



**Palliative Care**  
New South Wales

# 2024 State Conference

Inspiring the Way We Care

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**Inspiring the Way We Care**  
**Concurrent Session: Friday 1<sup>st</sup> November**

<b>1:30pm</b> (Poster Pitch)	<p><b>Supporting Primary Health Professionals to Proactively Plan and Implement Quality Home-Based Palliative Care</b>  Jane Stephens, caring@home</p>
<b>1:35pm</b>	<p><b>Setting Ourselves Up for Success Regardless of the Setting!  National Palliative Care Standards</b>  Chelsea Menchin, Palliative Care Australia</p> <p><i>In 2023, a limited scope review led to two updates of the Quality Improvement Suite for the specialist palliative care sector, namely: 1. the introduction of the National Palliative Care Standards for Specialist Palliative Care Providers 5.1 Ed. (2024) and 2. a simplification of PaCSA into a series of downloadable packs that support self- assessment against each of the updated Standards allowing more practical engagement with the process as part of clinical practice. This presentation will outline the two sets of Standards, their audiences and their purposes, as well as the evidence collection that can be harnessed through this process to contribute to mandatory accreditation processes with the NSQHS, and the National Safety and Quality Primary and Community Healthcare Standards.</i></p>
<b>2:00pm</b>	<p><b>Foster Innovation in Australian Palliative Care Services: An Evaluation of the SPHERE-Stanford Quality Improvement Collaborative Program</b>  Domenica Disalvo, IMPACCT, Faculty of Health, UTS</p> <p><i>The Sydney Partnership of Health, Education, Research and Enterprise (SPHERE) has partnered with palliative care and quality improvement (QI) mentors at Stanford University to develop and deliver an evidence-based quality improvement initiative in seven Sydney-based palliative care sites. An evaluation of the SPHERE-Stanford QI Collaborative program demonstrates its success in building capacity for QI in Australian palliative care teams, for sustainable improvements and transfer of knowledge from local levels to the broader palliative care community, both nationally and internationally.</i></p>
<b>2:25pm</b>	<p><b>New Graduate Nurse, Introduction to Palliative &amp; End of Life Care Workshop</b>  Therese Smeal, South Western Sydney Local Health District</p> <p><i>This case study will explore how a one-day free workshop for new nursing graduates in SWSLHD was developed to provide an introduction and overview to Palliative Care and End of Life Care Nursing as part of the MOH Palliative Care on the Job Training Initiative. It is recognised that in all clinical settings, nurses play an essential role in the care of both patients with life limiting illnesses and those that are dying and this can be daunting and overwhelming for new graduate nurses. All nurses, regardless of setting, require core knowledge and skills to support and care for palliative care patients, dying patients and their families.</i></p>
<b>2:50pm</b> (Poster Pitch)	<p><b>Palliative Care is Delivered Everywhere: An Education Program for Nurses in an Acute Hospital Setting</b>  Melissa Heufel, Illawarra Shoalhaven Local Health District</p>

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**Concurrent Session: Friday 1<sup>st</sup> November**

<b>1:30pm</b> <b>(Poster Pitch)</b>	<p><b>Carer Burden Due to Chronic Breathlessness: A Hypothesis-Generating Study</b> Tim Luckett, University of Technology Sydney</p>
<b>1:35pm</b>	<p style="text-align: center;"><b>The ACT Breathlessness Intervention Service (ABIS): A New Partnership Model of Community Care</b> Tim Luckett and Domenica Disalvo, IMPACCT, Faculty of Health, UTS</p> <p><i>The ACT Breathlessness Intervention Service ABIS is the first BIS model worldwide to be co-designed with consumers and clinicians and delivered to patients free of charge by a private allied health provider with funding and support from a primary health network. ABIS is being implemented and evaluated as a quality improvement project from March 2023 to December 2024. As of April 2024, 91 patients had been referred, and this presentation will present the preliminary outcomes of this service.</i></p>
<b>2:00pm</b>	<p style="text-align: center;"><b>Delirium-Related Distress in Hospital: A Scoping Review and Concept Analysis</b> Kimberley Campbell, University of Technology Sydney</p> <p><i>Delirium is an acute neurocognitive condition, characterised by acute and fluctuating changes in awareness, attention, and cognition. Delirium is often a distressing experience. Patients recall the dreams or visions that they had that were unreal, as well as behaviours they displayed during the episode. Delirium can also be distressing for family and friends ('carers') of people who experienced an episode of delirium, and hospital staff involved in the patient's care. By developing an understanding of delirium-related distress, clinicians will be better placed to respond to their patients, families and their own distress thus allowing for best care to occur.</i></p>
<b>2:25pm</b>	<p style="text-align: center;"><b>Driven to Change, The Sequel</b> Mira Glavan and Dina Baytieh, Illawarra Shoalhaven Local Health District</p> <p><i>The review, update and further implementation of a standardised anticipatory symptom control medication process for Community Palliative Care clients to ensure safe and timely care within the district has ensured best practice. This process is initiated with a focus on PCOC assessment and clinical conversations with specialist palliative care health clinicians in an MDT huddle. This presentation will present the outcomes of this initiative, highlights and learnings.</i></p>
<b>2:50pm</b> <b>(Poster Pitch)</b>	<p style="text-align: center;"><b>What's in a Meal? Investigating the Non-Physiological Factors Influencing Malnutrition in Advanced Liver Disease.</b> Jessica Orman, Hunter New England Local Health District</p>

**Inspiring the Way We Care**  
**Concurrent Session: Saturday 2<sup>nd</sup> November**

<b>10:30am</b> <b>(Poster Pitch)</b>	<i>To be announced</i>
<b>10:35am</b>	<p style="text-align: center;"><b>Escalation of Our Patients Within the Multidisciplinary Team – Right Clinician, Right Patient, Right Time</b></p> <p style="text-align: center;">Liz Micovska, Ashlie Taylor and Anna Fulford, Illawarra Shoalhaven Local Health District</p> <p><i>Escalation of care for palliative care patients is required for a number of reasons throughout the patient journey. This can be challenging for a large community service. Our service has implemented multiple strategies to ensure the multi-disciplinary team are working in a cohesive and collaborative way daily to ensure the right clinician responds to the right patient to address their needs. This true multi-disciplinary model has allowed us to improve our responsiveness to patients requiring escalation.</i></p>
<b>11:00am</b>	<p><b>Supportive Care Service: A Multidisciplinary Approach to Managing Chronic Illness in the Last 24 Months of Life</b></p> <p style="text-align: center;">Monita Mesuria, Sarah Watson and Val Maynes, St George Hospital</p> <p><i>This is a prospective observational study of 74 patients seen between April 2023-April 2024 in a new Supportive Care Service (SCS) managing patients with chronic non-malignant illnesses with a prognosis of 12-24 months. We will present outcomes including symptom burden and quality of life (QoL) measures, advance care planning (ACP) and advance care directive (ACD) completion, mean survival and eventual place of death. Our initial data shows improvement in symptoms and QoL as measured by the Integrated Palliative Care Outcome Scale (IPOS) and EQ-5D-5L questionnaire, high rates of advanced care planning discussion, and eventual death outside of acute hospital setting.</i></p>
<b>11:25am</b>	<p style="text-align: center;"><b>Motor Neurone Disease and The Allied Health Team</b></p> <p style="text-align: center;">Anna Fulford and Sally Connell, Illawarra Shoalhaven Local Health District</p> <p><i>Motor Neurone Disease (MND) has complex symptoms and often rapid deterioration. This case study provides an overview of a 67-year-old man with MND who had complex psychosocial and functional needs as well as nutritional, communication and nursing / medical requirements. The regional Palliative Care Service managing his care has an Allied Health MND service pathway. This supports people diagnosed with MND from diagnosis through to Palliative Care referral and death. The management of this gentleman shows how the different skillsets of every member of the multidisciplinary team helped maintain quality of life, manage complex symptoms and support a dignified death.</i></p>

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