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COMMUNIQUÉ 4

CEO ROUNDTABLE ON PALLIATIVE CARE

The CEO Roundtable on Palliative Care provides high level advice to State and Federal Government on palliative care issues in WA. The Roundtable is facilitated by Palliative Care WA with CEOs drawn from PCWA member organisations within the health, aged care and community service sectors.

Communiqué 4 is from the meeting held on 8 April 2020.

Members of the CEO Roundtable on Palliative Care attending this meeting were:

- Prof Samar Aoun (MNDWA)
- Dr Scott Blackwell (Collaborative Primary Healthcare WA)
- Pip Brenan (Health Consumers' Council)
- Paul Coates (Carers WA)
- Dr Elissa Campbell (Palliative Care WA)
- Prof Hugh Dawkins (HBF)
- Neale Fong (Bethesda)
- Michelle Fyfe (St John WA)
- Prof Lynette Henderson-Yates (Aboriginal Health Council WA)
- Tish Morrison (Silver Chain)
- Dr Alison Parr (St John of God Healthcare)
- Ashley Reid (WA Cancer Council)

Other attendees included:

- Julie Armstrong (Minister Cook's office)
- Amanda Bolter (WA Cancer and Palliative Care Network, WA Health)
- Carol Douglas (Residential Care Line Outreach Service)
- Marion Hunt (Minister Cook's office)
- Lana Glogowski (Palliative Care WA)

Member organisations not in attendance:

- Alzheimer's WA (written input was submitted prior to the meeting)
- Brightwater Care Group

WOULD YOU LIKE TO RAISE AN ISSUE WITH THE CEO ROUNDTABLE?

The CEO Roundtable on Palliative Care is keen to consider the views of the health, aged care and community services sectors.

Should you have an issue that you would like to raise, please contact Palliative Care WA's CEO, Lana Glogowski on lana.glogowski@palliativecarewa.asn.au or 0419 047 315.

Summary of discussions

Given the current situation with COVID-19, Minister Cook's time was severely limited. Each participant was therefore asked to make a brief presentation on the issues related to palliative care during COVID-19 being experienced by their organisation.

1. Dr Elissa Campbell – Palliative Care WA

The delivery of palliative care services was uppermost in planning in WA Hospitals thus far and palliative care staff have been proactive and highly visible. Priority focus areas were service delivery in emergency wards in hospitals and in aged care. It was recognised that the pandemic would not be over quickly but was more likely to be like a marathon. It was also important to recognise that access to quality palliative care is a human right.

2. Dr Neal Fong – Bethesda

COVID-19 planning had been underway for four weeks at Bethesda and the hospital was ready and prepared. While Bethesda was prepared to play their part as was required, Dr Fong acknowledged that nobody was sure what that demand might look like at this stage. The MPaCCS service was still operating and was increasingly providing a telehealth service in response to aged-care facilities not allowing entry to health providers.

3. Tish Morrison – Silver Chain

A significant emerging issue was the increasing numbers of Silver Chain clients who were choosing not to attend in-patient appointments or have services delivered in their homes for fear of contracting the virus. Clients were actively engaging in advance care planning discussions earlier then would normally be expected. Applying social distancing protocols while delivering services in home settings was challenging, as was Silver Chain's commitment to provide a safe working environment for their staff. As Silver Chain does not have access to ventilators, they have limited ability to act preventively if clients develop COVID-19 symptoms.

4. Dr Scott Blackwell – Collaborative Primary Healthcare

The residential aged care facilities that his practice was involved with were extremely quiet as a result of the hard lockdown currently in place. The majority of these facilities were doing well, and most were using technology to lessen residents' isolation from family and friends. However, the residents' fear of dying on their own was palpable and that urgent consideration needs to be given to applying a compassionate approach to social contact at end-of-life during COVID-19. Patients with dementia were possibly suffering the most as their social contact needs couldn't easily be met through the use of technology. It has been observed that patients' choices are changing with more preferring to remain at home if at all possible.

5. Michelle Fyfe – St John WA

St John WA had formed an Incident Management Team to progress an organisational response to COVID-19. In order to provide extra protection for staff they have repurposed vehicles. The provision of PPE was an ongoing issue as four sets were used per trip. The organisation had implemented a difficult policy change and had decided to no longer allow bystanders and family to travel in ambulances, with exceptions for carers and patient escorts. They are aware of the implications of this decision and will endeavour to assess each situation with compassion and kindness. St John WA had also implemented a secondary triage system utilising a medical practitioner allowing a deeper dive into 000 calls.

6. Prof Lynette Henderson-Yates – Aboriginal Health Council WA

Professor Henderson-Yates is the CEO for the Derby Aboriginal Health Service and shared their resourcing model as an example of rural and remote Aboriginal communities:
Palliative care services were delivered by one doctor and one nurse who supported 9 remote communities. The Derby AHS is guided by the Aboriginal Medical Plan as developed by the Aboriginal Medical Service. Increasing numbers of community members were not accessing health services because of the fear associated with COVID-19. For those with ongoing conditions such as diabetes or heart conditions, the avoidance of services may have dire consequences in the longer term.
Other identified issues included the significant risk associated with overcrowding in housing which makes social distancing impossible.
One of the many challenges was how to appropriately manage a community member potentially infected with COVID-19. Should they be isolated from their community and treated in Derby, or flown to Perth, or should they be supported to die in their community?

7. Prof Samar Aoun - MNDWA

The Motor Neuron Disease community in WA numbered 180 people and currently none were COVID-19 positive. They had delivered extra training to staff who are now delivering advance care planning discussions over the phone. MNDWA has also sourced non-invasive ventilators so have them on hand if required. Issues include increasing distress from carers who are isolated at home with no opportunity for respite. There was concern regarding the likely low priority given to MND patients for treatment given their increased vulnerability.

8. Paul Coates – Carers WA

There was considerable fear and anxiety within the carer community which was particularly focused on what would happen to the people they care for if they were to become unwell. Carers WA believes that sharing information on protocols and processes with the caring community was vital to lessen the fear and anxiety. The new Federally funded Carer Gateway service was launched on Monday 6 April.

9. Hugh Dawkins – HBF

The HBF call centre which had 250 staff could be used to provide visibility and voice to any particular strategy in WA.

10. Ashley Reid – Cancer Council WA

Cancer Council WA had largely suspended its services, although accommodation services for rural and remote residents receiving treatment in Perth were still operating.

11. Pip Brenan – Health Consumers' Council WA

The Health Consumers' Council is very concerned that many consumers were confused due to unclear messaging on COVID-19. In particular there seemed to be inconsistent practices between aged-care facilities with regards to visiting, as well as inconsistent visiting protocols between wards within the same hospitals. Pip agreed with the earlier comment there was a need to allow a relaxation of the visiting restrictions at end-of-life on compassionate grounds. It was disheartening that the consumer voice did not appear to be present in the COVID-19 planning processes to date and that this needed to be addressed with urgency.

12. Maria Davison – Alzheimer's WA (written input prior to meeting)

As time goes on the stress on carers will increase and this is being observed with reduced access to residential aged care respite as well as reduced contact and support from informal networks. There are limited options for in-home emergency respite however there is an urgent need for this to ensure continuity of care and to keep carers and clients out of the acute care setting. It would be of great benefit to have a pool of community nurses who could provide home assessments and COVID diagnosis, instead of carers having to bring the person living with dementia to clinics and risk exposure to both the carer and person with dementia. And of course, access to PPE continues to be an issue.