



AGNAS

Aged Care News and Snippets
From the Aged Care Program of The Dandenong District Division of General Practice

Welcome to the first edition of AGNAS for 2006. This edition boasts a number of informative articles, with a particular focus on the Divisions Aged Care Conference, and Palliative Care items.

I look forward to seeing as many of you as possible at the Cape Schanck Conference in April to benefit from the many great speakers we have been fortunate to secure.

Aged Care Conference April 28–29–Cape Schanck

Invitations were sent in the third week of February to member GPs and Aged Care facilities within our boundaries. If you haven't seen a copy of the invitation you can view details on our web site under coming events, or contact the Division on 03 9706 7311 to have another copy sent.

Palliative Care Support

Specialist Palliative Care support, such as that offered by South Eastern Palliative Care, comprises a high level of expertise in complex symptom control, loss, grief and bereavement and works in two key ways:

Firstly, by providing direct care to individuals and their families;

Secondly, by providing a consultancy service to other generalist service providers, supporting their care of the patient and family.

Specific services offered by South Eastern Palliative Care include:

- * Grief and Loss Counselling
- * Community Welfare
- * Medical Consultancy
- * Volunteer Support
- * Occupational Therapy
- * Specialist Palliative Care Nursing
- * Pastoral Care

South East Palliative Care can be contacted on:
Phone: 5991 1300 Fax: 5991 1301 www.sepallcare.org.au

The Division is updating the Aged Care Resources section of our website to incorporate a palliative care section which will contain information on palliative care, services, and particularly South East Palliative Care activities and newsletters. relevant resources. Keep an eye out for the changes.

Palliative Care Clinical Attachments

Palliative Care Clinical Attachments—My Experiences

By: Dr Mike Fitzgerald, Berwick.

A recent 4 day attachment with the PEPA program through the auspices of the Dandenong District Division of General Practice was undertaken with attachments to Peninsula Health (servicing Frankston and the Mornington Peninsula), Frankston RDNS, Southeast Palliative Care and Bethlehem.

The experience was very valuable at a number of levels. Being an “inquisitive fly on the wall” allows one to observe and learn in the usual student fashion - drugs, doses, techniques and approaches. But of great interest to me, as a non threatening observer, was detecting the nuances of management styles and interstaff interactions and hierarchies in large services such as this where there can be intense interpersonal stressors for staff as well as the clients. The dynamics of large groups and meetings is quite different to those of a small group general practice.

The case conference is not only a vehicle for planning and apportioning care responsibilities but is also a valuable opportunity for indirect support of the staff dealing constantly with challenging situations. I was able to observe the range of productive and less productive examples of this facet. The wide value and insight of pastoral care workers became very apparent and I was grateful to have the time to have discussions with them about their work - not just the god stuff.

The time to collate and transmit adequate clinical communication is a hoary chestnut for all of us but I noticed how little information is passed down to the palliative care services when the patient is referred on. Mea Culpa - I must try to send more info in future!

Availability of after-hours GP contacts who know the patient is becoming a tricky area at times for the palliative care community services especially as many of us now use locum services - not sure what the answer is there. There are manpower problems in both GP land as well as palliative care.

There seems to be an increasing use of Ketamine and Methadone in an inpatient setting to gain control over neuropathic pain, as well as winding back narcotic doses in patients with escalating needs. The use though seems at this stage confined to specialist units with the expertise to cover and anticipate the potentially serious side effects especially of Ketamine. (a few cautionary tales related to me). But when it works it works very well.

Different cultures and religions have differing approaches to the dying process and the expectations during that phase. These are often significant barriers to be appreciated and then worked around to enable even simple palliative care provision in some cases. Certainly saw some thought provoking examples of this and of course money (lack of) and the intrusions of the bureaucratic proscriptions of the PBS are an ever present factor in care provision.

“A change is as good as a holiday” - I really enjoyed the change in role, routine and relief of responsibilities for a few days. Well worth it on many levels if you can organise the time. The reference material of the program is excellent (time is the issue) and all the groups I visited were extremely welcoming, candid and friendly.

About the PEPA Program

The PEPA Program was a DHS funded initiative offering palliative care placements to GPs across Victoria in conjunction with Specialist Palliative Care Services. The Division fax streamed the information flyer to all member GPs in late July 2005. Two subsequent rounds were also offered. Seven GPs took up positions in the PEPA program, which was well represented with an overall 70 positions offered throughout Victoria.

Cultural Sensitives in Palliative Care

Equity of Access to Palliative Care Services for Arabic-Speaking Migrants Project

As the key provider of community based palliative care services for people living in the Cities of Greater Dandenong, Casey, Kingston (part) and the Shire of Cardinia, South East Palliative Care understand that they work within one of the most culturally diverse communities within Victoria. Yet the majority of people using their services are not representative of this cultural richness: in particular, very few people from Arabic speaking communities use the service and so they believed they needed to find out why this was happening, and what they could do to make services more available.

Using funds made available from a City of Greater Dandenong community grant, South East Palliative Care set about talking to people from Arabic-speaking communities and the community services that support them, reading the literature and exploring what support is currently available.

Much valuable information has been uncovered including that people from Arabic-speaking communities generally prefer to care for their family members themselves and thus often do not seek assistance outside their own unit. Additionally, if South East Palliative Care is to offer assistance that is useful and indeed, welcomed, it must find other ways of offering services than those that are currently on offer.

As a result of the project, SEPC is now busily putting into action the recommendations of the project. This includes finding ways to involve people from CALD (culturally and linguistically diverse) communities in how the organization finds out what people want and in making service decisions, working on ways to make their office more welcoming for people from Arabic speaking and other ethnic communities, actively promoting the services of SEPC by using ethnic media and peak organizations, making information available in different community languages and increasing their use of trained interpreters. It is also proposed to introduce cultural training programs for staff and volunteers which reflect the issues, religious and the cultural customs and practices of the different communities that make up their local area. They will encourage people of those communities to become part of their team.

If you have any ideas and comments about how South East Palliative Care can continue to improve their services, particularly to their multi-cultural citizens, please do not hesitate to contact Sharon White—Manager Clinical Services, or Jill Lane—Manager Quality Development and Projects. The telephone number is 03 5991 1300.

Hospital Transfers

Facilities please ensure all adequate paperwork—including a comprehensive transfer letter—is sent with residents when transferring to hospital. This ensures the resident receives prompt attention and hopefully reduces any unnecessary and time consuming calls (for both ED and facilities) for follow up information. Please also check that your transfer forms etc have facility contact details on them.

The Division distributed a standard transfer form last year that had been developed in consultation with DONs and endorsed by Dandenong Hospital emergency department. In discussions with Casey Hospital recently regarding the Transit Envelope Pilot Project, the Hospital has shown an interest in this same form and would like to encourage facilities, if possible, to adopt the form for continuity. Understandably, some facilities are governed by head office on what stationery to use, but for those without a set form, please give some consideration to this. The standard transfer form is available on our web site or by contacting Tanya at the Division.

The Division continues to liaise with Aged Care Nurse Consultants and Hospital representatives on a range of issues relevant to aged care facilities. Several additional DONs have now joined the working group with Joan Barker and myself to discuss pertinent issues. We continue to lobby and express facility views when dealing with hospitals, and will from time to time offer facilities feedback on items brought to our attention by the two Emergency Departments. Collaboration is the key!! If you do have any items you would like raised, please feel free to advise myself (Tanya) or Joan Barker.

Useful Snippets

Transit Envelope Pilot Project

The Division is facilitating the Transit Envelope Pilot Project and facilities have been issued 10 copies of the first run printed envelopes. Feedback on improvements has already been received (thus the beauty of a pilot project) and will be incorporated into the next print run of envelopes. The aim is that down the track when the project has proven viable (i.e. real benefits have been identified) the Division will negotiate a deal with printer and supplier and provide pricing and details to facilities who can order the envelopes as necessary. Costs will be minimal. All parties so far are thrilled with the concept—most particularly allied health teams at both Dandenong and Berwick Hospitals who, particularly in discharge planning, find the information extremely valuable on care levels and needs. I have had reports from both Hospitals of envelopes being used which is wonderful, and despite the oversight of a “name” label (woops) everyone seems to be adapting where they need to (i.e. adding ageing in place etc). Please remember to feed any comments back to me so we can incorporate in the next version. I will also be liaising with the ambulance service to ensure when paperwork is removed from the envelope in transit, it is of course returned.

Bed Allocations Vs GP Shortages

Since the beginning of the Aged Care Program we have expressed concern (along with many facilities and GPs) in regard to the bed allocation process, and how licences are granted. Why? Because we hear from facilities who are unable to source GPs to cover their residents, and we see new facilities going up 20 metres down the road, when the other facility is not full—nor able to obtain GP services. This puts additional strain on existing facilities, and most certainly on the GPs who are active in Aged Care, often resulting in the same GPs being pleaded with to attend other facilities. This is not a viable long term solution. Our concerns were directed to General Practice Divisions Victoria, our State Based Organisation who have liaised with the Department of Health and Ageing to investigate the allocations process. After lengthy discussions, GPDV have advised us that the Department are looking at the allocation process with a view to ensure Divisions (representing GPs) and other relevant bodies are consulted regarding GP availability in this process. We are expecting a list of recommendations to be drawn up and will advise you of the outcomes.

The Aged Care Conference at Cape Schanck - April 28–29

Don't miss this fantastic opportunity to hear from experts in the fields of:

- Dementia
- Parkinsons / Alzheimers
- Wounds Management
- Falls in the Elderly
- Item No's for Aged Care

Day delegates are welcome, or make a weekend of it and join us for dinner on the Friday evening. (Accommodation available at resort)

If you would like any further information about the Division's Aged Care program please contact the:

Tanya Heaney-Voogt
Aged Care Program Coordinator
Dandenong District Division of General Practice
Email: t.heaney@dddgp.com.au
Phone: 03 9706-7311 Fax: 03 9793 4050
web: www.dddgp.com.au > Resources > Aged Care