OFF-SITE PLANNING STRENGTHENING CONTINUITY AND SERVICE DEVELOPMENT IN PALLIATIVE CARE

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KEYWORDS

Palliative care, off-site planning, continuity of care, service development

EXECUTIVE SUMMARY

The Bankstown Palliative Care Service delivers specialist care through an inpatient consultative service that works closely with a community palliative care service to support seamless transitions across care settings. Increasing service demand and post-pandemic workforce pressures reduced opportunities for shared reflection and coordinated planning. A facilitated offsite planning day was implemented to provide protected time away from the clinical environment. The initiative strengthened collaboration across inpatient and community teams, supported staff wellbeing, and enabled focused planning to improve continuity of care. Offsite planning days support integrated practice, workforce resilience, and sustainable palliative care delivery.

INTRODUCTION

The Bankstown Palliative Care Service provides specialist palliative care through an inpatient consultative service and a community palliative care service that work in close partnership to support patients and families across the care continuum. Effective communication and collaboration between hospital and community teams are essential to ensure timely referrals, coordinated decision-making, and smooth transitions of care. Workforce pressures, coupled with the emotional demands of palliative care, limited opportunities for teams to reflect together and strengthen shared approaches to continuity of care. An offsite planning day was identified as a strategy to reconnect teams, reinforce integrated practice, and align priorities to support consistent, patient-centred care across settings.

HIGHLIGHTS

- Strengthened collaboration between inpatient and community palliative care teams
- Improved collaboration supporting transition of care between settings
- Protected time enabled reflection beyond daily clinical pressures
- Improved staff morale and sense of shared purpose
- Clear priorities identified to enhance coordinated palliative care

METHODOLOGY/ PROCESS

The offsite planning day was externally facilitated by the South Western Sydney LHD Education and Organisational Development Service (EODS), a team independent of the Bankstown Palliative Care Service. External facilitation provided a structured, neutral environment that supported open discussion and equitable participation across inpatient consultative and community palliative care teams. The non-clinical, offsite setting reduced routine interruptions and enabled protected time for reflection and service planning.

A structured agenda guided by the EODS facilitators supported reflective practice, team-building, and collaborative problem-solving, with a focus on continuity of care, transitions between hospital and community settings, workforce wellbeing, and shared service priorities. The involvement of an external facilitation team enabled the Clinical Nurse Consultant and Head of Department to fully participate alongside staff rather than lead the process, strengthening collective engagement and shared ownership of outcomes.

RESULTS/ OUTCOMES

The offsite planning day improved communication and strengthened working relationships between inpatient and community teams, reinforcing a shared responsibility for continuity of care. Participants reported improved morale, increased understanding of each team's role in care transitions, and renewed commitment to collaborative practice. Agreed priorities and ways of working were identified, supporting clearer pathways and more coordinated care for patients and families moving between hospital and community settings.

CONCLUSION

The offsite planning day provided valuable protected time for the Bankstown Palliative Care Service to focus on continuity of care and service integration across inpatient and community settings. External facilitation by the SWSLHD EODS team enabled an objective, structured approach, ensuring access to skilled facilitation and planning resources while allowing service leaders, including the Clinical Nurse Consultant and Head of Department, to actively participate rather than manage the process.

This approach strengthened collaboration, supported staff wellbeing, and promoted shared accountability for agreed priorities. By combining external facilitation with frontline clinical participation, the initiative enhanced the service's capacity to deliver coordinated, sustainable, and compassionate palliative care in a complex healthcare environment.

Figure 1.

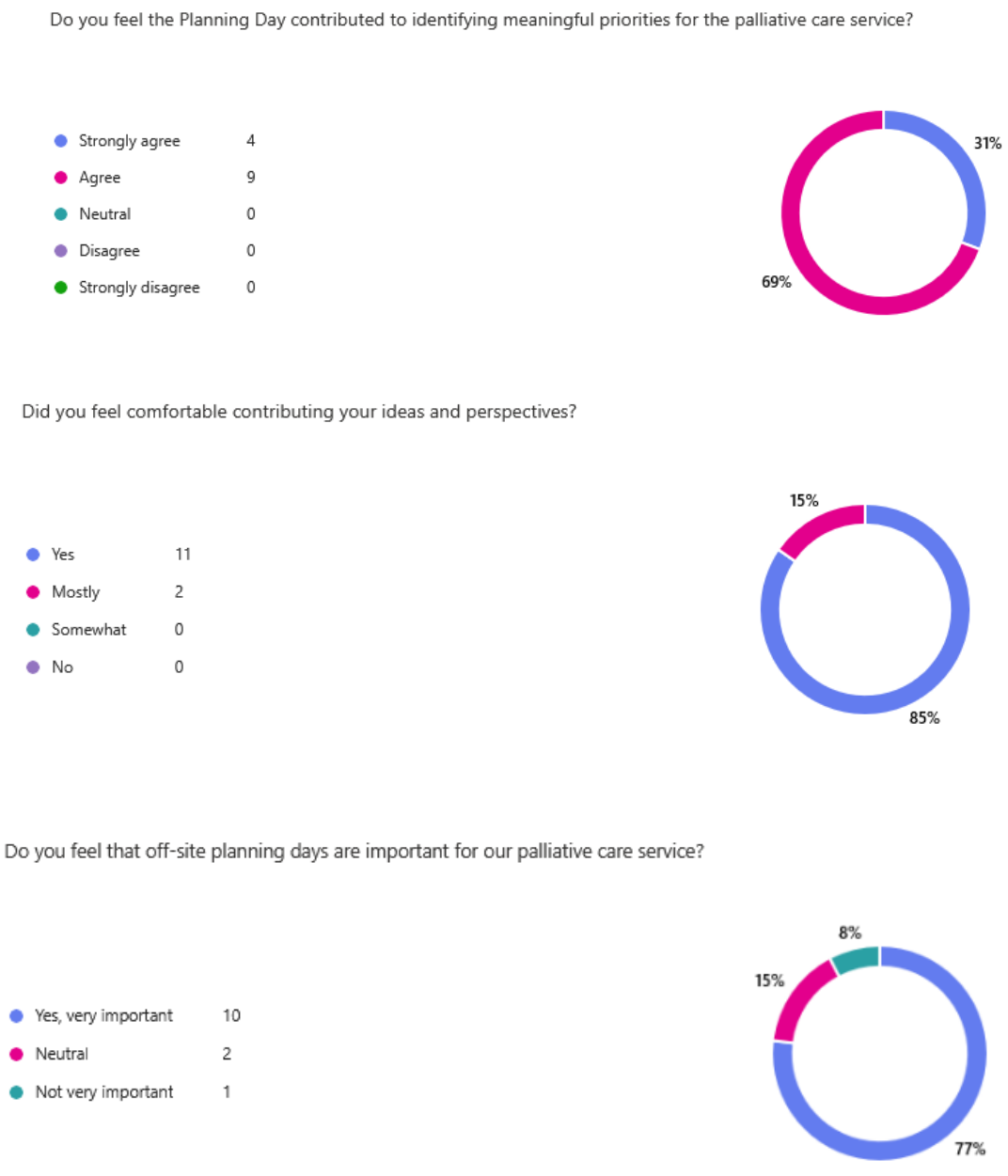

Figure 1. Participant survey results reflecting satisfaction

Figure 2.

Theme	Summarised Benefit
Protected time & focus	Being off-site allowed participants to fully focus on planning without interruptions from pagers, patients, or routine clinical demands.
Broader thinking	A different physical space supported wider, more strategic thinking beyond individual facilities or day-to-day operational issues.
Improved collaboration	The off-site environment encouraged open discussion, shared input, and meaningful participation from all attendees.
Continuity & shared understanding	Participants valued hearing about initiatives across services, improving understanding and alignment between teams.
Relationship building	Opportunities to network, put faces to names, and build social connections strengthened trust and collegiality.
Engagement & morale	The relaxed, well-organised setting increased engagement, reduced stress, and helped teams feel valued and re-energised.
Quality of delivery	The off-site format was perceived as well planned and smoothly run, supporting productive and effective discussions.

Figure 2. Participant feedback survey - What benefits they felt off-site planning days provide.