

# Joining the Dots

Pathways, Challenges and  
Emerging Innovations  
in Palliative Care in WA



Department of  
Health



2020  
Palliative Care  
Summit Report



Joining the Dots was the second Palliative Care Summit held in WA and the first managed by Palliative Care WA. Held on 26 November 2020, Joining the Dots drew together health, aged care, community and home care professionals, policy and government specialists, carers, researchers, consumers, volunteers and students.

The summit aimed for the following outcomes:

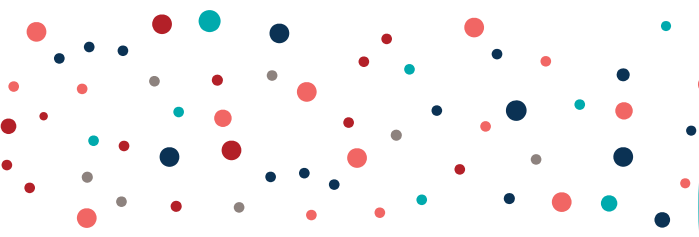
- Sharing evidence and experience from varied sources to inform quality palliative caring in WA;
- Promoting WA examples of innovation and best practice in the delivery of quality palliative caring;
- Providing an update on the palliative and aged care landscapes with reference to significant Federal and State Government processes and community initiatives;
- Sharing both the opportunities and challenges resulting from COVID-19; and
- Recognising the critical role of carers, families and community, including the compassionate community approach, in the delivery of quality palliative care.



*"Very eye-opening and informative."*

*"Outstanding program, professionally delivered, very worthwhile."*

*"Great day, great event!"*



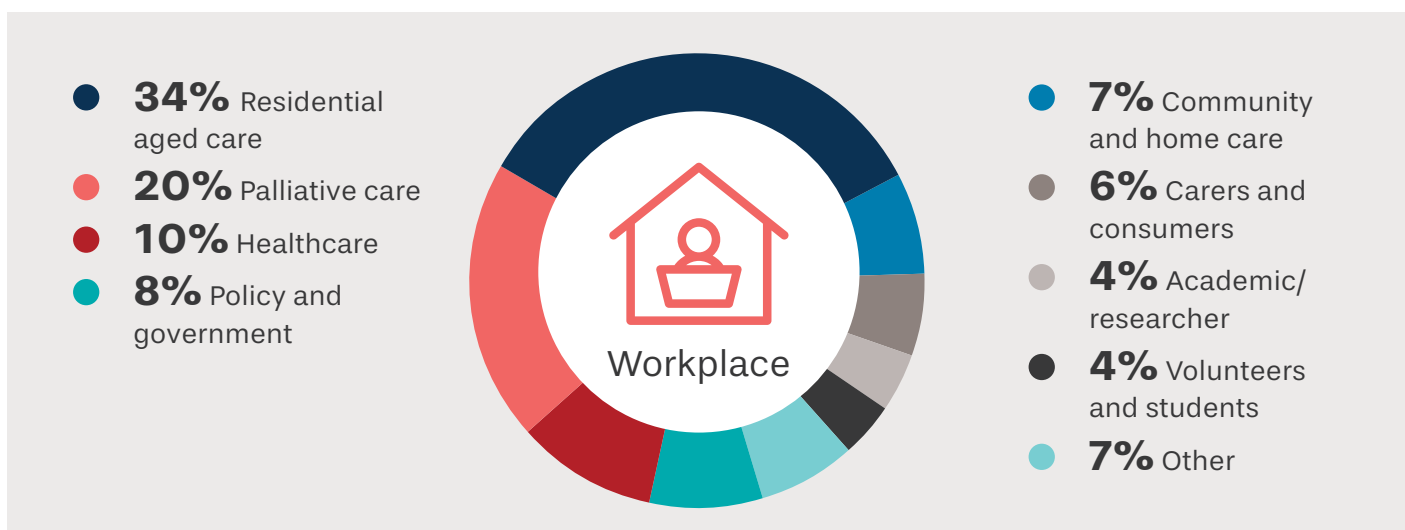
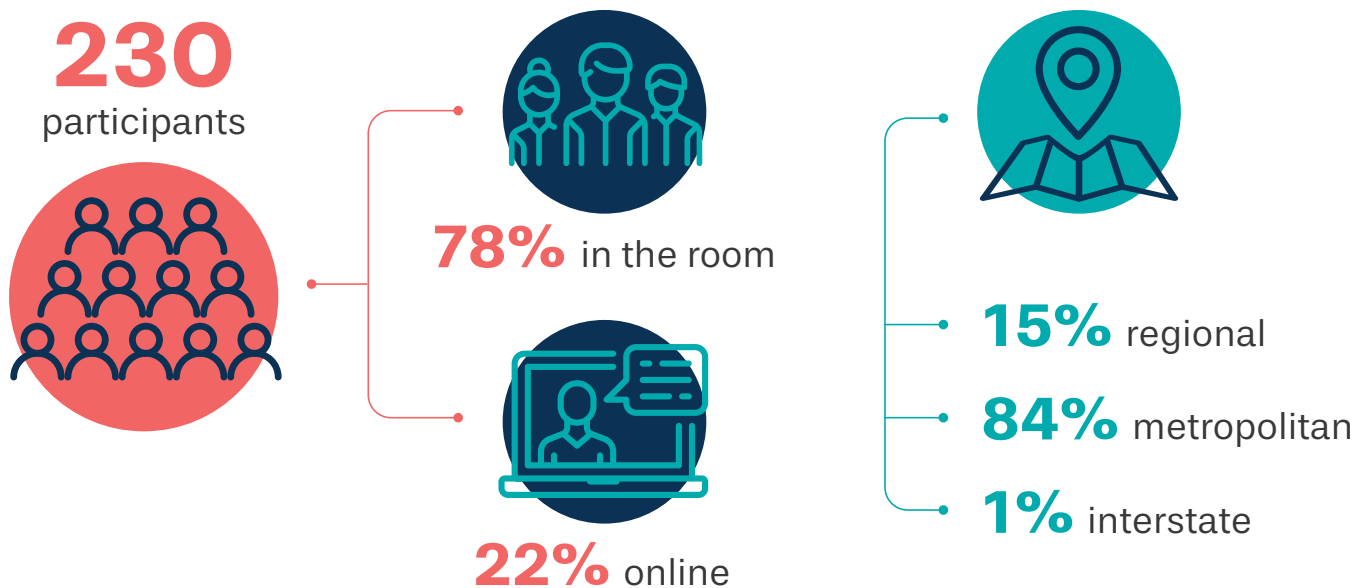
# Summary

With 180 participants in the room and 50 attending online, over 230 people engaged in the 2020 WA Palliative Care Summit.

The online evaluation form was completed by 50% of the participants with 40% reporting the event as outstanding and 53% as very good!

The program was split into 3 sections:

1. The palliative care landscape in WA – setting the scene with recent developments and future opportunities.
2. Palliative care is everyone's business – Facilitating early entry to palliative care and ensuring seamless transitions.
3. Going from strength to strength – recognising challenges and applauding emerging innovations.



# Themes and priorities

Two interactive sessions were facilitated during the summit with table discussions and online facilitation captured using online software. Below are the key themes and priorities that were identified using a manual analysis approach. Interesting and relevant quotes were also selected to reflect the agreed priorities.

## Facilitating early referral to palliative care

Responses to the question on what is needed to facilitate early referral to palliative care have been summarised into the following four themes.



### 1. Ensure a consumer and family focus

- Consider developing a **passport of care document** that ensures patient-centred decision making and consistency of complex information sharing.
- Facilitate family meetings at the earliest opportunity and ensure that family, friends and significant others are continually informed and given opportunities to be involved.

*"We need to talk more with the person about their wishes and goals of care as part of end-of-life planning."*



### 3. Education on palliative care

- Encourage the community to view access to quality palliative care as a human right.
- Ensure both health providers and the community understand the difference between palliative care and end-of-life care.
- Assist the community to normalise palliative care and the dying process.

*"The importance of early involvement of palliative care needs to be understood by all health care providers and community."*



### 2. Emphasise good communication

- Respectful, engaged and ongoing communication is critical to quality palliative care.
- Discussions about palliative care should be held at point of diagnosis and/or entry to residential aged care.

*"Communication, communication and communication. An open conversation is the first and last strategy for a wholesome package of palliative care."*



### 4. Advance care planning

- Emphasise conversations with family and friends to explore values and priorities.
- Conversations with health professionals can come much later.
- Community awareness of ACP is critical and worthy of significant Government investment as the returns will be huge.

*"Conversations really early on can be so helpful in the decision-making processes later, we should all do it!"*


## Ensuring seamless transition between services

Responses to the question on what is needed to ensure seamless transition between services have been summarised into the following three themes.



### 1. Care navigation


- We need specific pathway options for palliative care in residential aged care settings to reflect the volume and complexity of care needs.
- Palliative care navigator positions would help people understand an increasingly complex system.
- Currently families have to work it out for themselves sometimes at great cost.

 *"We need to ensure that there are clear pathways for all people to access palliative care if they choose it"*



### 2. Empowering communities

- Recognise the incredible job that carers do and support them as much as possible.
- Give greater focus to grief, loss and bereavement and the need for rituals like remembrance days to help people.

 *"Maybe I need a Lotto win so I can set up a Compassionate Community in my neighbourhood!"*



### 3. Our families

- Talk within our industry, community and family about the shared learnings from today.
- Access training where we can to help our community and families have these important conversations.
- Challenge yourself and your family members to join a Death Café.

 *"I need to talk to my mother about the next year for Dad."*

## Other considerations

Other comments and priorities that emerged from discussions throughout the summit are summarised below.

- Health professionals need to be encouraged not to see a referral to palliative care as a failure.
- Hospital discharge plans need to include charted palliative care medications.
- Palliative care needs to be integral to all undergraduate courses and mandated training for all health professionals.
- Investment in recruitment and retention strategies is critical to increase the numbers of specialist palliative care physicians, nursing and allied health professionals.

# Acknowledgements

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Andrew Allsop

Shannon Calvert  
Dr Paula Moffat  
Dr Chris Lomma  
Professor Susan Kurrle

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