the use of telehealth within the sector.

CLINICAL SERVICES

In-Service Education Programs

The Clinical In-Service Program was launched in January 2024 and provides weekly education for all staff and facilitates Continuing Professional Development (CPD) points for nurses and allied health clinicians. All staff are encouraged to attend and opportunities are available for clinicians to present in-services.

Mode of delivery is hybrid, with the aim of reaching as many EPC staff as possible and all presentations are recorded and available on the Intranet.

There have been 19 in-services in total, covering a broad range of topics:

- How to use PalCareGo and PCOC assessment tools
- Symptom and medication updates
- Updates on clinical processes

GP Education

Since 2022, in collaboration with Eastern Melbourne Primary Health Network (EMPHN) and Banksia Palliative Care Service (BPCS), EPC continues to run an annual series of face-to-face refresher workshops on palliative care for local General Practitioners, starting on National Palliative Care Week. While GPs are respected and expected to participate as the main medical care provider for everyone living and dying at home in Victoria, there could be significant time lapse since the last time they participated in palliative care provision, given on average only 1/1000 GP consultations are related to palliative care.

In addition to point of care education inherent to shared-care provision between GPs and EPC Physicians, three refresher workshops accredited by Royal Australian College of General Practitioners (RACGP) had been designed and delivered by EPC for the 3rd consecutive year. Eight GPs attended this year's workshop series with overwhelmingly positive feedback and all will be recommending this series to other colleagues. Of note, this year Murray Primary Health Network had approached and received support from Dr Chien Lin to run this model of GP palliative care education to be delivered by Palliative Care Specialists at Mildura, Bendigo, Shepparton and Albury Wodonga.

WORKING GROUPS AND TEAMS

There is no denying working within community palliative care can be difficult for clinicians. Complex issues relating to distress of a life-limiting illness, including existential distress are often expressed by our clients. To support our clinicians in better understanding this phenomenon, EPC has developed a Wish to Hasten Death Think Tank. The group consists of two palliative care physicians, clinical general managers, a senior bereavement worker and a clinical educator. This group explores ways in which clinicians can best support clients and is working on plans to support the workforce with education and resources to enhance their clinical skills.

Newly formed, Health Informatics Integrity Team (HIIT) focuses on data integrity, collection, reporting and analysis to track clinical trends, demographic insights and to identify systemic improvement opportunities. The group consists of subject matter expert, Drey Baldwin (Health Informatics Officer), Clinical General Manager and clinical leads.

EPC continues its commitment to partnering with universities, health organisations and agencies in palliative care research. Opportunities have been availed to clinical staff to lead, partake and inform research projects with La Trobe University, leading a network centred care project, Healthy End of Life Planning (HELP) and most recently Sprink, an international person-centred value based health care organisation.

In addition to our partnered research, EPC has joined the Community Supportive Care Trials (COMET) Program. COMET is a collective of community palliative care organisations and health organisations, including Peter MacCallum Cancer Centre. The program aims to build the clinical trial capacity of the community palliative care sector, increase trial availability and access to supportive care clinical trials for Victorian community based palliative care clients, increase patient participation in supportive care trials and to build a strong network of trialists and clinicians active in the sector.

CLINICAL SERVICES

EXTERNAL CONNECTIONS

Eastern Health - established a stronger link for operational leadership across our Nurse Practitioner team, who were invited to participate in the Chronic Kidney Health Multi Disciplinary Team.

Banksia Palliative Care Service - established linkages across new leadership teams to understand operational variation, provide collegiate support and grant submission.

Austin Health - joint grant submission and collaboration in Haematology.

Palliative Care South East - focus on building connections across the leadership team.

Victorian Community Palliative Care Clinical Managers Forum

- Telehealth Community of Practice
- Allied Health Novice to Advanced Trajectory Framework

PCOC Community of Practice

- Monthly meeting with community and inpatient palliative care organisations across Australia

Other areas of activity have included:

- Implementation of bimonthly Reflective Practice Supervision across disciplines.
- Cross skilling of registered nurses by six monthly placements into the Priority Assessment Team.
- Flexible working arrangements providing opportunities for nurses to start or finish their workday from home.
- Concerted focus on partnerships across specialist community palliative care providers, Safer Care Victoria, Motor Nuerone Disease Victoria, Hospitals and community service organisations to share knowledge and to scope innovative approaches to ensure all Victorians have access to specialist palliative care.
- Formation of a Risk Assessment Working Group to address occupational hazards of working in the community.
- Skill needs analysis across nursing, family support, massage therapy, music therapy and volunteer services teams.
- Development of an implementation plan for the roll out of electronic bereavement resources.
- Enhancement of intranet to improve communication pathways across EPC.

The dedicated work of our nurses, family support workers, doctors, nurse practitioners, occupational therapists, massage therapists and music therapists would not be possible without the support of our incredibly hard working administration and office-based staff. We remain grateful for their service and acknowledge their professionalism in all they do for EPC clients, carers and clinicians.



VOLUNTEER SERVICES

Every cent of the \$983,635 worth of work that our volunteers have donated to EPC, has changed someone's day. The work has been so impactful, that EPC's Volunteer tribe won the Palliative Care Australia Award for an 'Outstanding Achievement in Volunteering: 2023'. The volunteers are led by a capable and professional group of five staff and due to their work and the work of our volunteers, our clients continue to pour positive messages back into the organisation:

'The haircut your volunteer hair dresser gave my dad was the trendiest haircut I have ever seen on an 89 year old. Thank you.'

'I am immensely grateful for the time and care you have put into compiling my biography. In a difficult journey, this process with you has been a true beacon of light.'

'We received our comfort cushions made out of Dad's tracksuit with tears and hugs. He can now sit on the favourite couch and watch footy with us.'

This year also saw the final submission of the three year PhD research project into EPC's Volunteer Biography Program by Dr Karly Edgar. She was able to articulate that the key elements in the program that stood it apart from other life writing programs were that it was relational, involved life long learning principles, was creative and person centred.

As a result of this research a podcast discussing the research findings was released and can be found at the link onceuponastorypodcast.podbean.com. This was used to launch the (inter) National Biography Practice group which is led by EPC and involves 54 organisations from around Australia and New Zealand. Each program learns from the other as they continue to refine the art of capturing stories in palliative care.

EPC's Centre for Volunteer Excellence continues to train organisations from around Australia with a focus this year on partnering with State Peak Palliative Care bodies and offering scholarships to organisations that may not be able to otherwise afford the training. Five states took up the offer which has expanded the reach of storytelling in palliative care into new communities.

During National Volunteer Week, EPC took part in its first ever Hindi interview on SBS radio with Team Leader Manu Chandra and volunteers Sandeep Chitale and Saurabh Mishra. The theme of the interview was Volunteering in Palliative Care and why our Indian Australian population should be involved. EPC Volunteer Services has maintained a strong focus on diversity and attracting volunteers who are more reflective of our client group. In the 2023 intake a target of 40% diversity was reached and a new pilot program was launched, using volunteers as interpreters in the biography process.

The final observation, on the work of our volunteers, is most aptly summed up by these carers:

'I was so grateful to have a volunteer walk our dog when my husband was dying. I was overwhelmed and even though it might not seem like much, it was so beneficial to my state of mind.'

'My Dad has such a great connection with his volunteer. It is so good that he actually counts down the days until the volunteer's next visit.'

In summary, EPC Volunteers, your visit truly does change the day and as an organisation, we stand with deep respect, in honour of the work that you all do.

PUBLIC RELATIONS AND FUNDRAISING

This year we continued to celebrate our 25th year anniversary of providing specialist palliative care to our community. It has been a great achievement of which we are all very proud. We have received some very generous donations, helping to fund overnight services and equipment that are important to clients and their carers. When demand increases beyond what our operational funding can provide, we are truly grateful for the generosity of our donors.

EPC has been successful in applying for two community grants from Box Hill Rotary and from the Lions Club of Nunawading. These grants have provided funds towards educational items for staff training and for nurses' bags and backpacks which were an urgent need. We are very grateful to each of these Clubs. A bequest from The Estate of Val White was also received which was specifically directed to the care of EPC Nurses. This completed the funding required to purchase the nurses bag and back packs plus stethoscopes and blood pressure cuffs. Our nurses were extremely happy.

In March we held a Donor Appreciation High Tea and Expo which was a huge success with very positive feedback. The 40+ donors who attended enjoyed the expo where they could speak directly to the staff working in the community and ask questions about all of our programs.

In May we held our bi-annual Online Auction. We had fifty items donated to auction and all our sponsors are pictured below. We are happy to say that all items attracted many bids and some even sold above their recommended retail price! We successfully raised just under \$8,000 which went towards funding our Overnight Respite Nurse Service. We are very thankful to all the generous businesses and people who donated so many interesting items. We also appreciate those that bid and had a lot of fun securing their purchases along the way.

PUBLIC RELATIONS AND FUNDRAISING

On Sunday 16 June, a Film Premiere Fundraiser, organised by the Order of Malta, was held to raise funds for the work of EPC. The film "The Way, My Way" was well attended.

The special appeals we ran this year all provided additional income to assist us to maintain our high quality care of clients. These were:

- The Equipment for Home Appeal - this has allowed us to purchase many pieces of new equipment for our clients to hire. It has also been used to cover the hire fees for those eligible for our equipment hire financial assistance.
- The Overnight Respite Nurse Appeal - this has raised enough funding, mainly due to one very significant donation, to cover all eligible requests for this service this year. This has allowed many carers to rest and recuperate, whilst a qualified nurse is taking care of their loved one in their home.
- The Stay at Home Appeal - this has provided some additional funding for our most essential and sometimes urgent services, at the time they are needed, which of course helps to keep people out of hospital and in the comfort of their home.

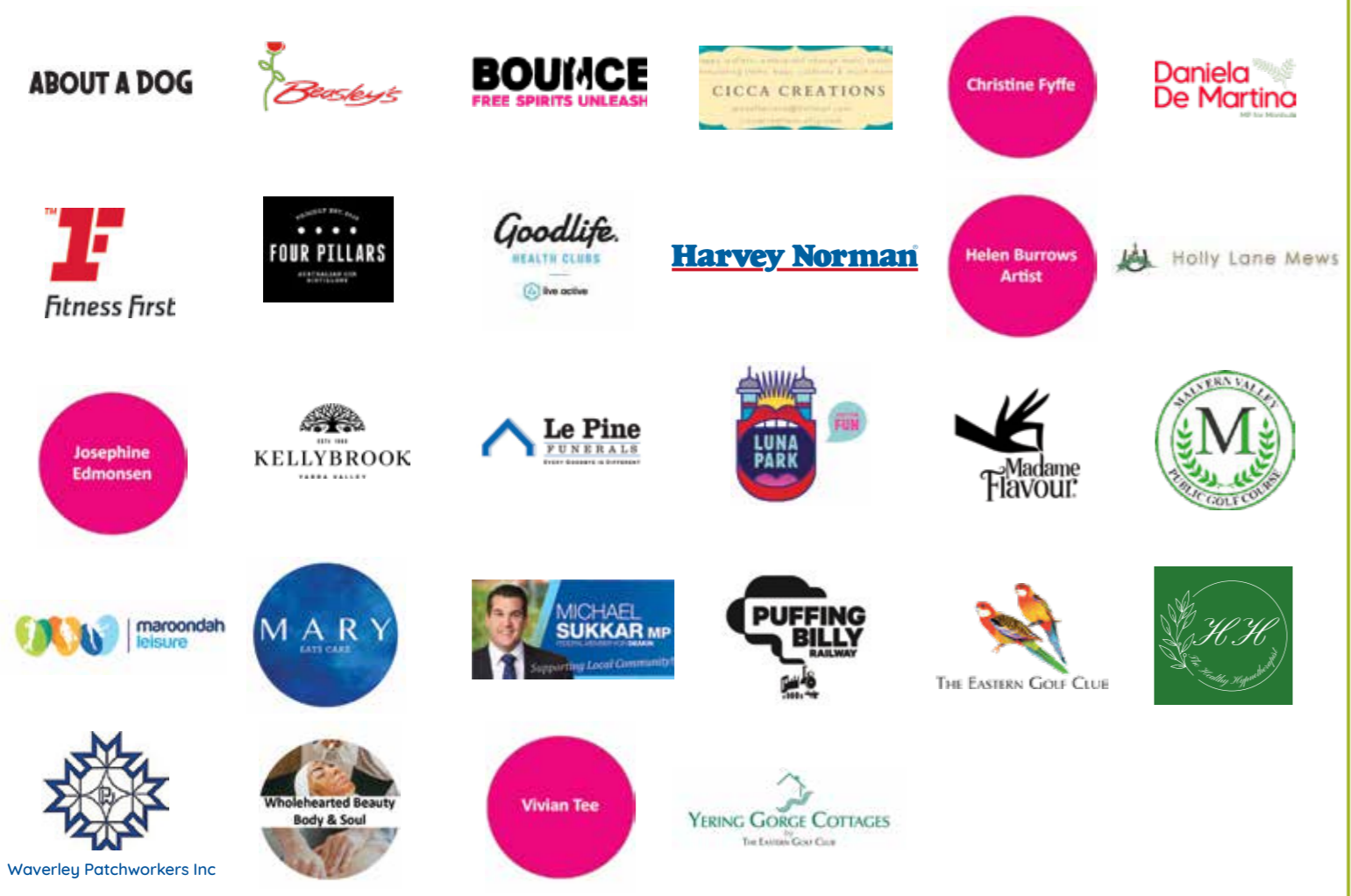
The number of presentations made by the EPC Ambassadors in our Community Speaker Program to community, church and library groups has continued to increase this year. We hope, following refreshed marketing, that this will facilitate continued interest for this wonderful initiative.

We have continued doing monthly radio interviews with 3WBC talking all things palliative care. Our social media and website visitors have also increased with interesting and important content being shared, liked and commented on.

Our now annual event, Pound the Pavement 4 EPC was held on Sunday 8 October 2023. This was our second year of running this event at Lillydale Lake and proved, once again, to be a great success. We had some beautiful family groups attending in honour of their loved one, the largest group was 70 people walking and running, while supporting each other and EPC. There were young and old and lots of dogs too! The money raised went towards our Equipment for Home Appeal, helping those who need special equipment to be able to stay at home. Many families have been provided with equipment they otherwise couldn't afford due to the generous people who donated and participated in this fun event or donated to this Appeal. It was also nice to see people stay back for the sausage sizzle, provided by Maroondah Rotary, the raffle draw, and our delicious cake stall with every item home baked and donated! We will hold this event again on Sunday 13 October 2024 and we hope to see an even larger crowd.

On this note, we would like to thank our dedicated Public Relations and Fundraising Subcommittee volunteers who have oversight of our events and appeals. We also thank our very generous donors for supporting EPC and allowing us to provide clients and families with our services, at home, when and where they are most needed.

Thank you to our wonderful EPC 2024 Online Auction sponsors



EPC FOUNDATIONS COURSE

In 2023, EPC introduced a groundbreaking training program, EPC Foundations, designed to prepare the next generation of palliative care professionals. This initiative aims to fast-track the development of new allied health workers and nurses for community palliative care. By focusing on safety, risk management and improving staff confidence, the program aims to positively impact staff retention.

EPC Foundations is a ten-day intensive, face-to-face course facilitated by two experienced EPC nurse educators. Nurses Leanne Batty, Sarah Begley and Jenika Graze have been involved as facilitators for the course. The program draws on the expertise of 28 EPC staff members who cover a wide array of topics, including existential distress, opioids and communication at the end of life. The curriculum focuses on critical areas such as safety and independence in community settings, comprehensive symptom assessment and effective communication skills.

A unique feature of the course is the involvement of EPC volunteers in home visit simulations. This allows participants to practice and refine their new skills in a realistic, supportive environment.

Since its inception, EPC Foundations has run four times, training a total of 26 participants including 21 EPC staff members and five professionals from external palliative care services, such as Cabrini, the Hume region and the Loddon Valley region.

The success of EPC Foundations has been measured through objective and subjective assessment tasks and evaluating its impact on the organisation. Staff who complete this course report feeling more confident in skills such as pain assessment, reflective practice and end-of-life education. The course has substantially improved retention of new staff, with 95% of new staff who attended the course remaining at EPC.

In addition to increasing retention, this program allows EPC to take on less experienced nurses than it could previously, helping to fill recruitment gaps and providing opportunities to younger nurses with a keen interest in community palliative care who would otherwise not have been eligible.

Looking ahead to 2025, the course is set to continue its success, with four sessions booked and increased spaces for external participants.



COMMUNITY EDUCATION

As industry leaders, EPC provides palliative care education and training to nursing staff and personal care attendants in our community. This provides them with the information and skills they need when they are dealing with palliative patients in their own settings.

This Education Program can be held onsite at the EPC office or within a requested setting depending on the audience, e.g. aged care facilities, disability homes, community care providers and hospitals.

In this year, a total of 36 education sessions were delivered to 18 aged care facilities, both within the Eastern Region and outside of the EPC catchment area. This not only highlights the leading role EPC plays with specialist palliative care education in Victoria but the demand for education and training for Aged Care workers.

EPC was also engaged by Eastern Health Inreach services to participate in an education day and skill session which was attended by 111 aged care staff from over 30 residential aged care homes. This was a great initiative and allowed many staff to receive critical training in one big group, which also facilitated information sharing and a great question and answer session.

The Introduction to Palliative Care course for Registered Nurses delivered onsite at EPC continues to generate interest with over 50 attendees for the three courses held. EPC staff from various disciplines offer their time to present topics that allow participants to explore the comprehensive needs of those living with a terminal illness and their families. This also helps staff who are dealing with palliative patients or residents learn about the dying process and how they can help.

EPC's Community Education role also supports and co-ordinates the clinical placement of students, both undergraduate and post graduate. This year we have supported medical, nursing, occupational therapy and other healthcare workers in valuable learning about specialist community palliative care. This helps continue to raise our profile in the tertiary sector.

Quarterly Education Newsletters continue to be distributed to the Aged Care and Primary Health Care sectors promoting EPC Education and Training opportunities. The ongoing aim is to provide education, promote specialist palliative care in the community, and support timely referrals to EPC.

The next 12 months will see our Community Education program continue to support the local community and promote the integration of Specialist Palliative Care into the Aged Care and Primary Health Care settings



STAFF AND VOLUNTEER SERVICE AWARDS

Thank you to our wonderful long-serving staff and volunteers who are eligible for service awards for the 2023-2024 financial year.

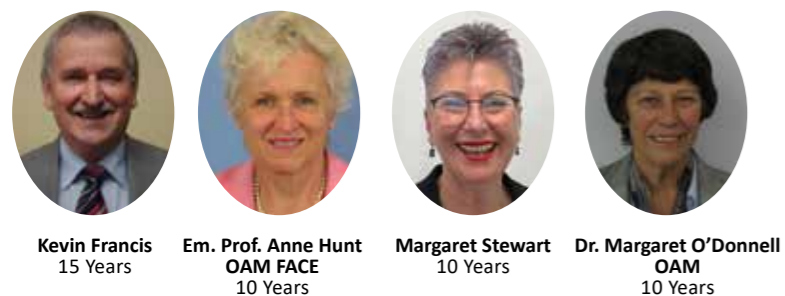
Staff



Volunteers Continued



CoM & Subcommittee Members



Volunteers



ANNUAL REPORT CONTRIBUTORS

Thank you to our annual report authors for their contributions to EPC's 2023-2024 Annual Report.

Drey Baldwin Health Informatics Administrator	Leanne Batty Clinical Educator	Sarah Begley Clinical Educator
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Tania King General Manager Allied Health and Volunteer Services	Chien Lin Palliative Care Physician	Maria Logan General Manager Nursing and Medical Services
Debra Mitchell Innovation and Projects Lead	Margaret O'Donnell Comittee of Management	Margaret Stewart Chair
Krystal Wallis Program Development and Volunteer Services Manager		



OUR PARTNERS

In 1997, Eastern Palliative Care was formed through a Heads of Agreement between three existing palliative care providers: the Order of Malta, St Vincent's Hospital (Melbourne) Ltd and Melbourne Eastern Palliative Care Association. In 2010, Melbourne Eastern Palliative Care Association ceased to exist and the Rules of EPC were amended to accommodate Outer East Palliative Care Service Inc becoming a Participating Body in EPC. The three partner bodies continue as independent legal entities.



Outer East Palliative Care Service Inc

Outer East Palliative Care Service Inc was incorporated in July 1991. The service originated from a strong community need for palliative care services, to provide people with a terminal illness in the outer east with a choice between hospitalisation or home-based palliative support. Outer East Palliative Care developed strong community links to service clubs, local government, General Practitioners, local hospitals, nursing homes, hostels and supported accommodation services.

The local General Practitioners helped Outer East Palliative Care develop team models for delivery of home based services. Home based palliative care services commenced in 1994 across the areas of Ringwood, Croydon, Knox, Sherbrooke, Lilydale, Healesville and Upper Yarra. Outer

East Palliative Care continues to advocate strongly for local services in the outer east region.

This strong link to the community remains today and as one of the three partner bodies, OEPCS Inc provides Eastern Palliative Care with general community input, volunteers on the Committee of Management, its Subcommittees and through fundraising and volunteer programs, and an ability to keep connected with our community and the growing expectation of specialist palliative care.



St Vincent's Hospital Melbourne Ltd. (The Sisters of Charity)

The Sisters of Charity, a Catholic order of religious sisters, have been providing care to those in need since their arrival to Australia from Ireland in 1838 where they provided services to female convicts at the women's prison in Parramatta, Sydney. In 1893, St Vincent's Hospital was founded in Fitzroy. Caritas Christi Hospice Kew was opened in 1938 and since 2001, St Vincent's Hospital has been responsible for St. George's Health Service

in Kew. These three healthcare facilities form St Vincent's Hospital Melbourne Ltd.

St Vincent's Health Australia (SVHA) is now a national organisation with healthcare services extending across Victoria, New South Wales and Queensland. As the largest not-for-profit healthcare organisation in Australia, SVHA continues to grow and meet the needs of the community across 36 facilities nationally, including public and private hospitals, innovative primary and home-based care, residential aged care, mental health services, palliative care, drug and alcohol services, research institutes and correctional health services. As for all SVHA facilities, the Mission of St. Vincent's Hospital Melbourne places a special emphasis on the poor and disadvantaged, underpinned by the Values of Justice, Integrity, Compassion and Excellence.

St Vincent's Hospital Melbourne Ltd provides volunteers to EPC through the Committee of Management, its Subcommittees and through volunteer programs and fundraising.



The Order of Malta

The Order of Malta was founded in Jerusalem in 1098 just before the First Crusade. Since 1113, it has been a lay religious Order of the Catholic Church. It is also an international hospitaller and relief organisation, and a sovereign entity under international law. Its full title is the Sovereign Military Hospitaller Order of St. John of Jerusalem of Rhodes and of Malta. It came to Australia in the early 1970s where its focus became the care of the terminally ill, the frail elderly and their families. It is based at Caritas Christi, Kew, where it has an office and a Board Room.

In 1992 Caritas Christi and the Order of Malta Hospice Home Care Services Incorporated was formed as a partnership of the Sisters of Charity and the Order of Malta. This home-based service was staffed by nurses, pastoral care and social workers and a core of trained volunteers. In 1997 the two partners became two of three founding partners in Eastern Palliative Care Association Inc.

The Order of Malta in Australia has some 350 members and some 90 members in Victoria (Order of Malta Hospice Home Care (Vic) Ltd), where it enjoys considerable volunteer support and is able to carry out a variety of programmes. The Order provides volunteers to EPC through the Committee of Management, its Subcommittees and through volunteer programs and fundraising.

ACKNOWLEDGEMENTS

We recognise and thank the following supporters whose financial contributions assisted us to make a difference this year:

Bequests

The Estate of Richard Askin Chenoweth	Jenny Cook	Jill Jackson	Judy O'Flynn	Catherine Walliker
The Estate of William Richard James Finighan	Rebecca Cook	Paul Jackson	Marie Olausson	William Wallis
The Estate of Keith Oliver	Noel Cooper	Sandra Jericevic	Pat O'Meara	Alexandra Walsham
The Estate of Deborah Leona Smith	Audrey Cutting	Elsbeth Jeserer	Xanthi Pantas	Sijue Wang
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	John Dawborn	Linda Kane	Anna Percy-Dove	Christine West
	Annette Debono	Fairlie Kapiniaris	Gillian Pereira	Derek Westwood
	Kerrie Demarte	Peter Kelly	Geoff Peterken	Roger Westwood

Community Groups, Funds and Organisations

Adam Bisits Memorial Fund	Jenny Denehy	Margery Kennett	David Peters	Sally Wilkinson
Blackburn United Lodge	Lynn Devlin	Janet Kilgour	Karen Piggott	Christopher Williamson
Lions Club of Nunawading	Jennifer Dexter	David Kissane	Barbara Ralph	Bev Wilson
Order of Malta	Dee Dove	Peter Knights	Con Rangas	Kellie Wilson
Rotary Club of Box Hill	Alan Downie	John Konstantopoulos	Alecia Rathbone	Kerry Wynn
Burwood	Wanda Dziedzic	Joe Konyneburg	Judy Redfern	Wallace Young
Rotary Club of Maroondah	Yvonne Edgar	Peksoon Kwan	Judy Reid	Robert Young
	Dorothy Edwards	Leo Lam	Eva Rennie	Margot Zegenhagen
	Peter Fagg	Susan Langdon	Louise Reynolds	Richard Zheng
	Judy Farvolden	Stephanie Lau	Stephen Roberts	Ann Zhou

Foundations

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	Susan Forder	Giok Lee	Peter Rodrigues	
	Anne Fuehrer	Carol Leeson	Peter Rome	

Donors (\$200+)

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Julie Clements	Noelle Hughes	Catherine O'Dwyer	Luellen Urwin	
	Susan Hughes	Gail O'Flynn	John Usher OAM	

We also thank individuals that donated less than \$200 or asked not to be published. 100% of all donations, bequests and fundraising go directly to palliative client care in real time. Thank you for supporting EPC this financial year.





Palliative care. Living well every day.

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