‘FROM PALM BEACH TO EDEN’ A COLLABORATIVE PARTNERSHIP ENABLING AFTER-HOURS TELEHEALTH SUPPORT IN SOUTHERN NSW

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KEYWORDS

After-hours, nursing, community palliative care, support, regional and remote, telehealth, eMR, collaborative partnerships, specialist, advice

EXECUTIVE SUMMARY

Since 2022, HammondCare has partnered with Southern New South Wales Local Health District (SNSWLHD) to provide after-hours telehealth support. Specialist palliative care nurses deliver timely, clinically appropriate care outside standard hours, working remotely. The service supports symptom management, reduces hospital presentations, reduces patient and carer distress and enhances continuity of care. By offering responsive assessment and advice, the service supports local palliative care providers and contributes to efficient use of health resources across SNSWLHD. A service case study including call data from 2025 demonstrates the impact of this mode, with ‘staying in place’ the most common outcome.

INTRODUCTION

YEAR CASE STUDY WAS IMPLEMENTED

2025 to 2026

CASE STUDY DETAIL

For people receiving palliative care, access to support after-hours is essential. Timely clinical assessment and advice enables individuals to remain in their preferred place of care and reduces calls to 000. Delivering after-hours support in regional NSW presents challenges due to workforce constraints and large geographic coverage. Limited availability of specialist clinicians after-hours means services often rely on stretched teams covering multiple sites or emergency services. In SNSWLHD palliative care after-hours support was available through the NSW Health funded Palliative Care After Hours Helpline which ceased operating in 2023. From that time, ad hoc support only was available for LHD patients and carers.

A new model for after-hours palliative care support provision was developed through a partnership between SNSWLHD Palliative Care Program and HammondCare Specialist Palliative Care Service. A working group from both services was established to identify service needs and co-design a sustainable, clinically safe approach. Procedures, governance arrangements, and communication pathways were agreed collaboratively. A fee-for-service model was adopted, which SNSWLHD funded though the NSW Health First Class End of Life and Palliative Care funding initiative (2002-2027). Planning included a tour of the region to meet local staff, conduct needs analysis and define scope of service. Following workforce preparation, the new model was implemented and embedded through ongoing partnership and joint oversight. The working group conducted shared call analysis, supporting future outcomes.

An after-hours specialist palliative care telehealth service was established, delivered by experienced palliative care nurses working remotely. The service operates Monday to Friday 1600–2200 and 0700–2200 on weekends and public holidays, providing assessment and clinical advice. Access is limited to patients/carers registered with SNSWLHD Community Palliative Care. The service integrates with

HammondCare's existing after-hours palliative care service, operating in the Northern Sydney Local Health District. Call takers can see the originating region prior to answering and access the appropriate electronic Medical Record (eMR) to support clinical decision-making and documentation. SNSWLHD community palliative care nurses identify and hand over patients at risk by flagging them in Care Teams within eMR. In addition to documentation in eMR, HammondCare nurses complete a shared spreadsheet summarising call activity and clinical issues.

Analysis of call data for 2025 shows that symptom control, deterioration, and medication-related concerns dominated service demand. Calls relating to symptom management and/or deterioration comprised 52.8% of all calls, with approximately one in five calls medication related. This reflects the expected needs of a palliative population, where fluctuating symptoms and potential instability can result in acute escalation at any time. While equipment troubleshooting and death notification account for a smaller proportion of activity, these calls play an important role in stabilising care, reducing avoidable ambulance or hospital attendance, and supporting dignified end-of-life and bereavement care. Review of outcomes for all calls shows that the most common result is patients remaining in place (55.1%). When analysis is limited to calls involving symptom control, deterioration, or medication-related issues where an immediate decision about care location was required, approximately two-thirds resulted in patients staying in place, with around one-third escalating to emergency care. This indicates that, even in challenging circumstances, most situations can be effectively managed through after-hours telehealth nursing support by a specialist provider (beyond the patient's local team). The 2025 data highlights the value of an accessible after-hours service in supporting patients to remain in their preferred place of care and ensuring emergency escalation is targeted and clinically appropriate.

For other services navigating similar challenges in the provision of after-hours support, a similar model could be adopted. The approach is inherently transferable because it is based on partnership rather than duplication of services. By leveraging an existing specialist palliative care provider to support local services after-hours, the model reduces burden on staffing in workforce-limited regions. It is potentially suited to other areas facing challenges with workforce availability and after-hours demand.

A key lesson from the service implementation was the value of genuine codesign. Close collaboration between organisations created shared understanding of expectations, escalation pathways, and operational realities, improving after-hours care for patients and families. This approach also strengthened staff satisfaction through clear communication, mutual trust, and shared purpose. Ongoing partnership, responsiveness to feedback, and collaborative adaptation have proven essential to delivering a clinically effective, sustainable, and valued service.

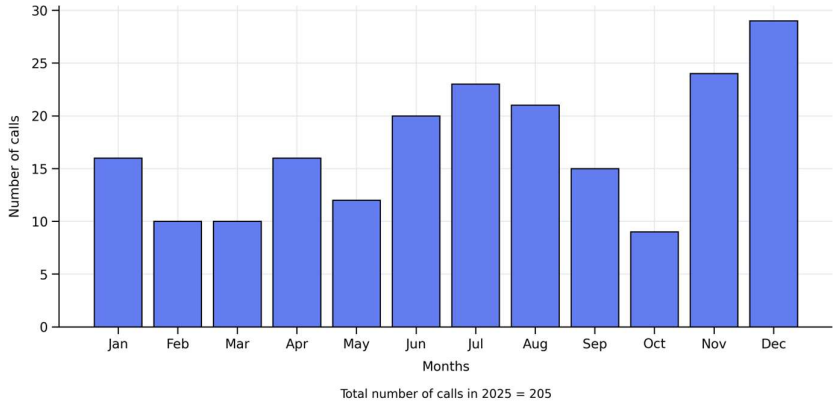

Figure 1: Total calls 2025 by month- 205 total

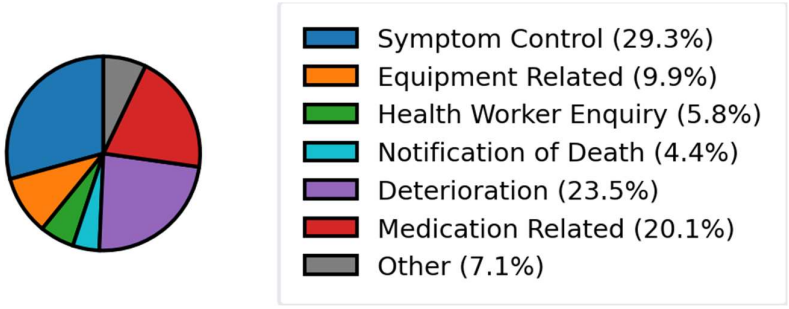

Figure 2: Reasons for all calls 2025

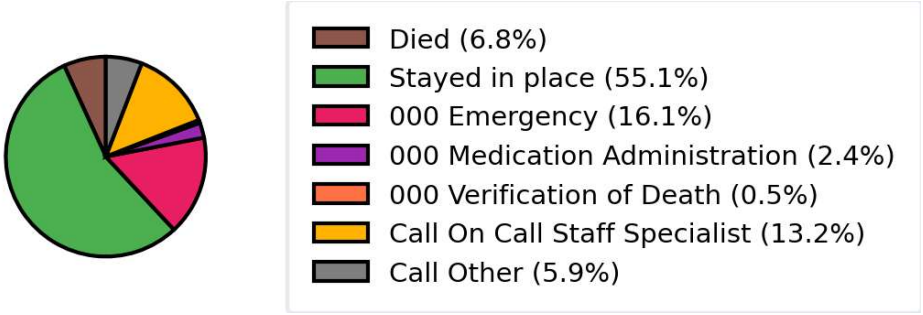

Figure 3: Outcomes of all calls 2025

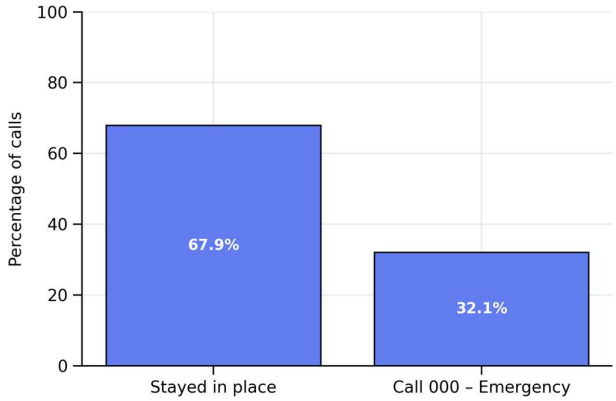

Figure 4: Outcomes of calls calls relating to symptom control, deterioration or medication that resulted in an immediate care decision- stay home or ED